WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139707

TICKET NUMBER 15596601

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		04	30	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
ZOLADZ CONST.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
13600 RAILROAD ST. ALDEN, N.Y. 14004 (716) 937-	David Geil / DAVID GEIL	04	30	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	01	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139812

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	4	28	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.
1-800-677-8002

Signature
Printed/typed name & title
Mark Jaquish driver

Month Day Year
4-29-03
~~5-6-03~~ M.J.

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

DUMPS • ROLL-OFFS • VAC TANKERS • BULK TANKERS • BOX VANS • FLATBEDS • LOWBOYS

BUFFALO FUEL CORP.

4870 Packard Rd.
Niagara Falls, New York 14304
(800) 677-8002

DAD #
TERMINAL # Niagara Falls NY 01
WORK ORDER #

FREIGHT BILL NO. (OFFICE USE ONLY)

DELIVERY DATE	4/29/03	TRUCK OWNER	BFC
DRIVER	Paul Walker	DRIVER NO.	Walpa
TRUCK NO.	452	TRAILER NO.	D228
NAME	Robin Steel Sale		
STREET	Corner of		
CITY	North Tonawanda	STATE	NY
ZIP CODE			
ADDITIONAL INFO/EQUIP. NEEDED			

PICK UP DATE	4/30/03	TRUCK OWNER	BFC
DRIVER	SAME	DRIVER NO.	
TRUCK NO.		TRAILER NO.	
NAME	Minerva Enterprises		
STREET	Rt 183		
CITY	Waynesburg	STATE	Oh.
ZIP CODE			
ADDITIONAL INFO/EQUIP. NEEDED			

PRODUCT CODE	COMMODITY MATERIAL DESCRIPTION	QUANTITY				
ACW		47,880	LBS ☐ TONS ☐ GALLONS ☐ YARDS ☐	ROLL OFF BOX #	SPOTTED: PICKED UP:	

PICK UP

ARRIVAL TIME ____ AM/PM RELEASE TIME ____ AM/PM

TRAILER EMPTY UPON ARRIVAL (If not, explain below) ☒ YES ☐ NO

DIP MEASUREMENT (Tankers Only) ____ INCHES

COMMENTS (EXPLAIN ALL DELAYS AND / OR LOADING TIME) Light Weight at CWN at 33,200 lbs

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X Paul E. Walker
DRIVER'S SIGNATURE

X
SHIPPER'S SIGNATURE FIRM

DELIVERY

DRIVER ____ DATE 4-30-03

ARRIVAL TIME ____ AM/PM RELEASE TIME ____ AM/PM

TRAILER EMPTY UPON DEPARTURE (If not, explain below) ☒ YES ☐ NO

COMMENTS: (EXPLAIN ALL DELAYS AND / OR LOADING TIME) ____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X Paul E Walker
DRIVER'S SIGNATURE

X
CONSIGNEE'S SIGNATURE MEI FIRM

	MAJOR CITIES	MAJOR ROUTES
START Loading Origin	Niagara Falls NY	via: 190, 265, Local
TO:	North Tonawanda NY	
	North Tonawanda NY	via: Local, 265, 290, 90,
TO:	Waynesburg Oh.	79, 80, 11, 30, 183
	Waynesburg Oh.	via: 183, 30, 11, 80, 79, 90,
TO:	North Tonawanda NY	290, 265 Local
		via:
TO:		
		via:

458 555

N.Y.S. TOLL CARD #:
M.A. TOLL CARD #:

		$
RATE		
HOLDING TIME	HRS. @ /HR.	
VACUUM TIME	HRS @ /HR.	
RENTAL	DAYS @ /DAY	
BAG LINER	☒ YES ☐ NO	
OTHER CHGS.		
SALES TAX		
TRANSPORT TAX		
TOTAL AMOUNT		

REV. 12-00

ORIGINAL

MINERVA ENTERPRISES

DUMPS • ROLL-OFFS • VAC TANKERS • BULK TANKERS • BOX VANS • FLATBEDS • LOWBOYS

BUFFALO FUEL CORP.

4870 Packard Rd.
Niagara Falls, New York 14304
(800) 677-8002

JOB #
ORIGINAL #
WORK ORDER # 01

FREIGHT BILL NO. (OFFICE USE ONLY)

PICK UP DATE	4-29-03	TRUCK OWNER	BFC	DELIVERY DATE	4-30-03	TRUCK OWNER	BFC
DRIVER	Kenneth P. Fabian	DRIVER NO.	FABK	DRIVER	Kenneth P. Fabian	DRIVER NO.	FABK
TRUCK NO.	469	TRAILER NO.	D-233	TRUCK NO.	D-233	TRAILER NO.	D-233

	PICK UP	DELIVERY
NAME	Robin Steel	Minerva Enterprises, Inc
STREET		
CITY / STATE / ZIP CODE	Tonawanda, NY	Wynes Blvd, FH
ADDITIONAL INFO/EQUIP. NEEDED		

PRODUCT CODE	COMMODITY / MATERIAL DESCRIPTION	QUANTITY			
	ACM	22.4	LBS ☐ TONS ☒ GALLONS ☐ YARDS ☐	ROLL OFF BOX ▸	SPOTTED: 7982 0 PICKED UP: 3402 0 4480 0

PICK UP

ARRIVAL TIME ____ AM/PM RELEASE TIME ____ AM/PM

TRAILER EMPTY UPON ARRIVAL (If not, explain below) ☐ YES ☐ NO

DIP MEASUREMENT (Tankers Only) ____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS AND / OR LOADING TIME) ____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X Ken Fabian
DRIVER'S SIGNATURE

X
SHIPPER'S SIGNATURE FIRM

DELIVERY

DRIVER ____ DATE ____

ARRIVAL TIME ____ AM/PM RELEASE TIME ____ AM/PM

TRAILER EMPTY UPON DEPARTURE (If not, explain below) ☐ YES ☐ NO

COMMENTS: (EXPLAIN ALL DELAYS AND / OR LOADING TIME) ____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X Ken Fabian
DRIVER'S SIGNATURE

X
CONSIGNEE'S SIGNATURE 4-30-03 FIRM MEI

BEGINNING ODOMETER		ENDING ODOMETER	

	MAJOR CITIES	MAJOR ROUTES
START (Loading Origin)	Buff NY	VIA: 190, Lasalle Expway,
TO:	Tonawanda NY	VIA: 265, 429, 265, 290, 90
TO:		VIA: 79, 80,
TO:		VIA:
TO:		VIA:
TO:		VIA:

N.Y.S. TOLL CARD #:
M.A. TOLL CARD #:

RATE	$
HOLDING TIME HRS. @ /HR.	
VACUUM TIME HRS @ /HR.	
RENTAL DAYS @ /DAY	
BAG LINER ☐ YES ☐ NO	
OTHER CHGS.	
SALES TAX	
TRANSPORT TAX	
TOTAL CHARGES	

REV. 10-00 ORIGINAL

DUMPS • ROLL-OFFS • VAC TANKERS • BULK TANKERS • BOX VANS • FLATBEDS • LOWBOYS

LOAD #

TERMINAL # 01

WORK ORDER #

BUFFALO FUEL CORP.

4870 Packard Rd.
Niagara Falls, New York 14304
(800) 677-8002

FREIGHT BILL NO.

DATE	4-29-03	TRUCK OWNER	DATE	4-30-03	TRUCK OWNER
DRIVER	J. Meyers	DRIVER NO.	DRIVER	Same	DRIVER NO.
TRUCK NO.	6820	TRAILER NO.	TRUCK NO.	6820	TRAILER NO.
SHIP TO NAME	Roblin Steel		SHIP TO NAME	Minerva Enterprises Inc	
STREET			STREET		
CITY / STATE / ZIP CODE	North Tonawanda, NY.		CITY / STATE / ZIP CODE	Minerva, Ohio	
ADDITIONAL INFO./EQUIP. NEEDED			ADDITIONAL INFO./EQUIP. NEEDED		

PRODUCT CODE	COMMODITY - MATERIAL DESCRIPTION	QUANTITY		SPOTTED:
	ACM	44820	LBS ☐ TONS ☐ GALLONS ☐ YARDS ☐	ROLL OFF BOX # PICKED UP:

PICK UP

ARRIVAL TIME ____ AM/PM RELEASE TIME ____ AM/PM

TRAILER EMPTY UPON ARRIVAL (If not, explain below) ☒ YES ☐ NO

DIP MEASUREMENT (Tankers Only) ____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS AND / OR LOADING TIME) ____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X ____ DRIVER'S SIGNATURE

X ____ SHIPPER'S SIGNATURE ____ FIRM

DELIVERY

DRIVER ____ DATE 4-30-03

ARRIVAL TIME ____ AM/PM RELEASE TIME ____ AM/PM

TRAILER EMPTY UPON DEPARTURE (If not, explain below) ☒ YES ☐ NO

COMMENTS: (EXPLAIN ALL DELAYS AND / OR LOADING TIME) ____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X ____ DRIVER'S SIGNATURE

X ____ CONSIGNEE'S SIGNATURE ____ FIRM 4-30-03 Minerva Ent.

DELIVERY MILES	STOPS	N.Y.S. TOLL CARD #:
		M.A. TOLL CARD #:

MAJOR CITIES	MAJOR ROUTES
START (Legal's Origin)	VIA:
TO:	VIA:
TO:	VIA:
TO:	VIA:
TO:	VIA:

RATE	$
HOLDING TIME HRS. @ /HR.	
VACUUM TIME HRS @ /HR.	
RENTAL DAYS @ /DAY	
BAG LINER ☐ YES ☐ NO	
OTHER CHGS.	
SALES TAX	
TRANSPORT TAX	
TOTAL	

REV. 12-00

ORIGINAL

DUMPS • ROLL-OFFS • VAC TANKERS • BULK TANKERS • BOX VANS • FLATBEDS • LOWBOYS

BUFFALO FUEL CORP.

4870 Packard Rd.
Niagara Falls, New York 14304
(800) 877-8002

DAD #
TERMINAL # 1
WORK ORDER #

FREIGHT BILL NO. (OFFICE USE ONLY)

DATE	4-29-03	TRUCK OWNER	BFC
DRIVER	Mark Jaquish	DRIVER NO.	JAQM
TRUCK NO.	R-6443	TRAILER NO.	FO-215
NAME	Roblin Steel/Mark Cerrone		
STREET			
CITY	N. Tonawanda	STATE	N.Y. ZIP CODE
ADDITIONAL INFO/EQUIP. NEEDED			

DATE	4-30-03	TRUCK OWNER	BFC
DRIVER	Mark Jaquish	DRIVER NO.	JAQM
TRUCK NO.	R-6443	TRAILER NO.	FO-215
NAME	Minerva Enterprises		
STREET			
CITY	Waynesburg	STATE	Ohio ZIP CODE
ADDITIONAL INFO/EQUIP. NEEDED			

PRODUCT CODE	COMMODITY / MATERIAL DELIVERED TO	QUANTITY
	ACW	

LBS ☐ TONS ☐ GALLONS ☐ YARDS ☐ ROLL OFF BOX # SPOTTED: PICKED UP:

PICK UP

ARRIVAL TIME 12:15 AM PM RELEASE TIME 2:20 AM PM

TRAILER EMPTY UPON ARRIVAL (If not, explain below) ☒ YES ☐ NO

DIP MEASUREMENT (Tankers Only) _____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS AND / OR LOADING TIME)
Operator refused to sign

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X Mark Jaquish
DRIVER'S SIGNATURE

X
SHIPPER'S SIGNATURE FIRM

DELIVERY

DRIVER JAQM DATE 4-30-03 AM PM

ARRIVAL TIME _____ AM PM RELEASE TIME _____ AM PM

TRAILER EMPTY UPON DEPARTURE (If not, explain below) ☐ YES ☐ NO

COMMENTS: (EXPLAIN ALL DELAYS AND / OR LOADING TIME)

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X Mark Jaquish
DRIVER'S SIGNATURE

X
CONSIGNEE'S SIGNATURE MEI FIRM

DESTINATION MILEAGE	219.681	BILLING MILEAGE	
START	MAJOR CITIES: Niagara Falls NY	MAJOR ROUTES VIA:	190 290 38 490
TO:	Waynesburg, Ohio	VIA:	80, 76, 14, 183
TO:		VIA:	
TO:		VIA:	
TO:		VIA:	

N.Y.S. TOLL CARD #:
M.A. TOLL CARD #:

RATE		$
HOLDING TIME	HRS. @ /HR.	
VACUUM TIME	HRS @ /HR.	
RENTAL	DAYS @ /DAY	
BAR LINER	☒ YES ☐ NO	
OTHER CHGS.		
SALES TAX		
TRANSPORT TAX		
TOTAL AMOUNT		

REV. 12-00

ORIGINAL

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139729

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	55
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		4	30	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Blevins Truck Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
9970 Fairmont Road Akron, NY 14001 1-800-777-5002	Printed/typed name & title: Robert E. Blevins DRIVER	4	30	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139707

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		4	30	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139728

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Carrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	55
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		10	30	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]		10	30	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139730

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		4	30	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Jaquish Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature	Month	Day	Year
4870 Packard Rd Niagara Falls, N.Y. 716-677-8002	Mark Jaquish Printed/typed name & title Mark Jaquish Driver	4	30	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139731

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Shepard Road
Orchard Park, NY 14127

Signature

Printed/typed name & title

Month Day Year
4-30-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139727

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		4	30	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 PACARD RD NIAGARA FALL NY 14304	Ken Wadsworth KENWORTH	4	30	07

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139730

TICKET NUMBER 859135

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 4-30 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
~~Mark Jaquish Inc.~~ Buffalo Fuel Corp

Address, telephone no. and fax no.:
4870 Packard Rd
Niagara Falls, N.Y.
800-627-8002

Signature: [signature]
Printed/typed name & title: Mark Jaquish Driver
Month Day Year: 4-30-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month Day Year: 05 01 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

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WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139729

TICKET NUMBER: 059133

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	Est. 55
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 4 Day: 30 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PARADO ROAD
NIAGARA FALLS, NY 14304
1-800-677-8002

Signature: [signature]
Printed/typed name & title: KENNETH P. FABNY DRIVER
Month: 4 Day: 30 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Julie A Wills
Signature: [signature]
Month: 05 Day: 01 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139728

TICKET NUMBER 65932

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	55
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	04	30	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY
1200 208 9089

Signature
Paul F. Walker Jr. Driver
Printed/typed name & title
Paul F. Walker Jr.

Month 04 Day 30 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Jill A. Wills	Jill A. Wills	5	01	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139727

TICKET NUMBER 15930

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no:

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	4	30	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALL NY 14304

Signature
Ken Wodarczyk
Printed/typed name & title
K. WODARCZYK

Month 4 Day 30 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 5 Day 01 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139731

TICKET NUMBER 85929

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		4	30	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD ROAD
NIAGARA FALLS, NY 14304

Signature
Printed/typed name & title
Joe Mayers

Month 4 Day 30 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 05 Day 01 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139722

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	01	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS NY 14304

Signature
Printed/typed name & title
KEN WASKIEWICZ

Month 5 Day 1 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139726

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	01	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139723

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	15-25
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	1	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD ROAD
NIAGARA FALLS, NY
1-800-677-8002

Signature
Printed/typed name & title
Kenneth P. Lahey

Month Day Year
5-1-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139725

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Carrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	1	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Superior Haul Away

Address, telephone no. and fax no.	Signature	Month	Day	Year
4670 Shawnee Rd Lewiston NY 14092	Printed/typed name & title	5	1	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139724

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailor	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139721

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	1	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
Packard
Niagara Falls, N.Y.

Signature
Mark Jaquish

Printed/typed name & title
Mark Jaquish Driver

Month 5 Day 1 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139720

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Corrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	1	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY 14304
1-800-677-2002

Signature

Printed/typed name & title
Joseph T Myers

Month 5 Day 1 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139718

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	1	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd Niagara Falls NY 14304 1-800-677-8002	Huntley Kroning	5	1	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139739

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	2	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Eye Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd. Niagara Falls, N.Y. 1-800-677-8002	Mark Joaquish / Mark Joquish Driver	5	2	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139740

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	5
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		09	02	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
		09	02	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139742

TICKET NUMBER 56138

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark S. Bull
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Zoladz Const. Co.
Address, telephone no. and fax no.
13600 Railroad St.
Alden NY 14004
Signature
Printed/typed name & title: Paul Scherer
Month Day Year: 5/5/03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month Day Year: 05/05/03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139711

TICKET NUMBER 118103

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month 5 Day 2 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY 14304

Signature: Mark Faltisko
Printed/typed name & title: MARK FALTISKO
Month 5 Day 2 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
—

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: JULIE A WHITE
Signature: Julie A White
Month 5 Day 05 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139740

TICKET NUMBER 5/6/02

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark S. Bull	05	02	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls N.Y. 14304
1-800-677-8402

Signature
Brian Poeller

Printed/typed name & title
Brian Poeller

Month 05 Day 02 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year 5 05 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139709

TICKET NUMBER 8/6097

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark S. Bull
Month: 05 Day: 02 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY

Signature: Paul F. Walker Jr. Driver
Printed/typed name & title: Paul F. Walker Jr Driver
Month: 05 Day: 02 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [illegible]
Month: 05 Day: 03 Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139723

TICKET NUMBER 81096

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	EST. 55
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	1	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD ROAD
NIAGARA FALLS, NY
1-800-677-8002

Signature
Printed/typed name & title
Kenneth P. Fabian

Month Day Year
5-1-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Wills	John A Wills	5	05	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139714

TICKET NUMBER 86080

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark S. Bull
Month / Day / Year: 5 / 1 / 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP NIAGARA FALLS NY 5 / 1 / 03

Address, telephone no. and fax no.: NIAGARA FALLS NY
Signature: Robert Cumm
Printed/typed name & title: ROBERT COMMS
Month / Day / Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karen Solenthaler Mgr
Signature: K. Solenthaler
Month / Day / Year: 5-3-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139715

TICKET NUMBER 86079

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	2	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4670 PACKARD RD.
NIAGARA FALLS NY
1-800 206 9089

Signature

Printed/typed name & title
JOHN G PRISLEY

Month 5 Day 2 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler eh mgr	K. Solenthaler	5	3	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139739

TICKET NUMBER 860761

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E. Bull	5	2	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.
1-800-677-8002

Signature
Mark Jaquish

Printed/typed name & title
Mark Jaquish Driver

Month 5 Day 2 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler owner	K. Solenthaler	5	3	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139708

TICKET NUMBER 816075

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month / Day / Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.
Address, telephone no. and fax no.
Packard Rd.
Niagara Falls, NY
Signature: Sam Long
Printed/typed name & title: Sam Long
Month / Day / Year: 05 02 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: Karen Solenthaler Engr
Signature: K. Solenthaler
Month / Day / Year: 5-3-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139738

TICKET NUMBER 16017

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos.	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E. Bull	5	2	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd NIAGARA FALLS NY. 800-677-8002	Edward C Kunath Edward C. KUNATH DRIVER	5	2	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler Mgr	K. Solenthaler	5	3	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139713

TICKET NUMBER 86070

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	2	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY 14304
800-677-8002

Signature
Printed/typed name & title
Joseph I Meyers

Month 5 Day 2 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solnthaler owner	K. Solnthaler	5	3	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139712

TICKET NUMBER 86069

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month Day Year: 5-2 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO PERL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALL. NY 14304
800 677 8003

Signature
Printed/typed name & title: KAL WASKIEWICZ
Month Day Year: 5-2-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karen Solenthaler ohc mgr
Signature
Month Day Year: 5-3-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139710

TICKET NUMBER 86068

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark S. Bull	5	2	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO Fuel Corp

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS NY 14304
800 208 9089

Signature
Joe Meyers
Printed/typed name & title
JOE Meyers

Month 5 Day 2 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karin Solenthaler ohngr	K. Solenthaler	5	3	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139925

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Carrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	05	05	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Bulk Haul

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]	[signature] / [illegible]	05	05	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139773

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	5	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Peace Van Kirk Corp

Address, telephone no. and fax no.
67 Benzon St
Buffalo NY 14220

Signature
[signature]
Printed/typed name & title
Robert Harvey (Driver)

Month 5 Day 5 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139744

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking

Address, telephone no. and fax no.
[illegible] Buffalo NY 14220

Signature

Printed/typed name & title

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139745

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riverbank Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor			5	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A138742

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Zoladz Cos Co.

Address, telephone no. and fax no.	Signature	Month	Day	Year
1500 Kenmore St Alden NY 14004	Printed/typed name & title	5	15	05

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A13741

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
2C1032 Construction Inc.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
2120 Niagara St Niagara Falls NY (716) 932-6525	Signature Printed/typed name & title: Driver	3	5	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
	Signature Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139776

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature	Month	Day	Year
45 Oak Parkway Rd Niagara Falls NY	Printed/typed name & title			

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139747

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	5	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS NY 14304

Signature
Ron Weatherly

Printed/typed name & title
RFD DRIVER

Month 5 Day 5 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title | Signature | Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A138746

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riverchore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	5	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
1074 Rhode Island Niagara Falls NY		5	5	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A13774

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-6565
Owner's fax no.

2. Operator's name and address
Mark Carroue Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	5	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Buffalo Fuel Corp 4970 Packard Rd Niagara Falls NY 14304	Joseph Myers	5	5	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139743

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Catrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E. Bull	5	5	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y. 14304
800-677-8802

Signature
Mark Joquish

Printed/typed name & title
Mark Joquish Driver

Month 5 Day 5 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139775

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	157.55
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	5	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Tank Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd Niagara Falls NY 14304 1-800-677-8002	[signature] Kenneth Albury Driver	5	5	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: 000078

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
191 Dale Drive
N. Tonawanda, NY 14120

Owner's name
Roblin Steel
N. Tonawanda
NY
Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cefrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Mineral Enterprises, Inc.
P.O. Box 109
9000 Mineral Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State or EPA office where notification was sent)
State of New York - NYS Department of Labor, Division of Safety & Health
Building 12, Room 457, Albany, NY 12240

5. Description of materials
Friable & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No.
Type
Dump Trailers

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Cefrone, Asbestos Supervisor

Signature

Month: 09 Day: Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month: Day: Year:

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A13877

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature	Month	Day	Year
Packard Rd. Niagara Falls N.Y. 1-800-208-9082	Printed/typed name & title: Sam Long	05	05	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139778

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
6467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	60
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	05	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4470 Packard Rd. Wheatfield, NY 1-800-477-5002	Brian Fowler	05	05	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials).

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A136781

TICKET NUMBER:

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Centrone Inc.
8467 W. Riversbore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (local, District, State, or ERA) office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
Friable & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No.
Type
Dump Trailer

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month: Day: Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
R.M.T.

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month: Day: Year: 5-5-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A138788

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robin Steel
101 Oliver Street
N. Tonawanda, NY 14120

2. Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8563
Owner's fax no.

3. Operator's name and address
Mark Catrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

4. Waste disposal site (WDS) name, mailing address and physical location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

5. Name and address of responsible agency (Local, District, State or EPA Office where notification was sent)
State of New York, Dept. of Labor, Division of Safety & Health
Building 12, Room 457, Albany, NY

6. Description of materials
Friable & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

7. Containers
No.
Type
1 Trailer

8. Total quantity
cubic yd

9. Special handling instructions and additional information
PPE

10. 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/placarded and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed/typed name & title
Mark Sroji, Asbestos Supervisor

Signature

Month: 09 Day: 01 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139773

TICKET NUMBER 18184

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark S. Bull	5	5	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.
67 Beacon St
Buffalo NY 14220

Signature
Robert a Harvey
Printed/typed name & title
Robert Harvey (Driver)

Month Day Year
5/5/03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year
5 06 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139741

TICKET NUMBER 86183

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark E. Bull
Month: Day: Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
ZOLADZ CONSTRUCTION INC.

Address, telephone no. and fax no.
13600 RAIL ROAD ST.
ALDEN NEW YORK 14004
(716) 937-6575

Signature
Printed/typed name & title: DAVID FREIHEIT
Month: 5 Day: 5 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karen Solsthaler chgr
Signature: K. Solsthaler
Month: 5 Day: 6 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139780

TICKET NUMBER 18618

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 5 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Ram Transit

Address, telephone no. and fax no.
Harrisville Pa 724-735-4878

Signature: [signature]
Printed/typed name & title: Richard S. Bowman Jr Owner
Month: 5 Day: 5 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month: 05 Day: 06 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139781

TICKET NUMBER 18616180

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
R.D.M. Transit
Address, telephone no. and fax no.
Hannsville, PA
800-251-3010
Signature
Printed/typed name & title: Jerry Saurworth/Driver
Month Day Year: 5-5-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.
Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month Day Year: 05/06/03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

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WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139779

TICKET NUMBER 8.61.68

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark S. Bull
Month: 05 Day: 05 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
67 BEACON ST 800-825-6001
BUFFALO, N.Y 14220
PRICE TRUCKING CORP

Signature
Printed/typed name & title: KOKOU A TOSSAH
Month: 05 Day: 05 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
67 BEACON ST 800-825-6001
BUFFALO, N.Y 14220

Signature
Printed/typed name & title
Month: 05 Day: 05 Year: 03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible] WDS
Signature
Month: 5 Day: 06 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139745

TICKET NUMBER 18611

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor — Signature: Mark S. Bull — Month 5 Day 5 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp — Signature — Month 5 Day 5 Year 03

Address, telephone no. and fax no.
67 Bacon St Buffalo NY

Signature

Printed/typed name & title: Pavel Zinkiv — Month 5 Day 5 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no. — Signature — Printed/typed name & title — Month Day Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title — Signature — Month 5 Day 06 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

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WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139744

TICKET NUMBER 18617

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking

Address, telephone no. and fax no.
67 Beacon St
Buffalo NY 14220

Signature: [signature]
Printed/typed name & title: IVAN ZINKIN
Month Day Year: 5 5 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Judi A Watts
Signature: [signature]
Month Day Year: 5 6 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139743

TICKET NUMBER 8058

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark E. Bull
Month Day Year: 5-5-03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y. 14304
800-677-8002

Signature: Mark Jaquish
Printed/typed name & title: Mark Jaquish Driver
Month Day Year: 5-5-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [illegible]
Month Day Year: 5 06 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139777

TICKET NUMBER 8615?

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, malling address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
Packard Rd.
Niagara Falls N.Y.
1-800-208-8089

Signature: [signature]
Printed/typed name & title: Sam Long
Month Day Year: 05/05/03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month Day Year: 05 06 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139776

TICKET NUMBER 8150

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark E. Bull
Month / Day / Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY

Signature: Paul F. Walker Driver
Printed/typed name & title: Paul F. Walker Jr
Month / Day / Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Julie Arnats
Signature: Julie Arnats
Month / Day / Year: 5 06 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139775

TICKET NUMBER 58749

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	EST. 55
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark E. Bull
Month 5 Day 5 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY 14304
1-800-677-8002

Signature
Printed/typed name & title: Kenneth P. Fabry DRIVER
Month Day Year 5-5-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Signature
Month Day Year 5 04 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139747

TICKET NUMBER 8614.8

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E. Bull	5	5	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS NY 14304

Signature
Ron Washburn
Printed/typed name & title
FUEL WASHBURN

Month 5 Day 5 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Julia Watts

Signature

Month 5 Day 06 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139746

TICKET NUMBER 8161417

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark A. Bull
Month: 5 Day: 5 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, NY.
14304 800 208 9089

Signature: Joe Meyers
Printed/typed name & title: Joe Meyers
Month: 5 Day: 5 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: John A. Mills
Signature: John A. Mills
Month: 5 Day: 06 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139774

TICKET NUMBER 186146

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark E. Bull
Month: 5 Day: 5 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY 14304

Signature
Printed/typed name & title: Joseph E Meyers
Month: 5 Day: 5 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: J W H Wills
Signature
Month: 5 Day: 06 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139782

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Corrona Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM Transit

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
431 E. Mercer St Harrisville, Pa	[signature] Ron Gross	5	6	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139934

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Sull, Asbestos Supervisor	[signature]			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
B. Eflo Fuel Corp

Address, telephone no. and fax no.
N820 Packard Rd
Niagara Falls NY
1-800-208-9089

Signature
[signature]
Printed/typed name & title
Samuel Long

Month 05 Day 06 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139921

TICKET NUMBER 816308

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
MB [redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
ZOLADZ CONSTRUCTION INC.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
13600 RAILROAD ST. ALDEN NEW YORK 14004 (716) 937-9299	DAVID FREIHEIT	5	7	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler okay	K. Solenthaler	5	7	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139918

TICKET NUMBER 18630?

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 7 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Rick Trucking Corp

Address, telephone no. and fax no.
67 Bacon St
Buffalo, NY

Signature: [signature]
Printed/typed name & title: PAVEL ZINKIV
Month: 5 Day: 7 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month: 5 Day: 07 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139919

TICKET NUMBER 186396

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.
67 Beacon St. Buffalo NY 14220
716-822-1414

Signature:
Printed/typed name & title: IVAN ZIVKIV
Month Day Year: 5 7 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karen Solenthaler ehmgr
Signature:
Month Day Year: 5-7-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139914

TICKET NUMBER 163104

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature
Month: 05 Day: 07 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY

Signature
Printed/typed name & title: Paul F. Walker Jr Driver
Month: 05 Day: 07 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature
Month: 05 Day: 07 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139915

TICKET NUMBER 18303

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
MB [redacted] & Non Friable Asbestos	1	Dump Trailer	55 EST.
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 5 - 7 - 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP.

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY 14304
1-800-677-8002

Signature
Printed/typed name & title: KENNETH P. FABINY DRIVER
Month Day Year: 5 - 7 - 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: [signature]
Signature: [signature]
Month Day Year: 5 07 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139916

TICKET NUMBER 56294

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 7 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls, Ny.
14304 800 208 9089

Signature: [signature]
Printed/typed name & title: Joe Meyers
Month: 5 Day: 7 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: [signature]
Month: 05 Day: 07 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139782

TICKET NUMBER 18244

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NB [redacted] & Non Friable Asbestos	1	Dump Trailer	
~~Containing Demolition Debris~~ (RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark E. Bull
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM Transit

Address, telephone no. and fax no.
421 E Mercer St
Harrisville. Pa

Signature
Printed/typed name & title: Ron Geist
Month Day Year: 5 6 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: John A Watts
Signature: John A Watts
Month Day Year: 5 07 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139934

TICKET NUMBER 18242

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4820 Packard Rd
Niagara Falls NY
1-800-208-9089

Signature
Printed/typed name & title: Samuel Long
Month Day Year: 05 06 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Signature
Month Day Year: 5 07 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139812

TICKET NUMBER 18624.1

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 5 - 6 - 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.
1-800-677-8002

Signature: Mark Jaquish
Printed/typed name & title: Mark Jaquish driver
Month Day Year: 5-6-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Jill A Wills
Signature: [signature]
Month Day Year: 5 08 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139917

TICKET NUMBER 86309

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NB [redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	7	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.
67 Beacon St (716) [redacted] 822-1414
Buffalo NY 14220

Signature
Robert Harvey (Driver)
Printed/typed name & title

Month 5 Day 7 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler chang	K. Solenthaler	5	7	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139810

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
6467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	7	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard NBJ Niagara Falls NY 14304 1-800-677-8002	Printed/typed name & title: Mathew Kenney Mathew Kenney Driver	5	7	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139938

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4820 Packard Rd. Niagara Falls NY 1-800-208-2821	[signature] Samuel Lenz	5	7	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139811

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
6467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	20
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139922

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139920

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	05	07	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4970 Packard #2 Niagara Falls, NY 14304	[signature] Driver Foreman	05	07	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139923

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	7	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature	Month	Day	Year
4070 Packard Rd. Wrogan Falls, NY 14304 1-800-264-7069	Printed/typed name & title: Robert Simcox Driver	5	7	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139924

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non Friable Asbestos	1	Dump Trailer	4-5
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Ring Free Hauling

Address, telephone no. and fax no.
[illegible] ST
[illegible] NY [illegible]
(716) 32-1417

Signature

Printed/typed name & title

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139937

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(AACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	7	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd. Niagara Falls N.Y. 1-800-647-8002	[signature] Mark Jagiesh	5	7	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD	DOCUMENT NUMBER: A130611	TICKET NUMBER

GENERATOR

1. Facility name and mailing address	Owner's name	Owner's telephone no.
Robin Steel 101 Oliver Street N. Tonawanda, NY 14120	City of N. Tonawanda 216 Payne Avenue N. Tonawanda, NY 14120	716-695-8565 Owner's fax no.
2. Operator's name and address		Operator's telephone no.
Mark Catrone, Inc. 8467 W. Riverbank Drive Niagara Falls, NY 14304		716-283-4274 Operator's fax no. 716-283-4417
3. Waste disposal site (WDS) name, mailing address, and physical site location		WDS telephone no.
Minerva Enterprises, Inc. P.O. Box 709 9000 Minerva Road Waynesburg, OH 44688		330-866-3435 WDS fax no. 330-866-3488
4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)		
State of New York - Dept. of Labor, Division of Safety & Health Building 12, Room 197, Albany, NY 12240		

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1 Dump Trailer	50
Containing Demolition Debris		
(RACM Demo)		

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)		
Address, telephone no. and fax no.	Signature Printed/typed name & title	Month Day Year
11. Name of Transporter 2 (Acknowledgement of receipt of materials)		
Address, telephone no. and fax no.	Signature Printed/typed name & title	Month Day Year

WDS

12. Discrepancy indication space		
13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.		
Printed/typed name & title	Signature	Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD	DOCUMENT NUMBER: A18838	TICKET NUMBER

GENERATOR

1. Facility name and mailing address	Owner's name	Owner's telephone no.
Robin Steel 101 Oliver Street N. Tonawanda, NY 14120	City of N. Tonawanda 216 Payne Avenue N. Tonawanda, NY 14120	716-693-8565 Owner's fax no.
2. Operator's name and address		Operator's telephone no.
Mark Gerrotte Env. 8467 W. Riverbend Drive Niagara Falls, NY 14304		716-283-4274 Operator's fax no. 716-283-4417
3. Waste disposal site (WDS) name, mailing address, and physical site location		WDS telephone no.
Minerva Enterprises Inc. P.O. Box 709 9000 Minerva Road Waynesburg, OH 44688		330-866-3435 WDS fax no. 330-866-3488
4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)		
State of New York - Dept. of Labor, Division of Safety & Health Building 12, Room 1277, Albany, NY 12240		

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non Friable Asbestos	1	Dump Trailer	
Containg Demolition Debris			
(NACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature	Month	Day	Year
1-800-208-2428		5	7	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A13857

TICKET NUMBER:

GENERATOR

1. Facility name and mailing address
Robin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8505
Owner's fax no.

2. Operator's name and address
Mark Cervone Exp.
8467 W. Riverabora Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 137, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Mix & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(NAC# Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	7	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
3320 Packard Rd Niagara Falls, N.Y. 1-800-647-8002	Mark Cervone Mark Cervone	5	7	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A13810

TICKET NUMBER:

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565

Owner's fax no.

2. Operator's name and address
Mark Cervone, Inc.
8667 W. Riverstone Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274

Operator's fax no.
716-283-4617

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435

WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
Friable & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No. 1
Type: Dump Trailer

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month: 5 Day: 7 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4820 Packard Rd
Niagara Falls, NY 14304
1-800-677-8002

Signature

Printed/typed name & title
Heather Kenny Driver

Month: 5 Day: 7 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139922

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139919

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.
67 Beacon St Buffalo NY 14220
716-822-1414

Signature

Printed/typed name & title
Wm Zinn

Month 3 Day 7 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title | Signature | Month | Day | Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139918

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
Mix & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No. 1
Type Dump Trailer

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month Day Year
03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
67 Bacon St

Signature

Printed/typed name & title

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139719

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO Fuel Corp

Address, telephone no. and fax no.
4870 PACKARD RD
Niagara Falls, NY

Signature
Printed/typed name & title
Mark Fullerton DRIVER

Month 05 Day 01 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139717

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd. Niagara Falls NY 1-800-208-9085	Samuel Longo	05	01	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139716

TICKET NUMBER 1561063

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark S. Bull
Month / Day / Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
ZOLADZ CONSTRUCTION INC.

Address, telephone no. and fax no.
13600 RAILROAD ST.
ALDEN N.Y. 14004
(716) 937-9299

Signature
Printed/typed name & title: DAVID FREIHEIT
Month / Day / Year: 5-2-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month / Day / Year: 05/02/03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139718

TICKET NUMBER 18020

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 1 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY 14304
1800-677-8002

Signature: [signature]
Printed/typed name & title: Hartley Kroening
Month: 5 Day: 1 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month: 5 Day: 02 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139726

TICKET NUMBER 18019

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E Bull	05	01	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls N.Y. 14304
1-800-677-8002

Signature
Printed/typed name & title
Brian Poeller Driver

Month 05 Day 01 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Julie A Wills	Julie A Wills	05	02	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139724

TICKET NUMBER 186015

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark E Bull
Month: 05 Day: 01 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
Box 4870 Packard Rd.
Niagara Falls NY

Signature: Paul Walker
Printed/typed name & title: Paul Walker Driver
Month: 05 Day: 01 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [illegible]
Month: 5 Day: 02 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139717

TICKET NUMBER 18,614

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark L. Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd. Niagara Falls NY 1-800-208-9089	Samuel Long / Samuel Long	05	01	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Wade	John A Wade	5	02	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139721

TICKET NUMBER 8601 3

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 5 - 1 - 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
Packard
Niagara Falls, N.Y.

Signature: [signature]
Printed/typed name & title: Mark Jaquish Driver
Month Day Year: 5-1-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month Day Year: 5 02 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139719

TICKET NUMBER 186099

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 1 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY

Signature: [signature]
Printed/typed name & title: MARK FALTISKO DRIVER
Month: 05 Day: 01 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Julie A. Mills
Signature: [signature]
Month: 5 Day: 02 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139722

TICKET NUMBER 186098

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 01 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FURL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS NY 14304

Signature: [signature]
Printed/typed name & title: KEN WASKIEWICZ
Month: 5 Day: 1 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [signature]
Signature: [signature]
Month: 5 Day: 02 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139720

TICKET NUMBER 186097

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E. Bull	5	1	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY 14304
1-800-677-8002

Signature

Printed/typed name & title
Joseph I Mogyas

Month 5 Day 1 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Jim A Wilds

Signature

Month 5 Day 02 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139725

TICKET NUMBER 86004

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 1 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870, PACKARD, RD 8002089081
NIAGARA, FALLS, NY

Signature: [signature]
Printed/typed name & title: Joe Meyers
Month: 5 Day: 1 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month: 5 Day: 02 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139715

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Reblia Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
6467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	7
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	2	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
1402 Military Rd. N.T.		5	2	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139716

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
ZOLADZ CONSTRUCTION INC

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
13600 RAILROAD ST ALDEN NY 14004 (716) 937-9299	DAVID ZOLADZ		5	-2-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139714

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	1	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp Niagara Falls NY 5 1 03

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Niagara Falls NY	Robert Lewis / Robert Lewis			

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139713

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	2	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4770 Packard Rd Niagara Falls NY 14304 800-677-8002	Joseph I Mayo	5	2	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139709

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	02	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4810 Packard Rd
Niagara Falls NY

Signature

Printed/typed name & title

Month 05 Day 02 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139712

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	2	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALL. NY 14304
800 672 5003

Signature
Printed/typed name & title
KEN WASKIEWICZ

Month 5 Day 2 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139711

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	2	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Falcon

Address, telephone no. and fax no.	Signature	Month	Day	Year
4570 Packard Rd Niagara Falls, NY 14304	Printed/typed name & title	5	2	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139710

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	2	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
695 Ferry St Buffalo, NY 14209 716-882-2121		5	2	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139708

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Packard Rd. Niagara Falls, NY	Sam Long	05	02	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139738

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblia Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	2	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4070 Packard Rd
NIAGARA FALLS NY.
800-677-8002

Signature
Edward C Kunath
Printed/typed name & title DRIVER
Edward C. Kunath

Month 5 Day 2 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139917

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cattron Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	7	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.	Signature	Month	Day	Year
67 Beacon St Buffalo NY 14220	Printed/typed name & title: Robert Knapp (Driver)	5	7	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139020

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-868-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	05	07	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature	Month	Day	Year
4870 Packard Rd Niagara Falls, NY 14304	Printed/typed name & title: Mark Fletcher	05	07	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139824

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Koblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
~~ME~~ Non Friable Asbestos	1	Dump Trailer	40
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking

Address, telephone no. and fax no.
67 Benzon ST
Buffalo NY 14220
(716) 824-4174

Signature
Printed/typed name & title

Month Day Year
9-2-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A13823

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 7 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.
Address, telephone no. and fax no.
4570 Packard Rd. Niagara Falls, NY 14304
1-800-304-9089
Signature
Printed/typed name & title: Robert Simcox Driver
Month: 5 Day: 7 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title
Signature
Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139921

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NA & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible] CONSTRUCTION INC

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]		5	2	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A13916

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	7	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
[illegible] Niagara Falls, NY 14304 716-283-4417

Signature
Printed/typed name & title
Joe Magee

Month 5 Day 7 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139915

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Koblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 137, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	55 CY
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	7	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature	Month	Day	Year
4820 Packard Rd Niagara Falls, NY 14304 1-800-677-8002	[signature] Printed/typed name & title Kenneth F. Foley, Jr.	5	7	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A13914

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Friable & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	07	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
487 Rockland Rd Niagara Falls NY	Printed/typed name & title: Robert F. Walker Jr. Driver	05	07	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139936

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 197, Albany, NY 12240

5. Description of materials
MP [redacted] & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No. 1
Type Dump Trailer

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month Day Year
03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.
205 Van Buren St
Erie PA 16507
800 609 6611

Signature

Printed/typed name & title

Month Day Year
5-6-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139937

TICKET NUMBER 156387

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month Day Year: 5-7-03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.: 4870 Packard Rd, Niagara Falls, N.Y. 1-800-877-8002
Signature: Mark Jaquish
Printed/typed name & title: Mark Jaquish
Month Day Year: 5-7-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month Day Year: 05/08/03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139929

TICKET NUMBER 16385

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	55 EST
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	8	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY 14304
1-800-677-8002

Signature
Printed/typed name & title
Kenneth R. Ebling DRIVER

Month Day Year
5-8-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler ohmgr	K. Solenthaler	5	8	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139935

TICKET NUMBER 163814

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	08	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY

Signature
Paul F. Walker Driver
Printed/typed name & title
Paul F. Walker Driver

Month 05 Day 08 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler Acting	K. Solenthaler	5	8	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139810

TICKET NUMBER 16350

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
MD [redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark S Bull	5	7	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY 14304
1-800-677-8002

Signature
Printed/typed name & title
Hartley Kroening Driver

Month 5 Day 7 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title Karen Rohrthaler Owner

Signature K Rohrthaler

Month 5 Day 7 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139936

TICKET NUMBER 160335

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.
205 Ryan Brier dr
Erie, PA 16509
800 609-6611

Signature
Printed/typed name & title: Gregory Lintz (driver)
Month Day Year: 5-6-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month Day Year: 5 08 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139924

TICKET NUMBER 86334

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NS [illegible] & Non Friable Asbestos	1	Dump Trailer	40
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking
Address, telephone no. and fax no.
67 Beacon St
Buffalo NY 14220
(716) 822-1414
Signature: Michael Davis
Printed/typed name & title
Month Day Year: 05-07-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: Jill A Watts
Signature: [signature]
Month Day Year: 05 08 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139923

TICKET NUMBER 10333

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 7 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.
Address, telephone no. and fax no.
4870 Packard Rd. Niagara Falls, NY 14304
1-800-208-9089
Signature: Robert Simcox
Printed/typed name & title: Robert Simcox Driver
Month: 5 Day: 7 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: J.W. Hollis
Signature: J.W. Hollis
Month: 5 Day: 08 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139920

TICKET NUMBER 86332

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month 05 Day 07 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP.

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY 14304

Signature: [signature]
Printed/typed name & title: MARK FALTISKO
Month 05 Day 07 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: JULIA A WATS
Signature: [signature]
Month 5 Day 08 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139922

TICKET NUMBER 86328

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	05	07	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
67 BEACON St BUFFALO, NY 14220 1-800-825-6001 PRICE TRUCKING.	KOKOU A TOSSAH	05	07	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
67 BEACON St BUFFALO, NY 1-800-825-6001	KOKOU A TOSSAH	05	07	03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	5	08	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139811

TICKET NUMBER 18013225

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E. Bull	05	07	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls N.Y.
1-800-677-8002

Signature
Brian Poller

Printed/typed name & title
Brian Poller Driver

Month 05 Day 07 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title [illegible]

Signature [illegible]

Month 5 Day 08 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139938

TICKET NUMBER 103124

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 03 Day: Year:

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4820 Packard Rd.
Niagara Falls N.Y.
1-800-208-2089

Signature: [signature]
Printed/typed name & title: Samuel Long
Month: 5 Day: 7 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: J W A Wtts
Signature: [signature]
Month: 5 Day: 08 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A138697

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Concrete Inc.
3467 W. Riverside Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
[redacted] & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No.
Type
Dump Trailer

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month: 5 Day: 8 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
1420 Pekin Rd
Niagara Falls NY 14304
1800-677 8002

Signature

Month: 5 Day: 8 Year: 03

Printed/typed name & title
Hal Hoy Flooring Mgr

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Month: Day: Year:

Printed/typed name & title

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139994

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565

Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riverbank Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274

Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435

WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No.: 1
Type: Dump Trailer

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month: 8
Day:
Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.

Signature

Month:
Day:
Year:

Printed/typed name & title

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Month:
Day:
Year:

Printed/typed name & title

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12

Printed/typed name & title

Signature

Month:
Day:
Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139827

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robbin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Nath Cerrone Inc.
8467 W. Riverbend Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4817

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-9488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
[redacted] Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No. 1
Type: Dump Trailer

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month 5 Day 2 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
Niagara Falls, NY
14304 800 208 9697

Signature

Printed/typed name & title

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139991

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565

Owner's fax no.

2. Operator's name and address
Mark Cerreta Enviro
8467 W. Riverbrook Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274

Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location

Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435

WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature	Month	Day	Year
1 Hopper Rd. Niagara Falls, NY 1 Floor 2nd Left	Printed/typed name & title			03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A13992

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565

Owner's fax no.

2. Operator's name and address
Mark Catrone Inc.
8467 W. Riverbank Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274

Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435

WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building #2, Room 137, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
6 Non Friable Asbestos	1	Dump Trailer	20
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139893

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cartone Inc.
6467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4276
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 457, Albany, NY 12240

5. Description of materials
Friable & Non Friable Asbestos
Containing Demolition Debris
(NACM Demo)

6. Containers
No.
Type
Dump Trailer

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month: 05 Day: 08 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4610 PACKARD
NIAGARA FALLS NY
6006775003

Signature
Ron Woolsey

Month: 05 Day: 08 Year: 03

Printed/typed name & title
K Krzboski Driver

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Month: Day: Year:

Printed/typed name & title

WDS

12. Discrepancy Indication space.

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139829

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
175 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cattaneo Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4427A
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 132, Albany, NY 12240

5. Description of materials
[redacted] & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No.
Type
1 pump trailer

7. Total quantity
cubic yd
55 CY

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month: 5 Day: 8 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Gilfeather Corp.

Address, telephone no. and fax no.
[illegible]
Niagara Falls, NY 14304
1-800-677-8003

Signature

Month Day Year

Printed/typed name & title

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Month Day Year

Printed/typed name & title

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139935

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	05	08	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
1870 Porter Rd
Niagara Falls NY

Signature
[signature] Driver
Printed/typed name & title
[illegible] Driver

Month 05 Day 08 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139995

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Carrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	8	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4070 Packard Rd.
Niagara Fls., N.Y. 14304
1-800-207-7089

Signature
Robert L. Simmons

Printed/typed name & title
Robert L. Simmons Driver

Month: 5 Day: 8 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139990

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	5	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Burke's Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
9500 Packard Rd Niagara Falls NY 14304 1800 477 5003	[signature] Russell Wagner Driver	5	5	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139926

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139809

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
9467 W. Riversbore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
67 Depot St Belfast NY 716-268-7419 x1220	Printed/typed name & title	5	7	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139996

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(KACN Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139984

TICKET NUMBER 18425

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	05	09	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY

Signature
[signature] Driver

Printed/typed name & title
Paul F. Wehler Jr. Driver

Month 05 Day 09 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title [signature]

Signature [signature]

Month 05 Day 09 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139983

TICKET NUMBER: 18494

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	55 EST
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	9	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD.
NIAGARA FALLS, NY 14304
1-800-677-8002

Signature
Kenneth P. Fabiny
Printed/typed name & title
Kenneth P. Fabiny driver

Month 5 Day 9 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
JULIA WHITE	[signature]	5	09	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139994

TICKET NUMBER 86434

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E. Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY.
800-208-4089

Signature
Printed/typed name & title DRIVER
Michael Negrow

Month 5 Day 8 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space
2

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler chem	K. Solenthaler	5	9	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139928

TICKET NUMBER 81432

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	05	08	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Paga ETC Inc

Address, telephone no. and fax no.
2758 Trombley Rd.
Weedsport, NY 13166

Signature
John Jankowski
Printed/typed name & title
John Jankowski

Month 05 Day 08 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 5 Day 09 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139997

TICKET NUMBER 18413

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	8	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY 14304
1800-677 8002

Signature
Printed/typed name & title
Hartley Greening Driver

Month 5 Day 8 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title John A Wats

Signature John A Wats

Month 5 Day 09 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139927

TICKET NUMBER 18404

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	8	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 MCKAND, RD NIAGARA, FALLS, NY. 14304 800 208 9089	Joe Meyers / Joe Meyers	5	8	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	5	09	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139991

TICKET NUMBER 18474D2

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4820 Packard Rd.
Niagara Falls N.Y.
1-800-208-2089

Signature
Samuel Long
Printed/typed name & title
Samuel Long

Month 5 Day 8 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Jill A Watts	Jill A Watts	5	09	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139992

TICKET NUMBER 81401

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	05	08	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd. Niagara Falls N.Y. 1-800-677-8802	Brian Porter	05	08	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Jill A Watts	Jill A Watts	05	09	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139993

TICKET NUMBER 16399

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	49,780 LBS
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Z. Bull	05	08	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALL, NY
800 677-8003

Signature
Ron Waskiewicz
Printed/typed name & title
RON WASKIEWICZ

Month 05 Day 08 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title John H Wells

Signature

Month 05 Day 09 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139970

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	09	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature	Month	Day	Year
Niagara Falls, NY	Printed/typed name & title: Robert Rowe	05	09	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139884

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4374
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	05	09	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4810 Packard Rd Niagara Falls NY	[signature] Printed/typed name & title: Bill Schaffer Jr. Driver	05	09	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139826

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc,
8467 W. Riverbank Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	08	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page ETC Inc

Address, telephone no. and fax no.
3757 Rowley Rd.
Weedsport, NY 13166

Signature
Printed/typed name & title
John Trapasso

Month 05 Day 08 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139983

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	55 CY
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark B. Bull	5	9	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4320 Packard Rd
Niagara Falls, NY 14305
[illegible]

Signature
Printed/typed name & title
[illegible]

Month 5 Day 9 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139969

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Koblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 05 Day: 20 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Co.

Address, telephone no. and fax no.
Niagara Falls, NY

Signature:
Printed/typed name & title: David Bowdish
Month: 05 Day: 20 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature:
Printed/typed name & title:
Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title:
Signature:
Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139968

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	9	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY 14304
1-800-677-8002

Signature
Hubby Kleeny

Printed/typed name & title
Hubby Kleeny

Month 5 Day 9 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139967

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	09	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Tank Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]		05	09	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139966

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4020 Packard Rd. Niagara Falls NY. 1-800-208-9029	[signature] Samuel Long	5	19	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139985

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	5
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark S. Bull	3	7	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel [illegible]

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]		3	7	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139973

TICKET NUMBER 165743

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 05 Day: 12 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp
Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY
Signature: [signature] Driver
Printed/typed name & title: Paul F. Walker Jr. Driver
Month: 05 Day: 12 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.
Printed/typed name & title: Peggy Myers
Signature: [signature]
Month: 05 Day: 12 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139975

TICKET NUMBER 16550

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 5-12-03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.
1-800-677-8002

Signature
Printed/typed name & title: Mark Joquish Driver
Month Day Year: 5-12-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Karen Solenthaler Chem
Signature: [signature]
Month Day Year: 5-12-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139977

TICKET NUMBER 165547

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NB [redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month 05 Day 12 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
AA BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY 14304

Signature: Mark Sartinski
Printed/typed name & title
Month 05 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month 05 Day 12 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139972

TICKET NUMBER 18615145

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month / Day / Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
ZOCADZ CONSTRUCTION INC.

Address, telephone no. and fax no.
13600 RAILROAD ST.
ALDEN NY 14004
(716) 937-6575

Signature: [signature]
Printed/typed name & title: DAVID FREIHEIT
Month / Day / Year: 5 / 12 / 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: [signature]
Month / Day / Year: 05 / 13 / 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139971

TICKET NUMBER 816541

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month Day Year: 5 - 12 - 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD.
NIAGARA FALLS NY 14304
1-800-677-8002

Signature
Printed/typed name & title: KENNETH P. FABINY DRIVER
Month Day Year: 5-12-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month Day Year: 05/12/03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139968

TICKET NUMBER 18052

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	9	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY 14304
1-800-6778002

Signature
Printed/typed name & title
Holley Koenig

Month 5 Day 9 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	5	12	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139967

TICKET NUMBER 816497

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NA & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	09	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd. Niagara Falls N.Y. 1-800-677-8002	Brian Poeller	05	09	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	5	12	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139966

TICKET NUMBER 18419

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd. Niagara Falls N.Y. 1-800-208-9089	Samuel Long / SAMUEL Long	5	19	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
JIM A WATTS		5	12	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139969

TICKET NUMBER 186529

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 05 Day: 09 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CO

Address, telephone no. and fax no.
PACKARD RD.
NIAGARA FALLS NY

Signature: [signature]
Printed/typed name & title: DAVID BONSACK
Month: 05 Day: 09 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: [signature] Peggy Myers
Month: 05 Day: 12 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139926

TICKET NUMBER 18504

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 8 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
67 Becon St
Buffalo, NY

Signature: [signature]
Printed/typed name & title: Pavel Zinkiv
Month: 5 Day: 8 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month: 5 Day: 12 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139809

TICKET NUMBER: MSDS

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark S. Bull
Month / Day / Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp.

Address, telephone no. and fax no.
67 Beacon St. Buffalo NY
716-822-1414 14220

Signature
Printed/typed name & title: IVAN ZINKIN
Month / Day / Year: 5 8 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Signature
Month / Day / Year: 05 12 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139970

TICKET NUMBER 86490

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	09	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp — Robert Adams — 05 09 03

Address, telephone no. and fax no.
Niagara Falls NY

Signature

Printed/typed name & title
Robert Adams

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Sokolnicki owner	K. Sokolnicki	5	10	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139995

TICKET NUMBER 16487

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark B. Bull	5	8	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y. 14304
1-800-208-9089

Signature
Robert L. Simon
Printed/typed name & title
Robert L. Simon Driver

Month 5 Day 8 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title Karen Solenthal Owner

Signature K. Solenthal

Month 5 Day 10 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139990

TICKET NUMBER 86486

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark S Bull	5	8	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard RD Niagara Falls NY 14304 1800 677 8003	Russell Hooper Driver	5	8	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler Oper Mgr	K. Solenthaler	5	10	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

W. STE SHIPMENT RECORD

DOCUMENT NUMBER: 113090

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM Trans.+

Address, telephone no. and fax no.	Signature	Month	Day	Year
421 E Mercer St Harrisville PA 16038	Printed/typed name & title: Ronald Zook	05	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139931

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4276
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
		05	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139981

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
[redacted] & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No. 1 Type Dump Trailer

7. Total quantity
cubic yd
25

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature
Mark S. Bull

Month 5 Day 12 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U S Bulk Transport Inc

Address, telephone no. and fax no.
205 Perry St
Erie Pa 16509

Signature
Todd Stappenbeck

Printed/typed name & title
Todd Stappenbeck

Month 5 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139988

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riversbore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. Bulk Transport Inc

Address, telephone no. and fax no.	Signature	Month	Day	Year
205 Rembrar Ave	[signature]	5	12	03
	Printed/typed name & title: Tim Stapelbeck Driver			

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139886

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
[redacted] & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No. 1
Type Dump Trailer

7. Total quantity
cubic yd
5

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature
Mark S. Bull

Month 5 Day 12 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S Bulk Transport Inc

Address, telephone no. and fax no.
Erie PA

Signature
Wayne Manne

Printed/typed name & title

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139887

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport

Address, telephone no. and fax no.
205 Pembrine Drive
Erie PA 16509
814-864-6611 Fax 814-824-6610

Signature
[signature]
Printed/typed name & title
Robert Entwistle

Month 05 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139963

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
		5	12	

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139964

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Koblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139979

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.
200 Meadowlands Dr
Hermitage PA 16509

Signature
Printed/typed name & title
C Douglas Routner

Month 5 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139978

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E. Bull	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC

Address, telephone no. and fax no.
Box 926 (Trumbley Rd) Westport NY
1-800-233-2426 / 315-8346274

Signature
Printed/typed name & title
Ronald W Dusky Driver

Month 05 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139980

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Koblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(KACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page E.T.C. Inc.

Address, telephone no. and fax no.	Signature	Month	Day	Year
2454 Transit Rd. West Seneca, NY 14224	Printed/typed name & title: John Simpson	05	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Genarator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139974

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSIT

Address, telephone no. and fax no.
421 E. Mercer ST
Harrisville, Pa
800-251-3010

Signature
Printed/typed name & title
Ron Gorist

Month 5 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139969

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riverwhere Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY 14304
1800 677-8002

Signature [signature]
Printed/typed name & title Driver
Hartley Kinsman

Month 5 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139971

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Koblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 PACKARD RD NIAGARA FALLS NY 14304 1-800-677-8002	Kenneth Fabiny driver	5	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139973

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
[redacted] & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No. 1
Type Dump Trailer

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month 05 Day 12 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
1820 Packard Rd.
Niagara Falls NY

Signature

Printed/typed name & title
R. E. Walker Jr. Driver

Month 05 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139977

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
MS [redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
AT Buffalo Fuel Corp

Address, telephone no. and fax no.
4970 Packard Rd
Niagara Falls, NY 14304

Signature
Printed/typed name & title

Month Day Year
05 12 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139972

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Zoladz Construction Co.

Address, telephone no. and fax no.
12600 East Road St
Akron NY 14001
585-932-6525

Signature

Printed/typed name & title
David Kleinfelt

Month 5 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

• White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139975

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4474
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
[redacted] & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No. 1 Type Dump Trailer

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature
Mark Bull

Month Day Year
5-12-03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.
1-800-677-8002

Signature
Mark Joguid

Printed/typed name & title
Mark Joguid Driver

Month Day Year
5-12-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139962

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riverabora Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4470 Packard Rd.
Niagara Falls New York 14304
1-800-208-9028

Signature
Robert L. Simon Jr.
Printed/typed name & title
Driver

Month 5 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A138965

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Ring Transit — [signature] 5-12-2003

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Harrisville Pa. 800-251-3010	James F. Sukrenn / O/O	5	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139832

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Rose Trucking Corp

Address, telephone no. and fax no.
17 Beaver St
Cuba NY 14727

Signature

Printed/typed name & title

Month 5 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A13993

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Dull, Asbestos Supervisor	Mark S. Dull	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature	Month	Day	Year
4870 Packard Rd. Niagara Falls NY. 1-800-208-2089	Samuel Long	5	12	03
	Printed/typed name & title: Samuel Long			

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A138933

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE TRUCKING

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
69 BEACON 1 800 825 6001	Joel Dahl JOEL DAHL	5	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A13998

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
[redacted] & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No. 1
Type Dump Trailer

7. Total quantity
cubic yd
50

8. Special handling instructions and additional information
PPE

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
Mark Dull, Asbestos Supervisor

Signature

Month 08 Day 12 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
2320 Pinckney Rd.
Niagara Falls N.Y.
1-800-677-2002

Signature

Printed/typed name & title

Month 05 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139998

TICKET NUMBER 18559

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls N.Y.
1-800-677-8002

Signature
Printed/typed name & title
Brian Poeller

Month 05 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
John A Watts

Signature

Month 05 Day 13 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139999

TICKET NUMBER 18955

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor	Mark E. Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4820 Packard Rd. Niagara Falls NY. 1-800-208-9089	Samuel Long / SAMUEL Long	5	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Mays	[signature]	5	13	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139965

TICKET NUMBER 18055L0

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month / Day / Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSIT
James F. Surrenn 5-12-2003

Address, telephone no. and fax no.
HARRISVILLE, PA
800-251-3010

Signature
JAMES F. SURRENN
Printed/typed name & title
D/O

Month / Day / Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
[signature]

Signature
[signature]

Month / Day / Year: 5 13 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139980

TICKET NUMBER: 18015615

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE E.T.C. INC

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
2758 Trumbley Rd Woodsport, NY 13166	John Jankowski John JANKOWSKI	05	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	5	13	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139979

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US BULK TRANSPORT INC

Address, telephone no. and fax no.
205 PENNBRIAR DR
ERIE PA 16509

Signature
Printed/typed name & title
C JONATHAN ROUTNER

Month 5 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 5 Day 13 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139978

TICKET NUMBER 8105414

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark E. Bull
Month / Day / Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PACE ETC

Address, telephone no. and fax no.
Box 920 (Trombley Rd) Westport NY
1-800-233-2126 / 315-8346274

Signature
Printed/typed name & title: Ronald W Dusen Driver
Month / Day / Year: 05 12 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: John H Watts
Signature
Month / Day / Year: 5 13 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139974

TICKET NUMBER 18105a8

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSIT

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
421 E. Mercer, ST Harrisville, Pa 800-251-3010	Ronald Kurt Ron Geist	5	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	5	13	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139989

TICKET NUMBER 185569

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature	Month	Day	Year
4870 Packard Rd Niagara Falls NY 14304 (800) 677-8002	Printed/typed name & title Driver Hartley Kroening	5	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	5	13	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139962

TICKET NUMBER 8057

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notified was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 12 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.
Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls New York 14304
1-800-208-9089
Signature
Robert L Simcox Jr.
Printed/typed name & title Driver
Robert L. Simcox Jr.
Month: 5 Day: 12 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.
Printed/typed name & title
Signature
Month: 5 Day: 13 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139930

TICKET NUMBER 18705

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM Transit

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
421 E Mercer St 1-800-251-3010 Harrisville PA 16038	Ronald Zook Ronald Zook	05	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	5	13	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139932

TICKET NUMBER 18657

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 12 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.
67 Beacon ST
Buffalo NY 14220

Signature:
Printed/typed name & title: Robert Harvey (Driver)
Month: 5 Day: 12 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature:
Printed/typed name & title:
Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title:
Signature:
Month: 5 Day: 13 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139986

TICKET NUMBER 16589

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc,
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	55
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S Bulk Transport Inc — William Mattice — 5-12-03

Address, telephone no. and fax no.
Erie PA

Signature
Printed/typed name & title
Wayne Mattice

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler Owner	K. Solenthaler	5	13	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139988

TICKET NUMBER 16583

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month / Day / Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.
205 Pembriar Ave
Erie PA 1888 651-8182

Signature: [signature]
Printed/typed name & title: Jim Stoppenbeck Driver
Month / Day / Year: 5 12 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: [signature]
Month / Day / Year: 05/13/03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139981

TICKET NUMBER 165582

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	25
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E. Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U S Bulk Transport INC

Address, telephone no. and fax no.
205 Rembrier Drive
ERIE Pa 16509

Signature
Printed/typed name & title
Todd Stappenbeck

Month 5 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	13	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139933

TICKET NUMBER 18537

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE TRUCKING

Address, telephone no. and fax no.
67 BEACON
1 800 825 6001

Signature
Printed/typed name & title
JOEL DARLAK

Month 5 Day 12 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 5 Day 13 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139987

TICKET NUMBER 816590

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport

Address, telephone no. and fax no.
205 Pennbriar Drive
Erie PA 16509
800-609-6611 FAX 814 824 4610

Signature: [signature]
Printed/typed name & title: Robert Entwistle
Month Day Year: 05 12 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karen Solenthaler Owner
Signature: [signature]
Month Day Year: 5-13-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139963

TICKET NUMBER 46602

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 12 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Tracy L Andrews

Address, telephone no. and fax no.
U.S. Bulk Inc.
Erie PA 1800-642-8910

Signature: Tracy L Andrews
Printed/typed name & title: Tracy L Andrews
Month Day Year: 5-12-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karen Solinthaler atty
Signature: K. Solinthaler
Month Day Year: 5-13-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139964

TICKET NUMBER 816615

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Ram Transit

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Harrisville PA 16038 724-735-4878	Rick Bowman Driver	5	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	12	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

Invoice

NATIONAL AGGREGATES, INC.
P.O. BOX 340
MALVERN, OH 44644-0340
PH: (330) 863-1999
FAX (330) 863-1998

DATE	INVOICE #

BILL TO:	SHIP TO:

P.O. NUMBER	TERMS	REP	SHIP	VIA	TRUCK #	PROJECT

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT

We accept no responsibility for the rejection or

Signature

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139931

TICKET NUMBER 56621

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
MD [redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
US Bulk 988 651-8182 205 Penn Brian Erie, Pa 16509	Gregory Lintz	05	12	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	13	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139959

TICKET NUMBER 8616635

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 13 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
ZOAOZ CONSTRUCTION INC.

Address, telephone no. and fax no.
13600 RAILROAD ST.
ALDEN NY 14004
(716) 937-6575

Signature
Printed/typed name & title: DAVID FREIHEIT
Month: 5 Day: 13 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Signature
Month: 05 Day: 13 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139958

TICKET NUMBER 1561634

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 05 Day: 13 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY 14304

Signature
Printed/typed name & title
Month: 05 Day: 13 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: [signature]
Month: 05 Day: 13 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139961

TICKET NUMBER 186130

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 05 Day: 13 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.
Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY
Signature: [signature] Driver
Printed/typed name & title: Paul F. Walker Jr. Driver
Month: 05 Day: 13 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.
Printed/typed name & title: [illegible]
Signature: [signature]
Month: 5 Day: 13 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139925

TICKET NUMBER 18650

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NAD [redacted] & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	05	05	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls N.Y.
1-800-697-8002

Signature
Brian Poeller

Printed/typed name & title
Brian Poeller

Month 05 Day 05 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	5	13	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140023

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page ETC Inc

Address, telephone no. and fax no.
1-800-230-5037
Woodsport NY

Signature
John Schuble

Printed/typed name & title
John Schuble

Month 5 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139952

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	05	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Erie, PA 800 675-0046	[signature] Randy Dieruf	5	13	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139955

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
1115 [redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Back Haul [illegible] NC 28075 NY 3H 3X

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]		5	13	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139854

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
FPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US BULK TRANSPORT INC.

Address, telephone no. and fax no.
305 Commerce Dr
Erie PA 16507
1-888-651-5783

Signature
[signature]
Printed/typed name & title
[illegible]

Month 5 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139953

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	55
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S BULK TRANSPORT INC

Address, telephone no. and fax no.
205 PENNBRINK DR
ERIE PA 16509

Signature
Kevin Tapper

Printed/typed name & title
KEVIN TAPPER

Month 5 Day 13 Year 03

TRL # AC95899 NY

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139856

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	05	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS NY 14304
1-800 677-8003

Signature
[signature]
Printed/typed name & title
KEN WASKIEWICZ

Month 05 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

DUMPS • ROLL-OFFS • VAC TANKERS • BULK TANKERS • BOX VANS • FLATBEDS • LOWBOYS

BUFFALO FUEL CORP.

4870 Packard Rd.
Niagara Falls, New York 14304
(800) 677-8002

LOAD #

TERMINAL # 60

WORK ORDER # A139956

INVOICE

FREIGHT BILL NO. (OFFICE USE ONLY)

PICK UP DATE 5-13-03	TRUCK OWNER	DELIVERY DATE 5-19-03	TRUCK OWNER
DRIVER K-WASKIEWICZ	DRIVER NO WASK	DRIVER SAME	DRIVER NO.
TRUCK NO. 6898	TRAILER NO. D-245	TRUCK NO.	TRAILER NO.

SHIPPER
NAME Roblin Steel
STREET
CITY N. Tonawanda STATE NY ZIP CODE 14120

CONSIGNEE
NAME Minerva Enterprises
STREET 9,000 Minerva Rd
CITY Waynesburg STATE OH ZIP CODE

ADDITIONAL INFO./EQUIP NEEDED

ADDITIONAL INFO./EQUIP. NEEDED

PRODUCT CODE	COMMODITY / MATERIAL DESCRIPTION	QUANTITY			
	Demo Debris		LBS ☐ TONS ☐ GALLONS ☐ YARDS ☐	ROLL OFF BOX ►	SPOTTED: PICKED UP:

PICK UP

ARRIVAL TIME ____ AM/PM RELEASE TIME ____ AM/PM

TRAILER EMPTY UPON ARRIVAL (If not, explain below) ☒ YES ☐ NO

DIP MEASUREMENT (Tankers Only) ____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS AND / OR LOADING TIME) ____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X Ron Waskiewicz
DRIVER'S SIGNATURE

X
SHIPPER'S SIGNATURE FIRM

DELIVERY

DRIVER WASK DATE 5-14-03

ARRIVAL TIME ____ AM/PM RELEASE TIME ____ AM/PM

TRAILER EMPTY UPON DEPARTURE (If not, explain below) ☐ YES ☐ NO

COMMENTS: (EXPLAIN ALL DELAYS AND / OR LOADING TIME) ____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X Ron Waskiewicz
DRIVER'S SIGNATURE

X
CONSIGNEE'S SIGNATURE FIRM

BEGINNING HUBOMETER 209703 ENDING HUBOMETER

MAJOR CITIES	MAJOR ROUTES
START Loading Origin Model City, NY	VIA:
TO: N. Tonawanda NY	
Waynesburg OH	VIA.
TO:	
	VIA:
TO:	
	VIA:
TO:	
	VIA:

N.Y.S. TOLL CARD #:

M.A. TOLL CARD #:

RATE	$
HOLDING TIME HRS. @ /HR.	
VACUUM TIME HRS @ /HR.	
RENTAL DAYS @ /DAY	
BAG LINER ☒ YES ☐ NO	
OTHER CHGS.	
SALES TAX	
TRANSPORT TAX	
TOTAL AMOUNT	

REV. 12-00

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139860

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 5 - 13 - 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd,
Niagara Falls, N.Y.
1-800-677-8002

Signature
Mark Jaquish
Printed/typed name & title
Mark Jaquish driver

Month Day Year: 5-13-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

DUMPS • ROLL-OFFS • VAC TANKERS • BULK TANKERS • BOX VANS • FLATBEDS • LOWBOYS

BUFFALO FUEL CORP.

4870 Packard Rd.
Niagara Falls, New York 14304
(800) 677-8002

LOAD #

TERMINAL # 1

WORK ORDER #

INVOICE

FREIGHT BILL NO. (OFFICE USE ONLY)

PICK UP DATE	5-13-03	TRUCK OWNER	BFC
DRIVER	Mark Jaquish	DRIVER NO.	JAQM
TRUCK NO.	P-6443	TRAILER NO.	FD-210

SHIPPER
NAME: Roblin Steel
STREET: Oliver St.
CITY: N. Tonawanda, N.Y. STATE: ZIP CODE:
ADDITIONAL INFO./EQUIP. NEEDED:

DELIVERY DATE	5-13-03	TRUCK OWNER	BFC
DRIVER	Mark Jaquish	DRIVER NO.	JAQM
TRUCK NO.	P-6443	TRAILER NO.	FD-210

CONSIGNEE
NAME: MEI
STREET: 9000 Minerva Rd
CITY: Waynesburg, STATE: Ohio ZIP CODE:
ADDITIONAL INFO./EQUIP. NEEDED:

PRODUCT CODE	COMMODITY / MATERIAL DESCRIPTION	QUANTITY		
	RACM/Demo		LBS ☐ TONS ☐ GALLONS ☐ YARDS ☐	ROLL OFF BOX ►

SPOTTED:
PICKED UP:

PICK UP

ARRIVAL TIME 7:05 AM PM RELEASE TIME ____ AM PM

TRAILER EMPTY UPON ARRIVAL (If not, explain below) ☒ YES ☐ NO

DIP MEASUREMENT (Tankers Only) ____ INCHES

COMMENTS: (EXPLAIN ALL DELAYS AND / OR LOADING TIME) ____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X Mark Jaquish
DRIVER'S SIGNATURE

X
SHIPPER'S SIGNATURE FIRM

DELIVERY

DRIVER JAQM DATE 5-13-03

ARRIVAL TIME ____ AM PM RELEASE TIME ____ AM PM

TRAILER EMPTY UPON DEPARTURE (If not, explain below) ☐ YES ☐ NO

COMMENTS: (EXPLAIN ALL DELAYS AND / OR LOADING TIME) ____

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

X Mark Jaquish
DRIVER'S SIGNATURE

X
CONSIGNEE'S SIGNATURE FIRM

BEGINNING HUBOMETER 224,312

ENDING HUBOMETER

	MAJOR CITIES	MAJOR ROUTES
START (Loading Origin)	N. Tonawanda, N.Y.	VIA: 265, 190, 90, 79, 80, 76
TO:	Waynesburg, Ohio	VIA: 225, 183
TO:		VIA:
TO:		VIA:
TO:		VIA:
TO:		VIA:

N.Y.S. TOLL CARD #:		
M.A. TOLL CARD #:		
RATE		$
HOLDING TIME	HRS. @ /HR.	
VACUUM TIME	HRS @ /HR.	
RENTAL	DAYS @ /DAY	
BAG LINER	☒ YES ☐ NO	
OTHER CHGS.		
SALES TAX		
TRANSPORT TAX		
TOTAL AMOUNT		

REV 12-00

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139959

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Corrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
ZOLDZ CONSTRUCTION INC.

Address, telephone no. and fax no.
9000 RAPIDS ST.
ALDEN NY. 14004
(716) 937-6525

Signature

Printed/typed name & title

Month 5 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title | Signature | Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139956

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riversbore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4570 Packard Rd
Niagara Falls, NY 14304

Signature

Printed/typed name & title

Month 05 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139961

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
[redacted] & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No. 1
Type Dump Trailer

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month 05 Day 13 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY

Signature

Printed/typed name & title
Paul F. Walter Jr. Driver

Month 05 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140022

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Currone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4570 Packard Rd. Niagara Falls, New York 14304 1-800-304-7059	R.L. + L. Simeon Jr.	5	13	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139857

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials
[redacted] & Non Friable Asbestos
Containing Demolition Debris
(RACM Demo)

6. Containers
No. 1
Type Dump Trailer

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month Day Year
03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible] Transit

Address, telephone no. and fax no.
Hamersville PA
1-800-251-3010

Signature

Printed/typed name & title

Month Day Year
5-13-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A138943

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	5
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
209 Peninsula Dr Erie PA 16509	Mike Peters	5	13	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A13950

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4170 Packard Rd.
Niagara Falls, NY
14304 716-278-7769

Signature
Joe Reyes
Printed/typed name & title
Joe Reyes

Month 5 Day 13 Year 3

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139951

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	05	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature	Month	Day	Year
2320 Elmwood Ave. Buffalo N.Y. 1-800-677-8002	[signature] Printed/typed name & title Brad Peller	05	13	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

W. STE SHIPMENT RECORD

DOCUMENT NUMBER: A139982

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 137, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NO [redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4820 Packard Rd.
Niagara Falls NY
1 800-207-2089

Signature
[signature]
Printed/typed name & title
Samuel Long

Month 5 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140024

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8505
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAAP TRANSPORTATION INC

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Woodsport, New York 1-800-233-2126	Ron Schaible	05	13	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140021

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
2870 Packard Rd.
Niagara Falls, NY, 1304
1-800-677-8002

Signature
Hartley Kroening

Printed/typed name & title
Hartley Kroening

Month 5 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139949

TICKET NUMBER 51238(1)

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	55
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US BULK TRANSPORT

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
205 PENNBRIAR DR ERIE PA 16509	Mike Peters / MIKE PETERS	5	13	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	14	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140023

TICKET NUMBER 87279

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS		
CONTAINING DEMOLITION DEBRIS		
(Crane Demo)		

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature
Month Day Year: 5 - 13 - 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page ETC Inc

Address, telephone no. and fax no.
1-800-230-5037
Weedsport NY

Signature
Printed/typed name & title: John Schieble
Month Day Year: 5-13-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Karen Solenthaler ebmgr
Signature
Month Day Year: 5-14-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Genarator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140024

TICKET NUMBER 17278

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(Green Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE TRANSPORTATION INC

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Weedsport, New York 1-800-233-2126	FRAN Schieble	05	13	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler Engr		5	14	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139952

TICKET NUMBER 1 1 1 2 7 2

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 05 Day: 13 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. BULK TRANSPORT, INC.

Address, telephone no. and fax no.
ERIE, PA.
800-675-0646

Signature: [signature]
Printed/typed name & title: RANDY DIERINGER
Month: 5 Day: 13 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [signature]
Signature: [signature]
Month: 5 Day: 14 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140021

TICKET NUMBER 87264

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-886-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(BARN DEMO)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor		5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    Buffalo Fuel Corp.

    Address, telephone no. and fax no.
    4870 Packard Rd.
    Niagara Falls, NY, 4304
    1-800-677-8002

    Signature
    Hartley Kroening

    Printed/typed name & title
    Hartley Kroening

    Month 5 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

    Address, telephone no. and fax no.

    Signature

    Printed/typed name & title

    Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
		5	14	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140022

TICKET NUMBER: 18254

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name: City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.: 716-695-8565
Owner's fax no.:

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.: 716-283-4274
Operator's fax no.: 716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.: 330-866-3435
WDS fax no.: 330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINED DEMOLITION DEBRIS			
(Barn Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 13 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.
Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, New York 14304
1-800-208-9089
Signature
Printed/typed name & title: Robert L. Simcox Jr.
Month: 5 Day: 13 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.:
Signature:
Printed/typed name & title:
Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.
Printed/typed name & title:
Signature:
Month: 5 Day: 14 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139957

TICKET NUMBER 16655

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NB [redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month / Day / Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM Transit

Address, telephone no. and fax no.
Hannisville PA
1-800-257-3010

Signature
Printed/typed name & title: Jerry Saunderson Driver
Month / Day / Year: 5-13-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month / Day / Year: 05/14/03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139955

TICKET NUMBER 18451

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NRS [redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US BULK TRANSITION INC AC95896 NY 311-3A

Address, telephone no. and fax no.
209 PENBRIDGE DR
ERIE PA

Signature
Printed/typed name & title
RICHARD STEINBACH DRIVER

Month 5 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Jill A Watts	Jill A Watts	5	19	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139954

TICKET NUMBER 1 BLANK

GENERATOR

1. **Facility name and mailing address**
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. **Operator's name and address**
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. **Waste disposal site (WDS) name, mailing address, and physical site location**
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. **Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)**
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NAB [redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. **Special handling instructions and additional information**
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	13	03

TRANSPORTER

10. **Name of Transporter 1 (Acknowledgement of receipt of materials)**
US BULK TRANSPORT INC.

Address, telephone no. and fax no.
205 Penn Brook DR.
Erie, PA. 16509
1-888-657-8182

Signature
Luther Watt
Printed/typed name & title
Luther Watt Tk. driver

Month 5 **Day** 13 **Year** 03

11. **Name of Transporter 2 (Acknowledgement of receipt of materials)**

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month **Day** **Year**

WDS

12. **Discrepancy indication space**

13. **Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.**

Printed/typed name & title	Signature	Month	Day	Year
John A Wells	John A Wells	5	14	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139953

TICKET NUMBER 18464

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
MB [redacted] & Non Friable Asbestos	1	Dump Trailer	55
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 13 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.
205 Pennbriar Dr
Erie PA 16509

Signature: [signature]
Printed/typed name & title: Kevin Tapper
Month: 5 Day: 13 Year: 03
TRL # AC95899 NY

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [signature]
Signature: [signature]
Month: 5 Day: 14 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139951

TICKET NUMBER 18404,8

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NA & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls N.Y.
1-800-677-8002

Signature
Printed/typed name & title
Brian Poeller

Month 05 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
John A Wills

Signature

Month 5 Day 14 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139982

TICKET NUMBER 18614

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4820 Packard Rd
Niagara Falls NY
1 800-208-8089

Signature
Samuel Long
Printed/typed name & title
SAMUEL Long

Month 5 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Jill Watts

Signature
Jill A Watts

Month 5 Day 14 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139950

TICKET NUMBER 18464

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NM5 [redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD.
NIAGARA FALLS, NY.
14304 800 [redacted] 9089

Signature
Joe Meyers
Printed/typed name & title
Joe Meyers

Month 5 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Julie A Wells

Signature

Month 5 Day 14 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139956

TICKET NUMBER: 18164.4

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS NY 14304
1-800 677-8003

Signature
Ken Waskiewicz
Printed/typed name & title
KEN WASKIEWICZ

Month 05 Day 13 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title Julie A Wilds

Signature Julie A Wilds

Month 5 Day 14 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140020

TICKET NUMBER 86675

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(TRACK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature	Month	Day	Year
4870 Packard Rd Niagara Falls NY 8002089089	Driver Printed/typed name & title Paul F. Walker Jr Driver	05	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler mgr		5	14	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140018

TICKET NUMBER 8666871

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(BRICK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.
1-800-677-8902

Signature
Printed/typed name & title
Mark Jaquish

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	14	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140019

TICKET NUMBER 15668

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS		
CONTAINING DEMOLITION DEBRIS		
(RACM DEMO)		

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
ZOLADZ CONSTRUCTION INC.

Address, telephone no. and fax no.
13600 RAIL ROAD ST.
ALDEN NEW YORK 14004
(716) 937-6525

Signature
Printed/typed name & title: DAN ZOLADZ JR
Month Day Year: 5 14 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month Day Year: 05/14/03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140009

TICKET NUMBER 166183

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Ram Transit

Address, telephone no. and fax no.
421 Emerest
Harrisburg PA

Signature
Printed/typed name & title
Jeff Armstrong

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers		05	14	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140010

TICKET NUMBER: E16685

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(BRICK DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY

Signature
Printed/typed name & title
MARK FALTISKO

Month Day Year
05 14 03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature:
Month: 05 Day: 14 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140012

TICKET NUMBER 86687

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(ROOF DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC INC.

Address, telephone no. and fax no.
2758 Trumbley Rd
Weedsport NY
13166
1800-230-6037

Signature:
Printed/typed name & title: Steven M Thompson
Month: 5 Day: 14 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Karen Schuthals chemist
Signature:
Month: 5 Day: 14 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140011

TICKET NUMBER 816692

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    Mark Cerrone Inc

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
8467 West River Shore Dr NF 14304	Joseph A Acciello II	5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler atty		5	14	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140018

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month 5 Day 14 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.
1-800-677-8002

Signature

Printed/typed name & title
Mark Jagusch

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140072

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	Dump Body	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	05	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.
[illegible]

Signature
[signature]

Printed/typed name & title
[illegible]

Month 05 Day 16 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title | Signature | Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140020

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
6467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature
Month: 05 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Ferguson Dr
Niagara Falls NY

Signature
Printed/typed name & title
Month: 05 Day: 14 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title | Signature | Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140013

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-868-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140012

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Rolac Env. Inc.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
2758 Transit Rd West Seneca, NY 13224	Steven M. [illegible]	5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140011

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerone Inc

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
8467 West River Shore Dr NF 14304		5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140010

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Buffalo Excel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4470 Mackinaw Rd Saginaw, MI	Mark Fiala			03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140017

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riversbore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. Ecology Transport

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]		5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140009

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140019

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
6467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140015

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc.

Address, telephone no. and fax no.
205 Pennsylvania Ave
Erie PA. 16509

Signature:
Printed/typed name & title: Randy Akin
Month: 5 Day: 14 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title | Signature | Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140014

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.
[illegible]

Signature
Printed/typed name & title
[illegible]

Month: 5 Day: 14 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title | Signature | Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140008

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSIT CORP

Address, telephone no. and fax no.
Rochester, PA
1-800-251-3040

Signature

Printed/typed name & title

Month Day Year
5 14 2003

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140006

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
			50

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month 5 Day 14 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fence Corp.

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140007

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY
1-800-302-9089

Signature
Samuel Long
Printed/typed name & title
SAMUEL Long

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140004

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	Dump Trailer	

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PACE Corporation

Address, telephone no. and fax no.
[illegible]
1-800-233-2126 / 315-8346274

Signature:
Printed/typed name & title: Ken Dosen Driver
Month: 05 Day: 14 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature:
Printed/typed name & title:
Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title:
Signature:
Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140005

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4770 Packard Rd.
Niagara Falls NY 14304
1-716-201-7089

Signature
Printed/typed name & title: Robert L. Simcox Jr. Driver
Robert L. Simcox Jr.
Month: 5 Day: 14 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140016

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month 5 Day 14 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140003

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	Dump BT	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 PACKARD RD NIAGARA FALLS, NY 14304 1-800-677-8002	Hatley Fleming / Hatley Fleming	5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140005

TICKET NUMBER: 10797

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.
Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY 14304
1-800-208-9089
Signature
Robert L. Simcox Jr.
Printed/typed name & title: Robert L. Simcox Jr. Driver
Month: 5 Day: 14 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: John A Wells
Signature: John A Wells
Month: 5 Day: 15 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140008

TICKET NUMBER 18705

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSIT LINES

Address, telephone no. and fax no.
HARRISVILLE, PA.
1-800-251-3010

Signature
James F. Surrena
Printed/typed name & title
JAMES F. SURRENA

Month 5 Day 14 Year 2003

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 5 Day 15 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140016

TICKET NUMBER: 8167D4

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RAM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM Transit

Address, telephone no. and fax no.
421 E Mercer St
Harrisville PA 16038
1-800-251-3010

Signature:
Printed/typed name & title: Ron Zook
Month: Day: Year: 5-14-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title:
Signature:
Month: 5 Day: 15 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140004

TICKET NUMBER 86703

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	Dump Trailer	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE Companies

Address, telephone no. and fax no.
Box 920 Weedsport NY
1-800-233-2126 / 315-8346274

Signature
Printed/typed name & title: Ron Duson Driver
Month: 05 Day: 14 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Jim A Wills
Signature:
Month: 05 Day: 15 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140013

TICKET NUMBER 18707D2

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE E.T.C. Inc

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
2758 Trombley Rd. Weedsport, N.Y 13166	John Jankowski / John JANKOWSKI	05	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Nitti		5	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140015

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(CRACK DEMO)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    US Bulk Transport Inc.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
205 Pennbriar Dr. Erie P.A. 16509	Randy Akin	5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Mills		5	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140017

TICKET NUMBER 18616999

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS CONTAINING DEMOLITION DEBRIS (RACM DEMO)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    U.S. BULK TRANSPORT

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
205 PENNBRIAN DRIVE ERIE, PA 814-824-9949	Printed/typed name & title: LAWRENCE MERRILL DRIVE	5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
		5	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140006

TICKET NUMBER 18496

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month 5 Day 14 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
N. Tonawanda N.Y.
1-800-677-8002

Signature
Printed/typed name & title
Brian Poeller

Month 05 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 5 Day 15 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140007

TICKET NUMBER 816695

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY.
1-800-208-9089

Signature
Samuel Long
Printed/typed name & title
SAMUEL LONG

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Julie A Wills

Signature: Julie A Wills

Month 5 Day 15 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140056

TICKET NUMBER 186764

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	001	DT	55
CONTAINING DEMOLITION DEBRIS			
(REACH DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.
205 Pennbriar Dr
Erie PA 16509

Signature: [signature]
Printed/typed name & title: Kevin Tapper
Month: 05 Day: 15 Year: 03
AC95899NY

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: [signature]
Month: 05 Day: 15 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140055

TICKET NUMBER 18761621

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US BULK TRANSPORT INC.

Address, telephone no. and fax no.
205 PENN RIVER DRIVE
ERIE, PA. 16509

Signature
Luther Watt
Printed/typed name & title
LUTHER WATT

Month Day Year
5-15-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140001

TICKET NUMBER 56761

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerrone Inc

Address, telephone no. and fax no.
8467 West River Shore Dr.
Niagara Falls NY 14304

Signature
Printed/typed name & title: Joseph P DeLuca II
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature
Month: 05 Day: 15 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140002

TICKET NUMBER 186752

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS CONTAINING DEMOLITION DEBRIS (CRACK DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC Inc.
Address, telephone no. and fax no.
2758 Trombley Rd
Weedsport NY
13166
800 230-5037
Signature
Printed/typed name & title: Steven M Thomas
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title
Signature
Month: 5 Day: 15 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140052

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE E T C

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
WEBB PORT, NY		5	15	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140057

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robiin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	Dump Trailer	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month 5 Day 15 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4970 Packard Rd.
Niagara Falls, N.Y. 14304
1-716-297-2029

Signature
Robert L. Simon Jr.
Printed/typed name & title
Robert L. Simon Jr. Driver

Month 5 Day 15 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140000

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robilla Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible] TRANSIT

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
921 E. Mercer St Meadville, Pa	[illegible]	5	15	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140001

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerrone Inc.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140002

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Pasc Clc Inc

Address, telephone no. and fax no.
3758 Tramblay Rd
Weedsport NY
13166
Sw 233-5037

Signature
Printed/typed name & title
Steven M Thomas

Month 5 Day 15 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140053

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. Bulk Transport Inc

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Erie PA 1-888-651-5172	Tim Stapelbrook Driver	5	15	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140054

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140055

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U S Bulk Transport Inc.

Address, telephone no. and fax no.
305 Perry Street
Erie, PA. 16509

Signature: [signature]
Printed/typed name & title: Luther Watts
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title | Signature | Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140051

TICKET NUMBER 18077

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
CRACK DEMO			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY.
1-800-208-9089

Signature: Samuel Long
Printed/typed name & title: Samuel Long
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Jack A Watts
Signature: Jack A Watts
Month: 5 Day: 16 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140020

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
6467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Redpond Dr
Niagara Falls NY

Signature
Printed/typed name & title
Paul F. Ewell Jr Driver

Month 05 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140013

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140012

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Paul E. Fox Sons

Address, telephone no. and fax no.	Signature	Month	Day	Year
2758 Transit Rd. West Seneca, NY 13224	Printed/typed name & title	5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140011

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerone Inc

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
8467 West River Shore Dr NF 14304		5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140010

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Koblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4470 Mackinaw Rd S Ridge, Tonawanda NY				5/14/03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140017

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. Ecology Transport

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140009

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140019

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140015

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. Bulk Transport Inc.

Address, telephone no. and fax no.
205 Pennsylvania Ave.
Erie PA. 16509

Signature

Printed/typed name & title
Randy Akin

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140014

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140008

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM - TRANSIT LINES

Address, telephone no. and fax no.
Kittanning, PA
1-800-253-3013

Signature
Printed/typed name & title
James E. Sherman

Month Day Year
5 14 2003

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140006

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-886-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
		50

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4970 Walden Ave

Signature

Printed/typed name & title

Month / Day / Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title / Signature / Month / Day / Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140007

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY
1-800-302-9089

Signature
Samuel Long

Printed/typed name & title
Samuel Long

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140004

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	Dump Truck	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PACE

Address, telephone no. and fax no.
1-800-233-2126 / 315-834-6274

Signature
Printed/typed name & title
Ken Dusen Driver

Month 05 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140005

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4470 Packard Rd.
Niagara Falls NY 14304
1-716-201-7089

Signature
Robert L. Simcox Jr.
Printed/typed name & title
Robert L. Simcox Jr. Driver

Month: 5 Day: 14 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title | Signature | Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140016

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible] Transport

Address, telephone no. and fax no.
[illegible]

Signature
[illegible]
Printed/typed name & title
[illegible]

Month Day Year
[illegible]

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140003

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	Dump BT	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY 14304
1-800-677-8002

Signature
Hadley Koenig
Printed/typed name & title
Hadley Koenig

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140005

TICKET NUMBER 10907

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd. Niagara Falls NY 14304 1-800-208-9089	Robert L. Simcox Jr. Driver / Robert L. Simcox, Jr.	5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Wells	John A Wells	5	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140008

TICKET NUMBER 18705

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSIT LINES

Address, telephone no. and fax no.
HARRISVILLE, PA.
1-800-251-3010

Signature
James F. Surrena
Printed/typed name & title
JAMES F. SURRENA c/o

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Watts		5	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140016

TICKET NUMBER 8167104

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RAM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM Transit

Address, telephone no. and fax no.
421 E Mercer St
Harrisville PA 16038
1-800-251-3010

Signature
Printed/typed name & title
Ron Zook

Month Day Year
5 - 14 - 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
		5	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140004

TICKET NUMBER 86703

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	Dump Trailer	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE Companies

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Box 920 Weedsport NY 1-800-233-2126 / 315-8346274	Ronald McDusen / Ron Dusen Driver	05	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Wilds	John A Wilds	05	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140013

TICKET NUMBER 18702

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    PAGE E.T.C. Inc

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
2758 Trombley Rd. Weedsport, N.Y 13166	John Jankowski / John JANKOWSKI	05	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Nitti		5	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140015

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS		
CONTAINING DEMOLITION DEBRIS		
(ROOF DEMO)		

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    US Bulk Transport Inc.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
205 Pennbriar Dr. Erie PA. 16509	Randy Akin	5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Mills		5	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140017

TICKET NUMBER 15616999

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINED DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    U.S BULK TRANSPORT

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
205 PENNBRIAN DRIVE ERIE, PA 814-824-9949	Lawrence Merrill LAWRENCE MERRILL DRIVE	5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Watts	John A Watts	5	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140006

TICKET NUMBER 18696

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
N. Niagara Falls N.Y.
1-800-677-8002

Signature:
Printed/typed name & title: Brian Poeller
Month: 05 Day: 14 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title:
Signature:
Month: 5 Day: 15 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140007

TICKET NUMBER 186695

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY.
1-800-208-9089

Signature
Samuel Long
Printed/typed name & title
SAMUEL LONG

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Judi A Wills	Judi A Wills	5	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140056

TICKET NUMBER 18676614

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	001	DT	55
CONTAINED DEMOLITION DEBRIS			
(REACH DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.
205 Pennbriar Dr
Erie PA 16509

Signature
Printed/typed name & title
Kevin Tapper

Month 05 Day 15 Year 03
AC95899NY

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title
Peggy Myers

Signature

Month 05 Day 15 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140055

TICKET NUMBER 1816762

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(CRACK DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US BULK TRANSPORT INC.

Address, telephone no. and fax no.
205 POWNB RIVER DRIVE
ERIE, PA. 16509

Signature:
Printed/typed name & title: LUTHER WYATT
Month Day Year: 5-15-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature:
Printed/typed name & title:
Month Day Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month Day Year: 05/15/03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140001

TICKET NUMBER 56761

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerrone Inc

Address, telephone no. and fax no.
8467 West River Shore Dr.
Niagara Falls NY 14304

Signature
Joseph P DeLuca

Printed/typed name & title
Joseph P DeLuca II

Month 5 Day 15 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	15	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140002

TICKET NUMBER 18675

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(CRACK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC Inc.

Address, telephone no. and fax no.
2758 Trombley Rd
Weedsport NY
13166
800
230-5037

Signature
Printed/typed name & title
Steven M Thompson

Month 5 Day 15 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month Day Year 5 15 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140052

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE E T...

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
WEBB PORT, NY		5	15	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140057

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robiln Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	Dump Truck	

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.
Address, telephone no. and fax no.
4970 Packard Rd.
Niagara Falls, N.Y. 14304
1-700-204-7229
Signature
Robert L. Simon Jr.
Printed/typed name & title
Robert L. Simon Jr. Driver
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title
Signature
Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140000

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robilin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
124 E. Mercer St Harrisville Pa	Printed/typed name & title: Rod Beirst	5	15	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: **A140001**

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140002

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Pasc Clg Inc.

Address, telephone no. and fax no.
3758 Trumbley Rd
Woodsport NY
13146
800 233-5537

Signature
Printed/typed name & title
Steven M Thomas

Month 5 Day 15 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140053

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. Bulk Transport Inc

Address, telephone no. and fax no.
Erie PA 1-888-651-3172

Signature

Printed/typed name & title
Tim Stapelbrook Mgr

Month 5 Day 15 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140054

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Carrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month 5 Day 15 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140055

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Carrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc.

Address, telephone no. and fax no.
305 Perry Highway
Erie, PA. 16509

Signature
Printed/typed name & title
Luther Watt

Month Day Year
5-15-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140056

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	021	DT	25
[illegible]			
[illegible]			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature [signature]

Month 5 Day 15 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
OS Bulk Transport Inc

Address, telephone no. and fax no.
305 Pearl Brook Dr
Erie PA 16509

Signature [signature]

Printed/typed name & title
Kevin Tapper

Month 05 Day 15 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140060

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month 5 Day 15 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140059

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	DUMP TRAILER	
[illegible]			
[illegible]			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS NY 14304
1-800 677-8003

Signature
[signature]
Printed/typed name & title
KEN WASKIEWICZ

Month Day Year
5-15-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140051

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month 5 Day 15 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
1870 Packard Rd
Niagara Falls NY
1-800-208-7089

Signature

Printed/typed name & title
Samuel Long

Month 5 Day 15 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140050

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
			50

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE ...ENT RECORD | **DOCUMENT NUM...** 072 | **TICKET NUMBER** 168416

GENERATOR

1. Facility name and mailing address
Rob... Steel
101 ...er Street
N. ...anda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark... Crone Inc.
845... Rivershore Drive
Nia... Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
...va Enterprises, Inc.
...x 709
...Minerva Road
...yburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA office where notification was sent)
State ...f New York - Dept. of Labor, Division of Safety & Health
Buil... 12, Room 157, Albany, NY 12240

5. Description of materials	Containers No.	Type	7. Total quantity cubic yd
...ABLE ASBESTOS		DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(...com Demo)			

8. Special handling instructions and additional information

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
Mark ...l, Asbestos Supervisor		05	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
... Packard Rd
Niagara Falls NY

Signature
Printed/typed name & title
Bill Walker Jr Driver

Month	Day	Year
05	16	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Kar... Solenthaler owner		5	17	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140065

TICKET NUMBER 868491

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(CRANE DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mike Page Etc Inc

Address, telephone no. and fax no.
Weedport NY

Signature
Printed/typed name & title Driver
Mike Montague

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solotkala Owner	K. Solotkala	5	17	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140070

TICKET NUMBER 816847

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls N.Y.
800-678-8002

Signature
Mark Jaquish

Printed/typed name & title
Mark Jaquish Driver

Month 5 Day 16 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Schenthaler OA mgr	K. Schenthaler	5	17	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140062

TICKET NUMBER 8687

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: Day: Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE E.T.C., INC.
Address, telephone no. and fax no.
2758 Trombley Rd
Weedsport, NY 13166
800 233-2126
Signature:
Printed/typed name & title: Steven M Thompson
Month: 5 Day: 12 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: Karen Solenthaler owner
Signature:
Month: 5 Day: 17 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140064

TICKET NUMBER 18068 03

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc,
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE TRUCKING

Address, telephone no. and fax no.
67 BEACON ST (1-800 825 6001)
BUFFALO NY 14218

Signature
Joel Darlak
Printed/typed name & title
JOEL DARLAK

Month 5 Day 16 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Signature
Month 5 Day 19 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140066

TICKET NUMBER 168148

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILOR	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 HACKARD RD.
NIAGARA FALLS, NY.
14304 8002289089

Signature
Joe Meyers
Printed/typed name & title
Joe Meyers

Month 5 Day 16 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler engr	K. Solenthaler	5	17	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140059

TICKET NUMBER 168156

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACK DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS NY 14304
1-800-677-8003

Signature:
Printed/typed name & title: KEN WASKIEWICZ
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Karen Lobbthaler owner
Signature:
Month: 5 Day: 17 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140057

TICKET NUMBER 18655

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.
Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y. 14304
1-800-208-9089
Signature: Robert L. Simcox Jr.
Printed/typed name & title: Driver Robert L. Simcox Jr.
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: Karen Solnthaler owner
Signature: [signature]
Month: 5-17-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140061

TICKET NUMBER 18833

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			CY
CONTAINING DEMOLITION DEBRIS			504
CRACH DEMO			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month / Day / Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp
Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY 14304
Signature: [signature]
Printed/typed name & title: Warren Baker
Month / Day / Year: 5-16-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: Karen Solenthaler Engr
Signature: [signature]
Month / Day / Year: 5-16-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140058

TICKET NUMBER 186828

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerrone

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
8647 West River Shore Dr Niagara Falls NY 14304	Joseph P Delia III / Joseph P Delia III	5	16	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	5	16	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140053

TICKET NUMBER 18682

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.
Erie PA 1-888-651-8182

Signature:
Printed/typed name & title: Jim Stappenbeck Driver
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month: 05 Day: 16 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140052

TICKET NUMBER 18107915

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(CRANE PAD)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE E.T.C.

Address, telephone no. and fax no.
WEEDS PORT, N.Y.
(800) 233-2126

Signature R. Donaldson
Printed/typed name & title: Rick DonAldson-driver
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Signature
Month: 5 Day: 16 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140054

TICKET NUMBER 81782

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS CONTAINING DEMOLITION DEBRIS (RACM DEMO)	DUMP TRK	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US BULK

Address, telephone no. and fax no.
Erie PA

Signature
Lloyd Cooper
Printed/typed name & title
Lloyd Cooper

Month 5 Day 15 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Julie A White

Signature
Julie A White

Month 5 Day 16 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A146000

TICKET NUMBER 18777

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM) DEMO			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSIT

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
421 E. Mercer St Harrisville Pa	Ron Geist Ron Geist	5	15	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
		5	16	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140060

TICKET NUMBER 18174

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP.

Address, telephone no. and fax no.
4870 HACKARD RD.
NIAGARA FALLS, NY
14304 8002089089

Signature
Joe Meyers
Printed/typed name & title
Joe Meyers

Month Day Year
5-15-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Jill A Mills	Jill A Mills	5	16	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140050

TICKET NUMBER 8167.7B

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON-FRIABLE ASBESTOS			50
CONTAINING DEMOLITION DEBRIS			
(RACM) DEMO			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Envl Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd. N. Niagara Falls N.Y. 1-800-677-8002	Brian Poeller	5	15	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible] AWMS	[illegible] AWMS	5	16	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD | **DOCUMENT NUMBER:** A140051 | **TICKET NUMBER** 18077

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
CRACK DEMO			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4820 Packard Rd.
Niagara Falls NY.
1-800-208-9089

Signature: Samuel Long
Printed/typed name & title: Samuel Long
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Jack A Wells
Signature: Jack A Wells
Month: 5 Day: 16 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140003

TICKET NUMBER 18607911

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	~~Dump~~ BT	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 14 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp
Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY 14304
1-800-677-8002
Signature: [signature]
Printed/typed name & title: Hartley Kroenig
Month: 5 Day: 14 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: [illegible]
Signature: [signature]
Month: 5 Day: 16 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

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WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140014

TICKET NUMBER 18171816

GENERATOR

1. Facility name and mailing address

Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name

City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.

716-695-8565

Owner's fax no.

2. Operator's name and address

Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.

716-283-4274

Operator's fax no.

716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location

Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435

WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)

State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(BRICK DEMO)			

8. Special handling instructions and additional information

PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

RAM TRANSIT LINES / BFC

Address, telephone no. and fax no.

Harrisville, PA

1-800-251-3010 FAX 724-735-4020

Signature

Printed/typed name & title

William G. Stoughton-Broker

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 5 Day 16 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140069

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	Dump Trailer	
[illegible]			
[illegible]			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]	[signature]	5	16	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140058

TICKET NUMBER 18628

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerrone

Address, telephone no. and fax no.	Signature	Month	Day	Year
8647 West River Shore Dr Niagara Falls NY 14304	Joseph P Dehelian	5	16	03
	Printed/typed name & title: Joseph P Dehelian			

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Watts	John A Watts	5	16	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140053

TICKET NUMBER 18686

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(Crack Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.
Erie PA 1-888-651-8182

Signature
Printed/typed name & title: Jim Stappenbeck Driver
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature
Month: 05 Day: 16 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140052

TICKET NUMBER 18107915

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(Green Band)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE E.T.C.

Address, telephone no. and fax no.
WEEDS PORT, N.Y.
(800) 233-2126

Signature: R. Donaldson
Printed/typed name & title: Rick DonAldson-driver
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title:
Signature:
Month: 5 Day: 16 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140054

TICKET NUMBER: 81782

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS	DUMP TRL		
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. BULK

Address, telephone no. and fax no.
Erie PA

Signature
Lloyd Cooper
Printed/typed name & title
Lloyd COOPER

Month 5 Day 5 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Julie A White	Julie A White	5	16	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A146000

TICKET NUMBER 18777

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM) DEMO			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSit

Address, telephone no. and fax no.
421 E. MERCER ST
HARTISVILLE PA

Signature
Printed/typed name & title: RON Geist
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Signature
Month Day Year 5 16 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140060

TICKET NUMBER 18174

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, NY
14304 800 2089089

Signature
Joe Meyers
Printed/typed name & title
Joe Meyers

Month Day Year
5-15-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Jill A Mills	Jill A Mills	5	16	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140050

TICKET NUMBER 18078

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3466

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd
NON-FRIABLE ASBESTOS		50
CONTAINING DEMOLITION DEBRIS		
(RACM) DEMO		

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
N. Tonawanda N.Y.
1-800-677-8002

Signature
Printed/typed name & title
Brian Poeller

Month 5 Day 15 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year 5 16 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140051

TICKET NUMBER 18677

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
CRACK DEMO			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp
Address, telephone no. and fax no.
4820 Packard Rd.
Niagara Falls NY.
1-800-208-9089
Signature: Samuel Long
Printed/typed name & title: Samuel Long
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: Jack A Watts
Signature: Jack A Watts
Month: 5 Day: 16 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140003

TICKET NUMBER 18691

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	~~Dump~~ DT	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 PACCARD RD
NIAGARA FALLS, NY 14304
1-800-677-8002

Signature
Hartley Kroening
Printed/typed name & title Driver
Hartley Kroening

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title J. M. Watts

Signature

Month 5 Day 16 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140014

TICKET NUMBER 18617816

GENERATOR

1. Facility name and mailing address

Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name

City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address

Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location

Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)

State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(BARN DEMO)			

8. Special handling instructions and additional information

PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

RAM TRANSIT LINES / BFC

Address, telephone no. and fax no.
Harrisville, PA
1-800-251-3010 FAX 724-735-4020

Signature

Printed/typed name & title
William G. Stoughton Broker

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month 5 Day 16 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140069

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	Dump Trailer	
[illegible]			
[illegible]			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]	[signature]	5	16	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140058

TICKET NUMBER 186825

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACH DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month 5 Day 16 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerrone

Address, telephone no. and fax no.
8647 West River Shore Dr
Niagara Falls NY 14304

Signature: Joseph P Dehelian
Printed/typed name & title: Joseph P Dehelian
Month 5 Day 16 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Julie A Wells
Signature: Julie A Wells
Month 5 Day 16 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140053

TICKET NUMBER 18602

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(CRACK DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.: Erie PA 1-888-651-8182
Signature: Tim Stappenbeck
Printed/typed name & title: Jim Stappenbeck Driver
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month: 05 Day: 16 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140052

TICKET NUMBER 18079

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(GREEN DUMP)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE E.T.C.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
WEEDS PORT, N.Y. (800) 233-2126	R. Donaldson / Rick Donaldson-driver	5	15	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
		5	16	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140054

TICKET NUMBER 8107.82

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS		
CONTAINING DEMOLITION DEBRIS	DUMP TRL	
(RACM DEMO)		

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. BULK

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Erie PA	Lloyd Cooper / Lloyd Cooper	5	15	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Julie A Wilds	Julie A Wilds	5	16	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A146000

TICKET NUMBER 18777

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM) DEMO			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 15 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSIT
Address, telephone no. and fax no.
421 E. Mercer ST
Harrisville Pa
Signature: Ron Geist
Printed/typed name & title: Ron Geist
Month: 5 Day: 15 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.
Printed/typed name & title: [signature]
Signature: [signature]
Month: 5 Day: 16 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140060

TICKET NUMBER 18774

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 PACKARD RD. NIAGARA FALLS, NY 14304 800 2689089	Joe Meyers / Joe Meyers	5	15	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Jill A Mills	Jill A Mills	5	16	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140050

TICKET NUMBER 18077B

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON-FRIABLE ASBESTOS			50
CONTAINING DEMOLITION DEBRIS			
(RACM) DEMO			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	15	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
B&H c/o EnC Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
N. Tonawanda N.Y.
1-800-677-8002

Signature

Printed/typed name & title
Brian Poeller

Month 5 Day 15 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 5 Day 16 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140051

TICKET NUMBER 18071

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-886-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
CRACK DEMO			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature
Month 5 Day 15 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp
Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY.
1-800-208-9089
Signature
Printed/typed name & title: Samuel Long
Month 5 Day 15 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.
Printed/typed name & title: Jill A Wells
Signature
Month 5 Day 16 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140003

TICKET NUMBER 18079

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	~~Comp~~ BT	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY 14304
1-800-677-8002

Signature
Hattley Kroenig
Printed/typed name & title
Hattley Kroenig

Month 5 Day 14 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos ~~materials~~ covered by this manifest except as noted in Item 12.

Printed/typed name & title
John H Mills

Signature

Month 5 Day 16 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140014

TICKET NUMBER: 18617816

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS			
CONTAINING DEMOLITION DEBRIS			
(GREEN DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM Transit Lines / BFC

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Harrisville, PA 1-800-251-3010 Fax 724-735-4020	William G. Stoughton-Driver	5	14	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
JULIA MATTS		5	16	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140069

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	Dump Truck	
[illegible]			
[illegible]			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]	[signature] [illegible]	5	16	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140071

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Koblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY 14304
1-800-677-8002

Signature
Printed/typed name & title
Hartley Keeney Driv.

Month Day Year
5-16-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140070

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	Dump Box	
[illegible]			
[illegible]			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls N.Y.
800-697-8102

Signature
Mark Jaquish
Printed/typed name & title
Mark Jaquish Driver

Month 5 Day 16 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title | Signature | Month | Day | Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140071

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Koblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPL

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 PACKARD RD.
NIAGARA FALLS NY 14304
1-800-677-9002

Signature
Printed/typed name & title
Hartley Keeling Driv.

Month Day Year
5-16-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140070

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	[illegible]	
[illegible]			
[illegible]			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls N.Y.
800-677-8002

Signature
[signature]
Printed/typed name & title
Mark Jagnish Driver

Month 5 Day 16 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140068

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	[illegible]	450

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]	[signature] [illegible]	[illegible]		

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140067

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	Dump Truck	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4820 Packard Rd. Niagara Falls NY 1-800-207-2082	[signature] SAMUEL LOPA	5	16	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140066

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	Dump Body	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Mound Rd
Niagara Falls
14304

Signature

Printed/typed name & title
Joe Boyce

Month 5 Day 16 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140061

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
			5 CY

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd Niagara Falls NY 14304	Printed/typed name & title: Connie Baker	5-	16-	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140062

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month / Day / Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PACE ETC INC

Address, telephone no. and fax no.
2758 Trimbley Rd
Weedsport NY 13166
800 253-2226

Signature:
Printed/typed name & title: Steven M Thayer
Month / Day / Year: 5 / 1 / 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month / Day / Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140064

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	Roll Off	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE TRUCKING

Address, telephone no. and fax no.
67 BEACON ST (100 25 6000)
BUFFALO NY 14211

Signature
[signature]
Printed/typed name & title
JOEL DARLAK

Month 5 Day 16 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140063

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	Dump Trailer	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140065

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riversheve Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	Drop Box	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	14	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page Etc. Inc

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Weedsport NY	Mike Montague / Driver	5	16	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140058

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Carrone Inc.
6467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 516927

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC INC

Address, telephone no. and fax no.
2758 Trombley Rd 800 233-2126
Weedsport NY 13166

Signature [signature]
Printed/typed name & title
Steven M Thompson

Month 5 Day 19 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	19	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140076

TICKET NUMBER: 16917

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-886-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(CRACK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY

Signature
Paul F. Walker Owner

Printed/typed name & title
Paul F. Walker Jr. Driver

Month 05 Day 19 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 05 Day 19 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140075

TICKET NUMBER 186925

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 PACKARD RD, NIAGARA FALLS, NY. 14304 800 208 9089	Joe Meyers / Joe Meyers	5	19	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
		5	19	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A1A0779

TICKET NUMBER 169134

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	EST 55
CONTAINING DEMOLITION DEBRIS			
(CRACK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 PACKARD RD.
NIAGARA FALLS, NY

Signature
Printed/typed name & title
KENNETH P. [illegible]

Month Day Year
5-19-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	19	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140078

TICKET NUMBER 86921

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(FROM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.
1-800-677-8002

Signature
Mark Jaquish
Printed/typed name & title
Mark Jaquish Driver

Month 5 Day 19 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	19	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140067

TICKET NUMBER 18868

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Coop.
Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY,
1-800-208-2889
Signature: Samuel Long
Printed/typed name & title: SAMUEL LONG
Month Day Year: 5 16 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: J M A Wells
Signature: J M A Wells
Month Day Year: 5 19 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140068

TICKET NUMBER: 18687.4

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
N. Niagara Falls N.Y.
1-800-677-8002

Signature
Brian Poller

Printed/typed name & title
Brian Poller

Month 5 Day 16 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 5 Day 19 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ~~must remain attached~~ until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140063

TICKET NUMBER 18618

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC INC

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
2758 Trombley Rd. Weedsport, NY - 13166	John Jankowski / John JANKOWSKI	05	16	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
John Watts	John Watts	8	19	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140071

TICKET NUMBER 18198

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 PACKARD RD.
NIAGARA FALLS NY 14304
1-800-677-8002

Signature
Printed/typed name & title Driver
Hartley Kroening

Month 5 Day 16 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month 5 Day 19 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140069

TICKET NUMBER 18899

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional Information
PPE

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
Mark Bull, Asbestos Supervisor		5	16	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US BULK TRANSPORT

Address, telephone no. and fax no.
FAIRVIEW PA
1-800-642-8910

Signature

Printed/typed name & title
JAMES ZONER

Month 5 Day 16 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title JIM A MATS

Signature

Month 5 Day 19 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140078

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non Friable Asbestos	1	Dump Trailer	
Containing Debris			
(Brick Dust)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
1870 Packard Rd
Niagara Falls, N.Y.
1-800-677-8002

Signature
Mark Jaquish
Printed/typed name & title
Mark Jaquish Driver

Month 5 Day 19 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140075

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non friable Asbestos	1	Dump Truck	
Cut Sheets of Mastic Debris			
(Floor Tiles)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	17	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fire Equip

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4220 Hwy 5 N.P.		5	17	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140076

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non Friable Asbestos	1	Dump Truck	
Containing Demolition Debris			
(Concrete Dust)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 05 Day: 19 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4570 Lockport Rd
Niagara Falls NY

Signature
Printed/typed name & title
Month: 05 Day: 19 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Signature
Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140077

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(CRACK DUST)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140074

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
6467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	Dump Trailer	
[illegible]			
[illegible]			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]				

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140073

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non-friable asbestos	1	Dump Trailer	
Contaminated Debris			
Floor Debris			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE Elc Inc.

Address, telephone no. and fax no.
3758 Trombley Rd
Wiedsport NY 13166
607-253-2126

Signature

Printed/typed name & title
Shawn Thomas

Month 5 Day 19 Year 3

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140079

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	EST 35
CONTAINING PETROLEUM DERIVED			
(TRACK SEAL)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO EAST COAST

Address, telephone no. and fax no.
4810 PACKARD RD
NIAGARA FALLS, NY

Signature
Printed/typed name & title
Kenneth Raberg

Month 5 Day 19 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140310

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Carrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(Brick Dust)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	17	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Ritt Trucking Co., Inc.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4711 E. Robinson Rd. Hamburg, NY 14075		5	17	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140311

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(Brick Dust)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	17	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140313

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-886-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non friable Asbestos containing Demolition Debris (ACM Debris)	1	Dump Trailer	50

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 19 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.
[illegible]

Signature
[signature]
Printed/typed name & title
[illegible]
Month: 5 Day: 19 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title | Signature | Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140312

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS CONTAINING DEBRIS (ROOF DEBRIS)	1 DUMP TRUCK	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4820 Packard Rd.
Niagara Falls NY
1-800-248-7089

Signature
Printed/typed name & title
Samuel Long

Month 5 Day 19 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140314

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Realth
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(FACM DEBRIS)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible] Transport

Address, telephone no. and fax no.
[illegible], PA
1-[illegible]-351-2010

Signature

Printed/typed name & title

Month Day Year
5-19-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140315

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMPTRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls, NY 14304
1-800 677-8002

Signature
Printed/typed name & title
Hauler Driver

Month Day Year
5-19-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140317

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
non friable asbestos	1	DUMP TRAILER	
contaminated demolition debris			
(Barn Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Ken Trans, Inc

Address, telephone no. and fax no.	Signature	Month	Day	Year
421 E Main St Hazelwood, PA 1603? 724-[illegible]	Printed/typed name & title Ken Zook	05	19	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140316

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non Friable Asbestos	1	Dump Trailer	
Contaminated Demolition Debris			
(Brick Dust)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BFC / MAY — 5-19-03

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
HARRISBURG, PA. 1-800-251-3010	c/o			

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 18U9751

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(FROM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Ram Transit

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
421 E Mercer St Harrisville PA 16038 1-800-251-3010	Ron Zook Ron Zook	05	19	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	5	20	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: 034755

TICKET NUMBER 18095

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMPTRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEM)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
B.F.C. / RAM

Address, telephone no. and fax no.
HARRISVILLE PA.
1-800-251-3010

Signature
James L Sisneros 5-19-03

Printed/typed name & title
O/O

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Mills	John A Mills	5	20	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140072

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	Dump Truck	

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 05 Day: 16 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.
[illegible]

Signature
[signature]
Printed/typed name & title
[illegible]
Month: 05 Day: 16 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 18091513

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month 5 Day 19 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM Transit Lines/BFC

Address, telephone no. and fax no.
421 E. Mercer ~~Street~~
Harrisville, PA 16038

Signature: [signature]
Printed/typed name & title: Broker
Month 5 Day 19 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month 5 Day [illegible] Year 2003

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: 1140314

TICKET NUMBER 18655

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS		
(RACM DEMO)		

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSIT

Address, telephone no. and fax no.
Harrisville, PA
1-800-251-3010

Signature
Printed/typed name & title
Jerry Southworth Driver

Month Day Year
5-19-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Jim A Wells		5	20	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility)

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WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 18675

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS		
FROM DEMO		

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls, NY 14304
1-800-677-8002

Signature [signature]
Printed/typed name & title
Hattie Koenig
Driver

Month 5 Day 19 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title Jill A Witts

Signature [signature]

Month 5 Day 20 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 56977

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DOME)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 19 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Ram Transit

Address, telephone no. and fax no.
Harrisville Pa 16038
724-735-4878

Signature: [signature]
Printed/typed name & title: Rick Bowman Driver
Month: 5 Day: 19 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: [signature]
Month: 05 Day: 20 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 86944

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS		
(RACM Demo)		

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 19 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. BULK

Address, telephone no. and fax no.
Erie PA.

Signature: [signature]
Printed/typed name & title: Lloyd Cooper
Month: 5 Day: 19 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: John A Wells
Signature: [signature]
Month: 05 Day: 20 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 10941

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month 5 Day 19 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.
Address, telephone no. and fax no.
4870 Packard Rd.
N. Niagara Falls N.Y.
1-800-677-8002
Signature
Printed/typed name & title: Brian Poller
Month 5 Day 19 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: John A Wittis
Signature
Month 5 Day 20 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 18691.40

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINED DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4820 Packard Rd.
Niagara Falls NY
1-800-208-9089

Signature [signature]
Printed/typed name & title
SAMUEL Long

Month 5 Day 19 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title [illegible]

Signature [signature]

Month 5 Day 20 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: 93401-79

TICKET NUMBER 18698

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(ROOF DECK)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerrone Inc

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
8467 West River Shore Dr Niagara Falls NY 14304	Joseph P Ahlers Joseph P DeLisle	5	19	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Julie A Watts		5	20	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 187041

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC INC

Address, telephone no. and fax no.
2758 Trombley Rd
Weedsport NY 13166
1-800-233-2126

Signature

Printed/typed name & title
Steven M Thompson

Month 5 Day 20 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title John H Watts

Signature

Month 5 Day 20 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 570144

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(ROOM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.
1-800-677-8002

Signature
Printed/typed name & title
Mark Jaquish
Mark Jaquish Driver

Month 5 Day 20 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	20	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: 0040518

TICKET NUMBER 570319

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM Debris)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 05 Day: 20 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY

Signature: Paul F. Walker Jr Driver
Printed/typed name & title: Paul F. Walker Jr Driver
Month: 05 Day: 20 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature: Peggy Myers
Month: 05 Day: 20 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140331

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp.

Address, telephone no. and fax no.	Signature	Month	Day	Year
67 Bowen St Buffalo NY 14220 716-822-1414	Printed/typed name & title: Mark Zaki	5	20	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140355

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non Friable Asbestos	1	Dump Trailer	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page E. Inc.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
2257 Franklin Cleveland, NY 12116		05	20	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140329

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS CONTAINING DEMOLITION DEBRIS (RACM DEMO)	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page ETC

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Tramble Road, PO Box 990 Woodsburgh, NY 11646 800-233-2136	Teri Hazelton / Teri Hazelton Driver	5	20	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140318

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8407 W. Riverabore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non Friable Asbestos Containing Demolition Debris (Brick Dust)	1	Dump Trailer	

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 05 Day: 20 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY

Signature
Printed/typed name & title
Month: 05 Day: 20 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Signature
Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140321

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Carreker Tech
8467 W. Riversbore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Mineva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 177, Albany, NY 12240

5. Description of materials
Non-Friable Asbestos
Contaminated Debris

6. Containers
No.
Type
1 Labpack
1 Debris Box

7. Total quantity
cubic yd

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month: 5 Day: 20 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4320 Pine Ridge Rd
Niagara Falls, N.Y.
1-800-677-8002

Signature

Printed/typed name & title
Mark Louis Driver

Month: 5 Day: 20 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12

Printed/typed name & title

Signature

Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility.)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A14027

TICKET NUMBER:

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cattone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises Inc
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS site tel no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 151, Albany, NY 12240

5. Description of materials
NON FRIABLE ASBESTOS CONTAINING DEMOLITION DEBRIS (RACM DEMO)

6. Containers
No.: 1
Type: DUMPSTER

7. Total quantity
cubic yd: 50

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor

Signature

Month: 5 Day: 20 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.

Signature

Month: 5 Day: 20 Year: 03

Printed/typed name & title

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Month: Day: Year:

Printed/typed name & title

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140326

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Corcoran Supervisor
3467 N. Riverbottom Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4617

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises Inc
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS CONTAINING DEMOLITION DEBRIS (RACM DEMO)	1	BOBTAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature	Month	Day	Year
11 Stanley Ave. Niagara Falls, NY 1-800-208-9059	Printed/typed name & title: Samuel Lang	5	20	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140328

TICKET NUMBER:

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cartone Inc.
6467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4294
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 137, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS CONTAINING DEMOLITION DEBRIS (RALM DEMO)	1 DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Crushed Stone

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140319

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Catrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS CONTAMINATED DEBRIS (DACON DEMO)	1	ROLL OFF TRAILER	55 CY

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO EAGLE CORP

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 MACADAM RD. NIAGARA FALLS, NY 14304 1-800-677-8002	Kenneth Cabay Owner	5	20	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140333

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Carrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 152, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature	Month	Day	Year
4870 Packard Rd Niagara Falls NY 14304 1-800-677-8002	Printed/typed name & title Driver Harold Koenig	5	20	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140320

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Koblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(TRACH DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE CTC Inc

Address, telephone no. and fax no.
1-800-233-2122
2758 Trumbley Rd
Weedsport NY 13166

Signature
Printed/typed name & title
Steven M Thompson

Month 5 Day 20 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140322

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON-FRIABLE ASBESTOS CONTAINING DEMOLITION DEBRIS (CRANE DEMO)	1	Dump Trailer	

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 20 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Signature
Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140323

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No	Type	7. Total quantity cubic yd
Non Friable Asbestos	1	Open Top Roll-off	
containing Demolition Debris			
(Track Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
67 Beacon St Buffalo NY 14220	Robert Hurley	5	20	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140324

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riverside Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS CONTAINING DEMOLITION DEBRIS (RACM DEMO)	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
205 Pembroke Dr Erie Pa 16509	Todd Stipanovich	5	28	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140325

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS CONTAINING DEMOLITION DEBRIS (RACM DEMO)	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Export PA 1-555-651-3182				

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140335

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerrone

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140332

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Carrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 137, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PALE ETC INC

Address, telephone no. and fax no.
3758 TRUMBLEY RD
WEBSTER NY 1-585-873-2424
FAX 315-834-6274

Signature
Printed/typed name & title DRIVER
DENNIS LOVEJOY

Month 05 Day 20 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140304

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
5467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
non friable	1	DUMP TRAILER	1/2
(water wash)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.	Signature	Month	Day	Year
205 Penn Dixie Rd Erie Pa 16509 888 651-8182	Printed/typed name & title: Gregory Link	5	21	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140341

TICKET NUMBER 51735

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM-DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 21 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE TRUCKING

Address, telephone no. and fax no.
67 BEACON ST
BUFFALO N.Y. 14208

Signature: Joel Darlak
Printed/typed name & title: JOEL DARLAK
Month: 5 Day: 21 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karen Solenthaler Ohngr
Signature: [signature]
Month: 5 Day: 21 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140338

TICKET NUMBER 157125

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC, INC

Address, telephone no. and fax no.	Signature	Month	Day	Year
2758 Trombley Rd 800 233-2126 Weedsport NY 13166	Steven Thompson Printed/typed name & title	5	21	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	21	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140339

TICKET NUMBER 57134

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM-DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.
1-800-674-8002

Signature
Mark Jaquish
Printed/typed name & title
Mark Jaquish

Month 5 Day 21 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title
Peggy Myers

Signature
Peggy Myers

Month 05 Day 21 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140340

TICKET NUMBER 57121

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	40
CONTAINING DEMOLITION DEBRIS		
(RACM DEMO)		

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    Price Trucking

    Address, telephone no. and fax no.
    67 Beacon St
    Buffalo NY 14220

    Signature Michael Dair
    Printed/typed name & title
    Mike Davis

    Month 05 Day 21 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

    Address, telephone no. and fax no.

    Signature

    Printed/typed name & title

    Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	21	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140336

TICKET NUMBER: 51120

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY

Signature
Paul F Walker Jr Driver
Printed/typed name & title
Paul F. Walker Jr. Driver

Month 05 Day 21 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Peggy Myers

Signature: Peggy Myers

Month 05 Day 21 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140337

TICKET NUMBER 19716

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	55 EST.
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    BUFFALO FUEL CORP.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 PACKARD RD. NIAGARA FALLS, NY 14304 1-800-677-8002	KENNETH P. FABINY DRIVER	5	21	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	21	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: 000394

TICKET NUMBER 1 [illegible]069

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	4/2
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.	Signature	Month	Day	Year
205 Penn Brook dr Erie Pa 16509 888 651-8182	[signature] Gregory Lintz Printed/typed name & title	5	21	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Judi A Witts	[signature]	5	21	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 20 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp
Address, telephone no. and fax no.
67 Beacon St
Buffalo NY 14220
Signature: [signature]
Printed/typed name & title: Robert Harvey (Driver)
Month: 5 Day: 20 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: Peggy Myers
Signature: [signature]
Month: 05 Day: 21 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER:

TICKET NUMBER 57983

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
CRACH DEMO			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 20 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RICE TRUCKING CORP

Address, telephone no. and fax no.
67 Bevon St
Buffalo NY

Signature
Printed/typed name & title
Month: 5 Day: 20 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Peggy Myers
Signature:
Month: 05 Day: 21 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER:

TICKET NUMBER 51052

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(CRACK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
67 Beacon St. Buffalo NY 14220 716-822-1414	IVAN ZINKIV	5	20	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Mycks	Peggy Mycks	05	21	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER:

TICKET NUMBER 1XNDN2

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    Mark Cerrone

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
8647 West River Shore Dr Niagara Falls NY 14304	Joseph P Dalla / Joseph P Dalla	5	20	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Wills	John A Wills	5	21	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 18071

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS		
(RACM DEMO)		

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month / Day / Year: 5 - 20 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd Niagara Falls NY 14304
1-800-677 8002

Signature: [signature]
Printed/typed name & title: Driver Hartley Kroening
Month / Day / Year: 5-20-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month / Day / Year: 5 21 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER: 18010

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(CRANE Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	05	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC INC

Address, telephone no. and fax no.
2758 TROMBLEY RD
WEEDSPORT NY 1-800-233-2126
FAX 315-834-6274

Signature [signature]
Printed/typed name & title DRIVER
DENNIS CLAYDOLE

Month 05 Day 20 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title [illegible]

Signature [signature]

Month 5 Day 21 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: 0040329

TICKET NUMBER 87064

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page ETC

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Trompley Road, PO. Box 920 Weedsport, NY 13166 800-233-2126	Tom Hazelton Tom Hazelton DRIVER	5-	20-	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
J. M. Watts	J. M. Watts	5	21	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 5870163

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.
Erie PA
1 888-651-8182

Signature
Tim Stappenbeck
Printed/typed name & title
Tim Stappenbeck

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title [illegible]

Signature [illegible]

Month Day Year 5 21 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 1,8[illegible]

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(ROOF DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC, Inc.

Address, telephone no. and fax no.
3759 Trombley Rd
Woodsport, NY 13166

Signature
Printed/typed name & title
Tobi Jankowski

Month 05 Day 20 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Jill A Wells

Signature

Month 5 Day 21 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 87057

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4270 PACKARD RD
NIAGARA FALLS NY
14304 800 208 9089

Signature
Joe Meyers
Printed/typed name & title
JOE MEYERS

Month Day Year
5-20-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Jill Aiuto	Jill Aiuto	5	21	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER:

TICKET NUMBER 18059

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	20	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
N. Agana Falls N.Y.
1-800-677-8002

Signature
Brian Poeller

Printed/typed name & title
Brian Poeller

Month 5 Day 22 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title Julie A White

Signature Julie A White

Month 5 Day 20 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140336

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cartone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non Friable Asbestos	1	DUMP TRAILER	
Contaminated Soil			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
45 Tonawanda Rd
Niagara Falls NY

Signature
Printed/typed name & title
Paul F. Hunter Jr. Driver

Month 05 Day 21 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140339

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8563
Owner's fax no.

2. Operator's name and address
Mark Catrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.
1-800-673-8000

Signature
Printed/typed name & title
Mark Jaquish

Month 5 Day 21 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140337

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 137, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	DUMP TRAILER	55 LT
[illegible]			
[illegible]			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4681 Packard Rd
Niagara Falls, NY 14304
1-800-878-3004

Signature
[signature]
Printed/typed name & title
Kenneth A Fahey Driver

Month 5 Day 21 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140340

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
210 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non-Friable Asbestos	1	DUMP TRAILER	40
Contaminated Debris			
(Glass, Wood)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking

Address, telephone no. and fax no.	Signature	Month	Day	Year
67 Bowen St Buffalo NY 14220	Michael Davis Printed/typed name & title Mike Davis	5	21	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140341

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 21 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE TRUCKING

Address, telephone no. and fax no.
67 BEACON ST
BUFFALO N.Y. 14207

Signature:
Printed/typed name & title: JOEL PARKE
Month: 5 Day: 21 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature:
Printed/typed name & title:
Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title:
Signature:
Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140343

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]	[illegible]	5	21	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140346

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4970 Packard Rd. Niagara Falls, NY 14305 716-283-0869		5	2	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140344

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	DUMP TRAILER	50

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.
[illegible]

Signature

Printed/typed name & title
[illegible]

Month Day Year
5 21 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140345

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title
Samuel L Lang

Month 5 Day 21 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140342

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	1

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Mackenzie
Niagara Falls
14304

Signature

Printed/typed name & title
Tim Meyers

Month Day Year
5-21-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140338

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
	1 DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC INC

Address, telephone no. and fax no.
2758 Tremley Rd
Weedsport NY
13166

Signature
Printed/typed name & title
Steven Thompson

Month 5 Day 21 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12:

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140347

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
RPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
				03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140352

TICKET NUMBER 87233

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
67 Beacon St Buffalo NY 14220 (716) 822-1414	Robt Galloway Robert Harvey (Driver)	5	22	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solnthaler ACMS	K. Solnthaler	5	22	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140351

TICKET NUMBER 87277

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(12 Acm Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd Niagara Falls NY	Paul F. Walker Jr Driver	05	22	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
		5	22	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140351

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4374
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 137, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Porter Rd Niagara Falls NY	Paul F. Baker Jr Dr	05	22	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140415

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINS DEMOLITION DEBRIS			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140414

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riversbore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(FROM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAUL ENTERPRISES

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
3959 Transport Rd. Ransomville, NY 14131				

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140413

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Noblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	1
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
67 BEACON ST BUFFALO NY 800 825 6001	Joel Darlak / JOEL DARLAK	5	22	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140352

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	12	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.
67 Beacon St
Buffalo NY 14220
(716) 822-1414

Signature
Printed/typed name & title
Robert Harvey (Driver)

Month 5 Day 22 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140354

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.	Signature	Month	Day	Year
67 Seneca St. Buffalo NY 14210 716-822-1414	Printed/typed name & title	5	22	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140412

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS		
(RACM DEMO)		

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Graen: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140350

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
non friable asbestos	1	DUMP TRAILER	
contaminated personal protective equipment			
(PPE)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140353

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Kohlin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. Bulk Transport Inc.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
208 Rambler Ave. Erie, PA 1800-662-9110	Printed/typed name & title: Location Supervisor Driver	5	22	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140418

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	20
CONTAINING DEMOLITION DEBRIS			
(TRACK DETAIL)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140417

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
IRM Demo			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
692 Ohio St. Buffalo, NY 14204 716-852-7171	Printed/typed name & title: Michael Hearn			

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140416

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(ROOF DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
1100 Parkhurst Rd Niagara Falls NY 1-800-208-2081	Samuel Long Samuel Long	5	22	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140421

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
FROM DEMO			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page ETC

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Thumbling Road Lockport, NY 716-433-3126	Terri Houghton / Terri Houghton	5	22	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140420

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Gerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMPTRAILER	
CONTAINING DEMOLITION DEBRIS			
FROM DEMO			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]				

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator; Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140419

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Koblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non Friable Asbestos	1	Dump Trailer	
Containing Debris & Dirt			
from Demo			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140408

TICKET NUMBER 87385

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS		
(FROM DEMO)		

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE TRUCKING

Address, telephone no. and fax no.
67 BEACON ST
BUFFALO N.Y
(1-800-825-6061)

Signature
Printed/typed name & title
JOEL DARLAK

Month 5 Day 23 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 5 Day 24 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140427

TICKET NUMBER 180375

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-886-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
67 BEACON St BUFFALO, NY
PRICE TRUCKING, CORP

Signature

Printed/typed name & title
KOKOU A TOSSAH

Month 5 Day 23 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
1800 825 6001

Signature

Printed/typed name & title

Month 5 Day 23 Year 03

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
JILL A WHITE

Signature
JILL A WHITE

Month 5 Day 24 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140424

TICKET NUMBER 18313

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILOR	
CONTAINING DEMOLITION DEBRIS			
(CRACK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
67 Beacon ST Buffalo NY 14220	Robt G Harvey Robert Harvey (Driver)	5	23	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
		5	23	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139985

TICKET NUMBER 18713

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[redacted] & Non Friable Asbestos	1	Dump Trailer	50
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E. Bull	5	9	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP.

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS NY

Signature
Printed/typed name & title
JOHN G. [illegible]

Month 5 Day 9 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Road
Niagara Falls, NY 14304

Signature
Printed/typed name & title
David Faust

Month 05 Day 23 Year 03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	5	24	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140423

TICKET NUMBER 17351

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILOR	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	05	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd Niagara Falls NY	Driver	05	23	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler Mgr	K. Solenthaler	5	23	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140422

TICKET NUMBER 87349

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILOR	
CONTAINING DEMOLITION DEBRIS			
(IRACON DOMO)			

8. Special handling instructions and additional information
*PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP.

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY
1-800-677-8002

Signature
Kenneth P. Fabiny
Printed/typed name & title
Kenneth P. Fabiny

Month Day Year
5-23-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler ohwpf	K. Solenthaler	5	23	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140419

TICKET NUMBER 181338

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking

Address, telephone no. and fax no.
67 Beacon Street

Signature: Michael Davis
Printed/typed name & title: Mike DAVIS
Month Day Year: 5-22-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: John A White
Signature: John A White
Month Day Year: 5 23 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140415

TICKET NUMBER 81321

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 22 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[signature]
Address, telephone no. and fax no.
U.S. BULK INC.
205 Pawn Briar Drive
Erie PA. 16509
Signature: [signature]
Printed/typed name & title: Tracy L Andrews
Month: 5 Day: 22 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space
Minerva Land Fill Waynesburg OHIO

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.
Printed/typed name & title: Karen Solenthaler ebmgr
Signature: [signature]
Month: 5 Day: 23 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140354

TICKET NUMBER 817302

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACON DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp
Address, telephone no. and fax no.
67 Beacon St.
Buffalo NY 14220
716-822-1414
Signature
Printed/typed name & title: IVAN ZINKIV
Month Day Year: 5/22/03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: Karin Solenthaler ebmgr
Signature: K. Solenthaler
Month Day Year: 5-23-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140412

TICKET NUMBER 817303

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Rice Trucking Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
67 Bevon St Buffalo, NY	Pavel Zinkiv	5	22	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solotthaler Owner	K. Solotthaler	5	23	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140420

TICKET NUMBER 18730

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerrone

Address, telephone no. and fax no.
8647 West Shore D
River
Niagara Falls NY

Signature
Printed/typed name & title
Joseph P Dalton

Month 5 Day 22 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Peggy Myers

Signature
Peggy Myers

Month 05 Day 23 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140353

TICKET NUMBER 87316

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. Bulk Transport Inc.

Address, telephone no. and fax no.
205 Pennbar Ave.
Erie, PA 1-800-642-8900

Signature

Printed/typed name & title
Jonathan Snyder Driver

Month 5 Day 22 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	23	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140413

TICKET NUMBER 187299

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month 5 Day 22 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE

Address, telephone no. and fax no.
67 BEACON ST
BUFFALO NY
(1-800-825-6001)

Signature: Joel Dalak
Printed/typed name & title: JOEL DALAK
Month 5 Day 22 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month 5 Day 23 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140350

TICKET NUMBER 87348

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(CRACH DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 22 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
67 BEACON ST BUFFALO, NY
PRICE TRUCKING, CORP
Signature:
Printed/typed name & title: KOKOU ATOSSAH
Month: 5 Day: 22 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
1800 825 6001
Signature:
Printed/typed name & title: KOKOU A TOSSAH
Month: 5 Day: 22 Year: 03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title:
Signature:
Month: 5 Day: 23 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140414

TICKET NUMBER 18424

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(IRWIN DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month 5 Day 22 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE E.T.C. INC

Address, telephone no. and fax no.
2758 Trombley Rd.
Weedsport, N.Y. 13166

Signature: [signature]
Printed/typed name & title: John Jankowski
Month 05 Day 22 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [signature]
Signature: [signature]
Month 5 Day 23 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140421

TICKET NUMBER 18246

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RAem Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page ETC
Address, telephone no. and fax no.
Thrombly Road
Weedsport, NY 800-733-2126
Signature
Tom Hazelton
Printed/typed name & title
Tom Hazelton
Month Day Year: 5-22-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title
Signature
Month Day Year: 5 23 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140340

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
210 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non-Friable Asbestos Containing Debris (Roofing)	1	DUMP TRAILER	40

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking

Address, telephone no. and fax no.
67 Berlin St
Buffalo NY 14220

Signature Michael Fair
Printed/typed name & title Mike Davis
Month 5 Day 21 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title | Signature | Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140341

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
6467 W. Riverebore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 21 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE TRUCKING

Address, telephone no. and fax no.
67 BEACON ST
BUFFALO N.Y. 14220

Signature:
Printed/typed name & title: JOEL DARNE
Month: 5 Day: 21 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature:
Printed/typed name & title:
Month: Day: Year:

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title:
Signature:
Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140343

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
U.S. Ecology

Address, telephone no. and fax no.	Signature	Month	Day	Year
205 Commerce Dr. DC Erie PA 16509	Printed/typed name & title Mike Peter	5	21	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140346

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: Day: Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month: Day: Year: 5-2-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title
Signature
Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140344

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
[illegible]	1	DUMP TRAILER	50

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Bonded Carting

Address, telephone no. and fax no.
[illegible]

Signature
[signature]
Printed/typed name & title
[illegible]

Month 5 Day 21 Year 03

11: Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title | Signature | Month | Day | Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140345

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3466

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
[illegible]

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]	Samuel Long	5	21	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140342

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Envelope

Address, telephone no. and fax no.
4870 Richmond Rd
Warrensville Heights
44128

Signature

Printed/typed name & title
Tim Wayne

Month Day Year
5-21-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140338

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Sull, Asbestos Supervisor		5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC Inc

Address, telephone no. and fax no.
3758 Tremley Rd
Wendelville NY
13166

233 LLC

Signature

Printed/typed name & title
Steven Thompson

Month 5 Day 21 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140347

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riversbore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
				03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140352

TICKET NUMBER 87233

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
67 Beacon St Buffalo NY 14220 (716) 822-1414	Robt Aldom Robert Harvey (Driver)	5	22	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solnthaler ENGR	K. Solnthaler	5	22	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140351

TICKET NUMBER 87207

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(CRACK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd Niagara Falls NY	Paul F. Walker Jr Driver	05	22	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
		5	22	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140348

TICKET NUMBER 170222

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	5 CY
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP.

Address, telephone no. and fax no.
4820 BALLARD RD.
NIAGARA FALLS, NY 14304
1-800-677-9002

Signature
Printed/typed name & title
Kenneth P. Fabing DRIVER

Month Day Year
5-22-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year
5 22 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140349

TICKET NUMBER 87221

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS		
(CRACK DOWN)		

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC INC

Address, telephone no. and fax no.
2758 Trombley Rd -800 233-0126
Weedsport NY 13166

Signature
Printed/typed name & title
Steven M Thompson

Month 5 Day 22 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler Owner	K. Solenthaler	5	22	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140347

TICKET NUMBER 18110

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(CRACK DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerrone

Address, telephone no. and fax no.
8647 West River Shore Dr
Niagara Falls NY 14304

Signature: [signature]
Printed/typed name & title: Joseph P Dehdashti
Month Day Year: 5 21 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month Day Year: 5 22 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140346

TICKET NUMBER 187151

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DOM)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.
Address, telephone no. and fax no.
4870 packard Rd.
Niagara Falls N.Y. 14304
800-208-9089
Signature: [signature]
Printed/typed name & title: Michael Negroni Driver
Month Day Year: 5-21-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Address, telephone no. and fax no.
Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: John A Wills
Signature: [signature]
Month Day Year: 5 22 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: [illegible]

TICKET NUMBER 18150

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	21	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.
1-800 677-8002

Signature
[signature]
Printed/typed name & title
Brian Poeller

Month 5 Day 21 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
[illegible]

Signature
[signature]

Month 5 Day 22 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140345

TICKET NUMBER 87147

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 21 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4820 Packard Rd
Niagara Falls NY
1-800-208-9089

Signature: Samuel Long
Printed/typed name & title: SAMUEL LONG
Month: 5 Day: 21 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Jill A Watts
Signature: Jill A Watts
Month: 5 Day: 22 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140343

TICKET NUMBER 87178

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where nptification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(CRANE DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 21 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US BULK TRANSPORT

Address, telephone no. and fax no.
205 PENNBRIAR DR
ERIE PA 16509

Signature
Printed/typed name & title: MIKE PETERS DRIVER
Month: 5 Day: 21 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: John A Nalls
Signature: John A Nalls
Month: 5 Day: 22 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140349

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
non friable asbestos	1	DUMP TRAILER	
contaminated debris			
(RACM only)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC Inc

Address, telephone no. and fax no.
2758 Trombley Rd -800-233-3126
Weedsport NY
13166

Signature
Printed/typed name & title
Steven M Thayer

Month 5 Day 22 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140348

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Corrona Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
	1	DUMP TRAILER	55 CY

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Pipe Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd Niagara Falls NY 14304 1-800-333-9004	Kenneth Kenny Jr.	5	22	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140417

TICKET NUMBER 18244

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month 5 Day 22 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 packard Rd.
Niagara Falls N.Y.
800-208-9089

Signature: Michael Negroni
Printed/typed name & title: Michael Negroni
Month 5 Day 22 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: John A Wells
Signature: John A Wells
Month 5 Day 23 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140418

TICKET NUMBER 180243

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	22	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls N.Y.
1-800-697-8002

Signature
Brian Poeller
Printed/typed name & title
Brian Poeller

Month 5 Day 22 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month 5 Day 23 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140416

TICKET NUMBER 87242

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACH DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 22 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY
1-800-208-8089

Signature: Samuel Long
Printed/typed name & title: Samuel Long
Month: 5 Day: 22 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Signature
Month: 5 Day: 23 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140423

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Buffalo Rd Niagara Falls NY		05	23	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140422

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
FROM DEMO			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4820 PACKARD RD NIAGARA FALLS NY 1-800-677-8008	Thomas P Foley	5	23	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140425

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(BRICK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
E. Buck

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Erie PA	Lloyd Cooper	5	25	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140424

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riversbore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
67 Beacon St Buffalo NY 14220	Robert Harvey (driver)	5	23	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140409

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 N. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(FROM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140426

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140427

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Corrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(TRACK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]				

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
[illegible]				

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140408

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(ROOM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE TRUCKING

Address, telephone no. and fax no.
67 BEACON ST
BUFFALO N.Y.
(1-800-825-6061)

Signature
Joel Durlak

Printed/typed name & title
JOEL DURLAK

Month 5 Day 23 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140429

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	20
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
47 Towhee Street
N. Tonawanda, NY
1-800-677-3282

Signature
Printed/typed name & title
Emergency Service

Month 5 Day 23 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140428

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
[illegible]

Signature
Printed/typed name & title
Samuel Long

Month 5 Day 23 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140409

TICKET NUMBER 87414

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Ram Transit

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Hamsville Pa 16038 724-735-4878	Rich Bauman Driver	5	23	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	27	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140428

TICKET NUMBER 187889

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS		
(RACM Demo)		

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 23 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4820 Packard Road
Niagara Falls NY
1-800-208-8089

Signature: Samuel Long
Printed/typed name & title: Samuel Long
Month: 5 Day: 23 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: John A Mills
Signature: John A Mills
Month: 5 Day: 27 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140429

TICKET NUMBER 18390

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name: City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.: 716-695-8565
   Owner's fax no.:

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.: 716-283-4274
   Operator's fax no.: 716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.: 330-866-3435
   WDS fax no.: 330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    Buffalo Fuel Corp.

    Address, telephone no. and fax no.: 4870 Packard Rd. N. Niagara Falls N.Y. 1-800-674-8002

    Signature: Brian Peeler
    Printed/typed name & title: Brian Peeler

    Month: 5 Day: 23 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

    Address, telephone no. and fax no.:

    Signature:

    Printed/typed name & title:

    Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Jim A Wilds	Jim A Wilds	5	27	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140430

TICKET NUMBER 5174, 5171

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerrone

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
8647 West River Shore Niagara Falls	Joseph P Dolce	5	27	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	27	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140411

TICKET NUMBER 18745

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 27 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC. INC

Address, telephone no. and fax no.
2758 Trombley Rd
Weedsport N.Y. 13166
800 233-2126

Signature:
Printed/typed name & title: Steven M Thompson
Month: 5/27/03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature:
Printed/typed name & title:
Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Peggy Myers
Signature:
Month: 05 Day: 27 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140406

TICKET NUMBER 87455

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	55 EST.
CONTAINING DEMOLITION DEBRIS			
(TRACK DEMO)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    BUFFALO FUEL CORP

    Address, telephone no. and fax no.
    4870 PACKARD RD
    NIAGARA FALLS, NY 14304
    1-800-677-8002

    Signature
    Kenneth P. Fabry

    Printed/typed name & title
    Kenneth P. Fabry DRIVER

    Month Day Year
    5-27-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

    Address, telephone no. and fax no.

    Signature

    Printed/typed name & title

    Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	27	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140407

TICKET NUMBER 871457

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM Demo)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor		05	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd Niagara Falls NY	Paul F. Walter Jr Driver	05	27	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140410

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSIT

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
431 E. MERCER ST HARTSVILLE, PA 800-251-3010	Ron Geist RON GEIST	5	27	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140406

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Catrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	55 CST.
CONTAINING DEMOLITION DEBRIS			
(TRACK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FULL CORP

Address, telephone no. and fax no.
4570 PACKARD RD
NIAGARA FALLS, NY 14304
1-800-677-8002

Signature
Printed/typed name & title
Kenneth P. Fahey, Agent

Month 5 Day 27 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month Day Year

White: Genereator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140407

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
210 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS		
CRACK DOWN		

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY

Signature
Printed/typed name & title
Robert Drew

Month 05 Day 27 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140381

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(BACK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140382

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cefrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(BRICK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page E.T.C. Inc.

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Tranaporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140383

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50 cu yd.
CONTAINING DEMOLITION DEBRIS			
(BACK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	[signature]	5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US SULK TRANSPORT INC.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
FAIRVIEW PA 1-724-641-2910	[signature] JAMES SLONEK	5	27	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140300

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS		
(CRACK DEMO)		

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.
67 Bellon St.
Buffalo NY 14220
716-822-1414

Signature

Printed/typed name & title

Month Day Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140392

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 137, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(DOCK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE TRUCKING INC.

Address, telephone no. and fax no.
607 BEACON ST
BUFFALO N.Y. 14215
(1-800-925-6001)

Signature
Printed/typed name & title
JOEL DARLAK

Month 5 Day 27 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140331

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8563
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
				03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140430

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Koblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	23	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Mark Cerrone

Address, telephone no. and fax no.
8467 W. Rivershore Drive
Niagara Falls

Signature

Printed/typed name & title

Month 5 Day 23 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140411

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMPTRAILER	
CONTAINING DEMOLITION DEBRIS			
(CRANE DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE ETC. INC

Address, telephone no. and fax no.
2758 Trombley Rd
Weedsport N.Y.
800 233-2126
13166

Signature
Printed/typed name & title
Steven Thompson

Month 5 Day 27 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140384

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riverabore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	27	05

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
[illegible]

Signature
[signature]

Printed/typed name & title
[illegible]

Month 5 Day 27 Year 05

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140385

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riversshore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
B.F.C. / RAM

Address, telephone no. and fax no.	Signature	Month	Day	Year
Harrisville, PA.	James L. Sweeney	5	27	2003
	Printed/typed name & title: O/O			

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140389

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riversshore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(BACK DUMP)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140388

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riverchore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMPSTER	
CONTAINING DEMOLITION DEBRIS			
(GRADE DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	13	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page Transportation Inc

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
1-800-233-2126	John L Schmidt / John L Schmidt	5	13	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140387

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Riversbore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(Rack Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page Transportation

Address, telephone no. and fax no.
Weedsport NY
1-800-233-2126

Signature
Printed/typed name & title
Harry Pipter

Month 05 Day 27 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title | Signature | Month Day Year

White: Generator • Yellow: Tranaporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140386

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS		
(PACK DEMO)		

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		05	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
ROAD TRANSPORTATION INC

Address, telephone no. and fax no.
WEEDSPORT N.Y.
1-800-233-2126

Signature
Printed/typed name & title
FRAN SCHEBLE

Month 05 Day 27 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140395

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Carrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMPTRAILER	50
CONTAMINATED DEMOLITION DEBRIS (ROOF PAPER)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5		03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4670 Packard Rd Niagara Falls, NY 14304		5	7	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140394

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(GRADE DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
B.F.C.

Address, telephone no. and fax no.	Signature	Month	Day	Year
N.F. N.Y. 4870 Packard Rd. 506 677 4002	Printed/typed name & title: CHRIS Holcomb	5	27	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140390

TICKET NUMBER 18749

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Excl Corp

Address, telephone no. and fax no.
4870 Packard Rd.
N. Niagara Falls N.Y.
1-800-677-8002

Signature
Printed/typed name & title
Bryan Poeller

Month 5 Day 27 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Wells	John A Wells	5	28	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140392

TICKET NUMBER 67514

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month 5 Day 27 Year 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE TRUCKING INC.

Address, telephone no. and fax no.
67 BEACON ST
BUFFALO N.Y. 14218
(1-800-825-6001)

Signature: Joel Darlak
Printed/typed name & title: JOEL DARLAK
Month 5 Day 27 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karen Solenthaler owner
Signature: K. Solenthaler
Month 5 Day 28 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140387

TICKET NUMBER 87497

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page Transportion

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Weedsport N.Y. 1-800-233-2126	Harry Pipker	05	27	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Watts	John A Watts	5	28	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140388

TICKET NUMBER: 18494

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month / Day / Year: 5 / 27 / 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page Transportation Inc

Address, telephone no. and fax no.
1-800-233-2126

Signature: John L Schieble
Printed/typed name & title: John L Schieble
Month / Day / Year: 5 / 27 / 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month / Day / Year: 5 / 28 / 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140386

TICKET NUMBER 87495

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(TRACK DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	05	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
EDGE TRANSPORTATION INC

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
WEEDSPORT N.Y. 1-800-233-2126	Fran Schieble	05	27	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
[illegible]	[illegible]	05	28	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140389

TICKET NUMBER 18493

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACK DOME)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page

Address/telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
Box 920 Weedsport N.Y.	Clair L Kerwick Sr Clair L. Kerwick Sr.	5	27	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Nitti		5	28	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140391

TICKET NUMBER 18498

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMPTRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PRICE TRUCKING

Address, telephone no. and fax no.
67 BEACON St
BUFFALO, NY

Signature
Printed/typed name & title
KOKOU A TOSSAH

Month 05 Day 27 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
PRICE

Address, telephone no. and fax no.
1 800.825.6001

Signature
Printed/typed name & title
KOKOKOU A TOSSAH

Month 05 Day 27 Year 03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Wells	John A Wells	5	28	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140410

TICKET NUMBER 8715

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 27 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSIT

Address, telephone no. and fax no.
431 E. MERCER ST
HARTSVILLE, PA 800-251-3010

Signature: [signature]
Printed/typed name & title: RON GEIST
Month: 5 Day: 27 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: [illegible]
Signature: [signature]
Month: 5 Day: 28 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140385

TICKET NUMBER 8414.85

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
B.F.C. / RAM

Address, telephone no. and fax no.
HARRISVILLE, PA.

Signature
James L. Sunera

Printed/typed name & title
O/O

Month 5 Day 27 Year 2003

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Julia A Wilds

Signature
Julia A Wilds

Month 5 Day 28 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140382

TICKET NUMBER: 87484

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(BRICK DUST)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE E.T.C. INC 8002332126

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
2758 Transitway Rd, Weedsport, NY 13166	John Jankowski / John Jankowski	05	27	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A White		5	28	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140426

TICKET NUMBER 87551

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor				03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page Phill Roberts

Address, telephone no. and fax no.	Signature	Month	Day	Year
Page Transportation Inc 8333 Route 219 Woodbury, PA 16695 P. Roberts 6348 6335 Creek Rd Alden, NY	Printed/typed name & title Phill Roberts Driver	5	23	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	08	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140359

TICKET NUMBER 558685

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	06	18	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd Niagara Falls NY	Paul E. Walker Jr Driver Paul F. Walker Jr Driver	06	18	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	06	19	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140357

TICKET NUMBER 18817

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark B. Bull	6	18	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PAGE TRANSPORTION ETC.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
TROMBLEY RD P.O. BOX 920 800-233-2124 WEEDSPORT, NY 13166	Santo L. Lavoy DRIVER SANTO L. LAVOY	6	18	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
JOHN H WHITE	John H White	6	19	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140403

TICKET NUMBER 8820B

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	60
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month / Day / Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US Bulk Transport Inc

Address, telephone no. and fax no.
205 Pembrier Dr
Erie PA 16509

Signature:
Printed/typed name & title: Todd Staffenbeil
Month / Day / Year: 6 / 18 / 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month / Day / Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Karen Solenthaler Admin
Signature:
Month / Day / Year: 6-19-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140362

TICKET NUMBER 11735

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark T. Bull
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Page E.T.C. Inc.

Address, telephone no. and fax no.
Page Transportation, Inc.
P.O. Box 920
Weedsport, NY 13166

Signature
Printed/typed name & title: Joe Nagotte
Month Day Year: 6-19-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title

Month Day Year

WDS

12. Discrepancy Indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karin Solnthaler owner
Signature: K. Solnthaler
Month Day Year: 6-19-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

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WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140371

TICKET NUMBER 158726

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RAEM DEMO)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor	Mark F. Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    Ron Zook

Address, telephone no. and fax no.	Signature	Month	Day	Year
421 E Mercer St Harrisville PA 16038	Ron Zook Printed/typed name & title: Ron Zook	06	19	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Meyers	Peggy Meyers	06	20	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140375

TICKET NUMBER 88779

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(IRON DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark R. Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4570 Packard RD
Niagara Falls NY 14304
1500 677 5002

Signature

Printed/typed name & title
Russell Hooper

Month 06 Day 19 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	06	20	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140373

TICKET NUMBER 18765

GENERATOR

1. Facility name and mailing address
   Roblin Steel
   101 Oliver Street
   N. Tonawanda, NY 14120

   Owner's name
   City of N. Tonawanda
   216 Payne Avenue
   N. Tonawanda, NY 14120

   Owner's telephone no.
   716-695-8565
   Owner's fax no.

2. Operator's name and address
   Mark Cerrone Inc.
   8467 W. Rivershore Drive
   Niagara Falls, NY 14304

   Operator's telephone no.
   716-283-4274
   Operator's fax no.
   716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
   Minerva Enterprises, Inc.
   P.O. Box 709
   9000 Minerva Road
   Waynesburg, OH 44688

   WDS telephone no.
   330-866-3435
   WDS fax no.
   330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
   State of New York - Dept. of Labor, Division of Safety & Health
   Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING Demolition DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
   PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	6	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
    Buffalo Fuel Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd Niagara Falls N.Y. 1-866-677-8002	Mark Jaquish Mark Jaquish Driver	6	19	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
		6	20	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

9/20/99 asbmfst1.doc

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140374

TICKET NUMBER 158141

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E Bull	6	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
RAM TRANSIT

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
421 E Mercer St Harrisville Pa 800-251-3010	Ron Meist Ron Geist	6	19	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
John A Nals		6	20	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140370

TICKET NUMBER 18751

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	Dump Trailer	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 6 Day: 19 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FALL CORP

Address, telephone no. and fax no.
4870 PACKARD RD
NIAGARA FALLS, NY 14304
1-800-627-8002

Signature
Printed/typed name & title: KENNETH J. FABIAN DRIVER
Month: 6 Day: 19 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: JILL A WHITE
Signature: Jill A White
Month: 6 Day: 20 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140372

TICKET NUMBER 18797

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Ram Transit

Address, telephone no. and fax no.	Signature	Month	Day	Year
Harrisville Pa 16038 724-735-4878	Printed/typed name & title: Rick Bowman Driver	6	19	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Johnthal charge	K. Johnthal	6	20	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140368

TICKET NUMBER 188755

GENERATOR

1. Facility name and mailing address

Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name

City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.

716-695-8565

Owner's fax no.

2. Operator's name and address

Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.

716-283-4274

Operator's fax no.

716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location

Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435

WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)

State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(CRACK DEMO)			

8. Special handling instructions and additional information

PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	6	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)

Page Trucking Roberts

Address, telephone no. and fax no.	Signature	Month	Day	Year
Page 800 733-2126 Phill Roberts 716 861 6881 Redeemed	Phill Roberts	6	19	03
Weed Sent Jay	Printed/typed name & title: Phill Roberts			

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Jim A Watts	Jim A Watts	6	20	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140367

TICKET NUMBER 187604

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	6	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP.

Address, telephone no. and fax no.
4870 PACKARD ROAD
NIAGARA FALLS, NY 14304
716-278-2000

Signature
Printed/typed name & title DRIVER
DOUGLAS K STANGE

Month 06 Day 19 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title John A White

Signature John A White

Month 6 Day 20 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140369

TICKET NUMBER 18854

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RAEM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		6	19	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
PALCE TRANSPORTATION

Address, telephone no. and fax no.
2758 TROMBLY Rd
Weedsport, NY 13166
800-233-2126

Signature
Tim Spellman
Printed/typed name & title
Tim Spellman

Month Day Year
6-19-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year
6 20 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140360

TICKET NUMBER 118321

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS CONTAINING DEMOLITION DEBRIS (RACM DEMO)	1	DUMP TRAILER	55

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark E. Bull	5	18	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY 14304
1-800-677-8002

Signature
Brian Poeller

Printed/typed name & title
Brian Poeller Driver

Month 5 Day 18 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY 14304.
800 677-8003

Signature
Ken Waskiewicz

Printed/typed name & title
Ken Waskiewicz

Month 6 Day 20 Year 03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler owner	K. Solenthaler	6	21	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140376

TICKET NUMBER 58831

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RAEM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 6 Day: 19 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BFC

Address, telephone no. and fax no.
NF NY 8006778003
Signature: W Wilson
Printed/typed name & title: W Wilson
Month: 6 Day: 19 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
BUFFALO FUEL CORP

Address, telephone no. and fax no.
4870 Packard RD 800-677
NIAGARA FALLS NY. 14304 8003
Signature: Edward C. Kunath
Printed/typed name & title: DRIVER Edward C. Kunath
Month: 6 Day: 20 Year: 03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karen Solotharler Oblgr
Signature: K. Solotharler
Month: 6-21-03 Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies ***must remain attached*** until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140377

TICKET NUMBER 18843

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS		
(RACM DOME)		

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month Day Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY

Signature: Robert Adams
Printed/typed name & title: Robert Adams
Month Day Year: 06 19 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karin Johnthaler ckmgr
Signature: K. Johnthaler
Month Day Year: 6-21-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140358

TICKET NUMBER 88830

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark B. Bull
Month: 6 Day: 18 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
JOHN GIESELER

Address, telephone no. and fax no.
BUFFALO FUEL CORP
NIAGARA FALLS NY 800 208 9089

Signature
Printed/typed name & title
Month: 6 Day: 18 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature
Printed/typed name & title
Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Karen Solecthaler Owner
Signature: K. Solecthaler
Month: 6-21-03 Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140396

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cartone Inc.
8467 W. Riversbore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINS Demolition Debris			
(Block Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	28	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
BeMaloFuel Corp

Address, telephone no. and fax no.	Signature	Month	Day	Year
5810 Packard Rd Niagara Falls, NY 14304 1-800-677-8002	Printed/typed name & title: Michael Cleed-Owner	5	28	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature	Month	Day	Year
	Printed/typed name & title			

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140393

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Robbin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non-Friable Asbestos Contaminated Demolition Debris (Crack Down)	1	Dump Trailer	50

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 28 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4810 Packard
Niagara Falls, NY 14304
1-800-677-5003

Signature:
Printed/typed name & title: Michael Glass-Driver
Month: 5 Day: 28 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature:
Printed/typed name & title:
Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title:
Signature:
Month: Day: Year:

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140398

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull			03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Lafleur Corp

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140397

TICKET NUMBER

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
Non FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(FROM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4820 Mt Read Rd
Niagara Falls, NY
1-800-677-5102

Signature

Printed/typed name & title
Brian Kelly

Month 5 Day 28 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title

Signature

Month Day Year

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140425

TICKET NUMBER 17635

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: Mark Bull
Month: 5 Day: 23 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
US. BULK

Address, telephone no. and fax no.
ERIE PA

Signature: Lloyd Cooper
Printed/typed name & title: Lloyd Cooper
Month Day Year: 5-23-03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title: Karen Solnthal Mgr
Signature: K. Solnthal
Month Day Year: 5-29-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140394

TICKET NUMBER 17583

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No. / Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1 DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS		
(RACM DEMO)		

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 29 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
B. F. Co

Address, telephone no. and fax no.
N. F. NY,
4870 PACKARD RD.
800 677 8007

Signature:
Printed/typed name & title: CHRIS HOWARD
Month: 5 Day: 29 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature:
Printed/typed name & title:
Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karen Solnthaler owner
Signature:
Month: 5 Day: 29 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140380

TICKET NUMBER 15587

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: Day: Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking Corp

Address, telephone no. and fax no.
67 Beacon St.
Buffalo NY 14220
716-822-1414

Signature:
Printed/typed name & title: IVAN ZINKN
Month: Day: Year:

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature:
Printed/typed name & title:
Month: Day: Year:

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karen Johnthaler owner
Signature: K. Johnthaler
Month: Day: Year: 5-29-03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140381

TICKET NUMBER 87588

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 22 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Price Trucking

Address, telephone no. and fax no.
67 Becon St
Buffalo, NY

Signature: [signature]
Printed/typed name & title: PAVEL Zinkiv
Month: 5 Day: 22 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Karen Solenthaler ohmgr
Signature: [signature]
Month: 5 Day: 29 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140397

TICKET NUMBER 17529

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, malling address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	28	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year
4870 Packard Rd. Niagara Falls N.Y. 1-800-677-8002	Brian Poeller	5	28	03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.	Signature / Printed/typed name & title	Month	Day	Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Karen Solenthaler Admin		5	29	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140396

TICKET NUMBER 87734

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	28	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls, N.Y. 14304
1-800-677-8002

Signature
Michael Gleed
Printed/typed name & title
Michael Gleed-Driver

Month 5 Day 28 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY 14304
1800-677-8002

Signature
Printed/typed name & title
Joseph T Meyers O/O

Month 5 Day 30 Year 03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	05	31	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140398

TICKET NUMBER: 87233

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature:
Month: 5 Day: 28 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp
Address, telephone no. and fax no.
Packard Rd
Niagara Falls, NY
Signature
Printed/typed name & title: Keith Carlson
Month: 5 Day: 28 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp
Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls NY. 14304
Signature
Robert L. Simcox
Printed/typed name & title: Robert L. Simcox
Month: 5 Day: 30 Year: 03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.
Printed/typed name & title: Peggy Myers
Signature
Month: 05 Day: 31 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140393

TICKET NUMBER 87908

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM DEMO)			

8. Special handling instructions and additional information
PPE

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: Mark Bull, Asbestos Supervisor
Signature: [signature]
Month: 5 Day: 28 Year: 03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard
Niagara Falls N.Y. 14304
1-800-677-8002

Signature: [signature]
Printed/typed name & title: Michael Gleed - Driver
Month: 5 Day: 28 Year: 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Mark Jaquish / Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls N.Y.
1-800-677-8002

Signature: [signature]
Printed/typed name & title: Mark Jaquish
Month: 6 Day: 3 Year: 03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title: Jill A Mills
Signature: [signature]
Month: 6 Day: 04 Year: 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140384

TICKET NUMBER: 87906

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RAEM DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp.

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls N.Y.
1-800 677-8002

Signature
Printed/typed name & title
Brian Porter

Month 5 Day 27 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)

Address, telephone no. and fax no.

Signature

Printed/typed name & title

Month Day Year

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title
Julie A Wittis

Signature

Month 6 Day 04 Year 03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A140395

TICKET NUMBER 187832

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NON FRIABLE ASBESTOS	1	DUMP TRAILER	50
CONTAINING DEMOLITION DEBRIS			
(RACM - DEMO)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor		5	27	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY 14304

Signature
Printed/typed name & title
Keith Cocker

Month 5 Day 27 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd
Niagara Falls NY 14304

Signature
Printed/typed name & title
Wesley Hammer

Month 6 Day 2 Year 03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
J. A. Watts	J. A. Watts	06	03	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)

WASTE SHIPMENT RECORD

DOCUMENT NUMBER: A139996

TICKET NUMBER 57856

GENERATOR

1. Facility name and mailing address
Roblin Steel
101 Oliver Street
N. Tonawanda, NY 14120

Owner's name
City of N. Tonawanda
216 Payne Avenue
N. Tonawanda, NY 14120

Owner's telephone no.
716-695-8565
Owner's fax no.

2. Operator's name and address
Mark Cerrone Inc.
8467 W. Rivershore Drive
Niagara Falls, NY 14304

Operator's telephone no.
716-283-4274
Operator's fax no.
716-283-4417

3. Waste disposal site (WDS) name, mailing address, and physical site location
Minerva Enterprises, Inc.
P.O. Box 709
9000 Minerva Road
Waynesburg, OH 44688

WDS telephone no.
330-866-3435
WDS fax no.
330-866-3488

4. Name and address of responsible agency (Local, District, State, or EPA Office where notification was sent)
State of New York - Dept. of Labor, Division of Safety & Health
Building 12, Room 157, Albany, NY 12240

5. Description of materials	6. Containers No.	Type	7. Total quantity cubic yd
NOS & Non Friable Asbestos	1	Dump Trailer	
Containing Demolition Debris			
(RACM Demo)			

8. Special handling instructions and additional information
PPE

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
Mark Bull, Asbestos Supervisor	Mark Bull	5	8	03

TRANSPORTER

10. Name of Transporter 1 (Acknowledgement of receipt of materials)
John Whalen / Buffalo Fuel Corp.

Address, telephone no. and fax no.
Buffalo Fuel Corp.
Dew Road
Niagara Falls NY 14304

Signature
John Whalen

Printed/typed name & title
John Whalen Driver

Month 5 Day 8 Year 03

11. Name of Transporter 2 (Acknowledgement of receipt of materials)
Buffalo Fuel Corp

Address, telephone no. and fax no.
4870 Packard Rd.
Niagara Falls, N.Y.

Signature
Mark Jaquish

Printed/typed name & title
Mark Jaquish Driver

Month 6 Day 2 Year 03

WDS

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.

Printed/typed name & title	Signature	Month	Day	Year
Peggy Myers	Peggy Myers	06	03	03

White: Generator • Yellow: Transporter 1 • Pink: Transporter 2 • Gold: WDS • Blue: Contractor • Green: Generator Copy
(White, Yellow, Pink & Gold copies *must remain attached* until received by Facility!)