

***Remedial Investigation Report***  
**Former Boiler House Property**  
**NYSDEC Site No. B00197**  
**US Route 4 and Best Avenue**  
**Town of Stillwater**  
**Saratoga County, New York**

**VOLUME 6 of 7:**  
**DEMOLITION REPORT**

**February 2009**

**Prepared for:**



Mr. Michael McLean, P.E.  
NYSDEC, Region 5  
Route 86  
Ray Brook, NY 12977



Town of Stillwater  
Supervisor, Shawn Connelly  
East Street  
PO Box 700  
Stillwater, New York 12170

***Remedial Investigation Report***  
**Former Boiler House Property**  
**NYSDEC Site No. B00197**  
**US Route 4 and Best Avenue**  
**Town of Stillwater**  
**Saratoga County, New York**

**VOLUME 6 of 7**

**DEMOLITION REPORT**

**February 2009**

***Chazen Project No. 30201.14***

**Prepared by:**



ENGINEERS/SURVEYORS  
PLANNERS  
ENVIRONMENTAL SCIENTISTS

***Capital District Office:***

Kim Baines  
547 River Street  
Troy, NY 12180  
(518) 273-0055

***Dutchess County Office:***

21 Fox Street, Poughkeepsie, NY 12601

***Orange County Office:***

356 Meadow Avenue, Newburgh, NY 12550

***North Country Office***

100 Glen Street, Glens Falls, NY 12801

## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>2</b>
<b>1.0 INTRODUCTION.....</b>	<b>3</b>
1.1 DEMOLITION OBJECTIVE .....	3
<b>2.0 BIDDING .....</b>	<b>4</b>
<b>3.0 DEMOLITION PHASE.....</b>	<b>5</b>
3.1 SITE PREPARATIONS.....	5
3.2 ASBESTOS ABATEMENT .....	5
3.3 SMOKESTACK DEMOLITION .....	6
3.4 BUILDING DEMOLITION.....	6
3.5 SOIL REMOVAL .....	6
3.6 SITE RESTORATION .....	7
<b>4.0 SWPPP .....</b>	<b>8</b>
<b>5.0 SUMMARY .....</b>	<b>9</b>

## APPENDICES

APPENDIX A:	Photographic Log
APPENDIX B:	Asbestos Waste Disposal Documentation
APPENDIX C:	Soil Disposal Documentation

## **Executive Summary**

In 2004, the Stillwater Boiler House property was investigated for adverse impacts to soil and groundwater quality. Petroleum impacts to soil were observed on both the north and south sides of the boiler house. Due to the presumed unsafe condition of the building and the presence of asbestos-containing material throughout, the investigation of sub-slab soil and groundwater quality within the building was postponed pending the abatement of asbestos materials and stabilization or removal of loose structural elements within the building.

During the winter of 2004-2005, the Town of Stillwater and The Chazen Companies administered a thorough bid process for the purpose of acquiring competitive proposals from experienced demolition and asbestos abatement contractors. As a result of this process, the Town of Stillwater awarded the contract to Bianchi Industrial Services of Syracuse, New York.

The contracted work began on Wednesday, April 20, 2005. Stormwater Pollution Prevention measures were installed and asbestos decontamination structures were constructed at this time. Asbestos abatement of interior areas continued until July 15, 2005. A licensed inspector from Alpine Environmental Services, Inc. was present throughout the asbestos abatement. The demolition work began on June 13, 2005 with the construction of scaffolding around the south smoke stack and continued until September 29, 2005 when all foundation walls were at least two feet below surface grade. The Chazen Companies maintained an on-site presence for the purpose of observing and documenting site activities. Additionally, the Chazen Companies' on-site representative inspected the stormwater control measures on each active work day.

The boiler house structure was demolished in such a way as to enable separation of recyclable steel from masonry. Steel was processed onsite into pieces that could be transported to Hudson River Recycling in Albany, New York. Brick, tile, and concrete were run through a rock crusher on site. The crushed debris was used as backfill and grading material.

The building foundation was lowered to at least two feet below the original surface grade. The basement floor was removed in all areas determined to be overlying contaminated soil. The underlying soil was removed to the bedrock surface and disposed of at the ESMI facility in Fort Edward, New York.



## **1.0 Introduction**

As an Interim Remedial Measure and to facilitate the completion of a comprehensive soil and groundwater investigation, NYSDEC and the Town of Stillwater elected to demolish existing structures on the Stillwater Boiler House property. The structures included a brick and masonry smokestack and boiler house constructed circa 1918; a masonry and tile boiler house constructed circa 1947; a concrete smokestack constructed circa 1947; elevated railroad tracks including concrete support piers; and two concrete cradles for former 16,000-gallon aboveground storage tanks (See Volume 1, Figure 2 – Site Plan Map).

### ***1.1 Demolition Objective***

To accomplish the demolition objective, the following tasks were necessary:

- Complete a comprehensive bid acquisition and evaluation process to receive competitive estimates from experienced demolition companies.
- Complete a comprehensive abatement of all on-site ACM prior to any destructive activities.
- Careful demolition of the southern smokestack to avoid damage or business interruptions to adjacent properties.
- Demolition of boiler house buildings to include the recovery and recycling of structural steel and reduction by crushing of all brick and concrete for use as backfill material.
- Demolition of on-site railroad tracks and concrete support piers.
- Demolition of concrete support cradles for former on-site aboveground storage tanks.
- Removal of contaminated soil as necessary following the sub-slab investigation.

## **2.0 Bidding**

In accordance with New York State General Municipal Law and the NYSDEC Municipal Assistance for Environmental Restoration Projects: Procedures Handbook, the Town of Stillwater advertised for bids on January 24, 2005 based on the project description published in the Project Manual prepared by The Chazen Companies dated January 24, 2005. Bids were accepted by the town until 2 PM on February 24, 2005. The contract was awarded to Bianchi Industrial Services on March 3, 2005 following NYSDEC approval of Bianchi's Proposal.

## **3.0 Demolition Phase**

There were three major tasks involved in the demolition of the Stillwater Boiler House. (1) Asbestos abatement was required prior to any destructive operation on the site grounds, the on-site buildings, or the southern smokestack. (2) Specialized removal techniques for the southern smokestack were necessary to protect surrounding buildings and utilities. (3) The demolition of the main buildings included the removal and recycling of structural steel and crushing concrete and brick to make suitable for fill. Photographs of the demolition activities are included in Appendix A of this Volume.

### **3.1 Site Preparations**

Beginning on April 20, 2005, Bianchi Industrial Services and G & C Construction Safety Company began preparing the boiler house property for asbestos abatement and demolition. The building windows, doors, and other openings were sealed with plastic and negative air fans were placed inside the building. A decontamination enclosure was built adjacent to the east side of the boiler house. Asbestos signs and barricades were installed around the site. Crushed stone was brought to the site to stabilize the construction entrance and equipment staging area on the northeast corner of the property. The construction office trailer was placed in the northeast corner of the property.

### **3.2 Asbestos Abatement**

Asbestos abatement activities began on Monday, April 25, 2005 in the boiler house. Removal of ACM from the boiler house site continued through September 27, 2005. Asbestos-containing materials removed from the main building included, pipe coatings and insulation, boiler insulation, roofing material, and boiler ash. An asbestos-containing coating known as Dum-Dum was removed from the southern smoke stack beginning May 31, 2005 and continuing through June 10, 2005. G & C removed asbestos-containing materials from exterior window sills and window caulking beginning July 25, 2005 and continuing through August 10, 2005.

During the abatement activities within the northern boiler house, a coal conveyer trench was uncovered which contained additional asbestos materials. The labor to remove asbestos materials from this trench took place between August 25, 2005 and August 30, 2005.

Asbestos containing materials were discovered in previously inaccessible areas within the boilers after portions of the boilers were demolished. The labor to remove the ACM from the boilers took place on September 6, 2005 and September 26-27, 2005.

Asbestos waste was transported to A&L Salvage in Lisbon, Ohio by TransWaste, Inc. Waste documentation is attached to this volume as Appendix B. Additional documentation of the asbestos abatement activities was reported by Alpine Environmental Service, Inc. Alpine's report is included in this Remedial Investigation

Report as Volume 5.

### ***3.3 Smokestack Demolition***

International Chimney was subcontracted by Bianchi Industrial Services to lower the 300 ft. southern smokestack by 120 feet. International Chimney arrived at the site on May 23, 2005 to begin installing scaffolding around the top of the smokestack. Demolition of the smokestack began on June 20, 2005 following the removal of loose Dum-Dum coating from the exterior of the stack. Laborers used small jackhammers to remove five feet of smokestack at a time before lowering the scaffolding. The loosened smokestack material was pushed into the center and removed from an opening in the base of the stack. International Chimney completed the demolition of the top 120 ft. of the southern smokestack on July 23, 2005.

The lower 180 feet of the southern smokestack was tipped onto the site on September 12, 2005. Engineered Demolition (ED) was subcontracted by Bianchi Industrial Services to lower the remaining portion of the stack. ED used explosives to control the direction of fall. Bianchi constructed an earthen berm to contain the stack when it struck the ground.

The stack debris was separated into steel, brick, and concrete. The steel was recycled. The concrete and brick were crushed and used as backfill for the boiler house basement and grading material.

### ***3.4 Building Demolition***

The demolition of the boiler house began on July 6, 2005 when the remnants of the north smokestack were removed. The railroad pedestals were crushed with hydraulic hammers beginning July 15, 2005. The southernmost pedestal was crushed in late October 2005 because the pedestal formed a portion of the site perimeter fence.

The building demolition progressed from north to south. The north boiler house demolition began on July 21, 2005 and continued until September 21, 2005 when the last remnant of the south building was pulled to the ground. Processing of fill material through a crusher as well as sorting and recycling steel continued to early November 2005.

### ***3.5 Soil Removal***

On July 21 and 23, 2005, The Chazen Companies worked with a Geoprobe<sup>®</sup> contractor to install soil borings through the concrete slab in the boiler house basement area. The samples submitted to a NYSDEC-certified laboratory from the soil sampling activities indicated semi-volatile organic compounds were present in the sub-slab soil at concentrations greater than the project soil cleanup objectives. No groundwater was encountered during the sub-slab investigation; however bedrock was encountered approximately 2-4 feet below the top of concrete in most of the borings.

With the exception of the area extending from the southeastern-most boiler to the southeast corner of the building, all concrete slabs were removed. Results of samples submitted from the southeast corner did not indicate contamination at concentrations exceeding the project SCOs. Soil beneath the slab was removed to the top of shale bedrock. Soil was transported to the ESMI disposal facility in Fort Edward, New York by Genovese Transport. Soil disposal manifests and weigh tickets are included as Appendix B of this Volume. A total of 421.56 tons of soil were removed from the site and shipped to ESMI of New York. Additional information regarding this and other PCS remediation activities are discussed in Volume 4 of this report.

### ***3.6 Site Restoration***

Site restoration included (1) the lowering of all foundation walls and pillars to a minimum of 2 feet below the restored surface grade and (2) grading and seeding the site. A hydraulic hammer was used to breakup the foundation walls. Bianchi used crushed building materials to fill the boiler house basement and to grade the perimeter of the site to the approximate elevation of the surrounding properties.

## **4.0 SWPPP**

As described in Section-01570 of the Project Manual dated January 24, 2005, Bianchi Industrial Services constructed and maintained a temporary erosion and sediment control system. The Chazen Companies, as the town engineer, conducted daily inspections of the stormwater pollution protection system. The original daily logs and inspection forms were maintained at the job site throughout the project.

Erosion and sediment control measures employed at the boiler house site included silt fencing along the pre-existing chain-link fence around the perimeter of the site. Hay bales were used as dams surrounding two known inlets to the Town storm water system. Hay bails were used in select areas along the perimeter to reinforce the silt fence. Crushed rock was imported to the site and was used to stabilize construction entrances at the onset of the project and as needed throughout the duration of the project to maintain a suitable surface for the delivery and transport of materials and equipment from the site. Construction entrances were maintained in a manner that limited the transfer of silt onto the public roadways surrounding the site.

## **5.0 Summary**

Bianchi Industrial Services completed all contractual obligations for the demolition of the Stillwater Boiler House. Bianchi was released from completing the final grading and seeding of the entire site due to the discovery of petroleum in the northern boiler house; however, the perimeter of the site has been graded and seeded. Two change-orders were issued during the project. One was for the abatement of asbestos containing materials in a former coal conveyer trench, and the second was for the abatement of asbestos discovered in areas of the boilers inaccessible during the pre-demolition bidding process.

APPENDIX A  
Photographic Log





*Date: April 20, 2005*

**Photo 1**  
Preparations for asbestos abatement.



*Date: April 22, 2005*

**Photo 2**  
Installation of stormwater control measures.



*Date: May 30, 2005*

**Photo 3**

Scaffolding installed on south smokestack.



*Date: June 4, 2005*

**Photo 4**

Dum dum ACM is scraped from the south smokestack.





*Date: July 1, 2005*

**Photo 5**

Scaffolding is lowered another five feet.



*Date: July 6, 2005*

**Photo 6**

Demolition of north smokestack begins.



*Date: July 7, 2005*

**Photo 7**

Demolition of north smokestack complete.



*Date: July 7, 2005*

**Photo 8**

Demolition of north boiler house begins.





*Date: July 21, 2005*

**Photo 9**  
Demolition of north boiler house.



*Date: July 21, 2005*

**Photo 10**  
Geoprobe for subslab soil sampling.





*Date: July 25, 2005*

**Photo 11**

Steel was cut into manageable lengths for recycling.



*Date: July 26, 2005*

**Photo 12**

Coal hopper from north boiler house exposed for demolition.



*Date: August 2, 2005*

**Photo 13**

Last wall of the north boiler house comes down.



*Date: August 4, 2005*

**Photo 14**

Demolition begins on south boiler house.





*Date: August 18, 2005*

**Photo 15**  
Demolition of south boiler house.



*Date: August 25, 2005*

**Photo 16**  
Demolition of south boiler house.





*Date: August 26, 2005*

**Photo 17**

Cleanout and asbestos abatement of north boiler house coal conveyor trench.



*Date: August 29, 2005*

**Photo 18**

Asbestos abatement in coal conveyor trench complete. Oil infiltrating trench.



*Date: September 8, 2005*

**Photo 19**

Seismic geophone setup for south smokestack demolition monitoring.



*Date: September 12, 2005*

**Photo 20**

South smokestack demolition. Stack is falling to the north.





*Date: September 12, 2005*

**Photo 21**

South smokestack laying on site following explosive tipping.



*Date: September 19, 2005*

**Photo 22**

The last boiler standing from the south boiler house.



*Date: September 21, 2005*

**Photo 23**

The last boiler standing from the south boiler house.



*Date: September 21, 2005*

**Photo 24**

The last boiler has fallen and final site cleanup begins.





*Date: April 20, 2005*

**Photo 1**  
Preparations for asbestos abatement.



*Date: April 22, 2005*

**Photo 2**  
Installation of stormwater control measures.



*Date: May 30, 2005*

**Photo 3**

Scaffolding installed on south smokestack.



*Date: June 4, 2005*

**Photo 4**

Dum dum ACM is scraped from the south smokestack.





*Date: July 1, 2005*

**Photo 5**

Scaffolding is lowered another five feet.



*Date: July 6, 2005*

**Photo 6**

Demolition of north smokestack begins.



*Date: July 7, 2005*

**Photo 7**

Demolition of north smokestack complete.



*Date: July 7, 2005*

**Photo 8**

Demolition of north boiler house begins.





*Date: July 21, 2005*

**Photo 9**  
Demolition of north boiler house.



*Date: July 21, 2005*

**Photo 10**  
Geoprobe for subslab soil sampling.





*Date: July 25, 2005*

**Photo 11**

Steel was cut into manageable lengths for recycling.



*Date: July 26, 2005*

**Photo 12**

Coal hopper from north boiler house exposed for demolition.



*Date: August 2, 2005*

**Photo 13**

Last wall of the north boiler house comes down.



*Date: August 4, 2005*

**Photo 14**

Demolition begins on south boiler house.





*Date: August 18, 2005*

**Photo 15**  
Demolition of south boiler house.



*Date: August 25, 2005*

**Photo 16**  
Demolition of south boiler house.





*Date: August 26, 2005*

**Photo 17**

Cleanout and asbestos abatement of north boiler house coal conveyor trench.



*Date: August 29, 2005*

**Photo 18**

Asbestos abatement in coal conveyor trench complete. Oil infiltrating trench.



*Date: September 8, 2005*

**Photo 19**

Seismic geophone setup for south smokestack demolition monitoring.



*Date: September 12, 2005*

**Photo 20**

South smokestack demolition. Stack is falling to the north.





*Date: September 12, 2005*

**Photo 21**

South smokestack laying on site following explosive tipping.



*Date: September 19, 2005*

**Photo 22**

The last boiler standing from the south boiler house.



*Date: September 21, 2005*

**Photo 23**

The last boiler standing from the south boiler house.



*Date: September 21, 2005*

**Photo 24**

The last boiler has fallen and final site cleanup begins.



APPENDIX B  
Asbestos Waste Disposal Documentation

Summary of Asbestos Waste Disposal  
Stillwater Biorehouse  
Best Avenue U.S. Route 4

DATE TRANSPORTED	WASTE CONTAINER TYPE	WASTE CONTAINER SIZE	WEIGHT (TONS)	WASTE HAULER	NO. OF BAGS	DISPOSAL FACILITY	DISPOSAL DISPOSAL DATE	WASTE CONTENT AND AREA OF GENERATION
LIST OF MIXED WASTE, NON-FRIABLE AND COAL ASH WASTES								
5/4/2005	Dumpster	30 cu. Yd.	11.24	Dan's Hauling	n/a	Seneca Meadows	5/12/2005	c&d material non asbestos roofing
5/16/2005	Dumpster	30 cu. Yd.	15.33	Dan's Hauling	n/a	Seneca Meadows	5/17/2005	coal ash, non ACM, south basement
5/18/2005	Dumpster	30 cu. Yd.	15.68	Dan's Hauling	n/a	Seneca Meadows	5/19/2005	coal ash, non ACM, south basement
5/19/2005	Dumpsters	3-30 cu. Yd.	14.01, 13.01, 13.07	Dan's Hauling	n/a	Seneca Meadows	5/21/2005	3- 30 cu. Yd. non-ACM C&D material
5/20/2005	Dumpsters	2-30 cu. Yd.	14.62, 13.22	Dan's Hauling	n/a	Seneca Meadows	6/3/05, 6/2/05	2-30 cu. Yd dumpsters of coal ash non-ACM, s. basement
6/3/2005	Dumpster	2-30 cu. Yd.	13.23, 19.72	Dan's Hauling	n/a	Seneca Meadows	6/4/05, 6/4/05	2- 3/0 cu yd. dumpsters coal ash, non ACM, south basement
7/5/2005	Dumpster	30 cu. Yd.	14.93	Dan's Hauling	n/a	Seneca Meadows	7/6/2005	30 cu. Yd. non-ACM C&D material
FRIABLE ACM WASTE								
4/28/2005	Trailer	100 cu. Yd.	by volume	TransWaste	886	A & L Salvage		ACM from south basement
5/3/2005	Trailer	100 cu. Yd.	by volume	TransWaste	1,180	A & L Salvage		ACM from south basement/first floor
5/9/2005	Trailer	100 cu. Yd.	by volume	TransWaste	890	A & L Salvage		north building
5/11/2005	Trailer	100 cu. Yd.	by volume	TransWaste	1,215	A & L Salvage		sw south center ducts, n. bldg, southeast exterior
5/14/2005	Trailer	100 cu. Yd.	by volume	TransWaste	1,035	A & L Salvage		duct work areas
5/19/2005	Trailer	100 cu. Yd.	by volume	TransWaste	956	A & L Salvage		center & west boiler
5/23/2005	Trailer	100 cu. Yd.	by volume	TransWaste	1,123	A & L Salvage		boilers, 1st floor, south bldg.
6/1/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
6/6/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
6/8/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
6/10/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
6/11/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
6/13/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
6/14/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
6/15/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
6/16/2005	Trailer	100 cu. Yd.	by volume	TransWaste	1,083	A & L Salvage		ducts, catwalks and tops of boilers
6/16/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
6/18/2005	Dumpster	2-30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		2-30 cu yd dumpsters ACM ash from basement
6/22/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
6/25/2005	Dumpster	2-30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		2-30 cu yd dumpsters ACM ash from basement
6/27/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
6/29/2005	Trailer	100 cu. Yd.	by volume	TransWaste	2,100	A & L Salvage		ducts, catwalks and north building
7/6/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
7/7/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
7/8/2005	Dumpster	30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM ash from basement
7/9/2005	Dumpsters	3-30 cu. Yd.	by volume	TransWaste	n/a	A & L Salvage		ACM from basement areas
7/13/2005	Trailer	100 cu. Yd.	by volume	TransWaste	1,240	A & L Salvage		ACM from basement areas

N/A = Not Applicable

100yd Trailer  
30yd Dumpster

Page 1



**Alpine  
Environmental  
Services, Inc.**

## Daily Inspection Log

Client: <i>Chazen</i>	Date:	Project Monitoring Firm:
Project with Bldg No.:	Phase of Work:	Project Monitor on site:
Alpine Technician:	Alpine Project No.: <i>05-3358-AC</i>	Page _____ of _____

Time	Notes
	<del>Waste</del> off site
	4/28/05 Trailer #1 886 bag } S. basement 9 drums }
5/3	Trailer #2 S. base / 2nd Fl
5/4	Dumpster C+D roofing material
5/9	Trailer #3 N. Bld
5/11	Trailer #4 SW S. under duct, N. end SE exterior
5/14	Trailer #5 duct work areas
5/16	Dumpster #1 coal ash, non-9cm, S. base
5/18	Dumpster #2 coal ash, " "
5/19	Trailer #6 center + west boiler 3 C+D Dumpsters
5/20	Dumpsters #3, 4 + 5 coal ash non-9cm S. base
5/21	Dumpsters #6 + 7 S. base per Oneil

Alpine Technician Signature



**Alpine  
Environmental  
Services, Inc.**

# Daily Inspection Log

Client: <i>Chazen Co</i>	Date:	Project Monitoring Firm:
Project with Bldg No.:	Phase of Work:	Project Monitor on site:
Alpine Technician:	Alpine Project No.: <i>05-3358-A1</i>	Page _____ of _____

Time	Notes
	<i>Waste off site</i>
	• 5/23 Trailer #7 builds 1st fl. S. Bld
	5/24 Dumpsters # 8 + 9 Coal Ash - non-ACM
	S. Base
•	5/25 Dumpster #10 non ACM coal Ash
	S. base
	6/1 Dumpster #1 ACM ash basement
	6/3 Dumpster #2 ACM ash basement
•	6/6 Dumpster #3 ACM ash basement
	6/8 Dumpster #4 ACM ash basement
	6/10 Dumpster #5 ACM ash
	6/11 Dumpster #6 + 7 ACM ash
	6/13 Dumpster #8 ACM ash
	6/14 Dumpster #9 " "
	6/15 Dumpster #10 ACM ash

Alpine Technician Signature \_\_\_\_\_



**Alpine  
Environmental  
Services, Inc.**

# Daily Inspection Log

Client:	Date:	Project Monitoring Firm:
Project with Bldg No.:	Phase of Work:	Project Monitor on site:
Alpine Technician:	Alpine Project No.:	Page _____ of _____

Time	Notes
6/16	Trailer # 8 ducts, cats (tops boiler) Dumpster #11 basement
6/18	Dumpster #12 basement Dumpster #13 basement
6/22	Dumpster #14 basement
6/25	Dumpster #15 basement Dumpster #16 basement
6/27	Dumpster #17 basement
6/29	Trailer # 9 ducts, catwalks + north building
7/6	Dumpster #18 basement
7/7	Dumpster #19 basement
7/8	Dumpster #20 basement
7/9	Dumpster #21 basement / north boiler Dumpster #22 basement / north boiler Dumpster #23 basement / north boiler

Alpine Technician Signature \_\_\_\_\_



**Truck Activity Report (Site)**

8/17/20

Transactions from 05/18/2005 through 08/17/2005

1:02P

Customer: All  
 Profile: is between 2005-042-15TTR and  
 2005-042-31RJV  
 Truck: All

Inbound and Outbound Tickets  
 Third Party and Intercompany Customers  
 Recycle and Disposal Waste

Truck	Customer	Date	Ticket	Gross	Tare	Profile	Material	Tons	Per Ton	Material Total	Haul Fee	Tot
DAN202	15TTR	05/19/05	1233736	66,600.00	35,240.00	2005-042-15TTR	IIA01	15.68			\$0.00	
	15TTR	05/21/05	1234509	61,400.00	35,260.00	2005-042-15TTR	IIA01	13.07			\$0.00	
DAN052	15TTR	05/21/05	1234511	58,260.00	32,240.00	2005-042-15TTR	IIA01	13.01			\$0.00	
DAN01	15TTR	05/21/05	1234516	60,820.00	32,800.00	2005-042-15TTR	IIA01	14.01			\$0.00	
DAN202	15TTR	06/02/05	1238161	61,860.00	35,420.00	2005-042-15TTR	IIA01	13.22			\$0.00	
	15TTR	06/03/05	1238694	65,140.00	35,900.00	2005-042-15TTR	IIA01	14.62			\$0.00	
DAN2	15TTR	06/04/05	1239150	72,100.00	32,660.00	2005-042-15TTR	IIA01	19.72			\$0.00	
DAN3	15TTR	06/04/05	1239160	61,440.00	34,980.00	2005-042-15TTR	IIA01	13.23			\$0.00	
D&D06	15TTR	07/06/05	1250524	83,500.00	53,640.00	2005-042-15TTR	IIA01	14.93			\$0.00	
15TTR - TROY TRANSFER LLC								131.49			\$0.00	
9 tickets and 9 transactions												

**Report Grand Totals**

131.49

0.00

9 tickets and 9 transactions

TO: JIM SMITH

FROM: Russ Beasley

I Hope this is the information you need!

**SENECA MEADOWS, INC.**

1786 Salzman Rd.  
 Waterloo, NY 13165  
 NYS DEC Facility # 50S08  
 Telephone: (315) 539-5624  
 Industrial Waste Fax: (315) 539-0557

GENERATORS  
 INDUSTRIAL WASTE PROFILE  
 NON HAZARDOUS WASTE  
 ONLY

FILE NUMBER: \_\_\_\_\_

**THIS FORM IS FOR DISPOSAL OF NON HAZARDOUS WASTE  
 AT THE SENECA MEADOWS LANDFILL ONLY**

**THIS FORM MUST BE COMPLETED BY THE GENERATOR ONLY**

Generators Name: <b>TOWN OF STILLWATER</b>			
Mailing Address: <b>66 EAST ST</b>		City: <b>STILLWATER</b>	State: <b>NY</b>
		Zip: <b>12170</b>	
Contact Person: <b>DAVE CONNORS</b>		Title: <b>BLDG INSPECTOR</b>	
Phone: <b>518-664-6148</b>		Fax: <b>518-664-6910</b>	
EPA ID#		State ID# <b>14-600-2456</b>	

FACILITY GENERATING WASTE			
Address: <b>BOYER HOUSE 2 BEST AVE</b>		City: <b>STILLWATER</b>	State: <b>NY</b>
		Zip: <b>12170</b>	
Contact Person: <b>BOB WUSYK</b>		Title: <b>SEN. MANAGER GTC SAFETY CORP.</b>	
Phone: <b>973-343-8251</b>		Fax: <b>518-664-7876</b>	

AUTHORIZED HAULER/PRIMARY			
Name: <b>R.J. VALENTE TRANSPORT</b>		NYS Permit #	
Address: <b>7 BINGHAMPTON ST</b>		City: <b>ALBANY</b>	State: <b>NY</b>
		Zip: <b>12202</b>	
Contact Person: <b>DEAN MOROTTA</b>		Title: <b>TRUCKING SUPERVISOR -</b>	
Phone: <b>518-427-7817</b>		Fax: <b>518-427-6430</b>	

AUTHORIZED HAULER/SECONDARY			
Name:		NYS Permit #	
Address:		City:	State:
		Zip:	
Contact Person:		Title:	
Phone:		Fax:	

WASTE CHARACTERIZATION	
Name of Waste: <b>BOILER FLY ASH</b>	Description of Waste: <b>BLACK POWDER ASH</b>
Process That Generated Waste: <b>STEAM PLANT</b>	

Does this facility generate any hazardous waste?

☐ Yes☒ No

If hazardous wastes are generated, does management feel that adequate controls are in place to control/separate waste streams?

\*\* IF ANSWER IS NO, A DETAILED EXPLANATION MUST BE ATTACHED \*\*

☐ Yes☐ No



SEE  
CHAIN OF  
CUSTODY

## CERTIFICATION OF REPRESENTATIVE SAMPLE

SENECA MEADOWS FILE NUMBER: \_\_\_\_\_

Generators Name:	
Waste Name:	
Samplers Name:	
Sample Date:	Sample Time:

**\*\* THIS SAMPLE MUST BE RECEIVED BY LAB WITHIN 24 HOURS\*\***

IT IS CRITICAL THAT THE TESTING LABORATORY RECEIVE A REPRESENTATIVE SAMPLE OF THE WASTE STREAM THAT YOU INTEND TO DISPOSE OF AT SENECA MEADOWS LANDFILL. PLEASE FOLLOW THE INSTRUCTIONS VERY CAREFULLY.

**SAMPLE COLLECTION: MUST BE DONE BY YOUR CONSULTANT OR SELECTED LABORATORY REPRESENTATIVE.**

**SAMPLE KEPT COLD (PACKED IN ICE).**

**SAMPLES REQUIRED - ON-GOING WASTE STREAM:****ONE (1) CONTAINER**

HOWEVER, WE MAY REQUIRE A SEMI-ANNUAL TESTING OF THE WASTE STREAM SAMPLE IF QUANTITY EXCEEDS 5,000 TON PER YEAR.

**SAMPLES REQUIRED - ONE TIME ONLY APPROVALS:**

1 - 200 TONS	ONE (1) SAMPLE REQUIRED
200 - 500 TONS	TWO (2) SAMPLES REQUIRED
500 - 1,000 TONS	THREE (3) SAMPLES REQUIRED
1,000 - 2,000 TONS	FOUR (4) SAMPLES REQUIRED
OVER 2,000 TONS	DETERMINED BY SENECA MEADOWS

**LAB SELECTION:****WE WILL HAVE OUR WASTE STREAM ANALYSIS COMPLETED BY:**

Laboratory Name:			
Address:	City:	State:	Zip:
Contact Person:	Title:		
Phone:	Fax:		

**SAMPLE CERTIFICATION**

I HERBY CERTIFY THAT I PERSONALLY COLLECTED A REPRESENTATIVE SAMPLE OF THE WASTE STREAM AT THE LOCATION, TIME & DATE AS LISTED ABOVE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LABORATORY: \_\_\_\_\_

GENERATOR WITNESS: \_\_\_\_\_

## GENERAL INFORMATION

SENECA MEADOWS FILE NUMBER: \_\_\_\_\_

## PHYSICAL CHARACTERISTIC:

☒ Solid ☐ Sludge

Minimum % of Solids \_\_\_\_\_ For Waste Stream

ACCEPTABLE LEVEL OF SOLIDS MUST EXCEED 20% TO BE LANDFILLED

## ODOR:

☒ None ☐ Mild ☐ Strong

## Transportation:

☐ Roll-Off☒ Trailer☐ Packer☐ Other \_\_\_\_\_

NO DRUMS ARE ACCEPTABLE

## IS REQUEST:

☒ One Time Only  
Approx. Amount

150

4PS

Tons TOTAL

☐ On Going

Amount Monthly \_\_\_\_\_ Tons

WHAT IS MAXIMUM TONNAGE FOR ANY GIVEN DAY:

150

-TONS

GRDS

Briefly Describe Any Special Handling That Could Be Required For This Waste Stream:  
(dust, protective clothing, ect.)

N/A

DUMP TRAILERS WILL BE USED.

## GENERATORS CERTIFICATION TO SENECA MEADOWS LANDFILL

I/We hereby certify that all of the information that we have presented to Seneca Meadows, Inc. on this form or any attachments is an accurate representation of our waste stream.

(Please Initial)

I/We hereby certify that the laboratory can contact Seneca Meadows, Inc. directly to discuss this waste stream.

I/We hereby certify that the waste stream that we are applying for disposal at Seneca Meadows, Inc. is not a listed known hazardous waste. In addition, none of the components of the process, or any residue generated are known hazardous wastes.

I/We hereby agree that any changes in this waste stream, either in process method or changes of any of the components, that we will notify Seneca Meadows, Inc. in writing within 24 hours of our findings.  
(FAX IS THE PREFERRED METHOD)

NAME: MATTHEW E FOLSON

SIGNATURE: 

TITLE: SUPERVISOR

DATE: 5-2-05

BIANCHI IND. SERV. LLC

Demo CONTRACTOR + GC.

## INDUSTRIAL WASTE CHARACTERIZATION INFORMATION

## Section One -

General Project Information (please complete in full)  
(If not applicable, denote with "NA")

Site/project Engineering Company: The Chazen Companies  
Contact Person: Kim Baines  
Address: 547 River Street  
Troy, NY 12180  
Telephone Number: (518) 273 0055  
Fax Number: (518) 273 8391  
General Contractor: Bianchi Industrial Services  
Contact Person: MATTHEW FORSON  
Address: 208 LOUGHRAN RD  
LIVERPOOL NY  
Telephone Number: 315-575-1172  
Fax Number: 518-664-7876

## Seneca Meadows Customer to be Billed Data:

Contact Person: DEAN MORATTA  
Address: 8 JENNIFER DR.  
WYNANTSKILL NY 12188  
Telephone Number: CRL 518-528-4428 OFFICE 518-427-7817  
Fax Number: \_\_\_\_\_  
Site Owner: TOWN OF STILLWATER  
Contact Person: DAVE CONNORS  
Address: 66 EAST ST  
STILLWATER NY 12170  
Telephone Number: 518-664-6148 EX 211  
Fax Number: 518-664-6410

Is the material a listed hazardous waste?

☐ YES☒ NO

Description of the waste:

BLACK FLY ASH

NYSDEC Waste Type Code:

N- 602

Comments: \_\_\_\_\_

## Section Two - Site Information (please complete in full)

(If not applicable, denote with "NA")

Was the site ever suspected of having hazardous materials?

☐ YES☒ NO

What was the source of the potential hazardous materials?

NA

Which compounds were suspected?

NA

Has testing been performed to quantify these compounds?

☐ YES☒ NO

Who prepared the sampling and analysis program?

Company Name: SEE CHAIN OF CUSTODY  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Was the program reviewed by the NYSDEC and the NYDOH officials prior to initiation?

☒ YES

☐ NO

Was the program approved?

☒ YES

☐ NO

(If Yes, please attach the approval)

Please attach any available analytical data (including the Chain of Custody Record).

What conclusions were made regarding the laboratory data?

Fly ash analytical results on metals analysis are below Land Ban Standards. Analytical results from ash pile are attached.

Is the site a registered Superfund site?

☐ YES

☒ NO

Site Registration Number: \_\_\_\_\_

Will copies of the scale manifests/tickets be required?

☒ YES

☐ NO

(SMI may have to charge a nominal administrative fee for providing this information at a later date, if not notified appropriately herein)

Additional Comments, Handling Precautions or Supplemental Information:

The project is under direction in compliance of NYSDEC, Mike McLean (518-897-1242) of Central Office in Albany, NY.  
All construction activities have been approved through Permit # GP-02-01 issued by NYSDEC (see attached).

12/17/04 PKE 10:40 PMA 0104020001

DEU USHS BSWAK

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

PART 364

## WASTE TRANSPORTER PERMIT NO. 4A-523

Pursuant to Article 27, Title 3 and 16 of the Environmental Conservation Law and 6 NYCRR 364

## PERMIT ISSUED TO:

R. J. VALENTE TRANSPORT, LLC  
7 BINGHAMPTON STREET  
ALBANY, NY 12202

## PERMIT TYPE:

☐ NEW  
☐ RENEWAL  
☒ MODIFICATIONCONTACT NAME: TIMOTHY R. BANKS  
COUNTY: ALBANY  
TELEPHONE NO: (518)434-4201EFFECTIVE DATE: 12/20/2004  
EXPIRATION DATE: 10/31/2005  
US EPA ID NUMBER:

## AUTHORIZED WASTE TYPES:

The Permittee is Authorized to Transport the Following Waste Type(s):

Non-Hazardous Industrial/Commercial

Non-Residential Raw Sewage or Sewage-  
Contaminated Wastes

Waste Tires

Sludge from Sewage or Water Supply  
Treatment Plant

Asbestos

Petroleum Contaminated Soil

## AUTHORIZED VEHICLES:

The Permittee is Authorized to Operate the Following Vehicles to Transport Waste:  
(Vehicles enclosed in <>'s are authorized to haul septage only)

## 23 PERMITTED VEHICLE(S)

NY 22123JR	NY AM47323	NY AM47353
NY 22355B7	NY AM47328	NY AM47577
NY 22375B7	NY AM47344	NY AM47584
NY 22385B7	NY AM47345	End List
NY 22405B7	NY AM47348	
NY 22885B7	NY AM47347	
NY 22895B7	NY AM47348	
NY 35749JD	NY AM47349	
NY 35755JD	NY AM47350	
NY 71655JE	NY AM47351	

**NOTE:** By acceptance of this permit, the permittee agrees that the permit is contingent upon strict compliance with the Environmental Conservation Law, all applicable regulations, and the General Conditions printed on the back of this page.

PERMIT ADMINISTRATOR: Barbara J. Emerick

## ADDRESS:

New York State Department of Environmental Conservation  
Division of Solid & Hazardous Materials - Waste Transporter Program  
625 Broadway, 9th Floor  
Albany, NY 12233-7253AUTHORIZED SIGNATURE: Date: 12/17/04

PAGE 1 OF 1



# WASTE SHIPMENT RECORD

GENERATOR	1. Owner's name and mailing address <b>Mr. David Connors Town of Stillwater 66 East St., Stillwater NY 12170</b>		Project name and location <b>Stillwater Former Boilerhouse Best Ave &amp; US Route 4 Stillwater, NY</b>		Owner's telephone no. <b>518-664-6148</b>	
	2. Operator's name and address <b>Mr. David Connors Town of Stillwater 66 East St., Stillwater NY 12170</b>		Project number <b>Cheser proj. # 30201.14</b>		Operator's telephone no. <b>518-664-6148</b>	
	3. Waste Disposal Site (WDS) Name <b>Stillwater Former Boilerhouse</b> Mailing Address <b>Town of Stillwater Attn: Dave Connors 66 East Street, Stillwater NY 12170</b> Physical <b>former boilerhouse facility</b> Site Location <b>RT 4 and Best Avenue, Stillwater, NY</b>		WDS telephone no. <b>518 664 6148</b> Additional Information <b>please provide copy of all waste shipment records to owner</b>			
	4. Name and address of responsible agency <b>same as above in item #1</b>					
TRANSPORTER	5. Description of materials <b>Non friable asbestos material</b>		6. Containers No. <b>1</b> Type <b>30yd trailer</b>		7. Total quantity m <sup>3</sup> (yd <sup>3</sup> ) <b>30</b>	
	<input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable					
	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 shipper name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. <b>Authorized Agent for Generator</b>					
SAL SITE	Printed/typed name & title <b>James J. Smith - Consultant</b>		Signature <i>James J. Smith</i>		Month <b>5</b>	Day Year <b>5 05</b>
	10. Transporter 1 (Acknowledgment of receipt of materials)					
	Printed/typed name & title <b>Dave's Hauling</b>		Signature		Month	Day Year
	Address and telephone no. <b>Dave's Hauling Troy NY 518-266-8947</b>					
SAL SITE	11. Transporter 2 (Acknowledgment of receipt of materials)					
	Printed/typed name & title		Signature		Month	Day Year
	Address and telephone no.					
12. Discrepancy indication space						
13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.						

Grid Coordinates

East

North

01



## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I		GENERATOR	
a. Generator Name <u>TOWN OF STILLWATER</u>		b. Generating Location: <u>STILLWATER BOILER HOUSE</u>	
c. Address <u>66 EAST AVE</u> <u>STILLWATER, NY 12170</u>		d. Address <u>BEST AVE &amp; US ROUTE 4</u> <u>STILLWATER, NY 12170</u>	
e. Phone No.: <u>(518) 664-6148</u>		f. Phone No.: <u>(518) 664-6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>SARATOGA</u>	
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>FRIABLE ASBESTOS WASTE</u>			<u>100%</u>
2.			<u>Trailer</u>
3.			
4.			
5.			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: Roll-off Fiber Drum Truck <u>Trailer</u> Other	
Generator Authorized Agent Name _____		Signature _____	
		Shipment Date <u>050905</u>	

Section II		TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
Driver Name / Title: (Print / Type) <u>Chuck Weaver</u>		j. Driver Name / Title: (Print / Type) _____	
Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No.: <u>992</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>272Y OACF</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature <u>[Signature]</u>		n. _____	
Shipment Date <u>050905</u>		Shipment Date _____	

Section III		DESTINATION	
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>		c. Site <input type="checkbox"/> : <u>A &amp; L Salvage</u>	
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>		d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	
e. Site <input type="checkbox"/> : _____		f. Mailing _____ Address: _____ Phone: _____	
g. Discrepancy Indication Space: _____			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent _____		Signature _____	
		Receipt Date _____	

Section IV		ASBESTOS	
a. Contractor's Name: <u>J &amp; C construction</u>		b. Contractor's Phone No.: <u>201-968-4005</u>	
c. Contractor's Address: <u>420 WEST ST WEST NEW YORK NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>ONTEL MEUNIER SUPER</u>		Contractor's Signature <u>[Signature]</u>	
Print / Type		Date <u>050905</u>	
Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>			
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable			



**TransWaste INC.**

108 A Blacks Rd.

Cheshire, CT 06410

Tel. (203) 250-1000 Fax (203) 272-0305

DATE: 05-11-05

TIME: \_\_\_\_\_

CUSTOMER: Bianchi, Inc

JOB / ADDRESS: Rte 32/4 Mechanicville, NY

**CONTAINER SERVICE AGREEMENT**

- |  |   |
|--|---|
| <input type="checkbox"/> CONTAINER PLACED          | <input type="checkbox"/> 12 YD. <i>PL # 371672</i>  |
| <input type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD. <i>PL # 289698</i>  |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED  | <input type="checkbox"/> 30 YD.                     |
| <input type="checkbox"/> CONTAINER RELOCATED       | <input type="checkbox"/> 40 YD.                     |
| <input type="checkbox"/> TRAVEL TIME               | <input type="checkbox"/> 40 YD. CLOSED BOX          |
| <input type="checkbox"/> WAITING TIME              | <input checked="" type="checkbox"/> 100 YD. TRAILER |
| <input type="checkbox"/> OTHER _____               | <input type="checkbox"/> COMPACTOR                  |

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
\*CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: *Ronald Wright*

DRIVER: *P. A. King*

DISPOSAL SITE: \_\_\_\_\_

11616

NET WEIGHT: \_\_\_\_\_





# TransWaste, Inc.

15877

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I		GENERATOR	
a. Generator Name	<u>TOWN OF STILLWATER</u>	b. Generating Location	<u>STILLWATER BOILER HOUSE</u>
c. Address	<u>66 EAST AVE</u> <u>STILLWATER, NY 12170</u>	d. Address	<u>BEST 4 US ROUTE 4</u> <u>STILLWATER, NY 12170</u>
e. Phone No.	<u>(518) 664-6148</u>	f. Phone No.	<u>(518) 664-6148</u>
If owner of the generating facility differs from the generator provide:		i. County Service Code	<u>SARATOGA CO.</u>
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>FRIABLE ASBESTOS WASTE</u>			<u>100 yd</u>
2. _____			<u>Trailer</u>
3. _____			
4. _____			
5. _____			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: Rolloff _____ Fiber Drum _____ Truck _____ <u>Trailer</u> Other _____	
Generator Authorized Agent Name _____		Shipment Date <u>051105</u>	

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name:	<u>TransWaste, Inc.</u>	h. Name:	_____
b. Address:	<u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address:	_____
c. Driver Name / Title: (Print / Type)	<u>Chuck Weaver</u>	j. Driver Name / Title: (Print / Type)	_____
d. Phone No.:	<u>203-250-1000</u>	k. Phone No.:	_____
e. Truck No.:	<u>992</u>	l. Truck No.:	_____
f. Vehicle License No./State:	<u>27240 ACT</u>	m. Vehicle License No./State:	_____
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature <u>Weaver</u>	Shipment Date <u>051105</u>	n. Driver Signature _____	Shipment Date _____

Section III		DESTINATION	
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>		c. Site <input type="checkbox"/> : <u>A &amp; L Salvage</u>	
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>		d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	
e. Site <input type="checkbox"/> : _____		f. Mailing _____ Address: _____ Phone: _____	
g. Discrepancy Indication Space: _____ I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		h. _____	
Name of Authorized Agent _____		Signature _____	
_____		Receipt Date <u>051105</u>	

Section IV		ASBESTOS	
a. Contractor's Name: <u>ARC construction</u>		b. Contractor's Phone No.: <u>201-768-4003</u>	
c. Contractor's Address: <u>420 65th ST WEST NEW YORK NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Ortiz Mendez SUPERV</u>	Contractor's Signature _____	Date <u>051105</u>
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>		
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable		

**SENECA MEADOWS LANDFILL  
INDUSTRIAL WASTE APPROVAL**

<b>GENERATOR'S NAME:</b> TOWN OF STILLWATER	
<b>ADDRESS:</b> 66 EAST STREET CITY: STILLWATER ST: NY ZIP: 12170	
<b>CONTACT:</b> DAVE CONNORS	<b>TITLE:</b> BUILDING INSPECTOR
<b>PHONE:</b> 518-684-6148	<b>FAX:</b> 518-684-6910
<b>EPA ID #:</b>	<b>STATE ID #:</b> 14-800-2458

**FACILITY GENERATING WASTE**

<b>ADDRESS:</b> BOILER HOUSE 2 BEST AVE CITY: STILLWATER ST: NY ZIP: 12170	
<b>CONTACT:</b> BOB WUSYK	<b>TITLE:</b> SENIOR MANAGER
<b>PHONE:</b> 973-343-8281	<b>FAX:</b> 518-684-7876


**AUTHORIZED HAULER**

<b>NAME:</b> RJ VALENTE	<b>NYS DEC PERMIT #:</b> 4A-523
<b>ADDRESS:</b> 7 BINGHAMTON STREET CITY: ALBANY ST: NY ZIP: 12202	

**CONDITIONS**

<b>HOURS OF ACCEPTANCE:</b> 7 AM- 3 PM	<b>FILE #:</b> 2872
<b>APPROVAL EXPIRES:</b> 07/31/05	
<b>DESCRIPTION OF WASTE:</b> FLY ASH ***ASH MUST BE WETTED DOWN TO PREVENT FROM BECOMING AIRBORNE AT TIME OF DISPOSAL AND ALL TRUCKS MUST BE LINED*** (>20% SOLIDS - NO FREE LIQUIDS)	

**ACCEPTED-GENERATOR**

<b>NAME:</b> DAVE CONNORS	<b>SIGNATURE:</b> 
<b>TITLE:</b> DIRECTOR OF Building, Planning & Development	<b>DATE:</b> 5/11/05

**FOR OFFICE/SCALE HOUSE USE ONLY**

<b>APPROVAL NUMBER:</b>	<b>FILE NO.</b> 2872
<b>NAME:</b> ANN SPRAGUE	<b>DATE:</b> May 9, 2005
<b>TITLE:</b> SPECIAL WASTE COORDINATOR	<b>SIGNATURE:</b>
<b>CUST:</b> 31 R JV <b>HAULER:</b> 8380 <b>DEC WASTE CODE:</b> N-602 <b>SMI CNDTY:</b> HA01	

Swap  
10:30

17992

**Dan's Hauling, Demolition & Roll-Off Service, Inc.**

83 Water Street, Troy, NY 12180

Office (518) 266-8947



• Transfer Facility •



- Demolition of Large & Small Structures •
- Roll Off Containers - 8, 10, 12, 15, 20's & 30's •
- Commercial Garbage - 2, 4, 6, 8, & 10 •



Customer: <u>Blanch</u>	Date:
Address: <u>Bob</u>	Ph. # <u>973-343-</u>
City, St.: <u></u>	Work # <u>8251</u>
Zip: <u></u>	
Delivery of <u>30</u> yd. container with a <u>0</u> ton weight limit. <b>7 Day Rental</b>	
Any weight exceeding <u>0</u> tons will be back charged to the customer at a rate of \$ <u>60.00</u> per ton.	
Description	
<u>\$600.00 Per Drop &amp; Pull</u>	
Job Address: <u>174 4<sup>th</sup> Best Stillwater</u>	
Total	<u>600.00</u>
Tax	<u>49.50</u>
Total Due	<u>649.50</u>
Check No.:	Balance

**DO NOT OVERLOAD BOXES - NO TIRES ALLOWED IN CONTAINERS**

Customer agrees all containers must be loaded level. Over loaded containers will be back charged to the customer.

Customer agrees no asbestos or hazardous wastes allowed in containers. Such waste would be returned to customer, or billed for cleanup costs.

Customer agrees to pay any and all fines incurred by Dan's Hauling as a result of its containers being overweight or overfilled by the customer.

Customer shall be responsible for all damages to Dan's Hauling equipment while in the customer's possession and / or control.

Customer shall defend, indemnify and save Dan's Hauling harmless from suits, actions, damages, liability and expenses in conjunction with any and all losses. Dan's Hauling shall not be responsible or liable at any time for any loss or damage incurred by customer after crossing the customer's curbside, driveway, sidewalk and / or property.

Customer agrees to pay all costs and expenses relating to the enforcement or preservation of Dan's Hauling's rights under this agreement including reasonable attorney fees.

Customer agrees to accept all liability in connection with placement of this container: including but not limited to personal injury due to failure to properly barricade, damage to pavement and / or landscaping and damage caused by instability or cable failure as a result of unbalanced loading or loading in excess of safe payload (17,999 lbs.).

Return check fee - \$25.00 per check.

[Signature]  
Customer Signature

5/18/05  
Date





# TransWaste, Inc.

15245

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>		b. Generating Location: <u>Stillwater Boilerhouse</u>	
c. Address: <u>66 East Street</u> <u>Stillwater, NY 12170</u>		d. Address: <u>1 Best Ave &amp; U.S. Route 4</u> <u>Stillwater NY 12170</u>	
e. Phone No.: <u>(518) 664-6148</u>		f. Phone No.: <u>518 664-6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>Friable asbestos material</u>			<u>1-30cuyd.</u>
2.			
3.			
4.			
5.			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 266 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <u>X</u> Rolloff <u></u> Fiber Drum <u></u> Truck <u></u> Other	
Generator Authorized Agent Name: <u>DAVID L. CONUCKS, TOWN OF STILLWATER</u>		Signature: <u>[Signature]</u>	
		Shipment Date: <u>060805</u>	

Section II		TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name / Title: (Print / Type) <u>Chuck Weaver</u>		j. Driver Name / Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No.: <u>992</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>27240A / CT</u>		m. Vehicle License No./State: _____	
g. Driver Signature: <u>[Signature]</u>		n. Driver Signature: _____	
Shipment Date: <u>060805</u>		Shipment Date: _____	

Section III		DESTINATION	
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>		c. Site <input type="checkbox"/> : <u>A &amp; L Salvage</u>	
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>		d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	
e. Site <input type="checkbox"/> : _____		f. Mailing _____ Address: _____ Phone: _____	
g. Discrepancy Indication Space: _____ I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent: _____		Signature: _____	
		Receipt Date: <u>060805</u>	

Section IV		ASBESTOS	
a. Contractor's Name: <u>GEC Construction Safety</u>		b. Contractor's Phone No.: <u>201-868-4005</u>	
c. Contractor's Address: <u>420 65th St. West New York NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Vasil Ristovski, Asst. Sup.</u>		Contractor's Signature: <u>[Signature]</u>	
Print / Type		Date: <u>060805</u>	
f. Address: _____			
g. Visible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>			
<input type="checkbox"/> Non-friable <input type="checkbox"/> Both    _____ % friable    _____ % non-friable			



# TransWaste, Inc.

1524

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name	Town of Stillwater	b. Generating Location	Stillwater Boilerhouse
c. Address	66 East Street Stillwater, New York 12170	d. Address	1 Best Ave ? U.S. Route 4 Stillwater, New York 12170
e. Phone No.:	(518) 664-6148	f. Phone No.:	(518) 664-6148
If owner of the generating facility differs from the generator provide:		i. County Service Code:	Saratoga County
j. Description of Waste	1. Friable asbestos material	Waste Code	1-30yd <sup>3</sup>
	2.	Qty (%/#)	Shipped In:
	3.		<input checked="" type="checkbox"/> Rolloff
	4.		<input type="checkbox"/> Fiber Drum
	5.		<input type="checkbox"/> Truck
			<input type="checkbox"/> Other
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
David Connors, Town of Stillwater		06/09/05	
Generator Authorized Agent Name		Shipment Date	
Signature		Weight (Tons) 06/10/05	

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name:	TransWaste, Inc.	h. Name:	
b. Address:	108 A Blacks Road Cheshire, CT 06410	i. Address:	
c. Driver Name /Title: (Print / Type)		j. Driver Name /Title: (Print / Type)	
d. Phone No.:	203-250-1000	k. Phone No.:	
e. Truck No.:		l. Truck No.:	
f. Vehicle License No./State:		m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature	Shipment Date	n. Driver Signature	Shipment Date

Section III			DESTINATION		
a. Site <input type="checkbox"/> Minerva Enterprises	c. Site <input type="checkbox"/> A & L Salvage	e. Site <input type="checkbox"/>	a. Site <input type="checkbox"/> Minerva Enterprises	c. Site <input type="checkbox"/> A & L Salvage	e. Site <input type="checkbox"/>
b. Mailing 9000 Minerva South East	d. Mailing 11225 State RT45 & US30	f. Mailing	b. Mailing 9000 Minerva South East	d. Mailing 11225 State RT45 & US30	f. Mailing
Address: Waynesburg, OH 44688	Address: Lisbon, OH 44432	Address:	Address: Waynesburg, OH 44688	Address: Lisbon, OH 44432	Address:
Phone: 330-866-3435	Phone: 330-424-3739	Phone:	Phone: 330-866-3435	Phone: 330-424-3739	Phone:
g. Discrepancy Indication Space:			g. Discrepancy Indication Space:		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
h. Name of Authorized Agent		Signature	Receipt Date		

Section IV		ASBESTOS	
a. Contractor's Name:	G&C Construction Inc.	b. Contractor's Phone No.:	201 868 1005
c. Contractor's Address:	420 65th West New York, N.J.		
d. Special Handling Instructions and additional information:			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title:	Vasil Risteski, ASB. sup.	Contractor's Signature	06/09/05
f. Name and Address	of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203	Date	10/1/05
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable			



# TransWaste, Inc.

15247

## ON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

- ☐ Asbestos waste, complete Sections I, II, III and IV.  
☒ NOT asbestos waste, complete only Sections I, II and III.

### GENERATOR

Name Town of Stillwater  
66 East Street  
Stillwater NY 12170  
518 664-6148

b. Generating Location: Stillwater Boiler House  
d. Address 1 Best Ave & Route 4  
Stillwater NY 12170  
f. Phone No.: 518 664 6148  
i. County Service Code: Saratoga County

☐ If the generating facility differs from the generator provide:

Description of Waste  
Friable Asbestos Material

Waste Code

Qty (%/ft)

1-30yds

Shipped In:

☒ Roll-off

☐ Fiber Drum

☐ Truck

☐ Other

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is not a hazardous waste as defined by 40 CFR Part 261.

Authorized Agent Name

Signature

Shipment Date

06/11/05

### TRANSPORTER

#### TRANSPORTER I

☒ TransWaste, Inc.  
108 A Blacks Road  
Cheshire, CT 06410  
Title: (Print / Type) CHUCK WEAVER  
Phone No.: 203-250-1000 e. Truck No.: 992  
License No./State: 2240A/CT  
Acknowledgement of Receipt of Materials.

Shipment Date

06/11/05

#### TRANSPORTER II

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name / Title: (Print / Type) \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ I. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

n. \_\_\_\_\_  
Driver Signature

Shipment Date

06/11/05

### DESTINATION

☒ Minerva Enterprises  
200 Minerva South East  
Wynesburg, OH 44688  
330-866-3435  
c. Site ☐ A & L Salvage  
d. Mailing 11225 State RT45 & US30  
Address: Lisbon, OH 44432  
Phone: 330-424-3739

e. Site ☐ \_\_\_\_\_  
f. Mailing \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Indication Space: \_\_\_\_\_

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

Authorized Agent

Signature

Receipt Date

06/11/05

### ASBESTOS

Name: GTC Environmental BAP b. Contractor's Phone No.: 201-868-6005  
Address: 920 65th St. West New York, NJ  
Shipping Instructions and additional information: \_\_\_\_\_

CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Name & Title: Vase Nestek's ASB. sup.

Print / Type

Contractor's Signature

Date

06/11/05

Address

Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203

☐ Non-friable ☐ Both \_\_\_\_\_ % friable \_\_\_\_\_ % non-friable





# TransWaste, Inc.

15248

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I GENERATOR	
a. Generator Name <u>TOWN OF STILLWATER</u> c. Address <u>66 EAST STREET</u> <u>STILLWATER NY 12170</u> e. Phone No.: <u>518 664-6148</u> If owner of the generating facility differs from the generator provide: j. Description of Waste 1. <u>FRABLE Asbestos material</u> 2. _____ 3. _____ 4. _____ 5. _____	b. Generating Location: <u>STILLWATER BOILER HOUSE</u> d. Address <u>1 BEST AVE &amp; ROUTE 4</u> <u>STILLWATER, NY 12170</u> f. Phone No.: <u>518 664 6148</u> i. County Service Code: <u>SARATOGA COUNTY</u> Waste Code _____ Qty (%/#) <u>1-30yd<sup>3</sup></u> Shipped In: <input checked="" type="checkbox"/> Rolloff _____ Fiber Drum _____ Truck _____ Other Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name _____ Signature <u>[Signature]</u> Shipment Date <u>06/11/05</u>

Section II TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u> b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u> Driver Name /Title: (Print / Type) <u>Chuck Weaver</u> d. Phone No.: <u>203-250-1000</u> e. Truck No.: <u>992</u> f. Vehicle License No./State: <u>27240A CT</u> Acknowledgement of Receipt of Materials. g. Driver Signature <u>[Signature]</u> Shipment Date <u>06/11/05</u>	h. Name: _____ i. Address: _____ j. Driver Name /Title: (Print / Type) _____ k. Phone No.: _____ l. Truck No.: _____ m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials. n. Driver Signature _____ Shipment Date _____

Section III DESTINATION		
a. Site <input type="checkbox"/> Minerva Enterprises b. Mailing <u>9000 Minerva South East</u> <u>Address: Waynesburg, OH 44688</u> <u>Phone: 330-866-3435</u>	c. Site <input type="checkbox"/> A & L Salvage d. Mailing <u>11225 State RT45 &amp; US30</u> <u>Address: Lisbon, OH 44432</u> <u>Phone: 330-424-3739</u>	e. Site <input type="checkbox"/> _____ f. Mailing _____ <u>Address: _____</u> <u>Phone: _____</u>
g. Discrepancy Indication Space: _____ I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. h. Name of Authorized Agent _____ Signature _____ Receipt Date <u>06/11/05</u>		

Section IV ASBESTOS	
a. Contractor's Name: <u>G+C Environmental S&amp;P</u> c. Contractor's Address: <u>420 65th West NEW YORK, N.Y.</u> d. Special Handling Instructions and additional information: _____	b. Contractor's Phone No.: <u>201 868 4005</u>

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

a. Contractor's Name & Title: <u>Vasil Resteski, asst. sup.</u> Print / Type	<u>[Signature]</u> Contractor's Signature	<u>06/11/05</u> Date
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>		
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable		



# TransWaste, Inc.

15250

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

### Section I GENERATOR

a. Generator Name: TransWaste, Inc.

c. Address: 108 A Blacks Road

Cheshire, CT 06410

e. Phone No.: 203-250-1000

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

j. Description of Waste

1. Asbestos waste

2.

3.

4.

5.

b. Generating Location: Cheshire, CT

d. Address: 108 A Blacks Road

Cheshire, CT 06410

f. Phone No.: 312-664-6198

i. County Service Code: 061305

Waste Code

Qty (%/#)

Shipped In:

☒ Rolloff

☐ Fiber Drum

☐ Truck

☐ Other

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

Generator Authorized Agent Name

Signature

061305

Shipment Date

Truck Weight (Tons)

### Section II TRANSPORTER

a. Name: TransWaste, Inc.

b. Address: 108 A Blacks Road

Cheshire, CT 06410

Driver Name / Title: (Print / Type) Chuck Weaver

d. Phone No.: 203-250-1000

e. Truck No.: 992

f. Vehicle License No./State: 27240A/CT

Acknowledgement of Receipt of Materials.

g. [Signature]

061305

Shipment Date

h. Name:

i. Address:

j. Driver Name / Title: (Print / Type)

k. Phone No.:

l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. [Signature]

061305

Shipment Date

### Section III DESTINATION

a. Site ☐ Minerva Enterprises

b. Mailing 9000 Minerva South East

Address: Waynesburg, OH 44688

Phone: 330-866-3435

c. Site ☐ A & L Salvage

d. Mailing 11225 State RT45 & US30

Address: Lisbon, OH 44432

Phone: 330-424-3739

e. Site ☐

f. Mailing

Address:

Phone:

g. Discrepancy Indication Space:

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

h. [Signature]

Name of Authorized Agent

Signature

061305

Receipt Date

### Section IV ASBESTOS

a. Contractor's Name: Eric Contreras, Inc.

b. Contractor's Phone No.: 901 863 6005

c. Contractor's Address: 410 65th Street, New York, NY

d. Special Handling Instructions and additional information:

CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: Paul Pomeroy, Inc.

Print / Type

Contractor's Signature

061305

Date

f. Name and Address

of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203

g. ☐ Friable ☐ Non-friable ☐ Both          % friable          % non-friable



# TransWaste, Inc.

15249

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name	<u>TOWN OF STILLWATER</u>	b. Generating Location:	<u>Stillwater Boilermhouse</u>
c. Address	<u>66 East Street</u> <u>Stillwater New York 12170</u>	d. Address	<u>1 Best ave &amp; Route 4</u> <u>Stillwater NY 12170</u>
e. Phone No.:	<u>518 664-6148</u>	f. Phone No.:	<u>518 664-6148</u>
If owner of the generating facility differs from the generator provide:		i. County Service Code:	<u>Saratoga county</u>
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>Friable Asbestos material</u>			<u>1-30 yds</u>
2.			
3.			
4.			
5.			
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law; has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other	
Generator Authorized Agent Name		Truck Weight (Tons)	
Signature		061405	
		Shipment Date	

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name:	<u>TransWaste, Inc.</u>	h. Name:	
b. Address:	<u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address:	
c. Driver Name / Title: (Print / Type)	<u>Chuck Weaver</u>	j. Driver Name / Title: (Print / Type)	
d. Phone No.:	<u>203-250-1000</u>	k. Phone No.:	
e. Truck No.:	<u>992</u>	l. Truck No.:	
f. Vehicle License No./State:	<u>22240A / CT</u>	m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature	061405	n. Driver Signature	
	Shipment Date		Shipment Date

Section III			DESTINATION		
a. Site <input type="checkbox"/> Minerva Enterprises	c. Site <input type="checkbox"/> A & L Salvage	e. Site <input type="checkbox"/>	a. Site <input type="checkbox"/> Minerva Enterprises	c. Site <input type="checkbox"/> A & L Salvage	e. Site <input type="checkbox"/>
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	f. Mailing	b. Mailing <u>Waynesburg, OH 44688</u>	d. Mailing <u>Lisbon, OH 44432</u>	f. Mailing
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address:	Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Phone:
g. Discrepancy Indication Space:	I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
h.	Name of Authorized Agent Signature Receipt Date				

Section IV		ASBESTOS	
a. Contractor's Name:	<u>GEC Construction Safety</u>	b. Contractor's Phone No.:	<u>201 868 4005</u>
c. Contractor's Address:	<u>420 65th West New York, NJ</u>		
d. Special Handling Instructions and additional information:			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title:	<u>Vincent Pistreski, Asst. sup.</u>	Contractor's Signature	061405
	Print / Type		Date
f. Name and Address			
of Responsible Agency:	<u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>		
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both	% friable % non-friable		





## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I GENERATOR	
a. Generator Name: <u>Town of Stillwater</u> c. Address: <u>66 East Street</u> <u>Stillwater, NY 12170</u> e. Phone No.: <u>518 664 6148</u> If owner of the generating facility differs from the generator provide: j. Description of Waste 1. <u>Frable asbestos material</u> 2. 3. 4. 5. 	b. Generating Location: <u>Stillwater Boilerhouse</u> d. Address: <u>1 Best Ave + U.S. Route 4</u> <u>Stillwater NY 12170</u> f. Phone No.: <u>518 664 6148</u> i. County Service Code: <u>Saratoga County</u> Waste Code: <u>1-30 yd<sup>3</sup></u> Qty (%/#): Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other 
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
Generator Authorized Agent Name: <u>[Signature]</u> Signature: <u>[Signature]</u>	Shipment Date: <u>061505</u>

Section II TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u> b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u> Driver Name / Title: (Print / Type) <u>Chuck Weaver</u> Phone No.: <u>203-250-1000</u> e. Truck No.: <u>992</u> f. Vehicle License No./State: <u>2724CA / CT</u> Acknowledgement of Receipt of Materials: g. <u>[Signature]</u> <u>061505</u> Driver Signature Shipment Date	h. Name: i. Address: j. Driver Name / Title: (Print / Type) k. Phone No.: l. Truck No.: m. Vehicle License No./State: Acknowledgement of Receipt of Materials: n. Driver Signature Shipment Date

Section III DESTINATION		
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u> b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>	c. Site <input type="checkbox"/> : <u>A &amp; L Salvage</u> d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	e. Site <input type="checkbox"/> : f. Mailing Address: Phone: 
g. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
h. Name of Authorized Agent: Signature: 		Receipt Date: <u>061505</u>

Section IV ASBESTOS	
a. Contractor's Name: <u>G&amp;C Construction Safety</u> c. Contractor's Address: <u>420 65th St. West New York, NJ</u> d. Special Handling Instructions and additional information: 	b. Contractor's Phone No.: <u>201 868 4005</u> 
CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Contractor's Name & Title: <u>Vasil Riterki, asp sup.</u> Print / Type	Contractor's Signature: <u>[Signature]</u> Date: <u>061505</u>
i. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>	
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable	

ACM from South and West Boilers  
(8th Trailer to date)



**TransWaste INC.**

108 A Blacks Rd.

Cheshire, CT 06410

Tel. (203) 250-1000 Fax (203) 272-0305

DATE: 06-16-05 TIME: 10:35 AM

CUSTOMER: Bianchi Ins. Service

JOB / ADDRESS: Rte 32/4 Mechanville, NY

**CONTAINER SERVICE AGREEMENT**

- |  |   |
|--|---|
| <input type="checkbox"/> CONTAINER PLACED          | <input type="checkbox"/> 12 YD. <u>PROP 496</u>     |
| <input type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD. <u>#236422</u>      |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED  | <input type="checkbox"/> 30 YD.                     |
| <input type="checkbox"/> CONTAINER RELOCATED       | <input type="checkbox"/> 40 YD. <u>Rte 236122</u>   |
| <input type="checkbox"/> TRAVEL TIME               | <input type="checkbox"/> 40 YD. CLOSED BOX          |
| <input type="checkbox"/> WAITING TIME              | <input checked="" type="checkbox"/> 100 YD. TRAILER |
| <input type="checkbox"/> OTHER                     | <input type="checkbox"/> COMPACTOR                  |

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS,  
TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE  
REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc.  
HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND  
FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS  
UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
\*CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE  
FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED  
NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED  
TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND  
AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: [Signature]

DRIVER: [Signature]

DISPOSAL SITE: [Signature]

20119

NET WEIGHT: \_\_\_\_\_



# TransWaste, Inc.

15708

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>	b. Generating Location: <u>Stillwater Boilerhouse</u>		
c. Address: <u>66 East Street</u>	d. Address: <u>1 BEST AVE, U.S. Route 4</u>		
<u>Stillwater, NY 12170</u>	<u>STILLWATER, NY 12170</u>		
e. Phone No.: <u>(518) 664-6148</u>	f. Phone No.: <u>(518) 664-6148</u>		
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste	Waste Code	Qty (%/#)	Shipped In:
1. <u>Friable asbestos waste</u>		<u>1-30 yds</u>	<input checked="" type="checkbox"/> Roll-off
2.			<input type="checkbox"/> Fiber Drum
3.			<input type="checkbox"/> Truck
4.			<input type="checkbox"/> Other
5.			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name: _____		Signature: _____	Shipment Date: <u>06/16/05</u>

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name: <u>TransWaste, Inc.</u>	h. Name: _____		
b. Address: <u>108 A Blacks Road</u>	i. Address: _____		
<u>Cheshire, CT 06410</u>			
c. Driver Name / Title: (Print / Type) <u>Chuck Weaver</u>	j. Driver Name / Title: (Print / Type) _____		
d. Phone No.: <u>203-250-1000</u>	k. Phone No.: _____	l. Truck No.: _____	
e. Truck No.: <u>992</u>	m. Vehicle License No./State: <u>27240A / CT</u>		
Acknowledgement of Receipt of Materials: _____		Acknowledgement of Receipt of Materials: _____	
g. Driver Signature: _____	Shipment Date: <u>06/16/05</u>	n. Driver Signature: _____	Shipment Date: _____

Section III		DESTINATION	
a. Site <input type="checkbox"/> Minerva Enterprises		c. Site <input type="checkbox"/> A & L Salvage	
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	e. Site <input type="checkbox"/> _____	
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	f. Mailing _____	
Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Address: _____	
g. Discrepancy Indication Space: _____		Phone: _____	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent: _____		Signature: _____	
		Receipt Date: <u>06/16/05</u>	

Section IV		ASBESTOS	
a. Contractor's Name: <u>GRC Construction Safety</u>	b. Contractor's Phone No.: _____		
c. Contractor's Address: <u>420 6th St. West New York, NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Waste Rite, Inc. Asst. Sup.</u>	Contractor's Signature: _____	Date: <u>06/16/05</u>
f. Name and Address		
of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>		
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable		



# TransWaste, Inc.

15706

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I GENERATOR	
a. Generator Name <u>Town of Stillwater</u> c. Address <u>66 East Street</u> <u>Stillwater NY 12170</u> e. Phone No.: <u>518-664-6148</u> If owner of the generating facility differs from the generator provide: i. Description of Waste 1. <u>Friable asbestos waste</u> 2. _____ 3. _____ 4. _____ 5. _____	b. Generating Location: <u>Stillwater Boilerhouse</u> d. Address <u>1 Best Avenue + Rack 4</u> <u>Stillwater NY 12170</u> f. Phone No.: <u>518-664-6148</u> i. County Service Code: <u>Saratoga County</u> Waste Code _____ Qty (%#) <u>1-30yd<sup>3</sup></u> Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name _____ Signature _____ Shipment Date <u>06/18/05</u>

Section II TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u> b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u> Driver Name/Title: (Print / Type) <u>Chuck Weaver</u> d. Phone No.: <u>203-250-1000</u> e. Truck No.: <u>992</u> f. Vehicle License No./State: <u>27270A/C1</u> Acknowledgement of Receipt of Materials. g. <u>[Signature]</u> Shipment Date <u>06/18/05</u>	h. Name: _____ i. Address: _____ j. Driver Name/Title: (Print / Type) _____ k. Phone No.: _____ l. Truck No.: _____ m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials. n. _____ Shipment Date _____ Driver Signature _____

Section III DESTINATION		
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u> b. Mailing <u>9000 Minerva South East</u> <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>	c. Site <input type="checkbox"/> <u>A &amp; L Salvage</u> d. Mailing <u>11225 State RT45 &amp; US30</u> <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	e. Site <input type="checkbox"/> _____ f. Mailing _____ Address: _____ Phone: _____
g. Discrepancy Indication Space: _____ I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. h. _____ Name of Authorized Agent _____ Signature _____ Receipt Date _____		

Section IV ASBESTOS	
a. Contractor's Name: <u>G &amp; C Enterprises Safety</u> c. Contractor's Address: <u>420 65th Street New York, NY</u> d. Special Handling Instructions and additional information: _____	b. Contractor's Phone No.: <u>201-868 4005</u>
CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Contractor's Name & Title: <u>Vasil Risteski, asb. sup.</u> Print / Type _____	Contractor's Signature <u>[Signature]</u> Date <u>06/18/05</u>
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>	
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable	





# TransWaste, Inc.

15707

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name	<u>Town of Stillwater</u>	b. Generating Location:	<u>Stillwater Boilerhouse</u>
c. Address	<u>66 East Street</u> <u>Stillwater, NY 12170</u>	d. Address	<u>1 Best Ave. S. U.S. Route 4</u> <u>Stillwater, NY 12170</u>
e. Phone No.:	<u>(518) 664-6148</u>	f. Phone No.:	<u>(518) 664-6148</u>
If owner of the generating facility differs from the generator provide:		g. County Service Code:	<u>Saratoga County</u>
j. Description of Waste		Waste Code	Qty (Vol/Weight)
1. <u>Ferrule Asbestos Waste</u>			<u>1-300#</u>
2. _____			
3. _____			
4. _____			
5. _____			
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other	
Generator Authorized Agent Name		Signature	Shipment Date
			<u>06/18/05</u>

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name:	<u>TransWaste, Inc.</u>	h. Name:	
b. Address:	<u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address:	
c. Driver Name / Title (Print / Type)	<u>Chuck Brewer</u>	j. Driver Name / Title (Print / Type)	
d. Phone No.:	<u>203-250-1000</u>	k. Phone No.:	
e. Truck No.:	<u>992</u>	l. Truck No.:	
f. Vehicle License No. / State:	<u>27AL42A CT</u>	m. Vehicle License No. / State:	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature	Shipment Date	n. Driver Signature	Shipment Date
	<u>06/18/05</u>		

Section III			DESTINATION		
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u>	c. Site <input type="checkbox"/> <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> _____	b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	f. Mailing _____
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address: _____	Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Phone: _____
g. Discrepancy Indication Space:					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
h. Name of Authorized Agent		Signature	Receipt Date		
			<u>06/18/05</u>		

Section IV		ASBESTOS	
a. Contractor's Name:	<u>GTC Enterprises Safety</u>	b. Contractor's Phone No.:	<u>201. 868 4005</u>
c. Contractor's Address:	<u>420 68th St West New York, NJ</u>		
d. Special Handling Instructions and additional information:			
CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
e. Contractor's Name & Title:	<u>Vasil Rosterki, asb. sop.</u>	Contractor's Signature	Date
			<u>06/18/05</u>
f. Name and Address	of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>		
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable			



# TransWaste, Inc.

15687

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name	Town of Stillwater	b. Generating Location	Stillwater Boilerhouse
c. Address	66 East Ave Stillwater NY 12170	d. Address	Bar Ave + U.S. Route 4 Stillwater NY 12170
e. Phone No.:	518 664 6148	f. Phone No.:	518 664 6148
If owner of the generating facility differs from the generator provide:		i. County Service Code:	Saratoga County
j. Description of Waste	1. Friable Asbestos Waste	Waste Code	10010
	2.	Shipped In:	Roll off
	3.		Fiber Drum
	4.		Truck
	5.		TRAILER Other
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name		Signature	041905
			Shipment Date

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name:	TransWaste, Inc.	h. Name:	
b. Address:	108 A Blacks Road Cheshire, CT 06410	i. Address:	
c. Driver Name /Title: (Print / Type)		j. Driver Name /Title: (Print / Type)	
d. Phone No.:	203-250-1000	k. Phone No.:	
e. Truck No.:		l. Truck No.:	
f. Vehicle License No./State:		m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature	061905	n. Driver Signature	
	Shipment Date		Shipment Date

Section III			DESTINATION		
a. Site <input type="checkbox"/> Minerva Enterprises	c. Site <input type="checkbox"/> A & L Salvage	e. Site <input type="checkbox"/>			
b. Mailing 9000 Minerva South East	d. Mailing 11225 State RT45 & US30	f. Mailing			
Address: Waynesburg, OH 44688	Address: Lisbon, OH 44432	Address:			
Phone: 330-866-3435	Phone: 330-424-3739	Phone:			
g. Discrepancy Indication Space:					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
h.		Receipt Date			
Name of Authorized Agent		Signature			

Section IV		ASBESTOS	
a. Contractor's Name:	J & C Construction	b. Contractor's Phone No.:	
c. Contractor's Address:	420 65TH ST NEW YORK NY		
d. Special Handling Instructions and additional information:			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

a. Contractor's Name & Title:	Orin Mendenhall SUPER	Contractor's Signature	
	Print / Type		Date
f. Name and Address			
of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203			
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable			



# TransWaste, Inc.

15703

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name	<u>Town of Stillwater</u>	b. Generating Location	<u>STILLWATER BOILERHOUSE</u>
c. Address	<u>66 East Street</u> <u>Stillwater, NY 12170</u>	d. Address	<u>1 BEST AVE ? U.S. ROUTE 4</u> <u>STILLWATER NY 12170</u>
e. Phone No.:	<u>518 664 6148</u>	f. Phone No.:	<u>518 664 6148</u>
If owner of the generating facility differs from the generator provide:		i. County Service Code:	<u>Saratoga County</u>
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>Friable asbestos waste</u>			<u>1-30yd<sup>3</sup></u>
2.			
3.			
4.			
5.			
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other	
Generator Authorized Agent Name		Signature	
		062205	
		Shipment Date	

Section II		TRANSPORTER	
Name: <u>TransWaste, Inc.</u>		Name:	
Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		Address:	
c. Driver Name /Title: (Print / Type)	<u>Chuck Weeger</u>	j. Driver Name /Title: (Print / Type)	
d. Phone No.:	<u>203-250-1000</u>	k. Phone No.:	
e. Truck No.:	<u>992</u>	l. Truck No.:	
f. Vehicle License No./State:	<u>272404/CT</u>	m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature	062205	n. Driver Signature	
	Shipment Date		Shipment Date

Section III		DESTINATION	
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>	c. Site <input type="checkbox"/> : <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> :	
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	f. Mailing	
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address:	
Phone: <u>330-886-3435</u>	Phone: <u>330-424-3739</u>	Phone:	
g. Discrepancy Indication Space:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent		Signature	
		Receipt Date	

Section IV		ASBESTOS	
a. Contractor's Name:	<u>G+C Enterprises Safety</u>	b. Contractor's Phone No.:	<u>201 868 9005</u>
c. Contractor's Address:	<u>420 65th Street West New York, NJ</u>		
d. Special Handling Instructions and additional information:			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Contractor's Name & Title:	<u>Vasil Ristovski, a/b. sup.</u>	Contractor's Signature	062205
	Print / Type		Date

f. Name and Address			
of Responsible Agency:	<u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>		
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both	% friable _____ % non-friable _____		



# TransWaste, Inc.

**15709**

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>	b. Generating Location: <u>Stillwater Boiler House</u>
c. Address: <u>66 East Street</u> <u>Stillwater NY 12170</u>	d. Address: <u>Best Ave + U.S. Route 4</u> <u>Stillwater NY 12170</u>
e. Phone No.: <u>(518) 664-6148</u>	f. Phone No.: <u>518 664-6148</u>
If owner of the generating facility differs from the generator provide:	
i. County Service Code: <u>Saratoga County</u>	
Waste Code	
Qty (%/)# <u>1-30x03</u>	
Shipped In: <input checked="" type="checkbox"/> Rolloff	
<input type="checkbox"/> Fiber Drum	
<input type="checkbox"/> Truck	
<input type="checkbox"/> Other	
Truck Weight (Tons) _____	
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
Generator Authorized Agent Name _____ Signature _____	
Shipment Date <u>062505</u>	

Section II TRANSPORTER	
TRANSPORTER I	
a. Name: <u>TransWaste, Inc.</u>	h. Name: _____
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address: _____
c. Driver Name / Title: (Print / Type) <u>PAUL Gensher</u>	j. Driver Name / Title: (Print / Type) _____
u. Phone No.: <u>203-250-1000</u>	k. Phone No.: _____
e. Truck No.: <u>201</u>	l. Truck No.: _____
f. Vehicle License No./State: <u>CT 28 T15 A</u>	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials	
g. Driver Signature _____	n. _____
Shipment Date <u>062505</u>	Shipment Date _____

Section III DESTINATION		
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>	c. Site <input type="checkbox"/> : <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> : _____
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>	d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	f. Mailing _____ Address: _____ Phone: _____
g. Discrepancy Indication Space: _____		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
h. _____	_____	_____
Name of Authorized Agent	Signature	Receipt Date

Section IV ASBESTOS	
a. Contractor's Name: <u>G+C Enterprises</u>	b. Contractor's Phone No.: <u>201 868 4005</u>
c. Contractor's Address: <u>420 65th St.</u> <u>West New York NJ</u>	
d. Special Handling Instructions and additional information: _____	
<b>CONTRACTOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Contractor's Name & Title: <u>Vasil Restiski, Asst. Sup.</u>	Contractor's Signature _____
Print / Type	Date <u>062505</u>
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>	
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable	





# TransWaste, Inc.

15705

## IN-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

Asbestos waste, complete Sections I, II, III and IV.  
 If asbestos waste, complete only Sections I, II and III.

GENERATOR			
Name: <u>Town of Stillwater</u>		b. Generating Location: <u>Stillwater Boilerhouse</u>	
66 East Street		d. Address: <u>Best Ave + U.S. Route 4</u>	
Stillwater, NY 12170		Stillwater NY 12170	
(518) 664-6148		f. Phone No.: (518) 664-6148	
The generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
Description of Waste <u>Asbestos Waste</u>		Waste Code	Qty (Lb/#) <u>1-300/3</u>
			Shipped In:
			<input checked="" type="checkbox"/> Rolloff
			<input type="checkbox"/> Fiber Drum
			<input type="checkbox"/> Truck
			<input type="checkbox"/> Other

I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable regulation, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is not a hazardous waste as defined by 40 CFR Part 261.

Authorized Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Shipment Date: 062505

TRANSPORTER I	TRANSPORTER II
TransWaste, Inc.	h. Name: _____
108 A Blacks Road	i. Address: _____
Cheshire, CT 06410	
Title: (Print / Type) <u>Chuck Wegner</u>	j. Driver Name / Title: (Print / Type) _____
203-250-1000 e. Truck No.: <u>998</u>	k. Phone No.: _____ l. Truck No.: _____
License No./State: <u>27240A/CT</u>	m. Vehicle License No./State: _____
Amount of Receipt of Materials: _____	n. Acknowledgement of Receipt of Materials: _____
Signature: <u>[Signature]</u> Shipment Date: <u>062505</u>	Signature: _____ Shipment Date: _____

DESTINATION	
Minerva Enterprises	c. Site <input type="checkbox"/> A & L Salvage
100 Minerva South East	d. Mailing <u>11225 State RT45 &amp; US30</u>
Wesburg, OH 44688	Address: <u>Lisbon, OH 44432</u>
866-3435	Phone: <u>330-424-3739</u>
	e. Site <input type="checkbox"/> _____
	f. Mailing _____
	Address: _____
	Phone: _____

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

Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 062505

ASBESTOS	
Name: <u>G+C ENTERPRISES SAFETY</u>	b. Contractor's Phone No.: <u>201 868 4005</u>
Address: <u>420 65th ST. WEST NEW YORK NJ</u>	
Shipping Instructions and additional information: _____	

SHIPPER'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Name & Title: Vasil Reshki Asb. sup. Contractor's Signature: [Signature] Date: 062505

Address: \_\_\_\_\_  
 Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203

☐ Non-friable ☐ Both \_\_\_\_\_ % friable \_\_\_\_\_ % non-friable



# TransWaste, Inc.

15704

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>	b. Generating Location: <u>Stillwater Boilerhouse</u>		
c. Address: <u>66 East <del>1st</del> Street</u> <u>Stillwater NY 12170</u>	d. Address: <u>Best Ave + U.S. Route 4</u> <u>Stillwater NY 12170</u>		
e. Phone No.: <u>518 664 6148</u>	f. Phone No.: <u>(518) 664 6148</u>		
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>SARATOGA COUNTY</u>	
j. Description of Waste	Waste Code	Qty (%/#)	Shipped In:
1. <u>Friable Asbestos Waste</u>		<u>1-30yd<sup>3</sup></u>	<input checked="" type="checkbox"/> Rolloff
2.			<input type="checkbox"/> Fiber Drum
3.			<input type="checkbox"/> Truck
4.			<input type="checkbox"/> Other
5.			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name: <u>[Signature]</u>		Shipment Date: <u>062705</u>	

Section II		TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>	h. Name: _____	TRANSPORTER II	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address: _____		
c. Driver Name / Title: (Print / Type) <u>Chuck Weaver</u>	j. Driver Name / Title: (Print / Type) _____		
d. Phone No.: <u>203-250-1000</u>	k. Phone No.: _____	I. Truck No.: _____	
e. Truck No.: <u>992</u>	m. Vehicle License No./State: <u>27240A / CT</u>		
Acknowledgement of Receipt of Materials: <u>[Signature]</u>		Acknowledgement of Receipt of Materials: _____	
g. Driver Signature: <u>[Signature]</u>	Shipment Date: <u>062705</u>	n. Driver Signature: _____	Shipment Date: _____

Section III		DESTINATION	
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>	c. Site <input type="checkbox"/> : <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> : _____	
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>	d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	f. Mailing _____ Address: _____ Phone: _____	
g. Discrepancy Indication Space: _____			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent: _____		Signature: _____	
		Receipt Date: _____	

Section IV		ASBESTOS	
a. Contractor's Name: <u>G+C Enterprises Safety</u>	b. Contractor's Phone No.: <u>201 868 4005</u>		
c. Contractor's Address: <u>920 65th St, West New York, NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Contractor's Name & Title: <u>Vincent Ristovski, ash sup.</u>	Contractor's Signature: <u>[Signature]</u>	Date: <u>062705</u>
Print / Type		

f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>			
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable			



**TransWaste INC.**

108 A Blacks Rd.

Cheshire, CT 06410

Tel. (203) 250-1000 Fax (203) 272-0305

DATE: 06-29-05 TIME: 6:30 pm

CUSTOMER: Bianchi Ind. Services

JOB / ADDRESS: Rtes 32/4 Mechanicville, NY

**CONTAINER SERVICE AGREEMENT**

- ☐ CONTAINER PLACED
- ☐ CONTAINER DUMPED/RETURNED
- ☐ CONTAINER DUMPED/REMOVED
- ☐ CONTAINER RELOCATED
- ☐ TRAVEL TIME
- ☐ WAITING TIME
- ☐ OTHER \_\_\_\_\_

- ☐ 12 YD. P/U Trailer
- ☐ 20 YD. # 235496
- ☐ 30 YD.
- ☐ 40 YD.
- ☐ 40 YD. CLOSED BOX
- ☒ 100 YD. TRAILER
- ☐ COMPACTOR

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.

\*CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: Ronald J. [Signature]

DRIVER: WA [Signature] DISPOSAL SITE: \_\_\_\_\_

11619

NET WEIGHT: \_\_\_\_\_

pickup of  
# 9th Trailer (100 yd)  
of 1,100 bags of  
ACM

From:  
North Building,  
Docks, &  
Catwalks areas



# TransWaste, Inc.

15686

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I		GENERATOR	
a. Generator Name: <u>Town of Shillwater</u>		b. Generating Location: <u>Shillwater Boilerhouse</u>	
c. Address: <u>66 East Street</u> <u>Shillwater NY 12170</u>		d. Address: <u>Best Ave + U.S. Route 4</u> <u>Shillwater NY 12170</u>	
e. Phone No.: <u>518 664 6148</u>		f. Phone No.: <u>518 664 6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste: 1. <u>Friable Asbestos Waste</u>		Waste Code: <u>100YB</u>	Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> <del>Trailer</del> Other
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name: <u>[Signature]</u>		Shipment Date: <u>062905</u>	

Section II		TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name /Title: (Print / Type) _____		j. Driver Name /Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____ I. Truck No.: _____	
f. Vehicle License No./State: _____		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials: g. <u>[Signature]</u>		Acknowledgement of Receipt of Materials: n. _____	
Shipment Date: <u>062905</u>		Shipment Date: _____	

Section III			DESTINATION		
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>	c. Site <input type="checkbox"/> : <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> : _____			
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>	d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	f. Mailing _____ Address: _____ Phone: _____			
g. Discrepancy Indication Space: _____					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
h. Name of Authorized Agent: _____		Signature: _____			
		Receipt Date: _____			

Section IV		ASBESTOS	
a. Contractor's Name: <u>JRC Construction Safety</u>		b. Contractor's Phone No.: <u>201-968-4005</u>	
c. Contractor's Address: <u>420-65TH ST WEST NEW YORK NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Amel Mendez SUPERVISOR</u>		Contractor's Signature: <u>[Signature]</u>		Date: _____	
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>					
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable					





# TransWaste, Inc.

15684

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

## Section I

## GENERATOR

a. Generator Name Town of Stillwaterc. Address 66 East St.Stillwater NY 12170e. Phone No.: (518) 664 6148

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

## Description of Waste

1. Friction asbestos waste

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

b. Generating Location: Stillwater Boilerhoused. Address Best Ave + US Route 4Stillwater NY 12170f. Phone No.: 518 664 6148i. County Service Code: Saratoga County

Waste Code

Qty (%/#)

1-30yd3

Shipped In:

☒ Rolloff☐ Fiber Drum☐ Truck☐ Other

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

Truck

Weight

(Tons)

Generator Authorized Agent Name

Signature

070905

Shipment Date

## Section II

## TRANSPORTER

## TRANSPORTER I

Name: TransWaste, Inc.Address: 108 A Blacks RoadCheshire, CT 06410Driver Name /Title: (Print / Type) John BarryPhone No.: 203-250-1000Vehicle License No./State: 27240-A CT

Acknowledgement of Receipt of Materials.

Driver Signature

Shipment Date

## TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name /Title: (Print / Type) \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

n. \_\_\_\_\_

Driver Signature

Shipment Date

## Section III

## DESTINATION

Site ☐ Minerva EnterprisesMailing 9000 Minerva South EastAddress: Waynesburg, OH 44688Phone: 330-866-3435c. Site ☐ A & L Salvaged. Mailing 11225 State RT45 & US30Address: Lisbon, OH 44432Phone: 330-424-3739e. Site ☐ \_\_\_\_\_

f. Mailing \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Discrepancy Indication Space:

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

Name of Authorized Agent

Signature

Receipt Date

## Section IV

## ASBESTOS

Contractor's Name G+C Safety EnterprisesContractor's Address: 480 15th St West New York, NJ

Special Handling Instructions and additional information:

b. Contractor's Phone No.: (201) 868-4005

CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Contractor's Name &amp; Title:

Print / Type

Contractor's Signature

Date

Name and Address



# TransWaste, Inc.

15680

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

aste is asbestos waste, complete Sections I, II, III and IV.

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

**Section I****GENERATOR**

a. Generator Name: Town of Stillwater  
c. Address: 66 East Street  
Stillwater NY 12170  
e. Phone No.: 518 664 6148

b. Generating Location: Stillwater Butcherhouse  
d. Address: BEST AVE + U.S. Route 4  
Stillwater NY 12170  
f. Phone No.: 518 664 6148  
i. County Service Code: Saratoga County

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

j. Description of Waste  
1. Friable Asbestos Waste  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Waste Code \_\_\_\_\_ Qty (%/#) 1-30yd<sup>3</sup>  
Shipped In: ☒ Rolloff  
\_\_\_\_\_ Fiber Drum  
\_\_\_\_\_ Truck  
\_\_\_\_\_ Other

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

Truck Weight (Tons) \_\_\_\_\_

Generator Authorized Agent Name \_\_\_\_\_

Signature \_\_\_\_\_

070605

Shipment Date

**Section II****TRANSPORTER I****TRANSPORTER II**

a. Name: TransWaste, Inc.  
b. Address: 108 A Blacks Road  
Cheshire, CT 06410

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_

c. Driver Name / Title: (Print / Type) Chuck Weaver  
d. Phone No.: 203-250-1000 e. Truck No.: 992

j. Driver Name / Title: (Print / Type) \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: 27240A/CT  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. [Signature]  
Driver Signature

070605

Shipment Date

n. \_\_\_\_\_  
Driver Signature

070605

Shipment Date

**Section III****DESTINATION**

a. Site ☐: Minerva Enterprises  
b. Mailing 9000 Minerva South East  
Address: Waynesburg, OH 44688  
Phone: 330-866-3435

c. Site ☐: A & L Salvage  
d. Mailing 11225 State RT45 & US30  
Address: Lisbon, OH 44432  
Phone: 330-424-3739

e. Site ☐: \_\_\_\_\_  
f. Mailing \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

g. Discrepancy Indication Space: \_\_\_\_\_

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

h. \_\_\_\_\_  
Name of Authorized Agent Signature

070605

Receipt Date

**Section IV****ASBESTOS**

a. Contractor's Name: \_\_\_\_\_ b. Contractor's Phone No.: \_\_\_\_\_  
c. Contractor's Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: Ronald Wuszk  
Print / Type

Ronald Wuszk  
Contractor's Signature070605

Date

f. Name and Address  
of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203

g. ☐ Friable ☐ Non-friable ☐ Both \_\_\_\_\_ % friable \_\_\_\_\_ % non-friable



# TransWaste, Inc.

15681

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name <u>Town of Stillwater</u>		b. Generating Location: <u>Stillwater Boilerhouse</u>	
c. Address <u>66 East Street</u> <u>Stillwater NY 12170</u>		d. Address <u>Best Ave + U.S. Route 4</u> <u>Stillwater NY 12170</u>	
e. Phone No.: <u>518 664 6148</u>		f. Phone No.: <u>518 664-6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>Friable Asbestos Waste</u>			<u>1-30yd<sup>3</sup></u>
2.			
3.			
4.			
5.			
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other	
Generator Authorized Agent Name _____		Signature _____	
		Shipment Date <u>070705</u>	

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name /Title: (Print / Type) <u>Chuck Weaver</u>		j. Driver Name /Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No.: <u>992</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>27240A / CT</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature <u>[Signature]</u>		n. Driver Signature _____	
Shipment Date <u>070705</u>		Shipment Date _____	

Section III			DESTINATION		
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>			c. Site <input type="checkbox"/> : <u>A &amp; L Salvage</u>		
b. Mailing <u>9000 Minerva South East</u>			d. Mailing <u>11225 State RT45 &amp; US30</u>		
Address: <u>Waynesburg, OH 44688</u>			Address: <u>Lisbon, OH 44432</u>		
Phone: <u>330-866-3435</u>			Phone: <u>330-424-3739</u>		
g. Discrepancy Indication Space: _____			e. Site <input type="checkbox"/> : _____		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			f. Mailing _____		
h. _____			Address: _____		
Name of Authorized Agent _____			Phone: _____		
Signature _____			Receipt Date <u>070705</u>		

Section IV		ASBESTOS	
a. Contractor's Name: <u>GTC ENTERPRISES Safety</u>		b. Contractor's Phone No.: <u>201 8684005</u>	
c. Contractor's Address: <u>420 65th ST., WEST NEW YORK, NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Contractor's Name & Title: <u>Ronald Wusyk</u>		Contractor's Signature <u>[Signature]</u>		Date <u>070705</u>	
Print / Type					
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>					
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable					

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR																			
<p>a. Generator Name <u>Town of Stillwater</u></p> <p>c. Address <u>66 East Street</u> <u>Stillwater NY 12170</u></p> <p>e. Phone No.: <u>(518) 664-6148</u></p> <p>If owner of the generating facility differs from the generator provide:</p>	<p>b. Generating Location: <u>Stillwater Boiler House</u></p> <p>d. Address <u>Best Ave &amp; U.S. Route 4</u> <u>Stillwater NY 12170</u></p> <p>f. Phone No.: <u>(518) 664-6148</u></p> <p>i. County Service Code: <u>Saratoga County</u></p>																				
<p>j. Description of Waste</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">1. <u>Frivable asbestos waste</u></th> <th style="width: 20%;">Waste Code</th> <th style="width: 20%;">Qty (%/#)</th> <th style="width: 30%;">Shipped In:</th> </tr> </thead> <tbody> <tr> <td>2. _____</td> <td></td> <td></td> <td><u>X</u> Rolloff</td> </tr> <tr> <td>3. _____</td> <td></td> <td></td> <td>_____ Fiber Drum</td> </tr> <tr> <td>4. _____</td> <td></td> <td></td> <td>_____ Truck</td> </tr> <tr> <td>5. _____</td> <td></td> <td></td> <td>_____ Other</td> </tr> </tbody> </table>	1. <u>Frivable asbestos waste</u>	Waste Code	Qty (%/#)	Shipped In:	2. _____			<u>X</u> Rolloff	3. _____			_____ Fiber Drum	4. _____			_____ Truck	5. _____			_____ Other	<p>Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 269 and is no longer a hazardous waste as defined by 40 CFR Part 261.</p> <p>Generator Authorized Agent Name _____ Signature _____</p> <p style="text-align: right;">Truck Weight (Tons) _____</p>
1. <u>Frivable asbestos waste</u>	Waste Code	Qty (%/#)	Shipped In:																		
2. _____			<u>X</u> Rolloff																		
3. _____			_____ Fiber Drum																		
4. _____			_____ Truck																		
5. _____			_____ Other																		

Section II	TRANSPORTER
TRANSPORTER I	TRANSPORTER II
a. Name: <u>TransWaste, Inc.</u>	h. Name: _____
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address: _____
Driver Name /Title: (Print / Type) <u>Chuck Wagner</u>	j. Driver Name /Title: (Print / Type) _____
d. Phone No.: <u>203-250-1000</u> e. Truck No.: <u>992</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>2724QA/CT</u>	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	
g. <u>[Signature]</u> <u>070805</u>	n. _____
Driver Signature	Driver Signature
Shipment Date	Shipment Date

Section III	DESTINATION	
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u>	c. Site <input type="checkbox"/> <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> _____
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	f. Mailing _____
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address: _____
Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Phone: _____
g. Discrepancy Indication Space: _____		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
h. _____	_____	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>
Name of Authorized Agent	Signature	Receipt Date

Section IV	ASBESTOS
a. Contractor's Name: <u>GMC Safety Enterprises</u>	b. Contractor's Phone No.: <u>201 868 4005</u>
c. Contractor's Address: <u>420 65th ST. WEST NEW YORK, NJ</u>	
d. Special Handling Instructions and additional information:	

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: Ronald Wuzvk Ronald Wuzvk  
Print / Type Contractor's Signature

f. Name and Address  
of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203

g. ☐ Friable ☐ Non-friable ☐ Both % friable % non-friable





# TransWaste, Inc.

15685

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

## Section I

## GENERATOR

a. Generator Name: Town of Stillwater  
 c. Address: 66 East St.  
Stillwater, NY 12170  
 e. Phone No.: (518) 664-6148

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

## Description of Waste

1. Friable Asbestos Waste

## Waste Code

Qty (%/#)

1-30yd<sup>3</sup>

Shipped in:

X Rolloff

Fiber Drum

Truck

Other

Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 269 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Truck

Weight

(Tons)

Generator Authorized Agent Name

Signature

090905

Shipment Date

## Section II

## TRANSPORTER

## TRANSPORTER II

a. Name: TransWaste, Inc.  
 b. Address: 108 A Blacks Road  
Cheshire, CT 06410  
 c. Driver Name /Title: (Print / Type) John Barry  
 d. Phone No.: 203-250-1000  
 e. Truck No.: 992  
 Vehicle License No./State: 2240-A CT

Acknowledgement of Receipt of Materials.

090905

Shipment Date

Driver Signature

h. Name:

i. Address:

j. Driver Name /Title: (Print / Type)

k. Phone No.:

l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n.

Driver Signature

Shipment Date

## Section III

## DESTINATION

Site ☐ Minerva Enterprises  
 Mailing 9000 Minerva South East  
 Address: Waynesburg, OH 44688  
 Phone: 330-866-3435

c. Site ☐ A & L Salvage  
 d. Mailing 11225 State RT45 & US30  
 Address: Lisbon, OH 44432  
 Phone: 330-424-3739

e. Site ☐

f. Mailing

Address:

Phone:

Discrepancy Indication Space:

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

Name of Authorized Agent

Signature

Receipt Date

## Section IV

## ASBESTOS

Contractor's Name: G+C Safety Enterprises  
 Contractor's Address: 420 65th West New York, NJ  
 Special Handling Instructions and additional information:

Contractor's Phone No.:

(201) 868-4005

CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Contractor's Name &amp; Title:

Print / Type

Ronald Wink

Contractor's Signature

Date

090905

Name and Address



# TransWaste, Inc.

15688

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
Generator Name <u>Town of Stillwater</u>		b. Generating Location: <u>Stillwater Firehouse</u>	
Address <u>66 East St.</u>		d. Address <u>Best Ave + U.S. Route 4</u>	
<u>Stillwater NY 12170</u>		<u>Stillwater NY 12170</u>	
Phone No.: <u>518 664 6148</u>		f. Phone No.: <u>518 664 6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
Description of Waste		Waste Code	Qty (%/#)
1. <u>Friction asbestos waste</u>			<u>1-3ayd3</u>
2.			
3.			
4.			
5.			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other	
Generator Authorized Agent Name <u>[Signature]</u>		Shipment Date <u>070905</u>	

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name: <u>TransWaste, Inc.</u>		h. Name:	
Address: <u>108 A Blacks Road</u>		i. Address:	
<u>Cheshire, CT 06410</u>			
Driver Name / Title: (Print / Type) <u>John Barry</u>		j. Driver Name / Title: (Print / Type)	
Phone No.: <u>203-250-1000</u>		k. Phone No.:	
Vehicle License No./State: <u>27240-A CT</u>		l. Truck No.:	
Acknowledgement of Receipt of Materials.		m. Vehicle License No./State:	
<u>[Signature]</u>		Acknowledgement of Receipt of Materials.	
Shipment Date <u>070905</u>		n. <u>[Signature]</u>	
Driver Signature		Shipment Date	

Section III			DESTINATION		
Site <input type="checkbox"/> <u>Minerva Enterprises</u>			c. Site <input type="checkbox"/> <u>A &amp; L Salvage</u>		
Mailing <u>9000 Minerva South East</u>			d. Mailing <u>11225 State RT45 &amp; US30</u>		
Address: <u>Waynesburg, OH 44688</u>			Address: <u>Lisbon, OH 44432</u>		
Phone: <u>330-866-3435</u>			Phone: <u>330-424-3739</u>		
Discrepancy Indication Space:			e. Site <input type="checkbox"/>		

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

Name of Authorized Agent	Signature	Receipt Date
		<u>070905</u>

Section IV		ASBESTOS	
Contractor's Name: <u>G.C. Safety Enterprises</u>		b. Contractor's Phone No.: <u>(201) 968-4005</u>	
Contractor's Address: <u>420 65th West New York, NJ</u>			
Special Handling Instructions and additional information:			

CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classed, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Contractor's Name & Title: <u>Ronald Wasyk</u>	Contractor's Signature: <u>[Signature]</u>	Date: <u>070905</u>
Print / Type		

Name and Address



# TransWaste, Inc.

15689

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is **NOT** asbestos waste, complete only Sections I, II and III.**Section I****GENERATOR**a. Generator Name TOWN OF STILLWATERc. Address 66 EAST AVE.STILLWATER, NY 12170e. Phone No.: (518) 664-6148

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

j. Description of Waste

1. FRIABLE ASBESTOS WASTE

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

b. Generating Location: STILLWATER BOILERHOUSEd. Address BEST AVE & US RT 4STILLWATER, NY 12170f. Phone No.: (518) 664-6148i. County Service Code: SARATOGA COUNTY

Waste Code

Qty (%/#)

Shipped In:

Roll-off

Fiber Drum

Truck

TRAILER Other

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

Generator Authorized Agent Name

Signature

071905

Shipment Date

Truck

Weight

(Tons)

**Section II****TRANSPORTER****TRANSPORTER I****TRANSPORTER II**a. Name: TransWaste, Inc.b. Address: 108 A Blacks RoadCheshire, CT 06410

c. Driver Name /Title: (Print / Type)

d. Phone No.: 203-250-1000

e. Truck No.:

f. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

g. [Signature]

Driver Signature

071905

Shipment Date

h. Name:

i. Address:

j. Driver Name /Title: (Print / Type)

k. Phone No.:

l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

n. \_\_\_\_\_

Driver Signature

071905

Shipment Date

**Section III****DESTINATION**a. Site ☐ Minerva Enterprisesb. Mailing 9000 Minerva South EastAddress: Waynesburg, OH 44688Phone: 330-866-3435c. Site ☐ A & L Salvaged. Mailing 11225 State RT45 & US30Address: Lisbon, OH 44432Phone: 330-424-3739e. Site ☐ \_\_\_\_\_

f. Mailing \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

g. Discrepancy Indication Space:

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

h. \_\_\_\_\_

Name of Authorized Agent

Signature

071905

Receipt Date

**Section IV****ASBESTOS**a. Contractor's Name: J & C CONSTRUCTION SAFETYc. Contractor's Address: 420 65TH ST WEST NEW YORK NEW JERSEY

d. Special Handling Instructions and additional information:

b. Contractor's Phone No.: 201-268-4005

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: JOEL MENDLER SUPERVISOR

Print / Type

[Signature]

Contractor's Signature

Date

071905

Date

f. Name and Address

of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203g. ☐ Friable ☐ Non-friable ☐ Both \_\_\_\_\_ % friable \_\_\_\_\_ % non-friable



**TransWaste INC.**

108 A Blacks Rd.

Cheshire, CT 06410

Tel. (203) 250-1000 Fax (203) 272-0305

DATE: 07/19/05 TIME: 3pm

CUSTOMER: Bianch Ind. Services

JOB / ADDRESS: Bldg 4/32 Mechanicville, NY

**CONTAINER SERVICE AGREEMENT**

- |  |   |
|--|---|
| <input type="checkbox"/> CONTAINER PLACED          | <input type="checkbox"/> 12 YD.                     |
| <input type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD.                     |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED  | <input type="checkbox"/> 30 YD.                     |
| <input type="checkbox"/> CONTAINER RELOCATED       | <input type="checkbox"/> 40 YD.                     |
| <input type="checkbox"/> TRAVEL TIME               | <input type="checkbox"/> 40 YD. CLOSED BOX          |
| <input type="checkbox"/> WAITING TIME              | <input checked="" type="checkbox"/> 100 YD. TRAILER |
| <input type="checkbox"/> OTHER _____               | <input type="checkbox"/> COMPACTOR                  |

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.

\*CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: W. A. Long DISPOSAL SITE: \_\_\_\_\_

11620 NET WEIGHT: \_\_\_\_\_

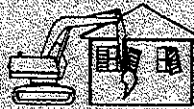




# Dan's Hauling, Demolition & Roll-Off Service, Inc.

83 Water Street, Troy, NY 12180

Office (518) 266-8947



- Transfer Facility •
- Demolition of Large & Small Structures •
- Roll Off Containers - 8, 10, 12, 15, 20's & 30's •
- Commercial Garbage - 2, 4, 6, 8, & 10 •

Customer: Bianchi Date: 8/8/05

Address: Town Ph. #: 315 513 5135

City, St.:  Zip:  Work #: 1981

Delivery of 30 yd. container with a 5 ton weight limit. **7 Day Rental**  
Any weight exceeding 5 tons will be back charged to the customer at a rate of \$ 70.00 per ton.

Description

Job Address: <u>West 12th St</u>	Total <u>500.00</u>
<u>Stillwater</u>	Tax <u>35.00</u>
Check No.: <u></u>	Total Due <u>535.00</u>
	Balance <u></u>

## DO NOT OVERLOAD BOXES - NO TIRES ALLOWED IN CONTAINERS

Customer agrees all containers must be loaded level. Over loaded containers will be back charged to the customer.

Customer agrees no asbestos or hazardous wastes allowed in containers. Such waste would be returned to customer or billed for cleanup costs.

Customer agrees to pay any and all fines incurred by Dan's Hauling as a result of its containers being overweight or overfilled by the customer.

Customer shall be responsible for all damages to Dan's Hauling equipment while in the customer's possession and / or control.

Customer shall defend, indemnify and hold Dan's Hauling harmless from suits, actions, damages, liability and expense in conjunction with any and all losses. Dan's Hauling shall not be responsible or liable at any time for any loss or damage incurred by customer after crossing the customer's curbline, driveway, sidewalk and / or property.

Customer agrees to pay all costs and expenses relating to the enforcement or preservation of Dan's Hauling's rights under this agreement including reasonable attorney fees.

Customer agrees to accept all liability in connection with placement of this container; including but not limited to personal injury due to failure to properly barricade, damage to pavement and / or landscaping and damage caused by instability or cable failure as a result of unbalanced loading or loading in excess of safe payload (17,999 lbs.)

Return check fee: \$25.00 per check.

Customer Signature: [Signature] Date: 8/8/05



# TransWaste, Inc.

15881

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I GENERATOR	
a. Generator Name: <u>TransWaste, Inc.</u> c. Address: <u>66 EAST ST</u> <u>STILLWATER, NY 12170</u> e. Phone No.: <u>(518) 664-6148</u> If owner of the generating facility differs from the generator provide: j. Description of Waste 1. <u>FRAGILE ASBESTOS CONTAINERS</u> 2. <u>1 INCH 2 INCH 3 INCH</u> 3. 4. 5. 	b. Generating Location: <u>STILLWATER BATHING</u> d. Address: <u>1 EAST WILZ RD #4</u> <u>STILLWATER, NY 12170</u> f. Phone No.: <u>(518) 664-6148</u> i. County Service Code: <u>3000000000000000</u> 
Waste Code Qty (%/#) Shipped In: Roll-off Fiber Drum Truck Other	
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
Generator Authorized Agent Name Signature 	Shipment Date 

Section II TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u> b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u> c. Driver Name /Title: (Print / Type) <u>CHUCK W. WOOD</u> d. Phone No.: <u>203-250-1000</u> e. Truck No.: <u>992</u> f. Vehicle License No./State: <u>277410A CT</u> g. Driver Signature 	h. Name: i. Address: j. Driver Name /Title: (Print / Type) k. Phone No.: I. Truck No.: m. Vehicle License No./State: n. Driver Signature 
Acknowledgement of Receipt of Materials. 	Acknowledgement of Receipt of Materials. 
Shipment Date 	Shipment Date 

Section III DESTINATION	
a. Site <input type="checkbox"/> Minerva Enterprises b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u> 	c. Site <input type="checkbox"/> A & L Salvage d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u> 
e. Site <input type="checkbox"/> f. Mailing Address: Phone: 	
g. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. h. Name of Authorized Agent Signature 	
Receipt Date 	

Section IV ASBESTOS	
a. Contractor's Name: <u>W.C. Construction Supply</u> c. Contractor's Address: <u>420 E 15th St, West New York, NJ</u> d. Special Handling Instructions and additional information:	b. Contractor's Phone No.: <u>(201) 866-4005</u>

CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
Contractor's Name & Title: <u>Tom W. W. For W.C.</u> Print / Type 	Contractor's Signature Date 
and Address Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u> <input type="checkbox"/> Non-friable <input type="checkbox"/> Both <input type="checkbox"/> % friable <input type="checkbox"/> % non-friable	



# Dan's Hauling, Demolition & Roll-Off Service, Inc.

83 Water Street Troy, NY 12180  
Office (518) 266-8947



- Transfer Facility •
- Demolition of Large & Small Structures •
- Roll Off Containers - 8, 10, 12, 15, 20's & 30's •
- Commercial Garbage - 2, 4, 6, 8, & 10 •



Customer: Bianche Date: 7/21/05  
Address: \_\_\_\_\_ Ton Ph: (315) 575  
City, St.: \_\_\_\_\_ Work #: 1981

Delivery of 30 yd. container with a 5 ton weight limit. 7 Day Rental  
Any weight exceeding 5 tons will be back charged to the customer at a  
rate of \$ 70.00 per ton.

Description  
non-riable

Job Address: Best 1/rt 4 Total 900.00  
Tax 35.00  
Total Due 935.00  
Check No.: Stillwater Balance

## DO NOT OVERLOAD BOXES - NO TIRES ALLOWED IN CONTAINERS

Customer agrees all containers must be loaded level. Over loaded containers will be back charged to the customer.  
Customer agrees no asbestos or hazardous wastes allowed in containers. Such waste would be required to customer, or  
billed for cleanup costs.  
Customer agrees to pay any and all fines incurred by Dan's Hauling as a result of its containers being overweight or  
overfilled by the customer.  
Customer shall be responsible for all damages to Dan's Hauling equipment while in the customer's possession and / or  
control.  
Customer shall defend, indemnify and save Dan's Hauling harmless from suits, actions, damages, liability and expense in  
conjunction with any and all losses. Dan's Hauling shall not be responsible or liable at any time for any loss or damage  
incurred by customer after crossing the customer's curbline, driveway, sidewalk and / or property.  
Customer agrees to pay all costs and expenses relating to the enforcement or preservation of Dan's Hauling's rights under  
this agreement including reasonable attorney fees.  
Customer agrees to accept all liability in connection with placement of this container, including but not limited to personal  
injury due to failure to properly barricade, damage to pavement and / or landscaping and damage caused by instability or  
cable failure as a result of unbalanced loading or loading in excess of safe payload (17,999 lbs.).  
Return check fee: \$25.00 per check.

Customer Signature \_\_\_\_\_

Date 7/21/05

APPENDIX C  
Soil Disposal Documentation

**BIANCHI INDUSTRIAL SERVICES, LLC**208 Long Branch Road, Suite 300  
SYRACUSE, NEW YORK 13209  
(315) 453-0001**LETTER OF TRANSMITTAL**TO The Chazen Co.  
547 River Street  
Troy, NY 12186

DATE	12/27/05	JOB NO.	2506
ATTENTION	ERIC JOHNSON		
RE:	Manifests		
Correspondence No. 2506 - 072			

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via \_\_\_\_\_ the following items:

- |   |                                       |                                |                                  |   |
|---|---------------------------------------|--------------------------------|----------------------------------|---|
| <input type="checkbox"/> Shop drawings  | <input type="checkbox"/> Prints       | <input type="checkbox"/> Plans | <input type="checkbox"/> Samples | <input type="checkbox"/> Specifications |
| <input type="checkbox"/> Copy of letter | <input type="checkbox"/> Change order | <input type="checkbox"/> _____ |                                  |   |

COPIES	DATE	NO.	DESCRIPTION
1		→	Genouse Transport Manifests: # 2021140, 2021141, 2021170, 2021159, 2021160, 2021162, 2021163, 2021167, 2021168, 2021169, 2021182, 2021187, 2021102, 2021167, 2021114
		→	Transwest Manifests # 16352, 16353, 16354, 16355, 16356, 15244, 15242, 15245, 15246, 15247, 15243, 15249, 15248, 15250, 15708, 15702, 15706, 15707, 15703, 15709, 15705,

THESE ARE TRANSMITTED as checked below:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> For approval           | <input type="checkbox"/> Approved as submitted    | <input type="checkbox"/> Resubmit _____ copies for approval   |
| <input type="checkbox"/> For your use           | <input type="checkbox"/> Approved as noted        | <input type="checkbox"/> Submit _____ copies for distribution |
| <input type="checkbox"/> As requested           | <input type="checkbox"/> Returned for corrections | <input type="checkbox"/> Return _____ corrected prints        |
| <input type="checkbox"/> For review and comment | <input type="checkbox"/> _____                    |   |

☐ FOR BIDS DUE \_\_\_\_\_ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS

15680, 15681, 15684, 15683, 15688, 15685, 15704  
15687, 15689, 15686, 15881, 15882

COPY TO \_\_\_\_\_

SIGNED:

JANE VITALA A HO



ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 2021140  
Date : 10/31/2001

Max. Acceptable Soil: 1,500.00

Customer: GTO10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 293.92

Trucker:  
GEN-101 GENOVESE TRANSPORT

Gross : 114780 Scale 1 In 2:19:29PM  
Tare : 39320 STORED Out

Net : 75460 1b  
37.730

FD06 02 #6 FUEL OIL

Weigh Master: Kim Harrison #530022

Driver: *[Signature]*

Remarks:

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

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name **GENOVESE TRANSPORT & CARTAGE** US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name **32 BELVIDERE AVE** US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address **ALBANY NY 12203** US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers  
No. Type

13. Total  
Quantity

14. Unit  
Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 2021141  
Date : 10/31/200

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 319.94

ALBANY, NY

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 80780 Scale 1 In 2:20:51PM  
Tare : 28740 STORED Out

F006 02 #6 FUEL OIL

Net : 52040 1b  
26.020

Weigh Master: *Kim Mattheson* #530022

Driver: *S. Martin*

Remarks:

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

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1

**GENOVESE TRANSPORT & CARTAGE**

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

32 BELVIDERE AVE

ALBANY NY 12203

(518) 446-0782

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10.

US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13.  
Total  
Quantity

14.  
Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner/Operator Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 2021170  
Date : 11/1/200

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 421.56

Trucker:  
GEN-101 GENOVESE TRANSPORT

Gross : 96700 Scale 1 In 11:45:20AM  
Tare : 39320 STORED Out

Net : 57380 1b  
28.690

#006 02 #6 FUEL OIL

Weigh Master: Kim Matteson #530022

Driver: *[Signature]*

Remarks:

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



# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1

**GENOVESE TRANSPORT & CARTAGE**

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

**32 BELVIDERE AVE  
ALBANY NY 12203**

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site

**(518) 446-0782**

10.

US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13.  
Total  
Quantity

14.  
Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 2021159  
Date : 11/1/201

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 344.58

ALBANY, NY

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 78020 Scale 1 In 8:03:32AM  
Tare : 28740 STORED Out

Net : 49280 1b  
24.640

F006 02 #6 FUEL OIL

Weigh Master *Kim Matteson* #530022

Driver: *S. Montis*

Remarks:

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

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

WEST VACO MILL  
RT 14 BOX 105

4. Generator's Phone ( )

5. Transporter 1

GENOVESE TRANSPORT & CARTAGE

US EPA ID Number

A. Transporter's Phone

862-0782

7. Transporter 2 Company Name

ALBANY NY 12203

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10.

US EPA ID Number

C. Facility's Phone

ESB II FT EDWARD

741 5500

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

PAVE - OIL CONTAM SOIL

1.

15

94.16

b.

...

...

(241.61)

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

DAVID L CONNORS

Signature

[Signature]

Month Day Year

11/1/05

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

S. Martin

Signature

[Signature]

Month Day Year

11/1/05

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/1/05

19. Discrepancy Indication Space

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

Printed/Typed Name

[Signature]

Signature

[Signature]

Month Day Year

11/10/05

GENERATOR'S COPY

ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518) 747-5500

Ticket No : 2021160  
Date : 11/1/20

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARRIAGE  
32 BELVIDERE AVE

ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER, NY  
Running Tonnage: 369.63

Trucker:  
GEN-101 GENOVESE TRANSPORT

Gross : 89420 Scale 1 In 8:40:31AM  
Tare : 39320 STORED Out

FO06 02 B6 FUEL OIL

Net : 50100 lb  
25.050

Weigh Master: Jim Matteson #530022

Driver: *[Signature]*

Remarks:

Material \$
Delivery \$
MISC \$
Tax \$
Total \$

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

Town Stillwater

WEST VACO MILL  
C&D RT 111 WEST AVE  
STILLWATER NY

4. Generator's Phone ( )

5. Transporter 1 Company Name

GENOVESE TRANSPORT & CARTAGE

US EPA ID Number

A. Transporter's Phone

32 BELVIDERE AVE

416-0782

7. Transporter 2 Company Name

ALBANY NY 12203

8.

US EPA ID Number

B. Transporter's Phone

(518) 446-0782

9. Designated Facility Name and Site Address

10.

US EPA ID Number

C. Facility's Phone

ESMITH EDWARD NY

747-5500

11. Waste Shipping Name and Description

12. Containers

13. Total

14. Unit

No.

Type

Quantity

Wt/Vol

a.

Contaminated Soil

..

..

2505

..

b.

..

..

..

..

c.

..

..

..

..

d.

..

..

..

..

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

DAVID L CONNORS

11 11 05

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

AD

11 11 05

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

Katter

11 11 05

GENERATOR'S COPY



ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 2021162

Date : 11/1/200

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 392.87

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 75220 Scale 1 In 9:50:09AM  
Tare : 28740 STORED Out

Net : 46480 lb  
23.240

F006 02 #6 FUEL OIL

Weigh Master: *[Signature]* Kim Matteson #530022

Driver: *[Signature]* S. Martin

Remarks:

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

Total \$

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name

**GENOVESE TRANSPORT & CARTAGE**

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

32 BELVIDERE AVE

ALBANY NY 12203

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

(518) 446-0782

10.

US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

DAVID L. CHICKS

Signature

Month Day Year

11/1/05

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

S. MARTIN

Signature

Month Day Year

11/1/05

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/1/05

19. Discrepancy Indication Space

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

Printed/Typed Name

David L. Chicks

Signature

Month Day Year

11/1/05

GENERATOR

TRANSPORTER

FACILITY

GENERATOR'S COPY

ESMI OF NEW YORK  
304 Towpath Road  
Port Edward, New York 12828

(518)747-5500

Ticket No : 2021059  
Date -10/27/200

Max. Acceptable Soil: 1,500.00

Customer: GTCIO  
GENOVESE TRANSPORT & CARTAGE  
52 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER, NY  
Running Tonnage: 38.91

Trucker:  
GEN-101 GENOVESE TRANSPORT

Gross : 117140 Scale 1 In 11:06:45AM  
Tare : 39320 Scale 1 Out 11:19:06AM

FOOS 02 #6 FUEL OIL

Net : 77820 lb  
38.910

Weigh Master *Kim Matheson* #530022

Driver: *AD K*

Remarks:

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



**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

Town of Stillwater

4. Generator's Phone ( )

West Voco on 11  
Route 1 & Post Ave  
Stillwater NY

5. Transporter 1 Company Name

GENOVESE TRANSPORT & CARTAGE

6. US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

32 BELVIDERE AVE  
ALBANY NY 12203

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Address

(916) 446-0782

10. US EPA ID Number

C. Facility's Phone

1011 E. L. Jones NY

141-550

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

b.

c.

d.

3891 tons

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

10 27 05

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10 27 05

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10 27 05

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

10 27 05

GENERATOR

TRANSPORTER

FACILITY

CSMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-9500

Ticket No - 202106  
Date : 10/27/20

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 67.46

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 85840 Scale 1 In 11:09:13AM  
Tare : 28740 Scale 1 Out 11:29:53AM

F006 02 #6 FUEL OIL

Net : 57100 lb  
28.550

Weigh Master: Kim Matteson #530022

Driver:

Remarks:

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





# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

West Vaco Mill  
Route 1 - Bedoune

4. Generator's Phone

GENOVESE TRANSPORT & CARTAGE

5. Transporter's Name

32 BELVIDERE AVE

ALBANY NY 12203

(518) 446-0782

6. US EPA ID Number

A. Transporter's Phone

446 0782

7. Transporter's Company Name

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10.

US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

10/27/05

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

10/27/05

GENERATOR'S COPY

ESM1 OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 2021008  
Date : 10/27/2005

Max. Acceptable Soil: 1,500.00

Customer: GTCIO  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 93.18

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 80180 Scale 1 In 2:05:23PM  
Tare : 28740 STORED Out

Net : 51440 lb  
25.720

F006 02 #6 FUEL OIL

Weigh Master: Kim Matheson #530022

Driver:

Remarks:

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

Total \$

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10.

US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR

TRANSPORTER

FACILITY

ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, NEW YORK 12828

(518) 747-5500 Ticket No : 2021069  
Date : 10/27/2008

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACD MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 128.88

Trucker:  
GEN-101 GENOVESE TRANSPORT

Gross : 110720 Scale 1 In 2:10:01PM  
Tare : 39320 STORED Out

FOOS 02 #6 FUEL OIL

Net : 71400 lb  
35.700

Weigh Master: *[Signature]* Jim Morrison #530022

Driver: *[Signature]*

Remarks:

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

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

13. Total

14. Unit

No.

Type

Quantity

Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR

TRANSPORTER

FACILITY



ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 202108  
Date : 10/28/20

Max. Acceptable Soil: 1,500.00

Customer: GTCIO  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 149.48

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 69940 Scale 1 In 8:13:25AM  
Tare : 28740 STORED Out

Net : 41200 lb  
20.600

FOOe 02 #6 FUEL OIL

Weigh Master: Kim Patterson #530022

Driver:

Remarks:

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

Total \$

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name

**GENOVESE TRANSPORT & CARTAGE**

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

32 BELVIDERE AVE

ALBANY NY 12203

(518) 446-0782

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10.

US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR

TRANSPORTER

FACILITY

ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 2021087  
Date : 10/28/200

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 170.85

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 71480 Scale 1 In 10:09:14AM  
Tare : 28740 STORED Out

F006 02 #6 FUEL OIL

Net : 42740 1b  
21.370

Weigh Master: Kim Matteson #530022

Driver:

Remarks:

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

SM

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name

**GENOVESE TRANSPORT & CARTAGE**

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

32 BELVIDERE AVE  
ALBANY NY 12203

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

(518) 446-0782

10.

US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers  
No. Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR

TRANSPORTER

FACILITY

ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 20210  
Date : 10/28/2

Max. Acceptable Soil: 1,500.0

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

Job No : 7350

WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY

Running Tonnage: 194.89

ALBANY, NY

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 76820 Scale 1 In 12:16:48PM  
Tare : 28740 STORED Out

F006 02 #6 FUEL OIL

Net : 48080 1b  
24.040

Weigh Master: Kim Matteson #530022

Driver:

Remarks:

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

Total \$



**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone

5. Transporter 1 Company Name

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10.

US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR

TRANSPORTER

FACILITY

ESMIL OF NEW YORK  
304 Townshill Road  
Fort Edward, New York 12828

(518)747-5500 Ticket No : 2021107  
Date : 10/28/2008

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 220.37

ALBANY, NY

Trucker:  
GTC-10 GENOVESE TRANSPORT

Gross : 79700 Scale 1 In 2:08:21PM  
Tare : 28740 STORED Out

F006 02 00 001 OIL

Net : 50960 10  
25.480

Weigh Master: *K. Patton* #530022

Driver: *S. Martin*

Remarks:

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



ISMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500 Ticket No : 2021114  
Date : 10/28/200

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 256.19

Trucker:  
GEN-101 GENOVESE TRANSPORT

Gross : 110960 Scale 1 In 4:19:11PM  
Tare : 30320 STORED OUT

Net : 71640 1b  
35.820

FOO 02 #6 FUEL OIL

Weigh Master: *[Signature]* #530022

Driver: *[Signature]*

Remarks:

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

Total \$

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY



# TransWaste, Inc.

236122  
16352

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name	Town of Stillwater	b. Generating Location:	Former Stillwater Boilerhouse
c. Address	66 East Street Stillwater, New York 12170	d. Address	1 Best Ave Stillwater, New York 12170
e. Phone No.:	518-664-6141	f. Phone No.:	518-664-6141
If owner of the generating facility differs from the generator provide:		i. County Service Code:	
j. Description of Waste	Waste Code	Qty (%/#)	Shipped In:
1. ACM	RO Asbestos	1	<input checked="" type="checkbox"/> Rolloff
2.			<input type="checkbox"/> Fiber Drum
3.			<input checked="" type="checkbox"/> Truck
4.			<input type="checkbox"/> Other
5.			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is not a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name		Signature	Shipment Date
Bob Wenzel		[Signature]	042805

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name:	TransWaste, Inc.	h. Name:	
b. Address:	108 A Blacks Road Cheshire, CT 06410	i. Address:	
c. Driver Name / Title: (Print / Type)	Joseph Kane	j. Driver Name / Title: (Print / Type)	
d. Phone No.:	203-250-1000	k. Phone No.:	
e. Truck No.:	7211	l. Truck No.:	
f. Vehicle License No./State:	0602A CT	m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature	Shipment Date	n. Driver Signature	Shipment Date
[Signature]	052205		

Section III		DESTINATION	
a. Site <input type="checkbox"/> Minerva Enterprises	c. Site <input checked="" type="checkbox"/> A & L Salvage	e. Site <input type="checkbox"/>	
b. Mailing 9000 Minerva South East	d. Mailing 11225 State RT45 & US30	f. Mailing	
Address: Waynesburg, OH 44688	Address: Lisbon, OH 44432	Address:	
Phone: 330-866-3435	Phone: 330-424-3739	Phone:	
g. Discrepancy Indication Space:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent	Signature	Receipt Date	
	[Signature]	052305	

Section IV		ASBESTOS	
a. Contractor's Name:	GEC Construction Safety	b. Contractor's Phone No.:	201-852-3360
c. Contractor's Address:	420 65th St. West New York NJ 07093		
d. Special Handling Instructions and additional information:			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title:	Print / Type	Contractor's Signature	Date
Vasil Kisterki, SUP.		[Signature]	042805
f. Name and Address			
Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203			
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable			





# TransWaste, Inc.

284648  
16353

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>		b. Generating Location: <u>Former Stillwater Boiler</u>	
c. Address: <u>66 East St.</u> <u>Stillwater NY 12170</u>		d. Address: <u>1 Best Ave</u> <u>Stillwater NY</u>	
e. Phone No.: <u>518 664-6141</u>		f. Phone No.: <u>518-664-6141</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: _____	
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>ACM</u>		<u>RCAsbestos 9NA-2212-BGIII</u>	
2. _____			
3. _____			
4. _____			
5. _____			
			Shipped In:
			<input type="checkbox"/> Rolloff
			<input type="checkbox"/> Fiber Drum
			<input checked="" type="checkbox"/> Truck
			<input type="checkbox"/> Other
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name: <u>Don Williams</u>		Signature: <u>[Signature]</u>	Shipment Date: <u>050305</u>

Section II		TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name /Title: (Print / Type) <u>David Williams</u>		j. Driver Name /Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No.: <u>#981</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>30432A CT</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature: <u>[Signature]</u>		n. Driver Signature: _____	
Shipment Date: <u>050205</u>		Shipment Date: _____	

Section III		DESTINATION	
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u>		c. Site <input checked="" type="checkbox"/> <u>A &amp; L Salvage</u>	
b. Mailing <u>9000 Minerva South East</u>		d. Mailing <u>11225 State RT45 &amp; US30</u>	
Address: <u>Waynesburg, OH 44688</u>		Address: <u>Lisbon, OH 44432</u>	
Phone: <u>330-866-3435</u>		Phone: <u>330-424-3739</u>	
e. Site <input type="checkbox"/> _____		f. Mailing _____	
g. Discrepancy Indication Space: _____		Address: _____	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		Phone: _____	
h. Name of Authorized Agent: <u>David Currell</u>		Receipt Date: <u>052405</u>	
Signature: <u>[Signature]</u>			

Section IV		ASBESTOS	
a. Contractor's Name: <u>GEC Construction Safety</u>		b. Contractor's Phone No.: <u>201-852-3360</u>	
c. Contractor's Address: <u>420 66th St. West New York NJ 07093</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>VASIL RISTEKI, sup.</u>		Contractor's Signature: <u>[Signature]</u>	
Print / Type		Date: <u>050305</u>	

f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>	
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable	



# TransWaste, Inc.

#71  
1035

371762  
16354

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name	<u>Town of Stillwater</u>	b. Generating Location:	<u>Former Stillwater Boilerhouse</u>
c. Address	<u>66 East St.</u> <u>Stillwater NY 12170</u>	d. Address	<u>1 Best Ave</u> <u>Stillwater NY 12170</u>
e. Phone No.:	<u>518-664-6141</u>	f. Phone No.:	<u>518-664-6141</u>
If owner of the generating facility differs from the generator provide:		i. County Service Code:	
j. Description of Waste	Waste Code	Qty (%/#)	Shipped In:
1.			<input type="checkbox"/> Rolloff
2.			<input type="checkbox"/> Fiber Drum
3. <u>ACM</u>	<u>2 QASb. sto 910A2212BC611</u>		<input checked="" type="checkbox"/> Truck
4.			<input type="checkbox"/> Other
5.			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name		Signature	Shipment Date
<u>[Signature]</u>		<u>[Signature]</u>	<u>050905</u>

Section II		TRANSPORTER	
a. Name:	<u>TransWaste, Inc.</u>	h. Name:	
b. Address:	<u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address:	
c. Driver Name /Title: (Print / Type)	<u>David Pearse</u>	j. Driver Name /Title: (Print / Type)	
d. Phone No.:	<u>203-250-1000</u>	k. Phone No.:	
e. Truck No.:	<u>205</u>	l. Truck No.:	
f. Vehicle License No./State:	<u>37389 A CT</u>	m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature	Shipment Date	n. Driver Signature	Shipment Date
<u>[Signature]</u>	<u>052205</u>		

Section III		DESTINATION	
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>	c. Site <input type="checkbox"/> : <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> :	
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	f. Mailing	
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address:	
Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Phone:	
g. Discrepancy Indication Space:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent	Signature	Receipt Date	
	<u>[Signature]</u>	<u>052505</u>	

Section IV		ASBESTOS	
a. Contractor's Name:	<u>G2C Construction Safety</u>	b. Contractor's Phone No.:	<u>201-852-3860</u>
c. Contractor's Address:	<u>420 6th St West New York NY 07093</u>		
d. Special Handling Instructions and additional information:			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title:	<u>VASIL RITTSKI, sup</u>	Contractor's Signature	Date
	Print / Type	<u>[Signature]</u>	<u>050905</u>
f. Name and Address			
g. Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>			
h. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable			



711  
#5801

289698  
16355

# TransWaste, Inc.

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I		GENERATOR	
a. Generator Name: <u>TOWN of STILLWATER</u>		b. Generating Location: <u>FORMER STILLWATER Boilerhouse</u>	
c. Address: <u>66 East St.</u> <u>STILLWATER NY 12170</u>		d. Address: <u>185T Ave</u> <u>STILLWATER NY</u>	
e. Phone No.: <u>518-664-6141</u>		f. Phone No.: <u>518-664-6141</u>	
i. County Service Code: _____			
If owner of the generating facility differs from the generator provide:			
j. Description of Waste		Waste Code	Qty (%/#)
1. _____			
2. <u>ACM</u>		<u>ROASBESTO INVAZIO BQIT</u>	
3. _____			
4. _____		<u>LIBY43756</u>	
5. _____			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			Shipped In:
Generator Authorized Agent Name: <u>Bob Wynn</u>			Roll off _____
Signature: <u>[Signature]</u>			Fiber Drum _____
Shipment Date: <u>05/11/05</u>			<input checked="" type="checkbox"/> Truck
			Other _____
			Truck Weight (Tons) _____

Section II		TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name /Title: (Print / Type) <u>Joseph Kane</u>		j. Driver Name /Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No.: <u>#211</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>3A052A CT</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature: <u>[Signature]</u>		n. _____	
Shipment Date: <u>05/24/05</u>		Shipment Date: _____	

Section III		DESTINATION	
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u>		c. Site <input checked="" type="checkbox"/> <u>A &amp; L Salvage</u>	
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-886-3435</u>		d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	
e. Site <input checked="" type="checkbox"/> <u>[Redacted]</u>		f. Mailing <u>[Redacted]</u> Address: <u>[Redacted]</u> Phone: <u>[Redacted]</u>	
g. Discrepancy Indication Space: _____			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent: <u>David Curral</u>		Signature: <u>[Signature]</u>	
		Receipt Date: <u>05/25/05</u>	

Section IV		ASBESTOS	
a. Contractor's Name: <u>GEC CONSTRUCTION Safety</u>		b. Contractor's Phone No.: <u>201-852-3360</u>	
c. Contractor's Address: <u>420 6TH ST. WEST NEW YORK NJ 07093</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>WACIL BISTESI, sup</u>		Contractor's Signature: <u>[Signature]</u>		Date: <u>05/11/05</u>	
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>					
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable					



# TransWaste, Inc.

371762  
16356

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name	<u>Town of Stillwater</u>	b. Generating Location	<u>Former Boiler house</u>
c. Address	<u>66 East St.</u>	d. Address	<u>1 Best Ave</u>
	<u>Stillwater NY 12170</u>		<u>Stillwater NY</u>
e. Phone No.	<u>518-664-6141</u>	f. Phone No.	<u>518-664-6141</u>
If owner of the generating facility differs from the generator provide:		i. County Service Code:	
j. Description of Waste	Waste Code	Qty (%/#)	Shipped In:
1.			<input type="checkbox"/> Rolloff
2.			<input type="checkbox"/> Fiber Drum
3.	<u>ACM</u>	<u>20 Asbestos Waste Bags</u>	<input checked="" type="checkbox"/> Truck
4.			<input type="checkbox"/> Other
5.			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name		Signature	Shipment Date
<u>[Signature]</u>		<u>[Signature]</u>	<u>05/15/05</u>

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name:	<u>TransWaste, Inc.</u>	h. Name:	
b. Address:	<u>108 A Blacks Road</u>	i. Address:	
	<u>Cheshire, CT 06410</u>		
c. Driver Name /Title: (Print / Type)	<u>David Williams</u>	j. Driver Name /Title: (Print / Type)	
d. Phone No.:	<u>203-250-1000</u>	k. Phone No.:	
e. Truck No.:	<u>981</u>	l. Truck No.:	
f. Vehicle License No./State:	<u>3433A CT</u>	m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature	Shipment Date	n. Driver Signature	Shipment Date
<u>[Signature]</u>	<u>05/15/05</u>		

Section III		DESTINATION	
a. Site <input type="checkbox"/> Minerva Enterprises		c. Site <input checked="" type="checkbox"/> A & L Salvage	
b. Mailing <u>9000 Minerva South East</u>		d. Mailing <u>11225 State RT45 &amp; US30</u>	
Address: <u>Waynesburg, OH 44688</u>		Address: <u>Lisbon, OH 44432</u>	
Phone: <u>330-866-3435</u>		Phone: <u>330-424-3739</u>	
g. Discrepancy Indication Space:		e. Site <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent	Signature	Receipt Date	
	<u>[Signature]</u>	<u>05/27/05</u>	

Section IV		ASBESTOS	
a. Contractor's Name:	<u>GEC Const. Safety</u>	b. Contractor's Phone No.:	<u>201-868-4005; 201-852-3366</u>
c. Contractor's Address:	<u>420 65th St. West New York, NJ 07093</u>		
d. Special Handling Instructions and additional information:			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title:	Print / Type	Contractor's Signature	Date
<u>VASIL RISTESKI, SUP.</u>		<u>[Signature]</u>	<u>05/15/05</u>
f. Name and Address	of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>		
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both	% friable _____ % non-friable _____		



# TransWaste, Inc.

PER 361381  
15244

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

### Section I GENERATOR

a. Generator Name: <u>Town of Stillwater</u>	b. Generating Location: <u>Stillwater Boilerhouse</u>
c. Address: <u>66 East Avenue</u> <u>Stillwater NY 12170</u>	d. Address: <u>1 Best Ave + U.S. Route 4</u> <u>Stillwater NY</u>
e. Phone No.: <u>518 664-6148</u>	f. Phone No.: <u>518 664-6148</u>
If owner of the generating facility differs from the generator provide:	
i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste	Waste Code
1. <u>1-3oyd<sup>3</sup> Friable asbestos</u>	<u>20A-Best 90A-2312BC-III</u>
2. <u>waste</u>	
3. _____	
4. _____	
5. _____	
Qty (%/#) <u>75%</u>	
Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other	

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

Generator Authorized Agent Name

Signature

Shipment Date

Truck  
Weight  
(Tons) \_\_\_\_\_

### Section II TRANSPORTER

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>TransWaste, Inc.</u>	h. Name: _____		
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address: _____		
c. Driver Name /Title: (Print / Type) <u>Chuck Weaver</u>	j. Driver Name /Title: (Print / Type) _____		
d. Phone No.: <u>203-250-1000</u>	k. Phone No.: _____	l. Truck No.: _____	
e. Truck No.: <u>992</u>	m. Vehicle License No./State: <u>27A40A CT</u>		
f. Vehicle License No./State: <u>27A40A CT</u>			
Acknowledgement of Receipt of Materials.			
g. Driver Signature	Shipment Date	n. Driver Signature	Shipment Date

### Section III DESTINATION

a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>	c. Site <input checked="" type="checkbox"/> : <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> : _____
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>	d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	f. Mailing _____ Address: _____ Phone: _____

g. Discrepancy Indication Space:

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

h.

Name of Authorized Agent

Signature

Receipt Date

### Section IV ASBESTOS

a. Contractor's Name: <u>GEC Construction Safety</u>	b. Contractor's Phone No.: <u>201-852-3560</u>
c. Contractor's Address: <u>420 6th St. Woff New York NJ</u>	
d. Special Handling Instructions and additional information: _____	

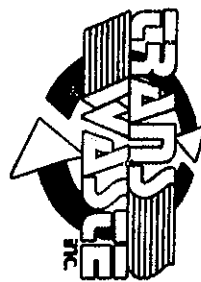
CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Varil Riterki, sup.</u>	Contractor's Signature	Date
Print / Type	<u>[Signature]</u>	<u>060305</u>

f. Name and Address

of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203

g. ☐ Friable ☐ Non-friable ☒ Both \_\_\_\_\_ % friable \_\_\_\_\_ % non-friable



**TransWaste Inc.**  
10 Mountain Rd.  
Durham, CT 06422  
Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-3-05 TIME: \_\_\_\_\_

CUSTOMER: Bianchi

JOB / ADDRESS: \_\_\_\_\_ NY

### CONTAINER SERVICE AGREEMENT

- |   |  |
|---|--|
| <input type="checkbox"/> CONTAINER PLACED                     | <input type="checkbox"/> 12 YD.            |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD.            |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED             | <input type="checkbox"/> 30 YD.            |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD.            |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER   |
| <input type="checkbox"/> OTHER _____                          | <input type="checkbox"/> COMPACTOR         |

manifest #15244

### WARNING - LOADING INSTRUCTION

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THE FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED  
TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT  
CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

24416 NET WEIGHT: 63120

IF YOU SHOULD GET AN OVERWEIGHT FINE, YOU SHOULD DO THE FOLLOWING TO GET THE PROBLEM RESOLVED:

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\* The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

DATE: 6-03-2005  
SCALE 596  
LOCATION: TA MILLDALE  
I 84 EXIT 28  
MILLDALE CT

STEER AXLE	<u>19320</u>	<u>1b</u>
DRIVE AXLE	<u>43800</u>	<u>1b</u>
TRAILER AXLE	<u>00</u>	<u>1b</u>
* GROSS WEIGHT	<u>63120</u>	<u>1b</u>
	<u>35500</u>	

Bianchi  
Pri 36

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

27620 13.81

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

**TRANSWASTE**

992

0

COMPANY

TRACTOR #

TRAILER #

FEE 8.00

WEIGHMASTER OR  
WEIGHER SIGNATURE

MEAGAN BRITT

FULL WEIGH  
TICKET #  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_

## CERTIFIED AUTOMATED TRUCK SCALE

CAT SCALE COMPANY  
P.O. BOX 630  
WALCOTT, IA 52773  
(563) 284-6263  
www.catscale.com

DATE:

SCALE

LOCATION:

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

WEIGH NUMBER  
3647





# TransWaste, Inc.

TW60666  
15242

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>		b. Generating Location: <u>Stillwater Boilerhouse</u>	
c. Address: <u>66 East Avenue</u> <u>Stillwater NY 12170</u>		d. Address: <u>1 Best Ave + U.S. Route 4</u> <u>Stillwater NY 12170</u>	
e. Phone No.: <u>518 664 6148</u>		f. Phone No.: <u>518 664-6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>30yd dumpster of friable</u>		<u>ROA00209NA2212BGTL</u>	<u>23 yds</u>
2. <u>asbestos waste</u>			
3.			
4.			
5.			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is not a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name: <u>For Generator</u>		Signature: <u>[Signature]</u>	
		Shipment Date: <u>060105</u>	

Shipped In:  
☒ Rolloff  
☐ Fiber Drum  
☐ Truck  
☐ Other

Truck Weight (Tons) \_\_\_\_\_

Section II		TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name /Title: (Print / Type) <u>Joseph Kane</u>		j. Driver Name /Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No.: <u>#211</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>360652A CT</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature: <u>Joseph Kane</u>		n. Driver Signature: _____	
Shipment Date: <u>060805</u>		Shipment Date: _____	

Section III			DESTINATION		
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u>	c. Site <input checked="" type="checkbox"/> <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> _____			
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	f. Mailing _____			
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address: _____			
Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Phone: _____			
g. Discrepancy Indication Space: _____					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
h. Name of Authorized Agent: _____		Signature: <u>David Carroll</u>		Receipt Date: <u>060905</u>	

Section IV		ASBESTOS	
a. Contractor's Name: <u>G&amp;C Construction Safety</u>		b. Contractor's Phone No.: <u>201-390-2932</u>	
c. Contractor's Address: <u>420 65th st. West New York NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>ASB. Supervisor VASIL RIVTESKI</u>		Contractor's Signature: <u>[Signature]</u>		Date: <u>060105</u>	
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>					
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable					





# TransWaste, Inc.

TW521812  
15245

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I GENERATOR	
a. Generator Name: <u>Town of Stillwater</u> c. Address: <u>66 East Street</u> <u>Stillwater, NY 12170</u> e. Phone No.: <u>(518) 664-6148</u> If owner of the generating facility differs from the generator provide: j. Description of Waste 1. <u>Friable asbestos material</u> 2. <u>Asbestos</u> 3. <u>Asbestos</u> 4. <u>Asbestos</u> 5. <u>Asbestos</u>	b. Generating Location: <u>Stillwater BOILERHOUSE</u> d. Address: <u>1 Best Ave &amp; U.S. ROUTE 4</u> <u>STILLWATER NY 12170</u> f. Phone No.: <u>518 664-6148</u> i. County Service Code: <u>Saratoga County</u> Waste Code: _____ Qty (%/#): <u>1-30cu yd.</u> Shipped In: <u>X</u> Rolloff _____ _____ Fiber Drum _____ _____ Truck _____ _____ Other _____ Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 266 and is no longer a hazardous waste as defined by 40 CFR Part 261. <u>DAVID L. CONNORS</u> TOWN OF STILLWATER Generator Authorized Agent Name Signature Shipment Date: <u>060805</u>

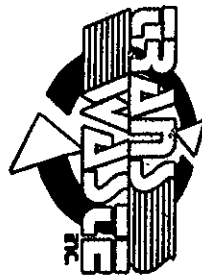
Section II TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u> b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u> c. Driver Name /Title: (Print / Type) <u>Chuck Weaver</u> d. Phone No.: <u>203-250-1000</u> e. Truck No.: <u>992</u> f. Vehicle License No./State: <u>27240A / CT</u> Acknowledgement of Receipt of Materials. g. <u>[Signature]</u> <u>060805</u> Driver Signature Shipment Date	h. Name: _____ i. Address: _____ j. Driver Name /Title: (Print / Type) _____ k. Phone No.: _____ l. Truck No.: _____ m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials. n. _____ Driver Signature Shipment Date

Section III DESTINATION		
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u> b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>	c. Site <input checked="" type="checkbox"/> : <u>A &amp; L Salvage</u> d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	e. Site <input type="checkbox"/> : _____ f. Mailing _____ Address: _____ Phone: _____
g. Discrepancy Indication Space: _____ I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. h. <u>[Signature]</u> <u>060805</u> Name of Authorized Agent Signature Receipt Date		

Section IV ASBESTOS	
a. Contractor's Name: <u>E2C Construction Safety</u> c. Contractor's Address: <u>420 65th St. WESTMOR YORK NJ</u> d. Special Handling Instructions and additional information: _____	b. Contractor's Phone No.: <u>201-868-4005</u>

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>VAN RISTENKI, ABB. SUP.</u> Print / Type	<u>[Signature]</u> Contractor's Signature	<u>060805</u> Date
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg Boston, MA 02203</u>		
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable		



**TransWaste Inc.**

10 Mountain Rd.

Durham, CT 06422

Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-8-05

TIME: \_\_\_\_\_

CUSTOMER: Bianchi

JOB / ADDRESS: \_\_\_\_\_

**CONTAINER SERVICE AGREEMENT**

- |   |  |
|---|--|
| <input type="checkbox"/> CONTAINER PLACED                     | <input type="checkbox"/> 12 YD.            |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD.            |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED             | <input type="checkbox"/> 30 YD.            |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD.            |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER   |
| <input type="checkbox"/> OTHER _____                          | <input type="checkbox"/> COMPACTOR         |

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL. ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL. CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck

DISPOSAL SITE: \_\_\_\_\_  
NET WEIGHT: 71740

**AUTOMATED TRUCK SCALE**

CAT SCALE COMPANY  
P.O. BOX 630  
WALCOTT, IA 52773  
(563) 284-6263  
www.cat-scale.com

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company, Attn: Operations Manager.

\* The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

DATE: 6-08-2005

STEER AXLE

19760 lb

DRIVE AXLE

51980 lb

TRAILER AXLE

00 lb

\* GROSS WEIGHT

71740 lb

35500

SCALE LOCATION:

596  
TA MILLEDALE  
I 84 EXIT 28  
MILLEDALE CT

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

36240

18.12

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

TRANSWASTE  
COMPANY

TRACTOR # \_\_\_\_\_

TRAILER # \_\_\_\_\_

WEIGHMASTER OR  
WEIGHER SIGNATURE GU TAYLOR

FULL WEIGHT  
TICKET # \_\_\_\_\_  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_

CUSTOMER COPY



# TransWaste, Inc.

301635  
15246

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

### Section I GENERATOR

a. Generator Name: Town of Stillwater  
 b. Generating Location: Stillwater Boilerhouse  
 c. Address: 66 East Street  
 d. Address: 1 Best Ave ? U.S. Route 4  
Stillwater, New York 12170  
 e. Phone No.: (518) 664-6148  
 f. Phone No.: (518) 664-6148  
 i. County Service Code: Saratoga County

If owner of the generating facility differs from the generator provide:  
 j. Description of Waste: Friable asbestos material  
 Waste Code: 20A6080910A2212BCAT  
 Qty (%/#): 1-30yd<sup>3</sup>  
 Shipped In: ☒ Rolloff  
☐ Fiber Drum  
☐ Truck  
☐ Other

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

Generator Authorized Agent Name: David Connors, Town of Stillwater  
 Signature: [Signature]  
 Shipment Date: 06/09/05  
 Truck Weight (Tons): 06/10/05

### Section II TRANSPORTER

a. Name: TransWaste, Inc.  
 b. Address: 108 A Blacks Road  
Cheshire, CT 06410  
 c. Driver Name /Title: (Print / Type) Warren Saeuf  
 d. Phone No.: 203-250-1000  
 e. Truck No.: 200  
 f. Vehicle License No./State: 37359 A CT  
 Acknowledgement of Receipt of Materials.  
 g. Driver Signature: [Signature]  
 Shipment Date: 06/14/05  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name /Title: (Print / Type) \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_  
 l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_  
 Driver Signature: \_\_\_\_\_  
 Shipment Date: \_\_\_\_\_

### Section III DESTINATION

a. Site ☐ Minerva Enterprises  
 b. Mailing 9000 Minerva South East  
 Address: Waynesburg, OH 44688  
 Phone: 330-866-3435  
 c. Site ☐ A & L Salvage  
 d. Mailing 11225 State RT45 & US30  
 Address: Lisbon, OH 44432  
 Phone: 330-424-3739  
 e. Site ☐ \_\_\_\_\_  
 f. Mailing \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 g. Discrepancy Indication Space: \_\_\_\_\_  
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 h. Name of Authorized Agent: David Connors  
 Signature: [Signature]  
 Receipt Date: 06/15/05

### Section IV ASBESTOS

a. Contractor's Name: GBC Construction Inc.  
 b. Contractor's Phone No.: 201 868 1005  
 c. Contractor's Address: 420 65th West New York, NJ  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: Vasile Ristescu, ASB. sup.  
 Print / Type: \_\_\_\_\_  
 Contractor's Signature: [Signature]  
 Date: 06/16/05

f. Name and Address of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203  
 g. ☒ Friable ☐ Non-friable ☐ Both \_\_\_\_\_ % friable \_\_\_\_\_ % non-friable



**TransWaste INC.**  
 108 A Blacks Rd.  
 Cheshire, CT 06410  
 Tel. (203) 250-1000 Fax (203) 272-0305

DATE: 6.10.05 TIME: \_\_\_\_\_

CUSTOMER: Branchi

JOB / ADDRESS: Mechanicville NY

**CONTAINER SERVICE AGREEMENT**

- |   |  |
|---|--|
| <input type="checkbox"/> CONTAINER PLACED                     | <input type="checkbox"/> 12 YD.            |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD.            |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED             | <input checked="" type="checkbox"/> 30 YD. |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD.            |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER   |
| <input type="checkbox"/> OTHER                                | <input type="checkbox"/> COMPACTOR         |

*Handwritten notes:*  
 12 YD. 15 YD. 30 YD. 40 YD. 100 YD. 1635

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL. ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL. CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: Don't like the fee

DRIVER: 15837 DISPOSAL SITE: \_\_\_\_\_

NET WEIGHT: \_\_\_\_\_

**AUTOMATED TRUCK SCALE**

CAT SCALE COMPANY  
 P.O. BOX 630  
 WILCOTT, IA 52773  
 (563) 284-6263  
 www.catscale.com

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\*The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

DATE:	6-10-2005	STEER AXLE	15500	1b
SCALE	596	DRIVE AXLE	52700	1b
LOCATION:	TA MILLDALE	TRAILER AXLE	00	1b
	I 84 EXIT 28	* GROSS WEIGHT	48200	1b
	MILLDALE CT		25600	

PUBLIC WEIGHMASTER'S  
 CERTIFICATE OF  
 WEIGHT & MEASURE

WEIGH NUMBER  
2467

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

*Handwritten:* 1635

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED  
TRANSWASTE

COMPANY 992 TRACTOR # 0 TRAILER # \_\_\_\_\_

WEIGHMASTER OR  
 WEIGHER SIGNATURE VERONICA MATUS

FULL WEIGH  
 TICKET # \_\_\_\_\_  
 (IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_





# TransWaste, Inc.

469-2726

TW631706  
15247

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name	<u>Town of Stillwater</u>	b. Generating Location:	<u>Stillwater Boiler House</u>
c. Address	<u>66 East Street</u> <u>Stillwater NY 12170</u>	d. Address	<u>1 Best Ave &amp; Route 4</u> <u>Stillwater NY 12170</u>
e. Phone No.:	<u>518 664-6148</u>	f. Phone No.:	<u>518 664 6148</u>
If owner of the generating facility differs from the generator provide:		g. County Service Code:	<u>Saratoga County</u>
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>Frangible Asbestos Material</u>			<u>1-30 yds<sup>3</sup></u>
2.			
3.			
4.			
5.			
		Shipped In:	
		<input checked="" type="checkbox"/> Rolloff	
		<input type="checkbox"/> Fiber Drum	
		<input type="checkbox"/> Truck	
		<input type="checkbox"/> Other	

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

Generator Authorized Agent Name \_\_\_\_\_ Signature \_\_\_\_\_

Shipment Date 06/11/05

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name:	<u>TransWaste, Inc.</u>	h. Name:	
b. Address:	<u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address:	
c. Driver Name /Title: (Print / Type)	<u>Chuck Weaver</u>	j. Driver Name /Title: (Print / Type)	
d. Phone No.:	<u>203-250-1000</u>	k. Phone No.:	
e. Truck No.:	<u>992</u>	l. Truck No.:	
f. Vehicle License No./State:	<u>27240A/CT</u>	m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature	<u>[Signature]</u>	n. Driver Signature	
Shipment Date	<u>06/11/05</u>	Shipment Date	

Section III			DESTINATION		
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>	c. Site <input checked="" type="checkbox"/> : <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> :			
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	f. Mailing			
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address:			
Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Phone:			
g. Discrepancy Indication Space:					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
h. Name of Authorized Agent	Signature	Receipt Date			
	<u>[Signature]</u>	<u>06/22/05</u>			

Section IV		ASBESTOS	
a. Contractor's Name:	<u>GRC Construction Co.</u>	b. Contractor's Phone No.:	<u>201-868-4005</u>
c. Contractor's Address:	<u>420 65th St. West New York NJ</u>		
d. Special Handling Instructions and additional information:			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title:	<u>Vasil Kirtseva</u>	Contractor's Signature	<u>[Signature]</u>	Date	<u>06/11/05</u>
	Print / Type				
f. Name and Address					
of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>					
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable					



**TransWaste INC.**  
10 Mountain Rd.  
Durham, CT 06422  
Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-11-05

TIME:

CUSTOMER: Bianchi

JOB / ADDRESS:

### CONTAINER SERVICE AGREEMENT

- |   |   |
|---|---|
| <input type="checkbox"/> CONTAINER PLACED                     | <input type="checkbox"/> 12 YD.                                   |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD. TW 63 manifest 15247              |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/REMOVED  | <input checked="" type="checkbox"/> 30 YD. TW 51 manifest # 15248 |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD.                                   |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX                        |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER                          |
| <input type="checkbox"/> OTHER                                | <input type="checkbox"/> COMPACTOR                                |

### WARNING - LOADING INSTRUCTION

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL. ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL. CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

DRIVER: Chuck DISPOSAL SITE:

24426 NET WEIGHT:

## AUTOMATED TRUCK SCALE

CAT SCALE COMPANY  
P.O. BOX 830  
WALCOTT, IA 52773  
(563) 284-8263  
www.catscale.com

DATE: 6-11-2005

SCALE LOCATION:

PUBLIC WEIGHMASTERS  
CERTIFICATE OF  
WEIGHT & MEASURE

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\* The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

596

TA MILLDALE  
I 84 EXIT 28  
MILLDALE CT

STEER AXLE

DRIVE AXLE

TRAILER AXLE

\* GROSS WEIGHT

12500 1b } TW 63  
51120 1b } 69620  
41660 1b } TW 51  
12640 1b } Lite ut for pup  
111280 1b

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

IMPRINT SEAL HERE  
(IF APPLICABLE)

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

COMPANY

TRACTOR #

TRAILER #

FEE

5.00

WEIGHMASTER OR  
WEIGHER SIGNATURE BUL TAYLOR

FULL WEIGH  
TICKET #  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: ☐



# TransWaste, Inc.

PR1491565  
15243

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>	b. Generating Location: <u>Stillwater Boiler House</u>
c. Address: <u>66 East Ave</u> <u>Stillwater, NY 12170</u>	d. Address: <u>1 Best Ave + U.S. Route 4</u> <u>Stillwater, NY 12170</u>
e. Phone No.: <u>518 664-6148</u>	f. Phone No.: <u>518 664-6148</u>
If owner of the generating facility differs from the generator provide:	
i. County Service Code: <u>Saratoga Cty.</u>	
j. Description of Waste: 1. <u>1-30 yd dumpster of friable asbestos material</u> 2. <u>Asbestos</u> 3. <u>Asbestos</u> 4. <u>Asbestos</u> 5. <u>Asbestos</u>	Waste Code: <u>23</u> Qty (%/#): <u>23 yd</u> Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR part 268 and is no longer a hazardous waste as defined by 40 CFR part 261.	
Generator Authorized Agent Name: <u>James Smith</u>	Signature: <u>[Signature]</u> Shipment Date: <u>06 06 05</u>

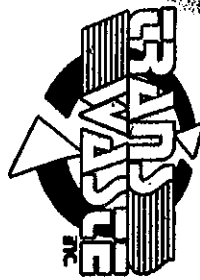
Section II TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>	h. Name: _____
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address: _____
c. Driver Name /Title: (Print / Type) <u>Chuck Weaver</u>	j. Driver Name /Title: (Print / Type) _____
d. Phone No.: <u>203-250-1000</u> e. Truck No.: <u>992</u>	k. Phone No.: _____ i. Truck No.: _____
f. Vehicle License No./State: <u>272704/CT</u>	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials: <u>[Signature]</u>	Acknowledgement of Receipt of Materials: _____
g. Driver Signature: <u>[Signature]</u> Shipment Date: <u>06 06 05</u>	n. Driver Signature: _____ Shipment Date: <u>06 06 05</u>

Section III DESTINATION		
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u>	c. Site <input type="checkbox"/> <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> _____
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>	d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	f. Mailing _____ Address: _____ Phone: _____
g. Discrepancy Indication Space: _____		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
h. Name of Authorized Agent: <u>David Cusack</u>	Signature: <u>[Signature]</u>	Receipt Date: <u>06 20 05</u>

Section IV ASBESTOS	
a. Contractor's Name: <u>G2C Construction Soloby</u>	b. Contractor's Phone No.: <u>201 852-3360</u>
c. Contractor's Address: <u>420 6th St. West New York NJ</u>	
d. Special Handling Instructions and additional information: _____	

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Vasil Ristevski sup.</u>	Print / Type	Contractor's Signature: <u>[Signature]</u>	Date: <u>06 06 05</u>
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>			
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable			



**TransWaste INC.**  
10 Mountain Rd.  
Durham, CT 06422  
Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-6-05

TIME: \_\_\_\_\_

CUSTOMER: Bianchi

JOB / ADDRESS: \_\_\_\_\_

New York

### CONTAINER SERVICE AGREEMENT

- |   |  |               |
|---|--|---------------|
| <input checked="" type="checkbox"/> CONTAINER PLACED          | <input type="checkbox"/> 12 YD.            | <u>Pri 49</u> |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD.            |               |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED             | <input checked="" type="checkbox"/> 30 YD. |               |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD.            |               |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX |               |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER   |               |
| <input type="checkbox"/> OTHER _____                          | <input type="checkbox"/> COMPACTOR         |               |

### WARNING - LOADING INSTRUCTION

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS,  
TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE  
REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc.  
HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND  
FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS  
UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
\*CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE  
FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED  
NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED  
TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND  
AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT  
CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

24417

NET WEIGHT: 66800

## AUTOMATED TRUCK SCALE

CATSCALE COMPANY  
P.O. BOX 6303  
WALCOTT, IA 52778  
(563) 284-6263  
www.catscale.com

DATE: 6-06-2005

SCALE: 596  
LOCATION: TA MILLDALE  
I 84 EXIT 2A  
MILLDALE CT

STEER AXLE	<u>18440</u>	<u>15</u>	<u>Pri 49</u>
DRIVE AXLE	<u>48360</u>	<u>15</u>	<u>Bianchi</u>
TRAILER AXLE	<u>00</u>	<u>15</u>	
* GROSS WEIGHT	<u>66800</u>	<u>15</u>	
	<u>35500</u>		

This is to certify that the following described merchandise was weighed, counted, or measured by a  
public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the  
accuracy of the weight shown as prescribed by law.

IMPRINT SEAL HERE  
(IF APPLICABLE)

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

TRANSWASTE  
COMPANY

TRACTOR # \_\_\_\_\_ TRAILER # \_\_\_\_\_

WEIGHMASTER OR  
WEIGHER SIGNATURE: MEAGAN BRITT

FULL-WEIGHT  
TICKET # \_\_\_\_\_  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_



TW551398  
15249

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

<b>Section I</b>		<b>GENERATOR</b>	
a. Generator Name <u>TOWN OF STILLWATER</u>		b. Generating Location: <u>STILLWATER Boilermhouse</u>	
c. Address <u>66 East Street</u> <u>Stillwater New York 12170</u>		d. Address <u>1 Best Ave &amp; Route 4</u> <u>Stillwater NY 12170</u>	
e. Phone No.: <u>518 664-6148</u>		f. Phone No.: <u>518 664-6148</u>	
If owner of the generating facility differs from the generator provide:		g. County Service Code: <u>Saratoga county</u>	
j.	Description of Waste	Waste Code	Qty (%/#) Shipped In:
1.	<u>Friable Asbestos material</u>		<u>1 - 30 yds<sup>3</sup></u> <input checked="" type="checkbox"/> Rolloff
2.			<input type="checkbox"/> Fiber Drum
3.			<input type="checkbox"/> Truck
4.			<input type="checkbox"/> Other
5.			
Generator's certification; I hereby certify that the above named material is <u>not</u> a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name _____		Signature _____	
		Shipment Date <div style="border: 1px solid black; width: 100px; height: 40px; margin: auto; display: flex; align-items: center; justify-content: center; font-size: 2em;">             06 / 14 / 05           </div>	

Section II	Shipment Date
TRANSPORTER I	TRANSPORTER II
a. Name: <u>TransWaste, Inc.</u>	h. Name: _____
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address: _____
c. Driver Name /Title: (Print / Type) <u>Chuck Weaver</u>	j. Driver Name /Title: (Print / Type) _____
d. Phone No.: <u>203-250-1000</u> e. Truck No.: <u>992</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>27240A / CT</u>	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	
g. <u>[Signature]</u> Driver Signature	n. _____ Driver Signature
<div style="border: 1px solid black; display: inline-block; padding: 2px;">             061405           </div> Shipment Date	<div style="border: 1px solid black; display: inline-block; padding: 2px;">             [ ] [ ] [ ] [ ] [ ] [ ]           </div> Shipment Date

Section III		DESTINATION	
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>	c. Site <input checked="" type="checkbox"/> : <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> : _____	
d. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	f. Mailing _____	
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address: _____	
Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Phone: _____	
g. Discrepancy Indication Space: _____			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
Name of Authorized Agent _____		Signature <u>David Cornell</u>	
		Receipt Date <u>06/22/05</u>	

Section IV ASBESTOS

Contractor's Name: GEC Construction Safety b. Contractor's Phone No.: 201 868 4005

Contractor's Address: 420 65th West New York, NJ

Special Handling Instructions and additional information: \_\_\_\_\_

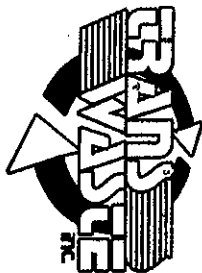
**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Contractor's Name & Title: Vasil Risteski, Asst. sup. Print / Type

Contractor's Signature: [Signature] Date 06/14/05

Name and Address of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203

☒ Friable ☐ Non-friable ☐ Both \_\_\_\_\_ % friable \_\_\_\_\_ % non-friable



**TransWaste Inc.**

10 Mountain Rd.

Durham, CT 06422

Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-14-05

TIME: \_\_\_\_\_

CUSTOMER: Bianchi

JOB / ADDRESS: \_\_\_\_\_

NY

**CONTAINER SERVICE AGREEMENT**

- |   |  |
|---|--|
| <input type="checkbox"/> CONTAINER PLACED                     | <input type="checkbox"/> 12 YD. <u>tw55</u>              |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD.                          |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED             | <input checked="" type="checkbox"/> 30 YD. <u>manist</u> |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD. <u>15249</u>             |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX               |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER                 |
| <input type="checkbox"/> OTHER _____                          | <input type="checkbox"/> COMPACTOR                       |

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
\*CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT  
CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

24430

NET WEIGHT: 63460

SCALE

**CERTIFIED  
AUTOMATED  
TRUCK  
SCALE**

CAT SCALE COMPANY  
P.O. BOX 630  
WALCOTT, IA 52773  
(563) 284-6263  
www.catscale.com

DATE: 6-14-2005

SCALE  
LOCATION:

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

596  
TA MILLDALE  
I 84 EXIT 28  
MILLDALE CT

STEER AXLE

18500 1b

DRIVE AXLE

44960 1b

TRAILER AXLE

00 1b

\* GROSS WEIGHT

63460 1b

35500

\* The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

IF YOU SHOULD GET AN OVERWEIGHT FINE, YOU SHOULD DO THE FOLLOWING TO GET THE PROBLEM RESOLVED:

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

27960

13.98

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

TRANS WASTE

COMPANY

TRACTOR #

TRAILER #

FEE

1.00

WEIGHMASTER OR  
WEIGHER SIGNATURE MEAGAN BRITT

FULL WEIGH  
TICKET #  
(IF REWEIGH)

12752632

WEIGH NUMBER

2632





# TransWaste, Inc.

100511451  
15248

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

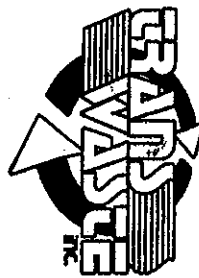
If waste is **NOT** asbestos waste, complete only Sections I, II and III.

Section I		GENERATOR	
a. Generator Name	TOWN of STILLWATER	b. Generating Location	Stillwater Boiler House
c. Address	66 East Ave Stillwater NY 12170	d. Address	1 Bear Ave & Route 4 Stillwater NY 12170
e. Phone No.:	518-664-6148	f. Phone No.:	518 664 6148
If owner of the generating facility differs from the generator provide:		i. County Service Code:	Saratoga county
j. Description of Waste	1. Friable Asbestos material	Waste Code	1-30X3
	2. <del>Asbestos waste</del>	Qty (%/#)	1-30X3
	3. <del>Asbestos waste</del>	Shipped In:	X Rolloff
	4. <del>Asbestos waste</del>		Fiber Drum
	5. <del>Asbestos waste</del>		Truck
			Other
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name		Signature	061105 Shipment Date

Section II		TRANSPORTER	
a. Name:	TransWaste, Inc.	h. Name:	
b. Address:	108 A Blacks Road Cheshire, CT 06410	i. Address:	
c. Driver Name /Title: (Print / Type)	Chuck Weaver	j. Driver Name /Title: (Print / Type)	
d. Phone No.:	203-250-1000	k. Phone No.:	
e. Truck No.:	992	l. Truck No.:	
f. Vehicle License No./State:	27240A CT	m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials:		Acknowledgement of Receipt of Materials.	
g. Driver Signature	061105 Shipment Date	n. Driver Signature	
			Shipment Date

Section III		DESTINATION	
a. Site <input type="checkbox"/> : Minerva Enterprises	c. Site <input type="checkbox"/> : A & L Salvage	e. Site <input type="checkbox"/> :	
b. Mailing 9000 Minerva South East	d. Mailing 11225 State RT45 & US30	f. Mailing	
Address: Waynesburg, OH 44688	Address: Lisbon, OH 44432	Address:	
Phone: 330-866-3435	Phone: 330-424-3739	Phone:	
g. Discrepancy Indication Space:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent	Signature	062705 Receipt Date	

Section IV		ASBESTOS	
a. Contractor's Name:	G2C CONSTRUCTION SAFETY	b. Contractor's Phone No.:	201-868-4005
c. Contractor's Address:	420 65TH WASTE NEW YORK NJ		
d. Special Handling Instructions and additional information:			
CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
e. Contractor's Name & Title:	Vasil Piteraki, asb. sup.	Contractor's Signature	061105 Date
f. Name and Address	U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203		
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable			



**TransWaste INC.**  
10 Mountain Rd.  
Durham, CT 06422  
Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-11-05

TIME: \_\_\_\_\_

CUSTOMER: Branchi

JOB / ADDRESS: \_\_\_\_\_

### CONTAINER SERVICE AGREEMENT

- |   |  |
|---|--|
| <input type="checkbox"/> CONTAINER PLACED                     | <input type="checkbox"/> 12 YD.                      |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD. <u>TW63</u> manifest |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/REMOVED  | <input type="checkbox"/> 30 YD. <u>TW51</u> manifest |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD. <u>#15248</u>        |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX           |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER             |
| <input type="checkbox"/> OTHER _____                          | <input type="checkbox"/> COMPACTOR                   |

### WARNING - LOADING INSTRUCTION

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS,  
TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE  
REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc.  
HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND  
FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS  
UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE  
FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED  
NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED  
TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND  
AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT  
CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

24426 NET WEIGHT: \_\_\_\_\_

## AUTOMATED TRUCK SCALE

CAT SCALE COMPANY  
P.O. BOX 6300  
WALCOTT, IA 52773  
(563) 284-6263  
www.catscale.com

DATE: 6-11-2005

SCALE

LOCATION:

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

WEIGH NUMBER

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\*The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT  
and was weighed on a full length platform scale.

596

TA MILLEDALE

I 84 EXIT 28

MILLEDALE CT

STEER AXLE

DRIVE AXLE

TRAILER AXLE

\* GROSS WEIGHT

18500 1b

51120 1b

11460 1b

111280 1b

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

COMPANY

TRACTOR #

TRAILER #

WEIGHMASTER OR  
WEIGHER SIGNATURE SU TAYLOR

FULL WEIGH  
TICKET #  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_



# TransWaste, Inc.

7/12/29  
15250

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name <u>TONN OF STILLWATER</u>		b. Generating Location: <u>Stillwater Boiler House</u>	
c. Address <u>66 East St.</u> <u>Stillwater NY 12170</u>		d. Address <u>1 Best ave &amp; route 4</u> <u>Stillwater NY 12170</u>	
e. Phone No.: <u>518 664-6148</u>		f. Phone No.: <u>518 664-6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste		Waste Code	Qty (%/#) Shipped In:
1. <u>Friable asbestos mat.</u>			<u>1-30yd<sup>3</sup></u> <input checked="" type="checkbox"/> Rolloff
2. <u>Asbestos 90A 2212 BCWIT</u>			<input type="checkbox"/> Fiber Drum
3.			<input type="checkbox"/> Truck
4.			<input type="checkbox"/> Other
5.			
<p>Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</p>			
Generator Authorized Agent Name <u>[Signature]</u>		Shipment Date <u>061305</u>	

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name /Title: (Print / Type) <u>Chuck Weaver</u>		j. Driver Name /Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u> e. Truck No.: <u>992</u>		k. Phone No.: _____ l. Truck No.: _____	
f. Vehicle License No./State: <u>27240A/CT</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. <u>[Signature]</u> <u>061305</u>		n. _____ <u>061305</u>	
Driver Signature Shipment Date		Driver Signature Shipment Date	

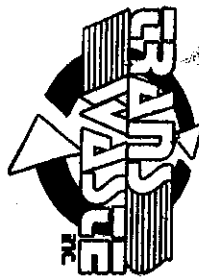
Section III			DESTINATION		
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>			c. Site <input checked="" type="checkbox"/> : <u>A &amp; L Salvage</u>		
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>			d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>		
e. Site <input type="checkbox"/> : _____			f. Mailing _____ Address: _____ Phone: _____		
g. Discrepancy Indication Space: _____					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
h. <u>[Signature]</u>		Signature		Receipt Date <u>061305</u>	
Name of Authorized Agent					

Section IV		ASBESTOS	
a. Contractor's Name: <u>GRC CONSTRUCTION SAFETY</u>		b. Contractor's Phone No.: <u>201 868 4005</u>	
c. Contractor's Address: <u>420 65TH WEST NEW YORK, NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Vincent Ricceri ASB. sup.</u>		Contractor's Signature <u>[Signature]</u>		Date <u>061305</u>	
Print / Type					

f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>	
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable	



**TransWaste Inc.**  
10 Mountain Rd.  
Durham, CT 06422  
Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-13-05

TIME:

CUSTOMER: Blanchi

JOB / ADDRESS:

NY

### CONTAINER SERVICE AGREEMENT

- |   |  |
|---|--|
| <input type="checkbox"/> CONTAINER PLACED                     | <input type="checkbox"/> 12 YD. <u>TW 72</u>               |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD.                            |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED             | <input checked="" type="checkbox"/> 30 YD. <u>manifest</u> |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD. <u>15350</u>               |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX                 |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER                   |
| <input type="checkbox"/> OTHER                                | <input type="checkbox"/> COMPACTOR                         |

### WARNING - LOADING INSTRUCTION

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL. ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
\*CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT  
CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

24427

NET WEIGHT: 74080

IF YOU SHOULD GET AN OVERWEIGHT FINE, YOU SHOULD DO THE FOLLOWING TO GET THE PROBLEM RESOLVED:

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\*The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

DATE: 6-13-2005

596  
TA MILLEDALE  
I 84 EXIT 28  
MILLEDALE CT

STEER AXLE	19440	1b	<u>TW 72</u>
DRIVE AXLE	54640	1b	<u>Blanchi</u>
	00	1b	
TRAILER AXLE	74080	1b	
* GROSS WEIGHT	35580		<u>19.29</u>

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

COMPANY

TRACTOR # \_\_\_\_\_ TRAILER # \_\_\_\_\_

FEE 8.00

WEIGHMASTER OR  
WEIGHER SIGNATURE MEAGAN BRITT

FULL WEIGH  
TICKET #  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_

**CERTIFIED  
AUTOMATED  
TRUCK  
SCALE**

CAT SCALE COMPANY  
P.O. BOX 630  
WALCOTT, IA 52773  
(563) 284-6263  
www.catscale.com

SCALE  
LOCATION:

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

WEIGH NUMBER

2585

CUSTOMER COPY



# TransWaste, Inc.

TW021566  
15708

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>		b. Generating Location: <u>Stillwater Boilerhouse</u>	
c. Address: <u>66 East Street</u> <u>Stillwater, NY 12170</u>		d. Address: <u>1 BEST AVE., U.S. Route 4</u> <u>Stillwater, NY 12170</u>	
e. Phone No.: <u>(518) 664-6148</u>		f. Phone No.: <u>(518) 664-6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>Friable asbestos waste</u>			<u>1-30yd</u>
2. <u>Asbestos containing material</u>			
3. <u>Asbestos containing material</u>			
4. <u>Asbestos containing material</u>			
5. <u>Asbestos containing material</u>			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other	
Generator Authorized Agent Name: _____		Truck Weight (Tons): _____	
Signature: _____		Shipment Date: <u>061605</u>	

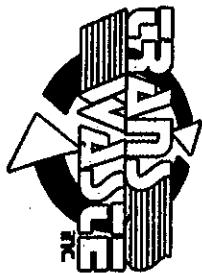
Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name /Title: (Print / Type) <u>Chuck Weaver</u>		j. Driver Name /Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No.: <u>992</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>27240A / CT</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature: _____		n. Driver Signature: _____	
Shipment Date: <u>061605</u>		Shipment Date: _____	

Section III			DESTINATION		
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>			c. Site <input checked="" type="checkbox"/> : <u>A &amp; L Salvage</u>		
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>			d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>		
e. Site <input type="checkbox"/> : _____			f. Mailing _____ Address: _____ Phone: _____		
g. Discrepancy Indication Space: _____					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
h. Name of Authorized Agent: _____			Signature: <u>David Canell</u>		
			Receipt Date: <u>062905</u>		

Section IV		ASBESTOS	
a. Contractor's Name: <u>GRC Construction Safety</u>		b. Contractor's Phone No.: _____	
c. Contractor's Address: <u>420 65th St. West New York, NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Vare Riterai, Asst. sup.</u>		Contractor's Signature: _____		Date: <u>061605</u>	
f. Name and Address Of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>					
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable					



**TransWaste INC.**  
10 Mountain Rd.  
Durham, CT 06422  
Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-16-05

TIME: \_\_\_\_\_

CUSTOMER: Bianchi

JOB / ADDRESS: \_\_\_\_\_

NY

**CONTAINER SERVICE AGREEMENT**

- |   |   |
|---|---|
| <input type="checkbox"/> CONTAINER PLACED                     | <input type="checkbox"/> 12 YD. <u>TW62</u>                       |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD.                                   |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED             | <input checked="" type="checkbox"/> 30 YD. <u>Manifest #15708</u> |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD.                                   |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX                        |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER                          |
| <input type="checkbox"/> OTHER _____                          | <input type="checkbox"/> COMPACTOR                                |

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS,  
TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE  
REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc.  
HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND  
FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS  
UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
\*CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE  
FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED  
NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED  
TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND  
AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT  
CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

24433

NET WEIGHT: 66820

**CERTIFIED  
AUTOMATED  
TRUCK  
SCALE**

CAT SCALE COMPANY  
P.O. BOX 630  
WALCOTT, IA 52773  
(563) 284-6263  
www.catscale.com

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\*The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT  
and was weighed on a full length platform scale.

DATE: 6-16-2005

STEER AXLE

19120 1b

DRIVE AXLE

47700 1b

TRAILER AXLE

00 1b

\* GROSS WEIGHT

66820 1b

SCALE  
LOCATION:

596  
TA MILLEDALE  
I 84 EXIT 28  
MILLEDALE CT

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

This is to certify that the following described merchandise was weighed, counted, or measured by a  
public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the  
accuracy of the weight shown as prescribed by law.

35500  
31380 15708  
**FREIGHT ALL KINDS**

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

TRANSWASTE

COMPANY

TRACTOR #

TRAILER #

WEIGH NUMBER  
4176

WEIGHMASTER OR  
WEIGHER SIGNATURE SU TAYLOR

FULL WEIGHT  
TICKET #  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_





# TransWaste, Inc.

PK1371328  
15702

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name	Town of Stillwater	b. Generating Location	Stillwater Boilerhouse
c. Address	66 East Street Stillwater, NY 12170	d. Address	1 Best Ave + U.S. Route 4 Stillwater NY 12170
e. Phone No.:	518 664 6148	f. Phone No.:	518 664 6148
If owner of the generating facility differs from the generator provide:		i. County Service Code:	Saratoga County
j. Description of Waste	1. Friable asbestos material	Waste Code	1-30 yd <sup>3</sup>
	2. <del>200000910A2212BCU1</del>		
	3.		
	4.		
	5.		
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Other	
Generator Authorized Agent Name		Truck Weight (Tons)	
Signature		061505	
		Shipment Date	

Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name:	TransWaste, Inc.	h. Name:	
b. Address:	108 A Blacks Road Cheshire, CT 06410	i. Address:	
c. Driver Name /Title: (Print / Type)	Chuck Weaver	j. Driver Name /Title: (Print / Type)	
d. Phone No.:	203-250-1000	k. Phone No.:	
e. Truck No.:	992	l. Truck No.:	
f. Vehicle License No./State:	2724CA / CT	m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature	061505	n. Driver Signature	
	Shipment Date		Shipment Date

Section III		DESTINATION	
a. Site <input type="checkbox"/> Minerva Enterprises		c. Site <input checked="" type="checkbox"/> A & L Salvage	
b. Mailing 9000 Minerva South East		d. Mailing 11225 State RT45 & US30	
Address: Waynesburg, OH 44688		Address: Lisbon, OH 44432	
Phone: 330-866-3435		Phone: 330-424-3739	
e. Site <input type="checkbox"/>		f. Mailing	
g. Discrepancy Indication Space:		Address:	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		Phone:	
h. Name of Authorized Agent		Signature	
		063005	
		Receipt Date	

Section IV		ASBESTOS	
a. Contractor's Name:	G&C Construction Safety	b. Contractor's Phone No.:	201 868 4005
c. Contractor's Address:	420 67th St. West New York, NJ		
d. Special Handling Instructions and additional information:			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title:	Voril Ritterski, app rep.	Contractor's Signature	061505
	Print / Type		Date

f. Name and Address	U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both	% friable % non-friable



**TransWaste INC.**  
10 Mountain Rd.  
Durham, CT 06422  
Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-15-05 TIME: \_\_\_\_\_

CUSTOMER: Bianchi

JOB / ADDRESS: Ny

**CONTAINER SERVICE AGREEMENT**

<input type="checkbox"/> CONTAINER PLACED	<input type="checkbox"/> 12 YD.
<input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED	<input type="checkbox"/> 20 YD.
<input type="checkbox"/> CONTAINER DUMPED/REMOVED	<input type="checkbox"/> 30 YD.
<input type="checkbox"/> CONTAINER RELOCATED	<input type="checkbox"/> 40 YD.
<input type="checkbox"/> TRAVEL TIME	<input type="checkbox"/> 40 YD. CLOSED BOX
<input type="checkbox"/> WAITING TIME	<input type="checkbox"/> 100 YD. TRAILER
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> COMPACTOR

*Pri 37  
manifest  
# 15708*

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL. ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL. CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

NET WEIGHT: 62060

MODEST PRINTING OF WATERBURY, INC. (203) 750-0246

**CERTIFIED  
AUTOMATED  
TRUCK  
SCALE**

CAT SCALE COMPANY  
P.O. BOX 630  
WALCOTT, IA 52773  
(563) 284-6263  
www.catscale.com

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\* The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

DATE: 6-15-2005

596  
TA MILLDALE  
I 84 EXIT 28  
MILLDALE CT

SCALE  
LOCATION:

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

STEER AXLE	17640	1B
DRIVE AXLE	44420	1B
TRAILER AXLE	00	1B
* GROSS WEIGHT	62060	1B
	35580	

*Pri 37  
Bianchi*

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

*26560 13.28*

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED  
**TRANSWASTE**

COMPANY \_\_\_\_\_ TRACTOR # \_\_\_\_\_ TRAILER # \_\_\_\_\_

FEE: 8.00 WEIGHMASTER OR  
WEIGHER SIGNATURE SU TAYLOR

FULL WEIGH  
TICKET #  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_

IMPRINT SEAL HERE  
(IF APPLICABLE)

WEIGH NUMBER  
4084



# TransWaste, Inc.

1061805  
15706

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I GENERATOR	
a. Generator Name <u>Town of Stillwater</u>	b. Generating Location: <u>Stillwater Boilerhouse</u>
c. Address <u>66 East Street</u> <u>Stillwater NY 12170</u>	d. Address <u>1 Best game Route 4</u> <u>Stillwater NY 12170</u>
e. Phone No.: <u>518 664-6148</u>	f. Phone No.: <u>518 664-6148</u>
If owner of the generating facility differs from the generator provide:	
i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste	Waste Code
1. <u>Frangible Asbestos Waste</u>	
2. <u>20 Asbestos Containing Bulk</u>	
3.	
4.	
5.	
	Qty (%/)# <u>1-30yd<sup>3</sup></u>
	Shipped In: <input checked="" type="checkbox"/> Rolloff
	<input type="checkbox"/> Fiber Drum
	<input type="checkbox"/> Truck
	<input type="checkbox"/> Other
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
Generator Authorized Agent Name	Signature <u>[Signature]</u>
	Shipment Date <u>061805</u>

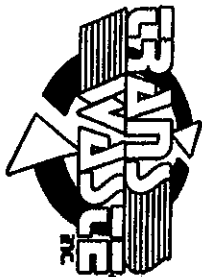
Section II TRANSPORTER	
TRANSPORTER I	
a. Name: <u>TransWaste, Inc.</u>	h. Name: _____
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address: _____
c. Driver Name /Title: (Print / Type) <u>Chuck Weaver</u>	j. Driver Name /Title: (Print / Type) _____
d. Phone No.: <u>203-250-1000</u>	k. Phone No.: _____
e. Truck No.: <u>992</u>	l. Truck No.: _____
f. Vehicle License No./State: <u>27270 A / CT</u>	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials.	
g. <u>[Signature]</u>	n. _____
Driver Signature	Driver Signature
Shipment Date <u>061805</u>	Shipment Date

Section III DESTINATION		
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u>	c. Site <input checked="" type="checkbox"/> <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> _____
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>	d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	f. Mailing _____ Address: _____ Phone: _____
g. Discrepancy Indication Space: _____		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
h. _____	<u>[Signature]</u>	<u>070105</u>
Name of Authorized Agent	Signature	Receipt Date

Section IV ASBESTOS	
a. Contractor's Name: <u>GEC Construction Safety</u>	b. Contractor's Phone No.: <u>201-868 4005</u>
c. Contractor's Address: <u>420 65th West New York NJ</u>	
d. Special Handling Instructions and additional information: _____	

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Vasil Risteski, as sup.</u>	<u>[Signature]</u>	<u>061805</u>
Print / Type	Contractor's Signature	Date
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>		
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable		



**TransWaste INC.**

10 Mountain Rd.

Durham, CT 06422

Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-18-05

TIME: \_\_\_\_\_

CUSTOMER: Bianchi

JOB / ADDRESS: \_\_\_\_\_

**CONTAINER SERVICE AGREEMENT**

- |   |   |
|---|---|
| <input type="checkbox"/> CONTAINER PLACED                     | <input type="checkbox"/> 12 YD. <u>PM 120</u>           |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD. <u>TW 6-manifest</u>    |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED             | <input checked="" type="checkbox"/> 30 YD. <u>15706</u> |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD.                         |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX              |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER                |
| <input type="checkbox"/> OTHER _____                          | <input type="checkbox"/> COMPACTOR                      |

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
\*CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT  
CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

24435 NET WEIGHT: \_\_\_\_\_

**AUTOMATED TRUCK SCALE**

CAT SCALE COMPANY  
P.O. BOX 6303  
WALCOTT, IA 52773  
(563) 284-6263  
www.catscale.com

DATE: 6-18-2005

SCALE: 596

LOCATION: TA MILLEDALE

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

- 1) Post bond and request a CAT Scale Ticket.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

STEER AXLE	<u>10800</u>	lb
DRIVE AXLE	<u>29580</u>	lb
TRAILER AXLE	<u>61300</u>	lb
GROSS WEIGHT	<u>71680</u>	lb
	<u>35500</u>	

Bianchi  
TW 6

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

36180 18.09

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

COMPANY: TRANSWASTE TRACTOR # 992 TRAILER # 0  
WEIGHMASTER OR  
WEIGHER SIGNATURE: SU TAYLOR FULL WEIGHT: 98694314  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_



# TransWaste, Inc.

PR1201460  
15707

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>		b. Generating Location: <u>Stillwater Boilerhouse</u>	
c. Address: <u>66 East Street</u> <u>Stillwater, NY 12170</u>		d. Address: <u>1 Best Ave &amp; U.S. Route 4</u> <u>Stillwater, NY 12170</u>	
e. Phone No.: <u>(518) 664-6148</u>		f. Phone No.: <u>(518) 664-6148</u>	
i. County Service Code: <u>Saratoga County</u>			
If owner of the generating facility differs from the generator provide:			
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>Friable Asbestos Waste</u>		<u>U543756</u>	<u>1-30c/d</u>
2. _____		_____	_____
3. _____		_____	_____
4. _____		_____	_____
5. _____		_____	_____
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			Shipped In:
			<input checked="" type="checkbox"/> Rolloff
			<input type="checkbox"/> Fiber Drum
			<input type="checkbox"/> Truck
			<input type="checkbox"/> Other
Generator Authorized Agent Name: _____ Signature: _____			Truck Weight (Tons): _____
			Shipment Date: <u>06/18/05</u>

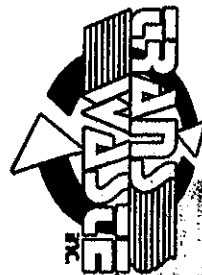
Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name / Title: (Print / Type) <u>Chuck Wever</u>		j. Driver Name / Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No.: <u>992</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>27240A CT</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature: _____		n. Driver Signature: _____	
Shipment Date: <u>06/18/05</u>		Shipment Date: _____	

Section III			DESTINATION	
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u>			c. Site <input type="checkbox"/> <u>A &amp; L Salvage</u>	
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>			d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	
e. Site <input checked="" type="checkbox"/> <u>BFI Imperial</u> PO Box 47 Address: <u>Imperial, PA 15126</u> Phone: <u>724-695-0900</u>			f. Site <input type="checkbox"/> _____	
g. Discrepancy Indication Space: _____				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
h. <u>LOUISE SIMMONS</u> Name of Authorized Agent			Signature: _____ Receipt Date: <u>06/30/05</u>	

Section IV		ASBESTOS	
a. Contractor's Name: <u>GSC Construction Safety</u>		b. Contractor's Phone No.: <u>201-868 4005</u>	
c. Contractor's Address: <u>420 65th St. West New York, NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Vasil Risteski, app. sup</u> Print / Type		Signature: _____		Date: <u>06/18/05</u>	
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>					
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable					



TransWaste Inc.

10 Mountain Rd.

Durham, CT 06422

Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-18-05

TIME:

CUSTOMER: Bianchi

JOB / ADDRESS:

NY

### CONTAINER SERVICE AGREEMENT

- |   |  |
|---|--|
| <input type="checkbox"/> CONTAINER PLACED                     | <input type="checkbox"/> 12 YD.            |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD.            |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED             | <input checked="" type="checkbox"/> 30 YD. |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD.            |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER   |
| <input type="checkbox"/> OTHER                                | <input type="checkbox"/> COMPACTOR         |
- manifest 15701  
PR 120  
TUS 6-manifest  
15706

### WARNING - LOADING INSTRUCTION

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT  
CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

24435

NET WEIGHT: \_\_\_\_\_

- Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\* The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

DATE:

6-18-2005

STEER AXLE

19360 1b

DRIVE AXLE

49340 1b

TRAILER AXLE

00 1b

\* GROSS WEIGHT

68700 1b

35500

SCALE

596

LOCATION:

TA MILLDALE

I 84 EXIT 2A

MILLDALE CT

## TRUCK SCALE

CAT SCALE COMPANY  
P.O. BOX 8303  
WALCOTT, IA 52773  
(563) 284-6263  
www.catscale.com

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

TRANSWASTE

COMPANY

TRACTOR #

TRAILER #

WEIGH NUMBER

4314

WEIGHMASTER OR  
WEIGHER SIGNATURE

FEE \$1.00

SJ TAYLOR

FULL WEIGH  
TICKET #  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_

© 1998 CAT Scale Company 04/04

CUSTOMER COPY



Contractor's Name & Title: Vincent Ristner, a/b. sup. [Signature]

0	6	2	2	0	5
---	---	---	---	---	---

  
 Print / Type Contractor's Signature Date  
 Name and Address  
 of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203  
☒ Friable ☐ Non-friable ☐ Both \_\_\_\_\_ % friable \_\_\_\_\_ % non-friable



**TransWaste INC.**  
10 Mountain Rd.  
Durham, CT 06422  
Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-22-05

TIME: \_\_\_\_\_

CUSTOMER: Bianchi

JOB / ADDRESS: \_\_\_\_\_

**CONTAINER SERVICE AGREEMENT**

- ☐ CONTAINER PLACED  
☒ CONTAINER DUMPED/RETURNED  
☐ CONTAINER DUMPED/REMOVED  
☐ CONTAINER RELOCATED  
☐ TRAVEL TIME  
☐ WAITING TIME  
☐ OTHER \_\_\_\_\_

- ☐ 12 YD. Pri 37  
☐ 20 YD.  
☒ 30 YD.  
☐ 40 YD.  
☐ 40 YD. CLOSED BOX  
☐ 100 YD. TRAILER  
☐ COMPACTOR

Manifest  
15 163

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS,  
TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE  
REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc.  
HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND  
FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS  
UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE  
FACILITY IS LOADED WITH EITHER NON-INJECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED  
NON-INJECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED  
TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND  
AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT  
CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

24439

NET WEIGHT: 70880

**CERTIFIED  
AUTOMATED  
TRUCK  
SCALE**

CAT SCALE COMPANY  
P.O. BOX 830  
WALCOTT, IA 52773  
(563) 284-6269  
www.catscale.com

IF YOU SHOULD GET AN OVERWEIGHT FINE, YOU SHOULD DO THE FOLLOWING TO GET THE PROBLEM RESOLVED:

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\*The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

DATE: 6-22-2005  
SCALE 596  
LOCATION: TA MILLDALE  
I 84 EXIT 28  
MILLDALE CT

STEER AXLE	19500	1b	<u>Pri 37</u>
DRIVE AXLE	51380	1b	<u>Bianchi</u>
TRAILER AXLE	00	1b	
* GROSS WEIGHT	70880	1b	
	<u>35500</u>		

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

WEIGH NUMBER  
4847

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

35380 1769

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

**TRANSWASTE**

**FREIGHT ALL KINDS**

COMPANY

992

0

TRACTOR #

TRAILER #

FEE 8.00

WEIGHMASTER OR  
WEIGHER SIGNATURE

SU TAYLOR

FULL WEIGH  
TICKET #  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_



# TransWaste, Inc.

7W32467  
15709

TW-32  
926

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>	b. Generating Location: <u>Stillwater Ballpark</u>
c. Address: <u>66 EAST STREET</u> <u>Stillwater NY 12170</u>	d. Address: <u>Best Ave &amp; US Route 4</u> <u>Stillwater NY 12170</u>
e. Phone No.: <u>(518) 664-6148</u>	f. Phone No.: <u>518 664-6148</u>
If owner of the generating facility differs from the generator provide:	
i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste	Waste Code
1. <u>Asbestos</u>	<u>1-30103</u>
2. <u>Asbestos</u>	<u>1-30103</u>
3. <u>Asbestos</u>	<u>1-30103</u>
4. <u>Asbestos</u>	<u>1-30103</u>
5. <u>Asbestos</u>	<u>1-30103</u>
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
Generator Authorized Agent Name: <u>Paul Gensler</u>	Signature: <u>[Signature]</u>
Shipment Date: <u>062505</u>	

Section II TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>	h. Name: _____
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address: _____
c. Driver Name /Title: (Print / Type) <u>PAUL Gensler</u>	j. Driver Name /Title: (Print / Type) _____
d. Phone No.: <u>203-250-1000</u>	k. Phone No.: _____
e. Truck No.: <u>201</u>	l. Truck No.: _____
f. Vehicle License No./State: <u>CT 28 775 A</u>	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials:	
g. Driver Signature: <u>[Signature]</u>	n. Driver Signature: _____
Shipment Date: <u>062505</u>	Shipment Date: _____

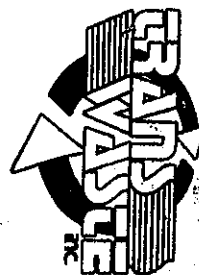
Section III DESTINATION		
a. Site <input type="checkbox"/> Minerva Enterprises	c. Site <input checked="" type="checkbox"/> A & L Salvage	e. Site <input type="checkbox"/> _____
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	f. Mailing _____
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address: _____
Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Phone: _____
g. Discrepancy Indication Space: _____		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
h. Name of Authorized Agent: <u>David Canale</u>	Signature: <u>[Signature]</u>	Receipt Date: <u>070705</u>

Section IV ASBESTOS	
a. Contractor's Name: <u>GFC Enterprises Safety</u>	b. Contractor's Phone No.: <u>201 868 4665</u>
c. Contractor's Address: <u>420 65th St. West New York, NJ</u>	
d. Special Handling Instructions and additional information: _____	

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Vasie Ristesici, Ash, sup</u>	Contractor's Signature: <u>[Signature]</u>	Date: <u>062505</u>
--	--	---------------------

f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg Boston, MA 02203</u>	
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input checked="" type="checkbox"/> Both _____ % friable _____ % non-friable	



**TransWaste INC.**  
108 A Blacks Rd.  
Cheshire, CT 06410  
Tel. (203) 250-1000 Fax (203) 272-0305

DATE: 6-25-05

TIME: \_\_\_\_\_

CUSTOMER: Blanchi

JOB / ADDRESS: MacHateville N.Y.

### CONTAINER SERVICE AGREEMENT

- ☐ CONTAINER PLACED  
☐ CONTAINER DUMPED/RETURNED  
☒ CONTAINER DUMPED/REMOVED  
☐ CONTAINER RELOCATED  
☐ TRAVEL TIME  
☐ WAITING TIME  
☐ OTHER \_\_\_\_\_

- ☐ 12 YD.  
☐ 20 YD.  
☒ 30 YD. Tw-32  
☒ 40 YD. manifest  
☐ 40 YD. CLOSED BOX  
☐ 100 YD. TRAILER  
☐ COMPACTOR

### WARNING - LOADING INSTRUCTION

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS,  
TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE  
REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc.  
HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND  
FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS  
UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE  
FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED  
NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED  
TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND  
AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT  
CUSTOMER/SIGNATURE: \_\_\_\_\_

DRIVER: Paul

DISPOSAL SITE: Realty

13926

NET WEIGHT: \_\_\_\_\_

IF YOU SHOULD GET AN OVERWEIGHT FINE, YOU SHOULD DO THE FOLLOWING TO GET THE PROBLEM RESOLVED:

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) **IMMEDIATELY** send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\* The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT  
and was weighed on a full length platform scale.

DATE: 6-25-2005

STEER AXLE 19100 1b Tw-32

DRIVE AXLE 45740 1b

TRAILER AXLE 00 1b

\* GROSS WEIGHT 64840 1b

35500

SCALE 596  
LOCATION: TA MILLDALE  
I 84 EXIT 2A  
MILLDALE CT

This is to certify that the following described merchandise was weighed, counted, or measured by a  
public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the  
accuracy of the weight shown as prescribed by law.

29340 14.67

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

FREIGHT ALL KINDS

COMPANY TRANSWASTE

201

0

TRACTOR #

TRAILER #

FEE 8.00

WEIGHMASTER OR  
WEIGHER SIGNATURE

SU TAYLOR

FULL WEIGHT  
TICKET #  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_

**CERTIFIED  
AUTOMATED  
TRUCK  
SCALE**

CAT SCALE COMPANY  
P.O. BOX 630  
WALCOTT, IA 52773  
(563) 284-6263  
www.catscale.com

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

WEIGH NUMBER  
5085



# TransWaste, Inc.

PK155 1993  
15705

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I GENERATOR	
a. Generator Name: <u>Town of Stillwater</u> c. Address: <u>66 East Street</u> <u>Stillwater, NY 12170</u> e. Phone No.: <u>(518) 664-6148</u> If owner of the generating facility differs from the generator provide: j. Description of Waste: 1. <u>Frangible Asbestos Waste</u> 2. <u>CRASHED 90% W/ 22% RCW</u> 3. 4. 5. 	b. Generating Location: <u>Stillwater Boilerhouse</u> d. Address: <u>Best Ave + U.S. Route 4</u> <u>Stillwater, NY 12170</u> f. Phone No.: <u>(518) 664-6148</u> i. County Service Code: <u>Saratoga County</u> Waste Code: Qty (%/W): <u>1-30yd<sup>3</sup></u> Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other 
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
Generator Authorized Agent Name: <u>[Signature]</u> Signature: <u>[Signature]</u>	Shipment Date: <u>062505</u> Truck Weight (Tons): <u>5</u>

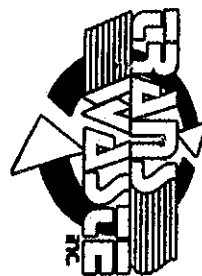
Section II TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u> b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u> c. Driver Name /Title: (Print / Type) <u>Chuck Wegner</u> d. Phone No.: <u>203-250-1000</u> e. Truck No.: <u>992</u> f. Vehicle License No./State: <u>27240A/CT</u> Acknowledgment of Receipt of Materials: g. Driver Signature: <u>[Signature]</u> Shipment Date: <u>062505</u>	h. Name: i. Address: j. Driver Name /Title: (Print / Type) k. Phone No.: I. Truck No.: m. Vehicle License No./State: Acknowledgment of Receipt of Materials: n. Driver Signature: Shipment Date:

Section III DESTINATION		
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u> b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u> g. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	c. Site <input checked="" type="checkbox"/> <u>A &amp; L Salvage</u> d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	e. Site <input type="checkbox"/> f. Mailing Address: Phone: 
h. Name of Authorized Agent: <u>Katherine Yash</u> Signature: <u>[Signature]</u> Receipt Date: <u>070705</u>		

Section IV ASBESTOS	
a. Contractor's Name: <u>G+C ENTERPRISES SAFETY</u> c. Contractor's Address: <u>420 65th St. WEST NEW YORK, NJ</u> d. Special Handling Instructions and additional information:	b. Contractor's Phone No.: <u>201 868 4005</u>

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Vasyl Ruteski, gen. sup.</u> Print / Type:	<u>[Signature]</u> Contractor's Signature	<u>062505</u> Date
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>		
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable		



**TransWaste Inc.**

10 Mountain Rd.

Durham, CT 06422

Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6-25-05

TIME:

CUSTOMER: Bianchi

JOB / ADDRESS:

Ny

**CONTAINER SERVICE AGREEMENT**

- |  |  |                     |
|--|--|---------------------|
| <input type="checkbox"/> CONTAINER PLACED                    | <input type="checkbox"/> 12 YD.            | <i>Pri 55</i>       |
| <input type="checkbox"/> CONTAINER DUMPED/RETURNED           | <input type="checkbox"/> 20 YD.            |                     |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/REMOVED | <input checked="" type="checkbox"/> 30 YD. | <i>market 15105</i> |
| <input type="checkbox"/> CONTAINER RELOCATED                 | <input type="checkbox"/> 40 YD.            |                     |
| <input type="checkbox"/> TRAVEL TIME                         | <input type="checkbox"/> 40 YD. CLOSED BOX |                     |
| <input type="checkbox"/> WAITING TIME                        | <input type="checkbox"/> 100 YD. TRAILER   |                     |
| <input type="checkbox"/> OTHER                               | <input type="checkbox"/> COMPACTOR         |                     |

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL. ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL. CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: *Chuck*

DISPOSAL SITE: \_\_\_\_\_

NET WEIGHT: *75400*

IF YOU SHOULD GET AN OVERWEIGHT FINE, YOU SHOULD DO THE FOLLOWING TO GET THE PROBLEM RESOLVED:

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\* The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

**CERTIFIED  
AUTOMATED  
TRUCK  
SCALE**

CAT SCALE COMPANY  
P.O. BOX 630  
WALCOTT, IA 52773  
(563) 284-6263  
www.catscale.com

DATE:

6-25-2005

SCALE

596

LOCATION:

TA MILLEDALE  
I 84 EXIT 28  
MILLEDALE CT

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

STEER AXLE

20260 1b

DRIVE AXLE

55140 1b

TRAILER AXLE

00 1b

\* GROSS WEIGHT

75400 1b

*Bianchi*

*Pri 55*

*35500*

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

*39900 19.95*

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

TRANSWASTE

COMPANY

TRACTOR #

TRAILER #

FEE 8.00

WEIGHMASTER OR  
WEIGHER SIGNATURE

*BU TAYLOR*

FULL WEIGH  
TICKET #  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_

© 1998 CAT Scale Company® 04/C

CUSTOMER COPY

WEIGH NUMBER

*3086*

IMPRINT SEAL HERE  
(IF APPLICABLE)





# TransWaste, Inc.

MCU 1920  
15680

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I GENERATOR	
a. Generator Name: <u>Town of Stillwater</u> c. Address: <u>666 East Street</u> <u>Stillwater NY 12170</u> e. Phone No.: <u>518 664 6148</u> If owner of the generating facility differs from the generator provide: j. Description of Waste: 1. <u>Enable Asbestos Waste</u> 2. <u>Asbestos</u> 3. <u>Asbestos</u> 4. <u>Asbestos</u> 5. <u>Asbestos</u>	b. Generating Location: <u>Stillwater Barberhouse</u> d. Address: <u>BEST AVE + U.S. Route 4</u> <u>Stillwater NY 12170</u> f. Phone No.: <u>518 664 6148</u> i. County Service Code: <u>Saratoga County</u> Waste Code: <u>1-30yd</u> Qty (%/#): <u>1-30yd</u> Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name: <u>[Signature]</u> Signature: <u>[Signature]</u> Shipment Date: <u>070605</u>

Section II TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u> b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u> c. Driver Name /Title: (Print / Type) <u>Chuck Weaver</u> d. Phone No.: <u>203-250-1000</u> e. Truck No.: <u>992</u> f. Vehicle License No./State: <u>27240A/CT</u> Acknowledgement of Receipt of Materials. g. <u>[Signature]</u> Driver Signature: <u>[Signature]</u> Shipment Date: <u>070605</u>	h. Name: _____ i. Address: _____ j. Driver Name /Title: (Print / Type) _____ k. Phone No.: _____ l. Truck No.: _____ m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials. n. _____ Driver Signature: _____ Shipment Date: _____

Section III DESTINATION		
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u> b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>	c. Site <input checked="" type="checkbox"/> : <u>A &amp; L Salvage</u> d. Mailing <u>44225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	e. Site <input type="checkbox"/> : _____ f. Mailing _____ Address: _____ Phone: _____
g. Discrepancy Indication Space: _____ I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. h. <u>[Signature]</u> Name of Authorized Agent: _____ Signature: <u>[Signature]</u> 7/11/05 Receipt Date: <u>070605</u>		

Section IV ASBESTOS	
a. Contractor's Name: <u>GTC Construction Safety</u> c. Contractor's Address: <u>920 65th Street West New York, NY</u> d. Special Handling Instructions and additional information: _____	b. Contractor's Phone No.: <u>201-852-3360</u> Contractor's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Contractor's Name & Title: <u>Ronald Wuzak</u> Print / Type: <u>Ronald Wuzak</u> Contractor's Signature: <u>[Signature]</u> Date: <u>070605</u> f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u> g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable



**TransWaste INC.**  
10 Mountain Rd.  
Durham, CT 06422  
Tel: (860) 349-5400 Fax (860) 349-5300

DATE: 7-6-04

TIME: \_\_\_\_\_

CUSTOMER: Bianchi

JOB / ADDRESS: \_\_\_\_\_

**CONTAINER SERVICE AGREEMENT**

- |   |  |
|---|--|
| <input type="checkbox"/> CONTAINER PLACED                     | <input type="checkbox"/> 12 YD.            |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD.            |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED             | <input checked="" type="checkbox"/> 30 YD. |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD.            |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER   |
| <input type="checkbox"/> OTHER                                | <input type="checkbox"/> COMPACTOR         |

*maclean can*

*manifest 15680*

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL. ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL. CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: \_\_\_\_\_

24816

NET WEIGHT: 73900

**CERTIFIED AUTOMATED TRUCK SCALE**

CAT SCALE COMPANY, INC. (LLC)  
P.O. BOX 8300  
WALCOTT, IA 52775  
(563) 284-6263  
www.catscale.com

DATE: 7-06-2005

SCALE LOCATION: TA MILL DALE  
1 84 EXIT 24  
MILL DALE CT

STEER AXLE	19820	10
DRIVE AXLE	24020	10
TRAILER AXLE	28060	10
GROSS WEIGHT	71900	10
	36580	

*Bianchi maclean can*

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

*38400 19.20*

**FREIGHT ALL KINDS**

LIVESTOCK PRODUCE PROPERTY COMMODITY OR ARTICLE WEIGHED

COMPANY: TransWaste Inc. TRACTOR # \_\_\_\_\_ TRAILER # \_\_\_\_\_

WEIGHMASTER'S SIGNATURE: ED TAYLOR

FULL WEIGHT TICKET # \_\_\_\_\_ (IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE \_\_\_\_\_



# TransWaste, Inc.

TW51781  
15681

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I		GENERATOR	
a. Generator Name <u>Town of Stillwater</u>		b. Generating Location: <u>Stillwater Boilerhouse</u>	
c. Address <u>66 East Street</u> <u>Stillwater NY 12170</u>		d. Address <u>East Ave + U.S. Route 4</u> <u>Stillwater NY 12170</u>	
e. Phone No.: <u>518 664 6148</u>		f. Phone No.: <u>518 664 6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>Friable Asbestos Waste</u>			<u>1-3yd<sup>3</sup></u>
2. <u>Asbestos Cont</u>			
3. <u>Asbestos Cont</u>			
4. <u>Asbestos Cont</u>			
5. <u>Asbestos Cont</u>			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other	
Generator Authorized Agent Name _____ Signature _____		Shipment Date <u>070705</u>	

Section II		TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name /Title: (Print / Type) <u>Chuck Weaver</u>		j. Driver Name /Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No.: <u>992</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>27240A CT</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature _____		n. Driver Signature _____	
Shipment Date <u>070705</u>		Shipment Date _____	

Section III			DESTINATION		
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u>	c. Site <input checked="" type="checkbox"/> <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> _____	a. Site <input type="checkbox"/> _____	c. Site <input type="checkbox"/> _____	e. Site <input type="checkbox"/> _____
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	f. Mailing _____	b. Mailing _____	d. Mailing _____	f. Mailing _____
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address: _____	Address: _____	Address: _____	Address: _____
Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Phone: _____	Phone: _____	Phone: _____	Phone: _____
g. Discrepancy Indication Space: _____					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
h. Name of Authorized Agent _____		Signature <u>Katharine Nash</u>		Receipt Date <u>071405</u>	

Section IV		ASBESTOS	
a. Contractor's Name: <u>GTC ENTERPRISES Safety</u>		b. Contractor's Phone No.: <u>201 8684005</u>	
c. Contractor's Address: <u>420 65th ST., WEST NEW YORK, NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Ronald WUSYK</u>	Print / Type	<u>Ronald Wusyk</u>	Contractor's Signature	<u>070705</u>	Date
---	--------------	---------------------	------------------------	---------------	------

f. Name and Address	
of Responsible Agency: <u>U.S. E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>	
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable	



**TransWaste INC.**  
10 Mountain Rd.  
Durham, CT 06422  
Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 7-7-05

TIME: \_\_\_\_\_

CUSTOMER: Blanchi

JOB / ADDRESS: \_\_\_\_\_

NY

### CONTAINER SERVICE AGREEMENT

- |   |  |               |
|---|--|---------------|
| <input type="checkbox"/> CONTAINER PLACED                     | <input type="checkbox"/> 12 YD.            | <u>705</u>    |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD.            |               |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED             | <input checked="" type="checkbox"/> 30 YD. | <u>Wanted</u> |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD.            | <u>#15241</u> |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX |               |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER   |               |
| <input type="checkbox"/> OTHER _____                          | <input type="checkbox"/> COMPACTOR         |               |

### WARNING - LOADING INSTRUCTION

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS,  
TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE  
REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc.  
HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND  
FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS  
UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE  
FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED  
NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED

TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND  
AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

24817

NET WEIGHT: 7120

## CERTIFIED AUTOMATED TRUCK SCALE

CAT SCALE COMPANY  
P.O. BOX 630  
WALCOTT, IA 52773  
(563) 284-6263  
www.cat-scale.com

DATE: 7-07-2005

SCALE LOCATION:  
596  
TA MILLDALE  
I 84 EXIT 28  
MILLDALE CT

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

WEIGH NUMBER  
3193

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\* The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

STEER AXLE	<u>20340</u>	<u>15</u>
DRIVE AXLE	<u>50780</u>	<u>15</u>
	<u>00</u>	<u>15</u>
TRAILER AXLE	<u>71120</u>	<u>15</u>
* GROSS WEIGHT	<u>35500</u>	

tw5  
Blanchi

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

35600 17.81  
**FREIGHT ALL KINDS**

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

**TRANSWASTE**

COMPANY

TRACTOR #

TRAILER #

FEE 1.00

WEIGHMASTER OR  
WEIGHER SIGNATURE

SU TAYLOR

FULL WEIGHT  
TICKET #  
(IF REWEIGH)

12753193

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_



# TransWaste, Inc.

TW171958  
15684

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name <u>Town of Stillwater</u>		b. Generating Location: <u>Stillwater Boilerhouse</u>	
c. Address <u>66 East St.</u> <u>Stillwater NY 12170</u>		d. Address <u>Best Ave + U.S. Route 4</u> <u>Stillwater NY 12170</u>	
e. Phone No.: <u>(518) 664 6148</u>		f. Phone No.: <u>518 664 6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>Frable asbestos waste</u>		<u>Asbestos Waste</u>	<u>1-30yd<sup>3</sup></u>
2. _____			
3. _____			
4. _____			
5. _____			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <input checked="" type="checkbox"/> Roll-off <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other	
Generator Authorized Agent Name _____		Truck Weight _____ (Tons)	
Signature _____		Shipment Date <u>040905</u>	

Section II		TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name / Title: (Print / Type) <u>John Barry</u>		j. Driver Name / Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No.: <u>992</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>27240-A CT</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature _____		n. _____	
Shipment Date <u>070509</u>		Shipment Date _____	

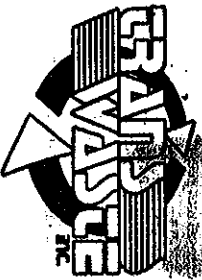
Section III			DESTINATION		
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u>		c. Site <input checked="" type="checkbox"/> <u>A &amp; L Salvage</u>		e. Site <input type="checkbox"/> _____	
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>		d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>		f. Mailing _____ Address: _____ Phone: _____	
g. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
h. Name of Authorized Agent _____		Signature <u>Daniel Carroll</u>		Receipt Date <u>071405</u>	

Section IV		ASBESTOS	
a. Contractor's Name <u>G+C Safety Enterprises</u>		b. Contractor's Phone No.: <u>(201) 868-4005</u>	
c. Contractor's Address: <u>420 65th West New York, NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Ronald Wusyk</u>		Contractor's Signature <u>Ronald Wusyk</u>		Date <u>070905</u>	
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>					
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable					





**TransWaste INC.**

10 Mountain Rd.

Durham, CT 06422

Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 7/9/05 TIME: \_\_\_\_\_

CUSTOMER: Branch

JOB / ADDRESS: Mechanicville NY

**CONTAINER SERVICE AGREEMENT**

- |  |  |
|--|--|
| <input type="checkbox"/> CONTAINER PLACED                    | <input type="checkbox"/> 12 YD.            |
| <input type="checkbox"/> CONTAINER DUMPED/RETURNED           | <input type="checkbox"/> 20 YD.            |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/REMOVED | <input checked="" type="checkbox"/> 30 YD. |
| <input type="checkbox"/> CONTAINER RELOCATED                 | <input type="checkbox"/> 40 YD.            |
| <input type="checkbox"/> TRAVEL TIME                         | <input type="checkbox"/> 40 YD. CLOSED BOX |
| <input type="checkbox"/> WAITING TIME                        | <input type="checkbox"/> 100 YD. TRAILER   |
| <input type="checkbox"/> OTHER _____                         | <input type="checkbox"/> COMPACTOR         |

TW17-15084  
manfat  
TW18  
manfat  
36-01

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL. ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL. CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED

TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: [Signature] DISPOSAL SITE: \_\_\_\_\_

24203 NET WEIGHT: \_\_\_\_\_

IF YOU SHOULD GET AN OVERWEIGHT FINE, YOU SHOULD DO THE FOLLOWING TO GET THE PROBLEM RESOLVED:

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\* The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

DATE:	7-09-2005	STEER AXLE	15940	15
SCALE	596	DRIVE AXLE	58720	15
LOCATION:	TA MILLDALE	TRAILER AXLE	00	15
	I 84 EXIT 28	GROSS WEIGHT	74660	15
	MILLDALE CT		35500	

TW-17  
Branch  
Mechanicville  
NY

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

39160 19.58 ma

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

COMPANY TRANSWASTE TRACTOR # 201 TRAILER # 0

WEIGHMASTER OR  
WEIGHER SIGNATURE VERONICA MATUS

FULL WEIGH  
TICKET # 12753375  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_

© 1998 CAT Scale Company

**CERTIFIED  
AUTOMATED  
TRUCK  
SCALE**

CAT SCALE COMPANY  
P.O. BOX 630  
WALCOTT, IA 52773  
(563) 284-0263  
www.catscale.com

PUBLIC WEIGHMASTERS  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

WEIGH NUMBER  
3375

FEE 1.00





# TransWaste, Inc.

70561948  
15683

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>		b. Generating Location: <u>Stillwater Boiler House</u>	
c. Address: <u>66 East Street</u> <u>Stillwater NY 12170</u>		d. Address: <u>Best Ave &amp; U.S. Route 4</u> <u>Stillwater NY 12170</u>	
e. Phone No.: <u>(518) 664-6148</u>		f. Phone No.: <u>(518) 664-6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste		Waste Code	Qty (%/#) <u>1-30 yd<sup>3</sup></u>
1. <u>Friable asbestos waste</u>		<u>20 ASBESTOS WASTE RC011</u>	Shipped In: <input checked="" type="checkbox"/> Rolloff
2. _____			<input type="checkbox"/> Fiber Drum
3. _____			<input type="checkbox"/> Truck
4. _____			<input type="checkbox"/> Other
5. _____			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name: _____		Signature: _____	
		Shipment Date: <u>070805</u>	

Section II		TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name /Title: (Print / Type) <u>Chuck Wagner</u>		j. Driver Name /Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No.: <u>991</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>27240A/CT</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature: <u>[Signature]</u>		n. Driver Signature: _____	
Shipment Date: <u>070805</u>		Shipment Date: _____	

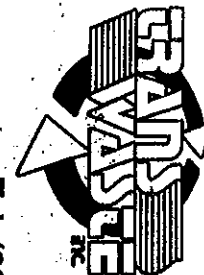
Section III			DESTINATION		
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>	c. Site <input type="checkbox"/> : <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> : _____			
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>1225 State RT45 &amp; US30</u>	f. Mailing _____			
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address: _____			
Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Phone: _____			
g. Discrepancy Indication Space: _____					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
h. Name of Authorized Agent: _____		Signature: <u>[Signature]</u>		Receipt Date: <u>071505</u>	

Section IV		ASBESTOS	
a. Contractor's Name: <u>G &amp; S Safety Enterprises</u>		b. Contractor's Phone No.: <u>201 868 4005</u>	
c. Contractor's Address: <u>420 65th St. West New York, NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Ronald Wasyk</u>	Contractor's Signature: <u>[Signature]</u>	Date: <u>070805</u>
---	--	---------------------

f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>	
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable	



**TransWaste Inc.**  
10 Mountain Rd.  
Durham, CT 06422  
Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 7-8-05 TIME: \_\_\_\_\_

CUSTOMER: Bianchi

JOB / ADDRESS: \_\_\_\_\_

### CONTAINER SERVICE AGREEMENT

- |   |  |               |
|---|--|---------------|
| <input checked="" type="checkbox"/> CONTAINER PLACED          | <input type="checkbox"/> 12 YD.            | <u>tw56</u>   |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/RETURNED | <input type="checkbox"/> 20 YD.            |               |
| <input type="checkbox"/> CONTAINER DUMPED/REMOVED             | <input checked="" type="checkbox"/> 30 YD. | <u>marked</u> |
| <input type="checkbox"/> CONTAINER RELOCATED                  | <input type="checkbox"/> 40 YD.            | <u>#15683</u> |
| <input type="checkbox"/> TRAVEL TIME                          | <input type="checkbox"/> 40 YD. CLOSED BOX |               |
| <input type="checkbox"/> WAITING TIME                         | <input type="checkbox"/> 100 YD. TRAILER   |               |
| <input type="checkbox"/> OTHER _____                          | <input type="checkbox"/> COMPACTOR         |               |

### WARNING - LOADING INSTRUCTION

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS,  
TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE  
REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc.  
HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND  
FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS  
UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE  
FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED  
NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED  
TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND  
AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT  
CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

24818 NET WEIGHT: 74460

IF YOU SHOULD GET AN OVERWEIGHT FINE, YOU SHOULD DO THE FOLLOWING TO GET THE PROBLEM RESOLVED:

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to  
CAT Scale Company Attn: Operations Manager.

\* The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT  
and was weighed on a full length platform scale.

DATE: 7-08-2005

STEER AXLE 20400 15 tw56

DRIVE AXLE 54060 15 Bianchi

TRAILER AXLE 00 15

\* GROSS WEIGHT 74460 15

SCALE 596  
LOCATION: TA MILLDALE  
I 84 EXIT 28  
MILLDALE CT

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

This is to certify that the following described merchandise was weighed, counted, or measured by a  
public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the  
accuracy of the weight shown as prescribed by law.

38960 19.48

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

TRANSWASTE

COMPANY

TRACTOR #

TRAILER #

WEIGH NUMBER

3322

FEE 8.00

WEIGHMASTER OR  
WEIGHER SIGNATURE

BU TAYLOR

FULL WEIGH  
TICKET #  
(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_



# TransWaste, Inc.

TW41899  
15688

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name <u>Town of Stillwater</u>		b. Generating Location: <u>Stillwater Boilerhouse</u>	
c. Address <u>66 East St,</u> <u>Stillwater NY 12170</u>		d. Address <u>Best Ave + U.S. Route 4</u> <u>Stillwater NY 12170</u>	
e. Phone No.: <u>518 664 6148</u>		f. Phone No.: <u>518 664 6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste		Waste Code	Qty (%/ft)
1. <u>Frable asbestos waste</u>			<u>1-30yd3</u>
2. <u>Asbestos waste</u>			
3. <u>Asbestos waste</u>			
4. <u>Asbestos waste</u>			
5. <u>Asbestos waste</u>			
			Shipped In:
			<input checked="" type="checkbox"/> Roll-off
			<input type="checkbox"/> Fiber Drum
			<input type="checkbox"/> Truck
			<input type="checkbox"/> Other
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
Generator Authorized Agent Name		Signature	Shipment Date <u>070905</u>

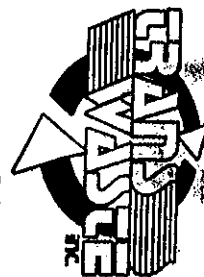
Section II		TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>		h. Name:	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address:	
c. Driver Name /Title: (Print / Type) <u>John Barry</u>		j. Driver Name /Title: (Print / Type)	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No. <u>992</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>27240-A CT</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature <u>[Signature]</u>		n. Driver Signature _____	
Shipment Date <u>070905</u>		Shipment Date _____	

Section III			DESTINATION		
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u>	c. Site <input checked="" type="checkbox"/> <u>A &amp; L Salvage</u>	e. Site <input type="checkbox"/> _____	a. Site <input type="checkbox"/> _____	c. Site <input type="checkbox"/> _____	e. Site <input type="checkbox"/> _____
b. Mailing <u>9000 Minerva South East</u>	d. Mailing <u>11225 State RT45 &amp; US30</u>	f. Mailing _____	b. Mailing _____	d. Mailing _____	f. Mailing _____
Address: <u>Waynesburg, OH 44688</u>	Address: <u>Lisbon, OH 44432</u>	Address: _____	Address: _____	Address: _____	Address: _____
Phone: <u>330-866-3435</u>	Phone: <u>330-424-3739</u>	Phone: _____	Phone: _____	Phone: _____	Phone: _____
g. Discrepancy Indication Space: _____					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
h. Name of Authorized Agent		Signature <u>[Signature]</u>		Receipt Date <u>070905</u>	

Section IV		ASBESTOS	
a. Contractor's Name: <u>GTC Safety Enterprises</u>		b. Contractor's Phone No.: <u>(201) 968-4005</u>	
c. Contractor's Address: <u>420 65th West New York, NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Ronald Wasyk</u>		Contractor's Signature <u>[Signature]</u>		Date <u>070905</u>	
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>					
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable					



**TransWaste Inc.**

10 Mountain Rd.

Durham, CT 06422

Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 7-9-05

TIME:

CUSTOMER: Branchi

JOB / ADDRESS:

### CONTAINER SERVICE AGREEMENT

- ☐ CONTAINER PLACED
- ☐ CONTAINER DUMPED/RETURNED
- ☒ CONTAINER DUMPED/REMOVED
- ☐ CONTAINER RELOCATED
- ☐ TRAVEL TIME
- ☐ WAITING TIME
- ☐ OTHER

- ☐ 12 YD.
- ☐ 20 YD.
- ☒ 30 YD.
- ☐ 40 YD.
- ☐ 40 YD. CLOSED BOX
- ☐ 100 YD. TRAILER
- ☐ COMPACTOR

Manifest # 15788

### WARNING - LOADING INSTRUCTION

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL. ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL. CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

DRIVER: Chuck

DISPOSAL SITE:

24819

NET WEIGHT:

SCALE

## CERTIFIED AUTOMATED TRUCK SCALE

CAT SCALE COMPANY  
P.O. BOX 530  
WALCOTT, CT 06497  
(860) 284-6263  
www.cat-scale.com

IF YOU SHOULD GET AN OVERWEIGHT FINE, YOU SHOULD DO THE FOLLOWING TO GET THE PROBLEM RESOLVED:

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

DATE: 7-09-2005

STEER AXLE

19640 lb

DRIVE AXLE

53840 lb

TRAILER AXLE

00 lb

GROSS WEIGHT

73480 lb

35500

SCALE

LOCATION:

596

TA MILLDALE

1 AN EXIT 26

MILDALE CT

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE

IMPRINT SEAL HERE  
(IF APPLICABLE)

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

37980

18.99

FREIGHT ALL KINDS

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

TRANSWASTE TOYOTA

COMPANY

TRACTOR #

TRAILER #

FEE

8.00

WEIGHMASTER OR  
WEIGHER SIGNATURE

SU TAYLOR

FULL WEIGH  
TICKET

(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE:



# TransWaste, Inc.

TW182001  
15685

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I		GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>		b. Generating Location: <u>Stillwater Barkerhouse</u>	
c. Address: <u>66 East St.</u> <u>Stillwater, NY 12170</u>		d. Address: <u>Best Ave + U.S. Route 4</u> <u>Stillwater, NY 12170</u>	
e. Phone No.: <u>(518) 664-6148</u>		f. Phone No.: <u>(518) 664-6148</u>	
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>Saratoga County</u>	
j. Description of Waste:		Waste Code	Qty (%/##) Shipped In:
1. <u>Friable Asbestos Waste</u>		<u>2-Asbestos WASTE 12-BC611</u>	<u>1-30yd<sup>3</sup></u>
2.			
3.			
4.			
5.			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other	
Generator Authorized Agent Name: _____		Signature: _____ Shipment Date: <u>07/09/05</u>	

Section II		TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>		h. Name: _____	
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>		i. Address: _____	
c. Driver Name /Title: (Print / Type) <u>John Barry</u>		j. Driver Name /Title: (Print / Type) _____	
d. Phone No.: <u>203-250-1000</u>		k. Phone No.: _____	
e. Truck No.: <u>992</u>		l. Truck No.: _____	
f. Vehicle License No./State: <u>2240-A CT</u>		m. Vehicle License No./State: _____	
g. Acknowledgement of Receipt of Materials: _____		n. Acknowledgement of Receipt of Materials: _____	
Driver Signature: _____ Shipment Date: <u>07/09/05</u>		Driver Signature: _____ Shipment Date: _____	

Section III		DESTINATION	
a. Site <input type="checkbox"/> : <u>Minerva Enterprises</u>		c. Site <input checked="" type="checkbox"/> : <u>A &amp; L Salvage</u>	
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>		d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	
e. Site <input type="checkbox"/> : _____		f. Mailing _____ Address: _____ Phone: _____	
g. Discrepancy Indication Space: _____			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent: _____		Signature: <u>David Carroll</u>	
		Receipt Date: <u>07/09/05</u>	

Section IV		ASBESTOS	
a. Contractor's Name: <u>G+C Safety Enterprises</u>		b. Contractor's Phone No.: <u>(201) 868-4005</u>	
c. Contractor's Address: <u>420 65th West New York, NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Ronald W. S. K.</u>		Contractor's Signature: <u>Ronald W. S. K.</u>		Date: <u>07/09/05</u>	
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>					
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable					



**Tel. (860) 349-5400 Fax (860) 349-5300**

DATE: 11/1/93 TIME: 1:00

CUSTOMER: Chaveiro

JOB / ADDRESS: Medmenville NJ

# CONTAINER SERVICE AGREEMENT

- ☐ CONTAINER PLACED  
☐ CONTAINER DUMPED/RETURNED  
☒ CONTAINER DUMPED/REMOVED  
☐ CONTAINER RELOCATED  
☐ TRAVEL TIME  
☐ WAITING TIME  
☐ OTHER \_\_\_\_\_
- Number \_\_\_\_\_  
 Date \_\_\_\_\_  
 Manufacturer \_\_\_\_\_  
 30-01

## WARNING - LOADING INSTRUCTION

**CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.**

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL.  
ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE  
REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMERS CARE, CUSTODY, AND CONTROL.

CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: 47 DISPOSAL SITE: \_\_\_\_\_

2420B

**NET WEIGHT:**

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager to:

[www.catscale.com](http://www.catscale.com)

DATE: 7-09-2005

STEER AXLE 16240 1b

DRIVE AXLE

SCALE 596

TRAILER AXLE

**PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE**

MILLDALE CT \* GROSS WEIGHT 5520 15

IMPRINT SEAL HERE  
(IF APPLICABLE)

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

**FREIGHT ALL KINDS**

**COMPANY**

**TRACTOR #**

**TRAILER #**

FREE 19.00

WEIGHMASTER OR  
WEIGHER SIGNATURE

**VERONICA MATOS**

FULL WEIGHT 1.275337g  
TICKET #  
(IF REWEIGHT)

**DRIVER IN TRUCK UNLESS CHECKED HERE**

© 1995 CAT Back Company® 0424





# TransWaste, Inc.

70621974  
15704

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>	b. Generating Location: <u>Stillwater Boilerhouse</u>		
c. Address: <u>66 East Street</u> <u>Stillwater NY 12170</u>	d. Address: <u>Best Ave U.S. Route 4</u> <u>Stillwater NY 12170</u>		
e. Phone No.: <u>518 664 6148</u>	f. Phone No.: <u>(518) 664 6148</u>		
If owner of the generating facility differs from the generator provide:		i. County Service Code: <u>SARATOGA COUNTY</u>	
j. Description of Waste		Waste Code	Qty (%/#)
1. <u>Friable Asbestos Waste</u>			<u>1-30yd</u> 3
2. <u>20 Asbestos Waste</u>			
3. <u>20 Asbestos Waste</u>			
4. <u>20 Asbestos Waste</u>			
5. <u>20 Asbestos Waste</u>			
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input type="checkbox"/> Other	
Generator Authorized Agent Name: <u>[Signature]</u>		Truck Weight (Tons) <u>062705</u>	
Signature		Shipment Date	

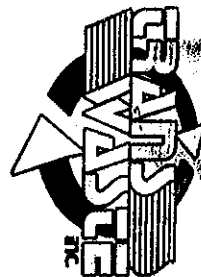
Section II		TRANSPORTER	
TRANSPORTER I		TRANSPORTER II	
a. Name: <u>TransWaste, Inc.</u>	h. Name: _____		
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address: _____		
c. Driver Name /Title: (Print / Type) <u>Chuck Weaver</u>	j. Driver Name /Title: (Print / Type) _____		
d. Phone No.: <u>203-250-1000</u>	k. Phone No.: _____		
e. Truck No.: <u>992</u>	l. Truck No.: _____		
f. Vehicle License No./State: <u>27240A/CT</u>	m. Vehicle License No./State: _____		
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. <u>[Signature]</u>	n. <u>[Signature]</u>		
Driver Signature	Driver Signature		
Shipment Date <u>062705</u>	Shipment Date		

Section III		DESTINATION	
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u>		c. Site <input checked="" type="checkbox"/> <u>A &amp; L Salvage</u>	
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>		d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	
e. Site <input type="checkbox"/> _____		f. Mailing _____	
g. Discrepancy Indication Space: _____		Address: _____	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		Phone: _____	
h. <u>[Signature]</u>		Receipt Date <u>072005</u>	
Name of Authorized Agent		Signature	

Section IV		ASBESTOS	
a. Contractor's Name: <u>G+C Enterprises SAFETY</u>		b. Contractor's Phone No.: <u>201 868 4005</u>	
c. Contractor's Address: <u>420 65th ST. WEST NEW YORK, NJ</u>			
d. Special Handling Instructions and additional information: _____			

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Vaol Risterni, ash sup.</u>	Contractor's Signature <u>[Signature]</u>	Date <u>062705</u>
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg Boston, MA 02203</u>		
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable		



**TransWaste Inc.**  
10 Mountain Rd.  
Durham, CT 06422  
Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 6.27.05 TIME: \_\_\_\_\_

CUSTOMER: Bianchi

JOB / ADDRESS: Mechanicville NY

**CONTAINER SERVICE AGREEMENT**

- |  |  |
|--|--|
| <input type="checkbox"/> CONTAINER PLACED                    | <input type="checkbox"/> 12 YD. <u>TW62</u>                    |
| <input type="checkbox"/> CONTAINER DUMPED/RETURNED           | <input type="checkbox"/> 20 YD.                                |
| <input checked="" type="checkbox"/> CONTAINER DUMPED/REMOVED | <input checked="" type="checkbox"/> 30 YD. <u>Manit #15704</u> |
| <input type="checkbox"/> CONTAINER RELOCATED                 | <input type="checkbox"/> 40 YD.                                |
| <input type="checkbox"/> TRAVEL TIME                         | <input type="checkbox"/> 40 YD. CLOSED BOX                     |
| <input type="checkbox"/> WAITING TIME                        | <input type="checkbox"/> 100 YD. TRAILER                       |
| <input type="checkbox"/> OTHER _____                         | <input type="checkbox"/> COMPACTOR                             |

**WARNING - LOADING INSTRUCTION**

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL. ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL.  
\*CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT  
CUSTOMER SIGNATURE: \_\_\_\_\_

DRIVER: Chuck DISPOSAL SITE: \_\_\_\_\_

24804 NET WEIGHT: 71980

**AUTOMATED TRUCK SCALE**

CAT SCALE COMPANY  
P.O. BOX 630  
WALCOTT, IA 52773  
(563) 284-6263  
www.catscale.com

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the citation, CAT Scale Ticket, your name, company, address, and phone number to CAT Scale Company Attn: Operations Manager.

\* The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

DATE: 6-27-2005  
SCALE: 596  
LOCATION: TA MILLDALE  
I 84 EXIT 28  
MILLDALE CT

STEER AXLE	<u>20140</u>	<u>15</u>	<u>TW62</u>
DRIVE AXLE	<u>54840</u>	<u>15</u>	<u>B1, 9th</u>
TRAILER AXLE	<u>00</u>	<u>15</u>	
* GROSS WEIGHT	<u>74980</u>	<u>15</u>	

35580

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

**FREIGHT ALL KINDS**

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

COMPANY: TRANSWASTE TRACTOR #: 992 TRAILER #: 0

FEE: 8.00 WEIGHMASTER OR WEIGHER SIGNATURE: SU TAYLOR

FULL WEIGH TICKET # (IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE: \_\_\_\_\_

WEIGH NUMBER  
2704

CUSTOMER COPY

IMPRINT SEAL HERE (IF APPLICABLE)

PUBLIC WEIGHMASTER'S  
CERTIFICATE OF  
WEIGHT & MEASURE



# TransWaste, Inc.

100  
15687

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I		GENERATOR	
a. Generator Name	Town of Stillwater	b. Generating Location	Stillwater Boilerhouse
c. Address	66 East Ave Stillwater NY 12170	d. Address	66 East Ave - U.S. Route 4 Stillwater NY 12170
e. Phone No.	518 664 6148	f. Phone No.	518 664 6148
If owner of the generating facility differs from the generator provide:		i. County Service Code	Saratoga County
j. Description of Waste	1. Friable Asbestos Waste	Waste Code	10010
	2.		
	3.		
	4.		
	5.		
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Other	
Generator Authorized Agent Name		Signature	
		061905 Shipment Date	

Section II		TRANSPORTER I		TRANSPORTER II	
a. Name:	TransWaste, Inc.	h. Name:		j. Driver Name /Title: (Print / Type)	
b. Address:	108 A Blacks Road Cheshire, CT 06410	i. Address:		k. Phone No.:	
c. Driver Name /Title: (Print / Type)	David Williams			l. Truck No.:	
d. Phone No.:	203-250-1000			m. Vehicle License No./State:	
e. Truck No.:	#981			Acknowledgement of Receipt of Materials.	
f. Vehicle License No./State:	30421 CT				
g. Driver Signature	061905	n. Driver Signature			
	Shipment Date				Shipment Date

Section III		DESTINATION	
a. Site <input type="checkbox"/> Minerva Enterprises	c. Site <input checked="" type="checkbox"/> A & L Salvage	e. Site <input type="checkbox"/>	
b. Mailing 9000 Minerva South East	d. Mailing 11225 State RT45 & US30	f. Mailing	
Address: Waynesburg, OH 44688	Address: Lisbon, OH 44432	Address:	
Phone: 330-866-3435	Phone: 330-424-3739	Phone:	
g. Discrepancy Indication Space:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent	Signature	072505	Receipt Date

Section IV		ASBESTOS	
a. Contractor's Name:	J & C construction	b. Contractor's Phone No.:	
c. Contractor's Address:	420 65TH ST NEW YORK NY		
d. Special Handling Instructions and additional information:			
CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
e. Contractor's Name & Title:	Orlando MENDOZA SUPER	Contractor's Signature	Date
f. Name and Address	U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203		
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both	% friable	% non-friable	



# TransWaste, Inc.

100  
15689

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I		GENERATOR	
a. Generator Name	TOWN OF STILLWATER	b. Generating Location:	STILLWATER BOILERHOUSE
c. Address	66 EAST AVE. STILLWATER, NY 12170	d. Address	BEST AVE & US RT 4 STILLWATER, NY 12170
e. Phone No.:	(518) 664-6148	f. Phone No.:	(518) 664-6148
If owner of the generating facility differs from the generator provide:		i. County Service Code:	SARATOGA COUNTY
j. Description of Waste	FRIMBLE ASBESTOS WASTE	Waste Code	1240 Bacs
1.	FRIMBLE ASBESTOS WASTE	Qty (%/#)	1240 Bacs
2.		Shipped In:	
3.		Roll-off	
4.		Fiber Drum	
5.		Truck	
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		Truck Weight (Tons)	
Generator Authorized Agent Name		071905	
Signature		Shipment Date	

Section II		TRANSPORTER	
a. Name:	TransWaste, Inc.	h. Name:	
b. Address:	108 A Blacks Road Cheshire, CT 06410	i. Address:	
c. Driver Name /Title: (Print / Type)	Dave Pearce	j. Driver Name /Title: (Print / Type)	
d. Phone No.:	203-250-1000	k. Phone No.:	
e. Truck No.:	37359A CT	l. Truck No.:	
f. Vehicle License No./State:		m. Vehicle License No./State:	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature	071905	n. Driver Signature	
Shipment Date		Shipment Date	

Section III		DESTINATION	
a. Site <input type="checkbox"/> : Minerva Enterprises	c. Site <input type="checkbox"/> : A & L Salvage	e. Site <input type="checkbox"/> :	
b. Mailing 9000 Minerva South East	d. Mailing 11225 State RT45 & US30	f. Mailing	
Address: Waynesburg, OH 44688	Address: Lisbon, OH 44432	Address:	
Phone: 330-866-3435	Phone: 330-424-3739	Phone:	
g. Discrepancy Indication Space:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
h. Name of Authorized Agent		072505	
Signature		Receipt Date	

Section IV		ASBESTOS	
a. Contractor's Name:	J & C CONSTRUCTION CORP.	b. Contractor's Phone No.:	201-968-4005
c. Contractor's Address:	420 65TH ST WEST NEW YORK NEW JERSEY		
d. Special Handling Instructions and additional information:			
CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.			
e. Contractor's Name & Title:		Date	
Print / Type		Contractor's Signature	
f. Name and Address			
of Responsible Agency: U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203			
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both % friable % non-friable			



# TransWaste, Inc.

100  
15686

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I GENERATOR	
a. Generator Name: <u>Town of Stillwater</u>	b. Generating Location: <u>Stillwater Boilerhouse</u>
c. Address: <u>66 East Street</u> <u>Stillwater NY 12170</u>	d. Address: <u>Best Ave + U.S. Route 4</u> <u>Stillwater NY 12170</u>
e. Phone No.: <u>518 664 6148</u>	f. Phone No.: <u>518 664 6148</u>
If owner of the generating facility differs from the generator provide:	
i. County Service Code: <u>Saratoga County</u>	Waste Code: <u>10010</u>
j. Description of Waste: 1. <u>Friable Asbestos Waste</u> 2. <u>ROADSIDE GNA 2212 CGL</u> 3. 4. 5. Waste Code: <u>10010</u>	Shipped In: <input checked="" type="checkbox"/> Rolloff <input type="checkbox"/> Fiber Drum <input type="checkbox"/> Truck <input checked="" type="checkbox"/> TRAILER Other
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
Generator Authorized Agent Name: <u>[Signature]</u>	Signature: <u>[Signature]</u>
Shipment Date: <u>062905</u>	

Section II TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u>	h. Name: <u></u>
b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u>	i. Address: <u></u>
c. Driver Name /Title: (Print / Type) <u>Walter Seguey</u>	j. Driver Name /Title: (Print / Type) <u></u>
d. Phone No.: <u>203-250-1000</u>	k. Phone No.: <u></u>
e. Truck No.: <u>31945A CT</u>	l. Truck No.: <u></u>
f. Vehicle License No./State: <u></u>	m. Vehicle License No./State: <u></u>
Acknowledgement of Receipt of Materials.	
g. Driver Signature: <u>[Signature]</u>	n. Driver Signature: <u></u>
Shipment Date: <u>062905</u>	

Section III DESTINATION		
a. Site <input type="checkbox"/> Minerva Enterprises	c. Site <input checked="" type="checkbox"/> A & L Salvage	e. Site <input type="checkbox"/> <u></u>
b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-886-3435</u>	d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	f. Mailing <u></u> Address: <u></u> Phone: <u></u>
g. Discrepancy Indication Space: <u></u>		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
h. Name of Authorized Agent: <u></u> Signature: <u></u>		Receipt Date: <u></u>

Section IV ASBESTOS	
a. Contractor's Name: <u>JRC Construction Safety</u>	b. Contractor's Phone No.: <u>201-968-4005</u>
c. Contractor's Address: <u>420-65TH ST WEST NEW YORK NJ</u>	
d. Special Handling Instructions and additional information: <u></u>	
CONTRACTOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.	
e. Contractor's Name & Title: <u>Ornel Mendez SUPERVISOR</u>	Contractor's Signature: <u>[Signature]</u>
Print / Type	Date: <u></u>
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>	
g. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both <u></u> % friable <u></u> % non-friable	



# TransWaste, Inc.

TW61977  
15881

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I GENERATOR	
a. Generator Name: <u>TOWN OF STILLWATER</u> c. Address: <u>66 EAST ST.</u> <u>STILLWATER, NY. 12170</u> e. Phone No.: <u>(518) 664-6148</u> If owner of the generating facility differs from the generator provide: j. Description of Waste: 1. <u>FRIABLE ASBESTOS MATL</u> 2. <u>FRIABLE ASBESTOS MATL</u> 3. <u>Asbestos MAAD 2 BGT</u> 4. <u></u> 5. <u></u>	b. Generating Location: <u>STILLWATER BOILERHOUSE</u> d. Address: <u>1 BEST AVE EUS RT #4</u> <u>STILLWATER, NY 12170</u> f. Phone No.: <u>(518) 664-6148</u> i. County Service Code: <u>SARATOGA COUNTY</u> Waste Code: <u></u> Qty (%/##) <u>15YD</u> <u>40 BAGS</u> Shipped In: <u>30YD</u> Rolloff <u></u> Fiber Drum <u></u> Truck <u></u> Other
Generator's certification; I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
Generator Authorized Agent Name: <u></u> Signature: <u></u>	Shipment Date: <u>082905</u>

Section II TRANSPORTER	
TRANSPORTER I a. Name: <u>TransWaste, Inc.</u> b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u> c. Driver Name /Title: (Print / Type) <u>Chuck Weaver</u> d. Phone No.: <u>203-250-1000</u> e. Truck No.: <u>992</u> f. Vehicle License No./State: <u>27240A / CT</u> Acknowledgement of Receipt of Materials: g. <u></u> <u>082905</u> Driver Signature Shipment Date	TRANSPORTER II h. Name: <u></u> i. Address: <u></u> j. Driver Name /Title: (Print / Type) <u></u> k. Phone No.: <u></u> l. Truck No.: <u></u> m. Vehicle License No./State: <u></u> Acknowledgement of Receipt of Materials: n. <u></u> <u></u> Driver Signature Shipment Date

Section III DESTINATION		
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u> b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>	c. Site <input checked="" type="checkbox"/> <u>A &amp; L Salvage</u> d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	e. Site <input type="checkbox"/> <u></u> f. Mailing <u></u> Address: <u></u> Phone: <u></u>
g. Discrepancy Indication Space: <u></u> I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
h. <u>Mike Gillespie</u> <u>Mike Gillespie</u> Name of Authorized Agent Signature		<u>9-2-05</u> Receipt Date

Section IV ASBESTOS	
a. Contractor's Name: <u>B&amp;C CONSTRUCTION SAFETY</u> c. Contractor's Address: <u>1420 65TH ST, WEST NEW YORK, NJ</u> d. Special Handling Instructions and additional information: <u></u>	b. Contractor's Phone No.: <u>(201) 868-4005</u> Contractor's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.
e. Contractor's Name & Title: <u>TOM ARCHER FOR B&amp;C</u> Print / Type	<u>Tom J. Archer</u> <u>082905</u> Contractor's Signature Date
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>	
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input checked="" type="checkbox"/> Both <u></u> % friable <u></u> % non-friable	





TransWaste INC.

10 Mountain Rd.

Durham, CT 06422

Tel. (860) 349-5400 Fax (860) 349-5300

DATE: 8-29-05

TIME:

CUSTOMER: Banichi

JOB / ADDRESS: Mechanville NY

CONTAINER SERVICE AGREEMENT

CONTAINER SERVICE AGREEMENT

② CONTAINER PLACED

① CONTAINER DUMPED/RETURNED

CONTAINER DUMPED/REMOVED

CONTAINER RELOCATED

TRAVEL TIME

WAITING TIME 1 1/2 HR

OTHER

12 YD. 20 YD. 30 YD. 40 YD. 40 YD. CLOSED BOX 100 YD. TRAILER COMPACTOR

Tw6

manifest #15881

WARNING - LOADING INSTRUCTION

CONTAINER IS NOT TO BE LOADED WITH ANY HAZARDOUS, TOXIC, OR FLAMMABLE LIQUIDS, SOLIDS, OR GASES.

ALL CONTAINERS MUST BE LOADED TO WATER LEVEL. ALL MATERIAL THAT IS LOADED ABOVE WATER LEVEL MUST BE REMOVED BY CUSTOMER BEFORE REMOVAL.

CUSTOMER AGREES TO THE SERVICE PERFORMED ABOVE. CUSTOMER HOLDS TransWaste Inc. HARMLESS FOR ANY DAMAGES DONE BY TransWaste Inc. TRUCKS, DRIVER, OR CONTAINER, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY DAMAGE OR INJURIES WHILE CONTAINER IS UNDER CUSTOMER'S CARE, CUSTODY, AND CONTROL. CUSTOMER IS RESPONSIBLE FOR ANY DAMAGE TO CONTAINER. THIS CONTAINER FROM THE ABOVE FACILITY IS LOADED WITH EITHER NON-INFECTIOUS WASTE OR THE WASTE HAS BEEN RENDERED NON-INFECTIOUS BY THAT FACILITY.

THIS IS TO ACKNOWLEDGE THAT THE ABOVE SERVICE HAS BEEN COMPLETED

TO OUR SATISFACTION ON THE ABOVE DATE AND CUSTOMER ACKNOWLEDGES AND AGREES TO ALL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT

CUSTOMER SIGNATURE: *Paul L. Linder, Joe G. C.*

DRIVER: *Chuck* DISPOSAL SITE: *R*

24929

NET WEIGHT: 75040

CERTIFIED AUTOMATED TRUCK SCALE

CAT SCALE COMPANY  
P.O. BOX 130  
WALCOTT, IA 52773  
(563) 284-6263  
www.catscale.com

IF YOU SHOULD GET AN OVERWEIGHT FINE, YOU SHOULD DO THE FOLLOWING TO GET THE PROBLEM RESOLVED:

- 1) Post bond and request a court date.
- 2) Call CAT Scale Company direct 24 hours a day at 1-877-CAT-SCALE (Toll Free).
- 3) IMMEDIATELY send a copy of the Citation, CAT Scale Ticket, your name, company, address, and phone number to: CAT Scale Company Attn: Operations Manager.

\*The four weights shown below are separate weights. The GROSS WEIGHT is the CERTIFIED WEIGHT and was weighed on a full length platform scale.

DATE: 8-29-2005

SCALE 596

LOCATION: TA MILDALE I 84 EXIT 28 MILLDALE CT

PUBLIC WEIGHMASTER'S CERTIFICATE OF WEIGHT & MEASURE

STEER AXLE 20060 1b Tw6

DRIVE AXLE 54980 1b Banichi

TRAILER AXLE 00 1b

GROSS WEIGHT 75040 1b

35500

39540 19.77

This is to certify that the following described merchandise was weighed, counted, or measured by a public or deputy weighmaster, and when properly signed and sealed shall be prima facie evidence of the accuracy of the weight shown as prescribed by law.

IMPRINT SEAL HERE (IF APPLICABLE)

LIVESTOCK, PRODUCE, PROPERTY, COMMODITY, OR ARTICLE WEIGHED

FREIGHT ALL KINDS

COMPANY

TRACTOR #

TRAILER #

WEIGH NUMBER

1670

WEIGHMASTER OR

WEIGHMASTER OR  
WEIGHMASTER SIGNATURE

VERONICA MATOS

FULL WEIGHT  
TICKET #

(IF REWEIGH)

DRIVER IN TRUCK UNLESS CHECKED HERE:

15882

# TransWaste, Inc.

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

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

Section I GENERATOR	
a. Generator Name: <u>TOWN OF STILLWATER</u> c. Address: <u>66 EAST ST.</u> <u>STILLWATER NY 12170</u> e. Phone No.: <u>518 664 6148</u> If owner of the generating facility differs from the generator provide:	b. Generating Location: <u>STILLWATER SOLIDWASTE</u> d. Address: <u>1 EAST AVE RT 4</u> <u>STILLWATER NY 12170</u> f. Phone No.: <u>518 664 6148</u> i. County Service Code: _____
j. Description of Waste 1. <u>FRAGILE ASBESTOS</u> 2. _____ 3. _____ 4. _____ 5. _____	Waste Code _____ Qty (%/#) <u>3040</u> Shipped In: <input checked="" type="checkbox"/> Rolloff _____ Fiber Drum _____ Truck _____ Other
Generator's certification: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
Generator Authorized Agent Name _____ Signature _____	Shipment Date: <u>11/21/05</u>

Section II TRANSPORTER	
a. Name: <u>TransWaste, Inc.</u> b. Address: <u>108 A Blacks Road</u> <u>Cheshire, CT 06410</u> c. Driver Name /Title: (Print / Type) _____ d. Phone No.: <u>203-250-1000</u> e. Truck No.: _____ f. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials.	h. Name: _____ i. Address: _____ j. Driver Name /Title: (Print / Type) _____ k. Phone No.: _____ l. Truck No.: _____ m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials.
g. Driver Signature _____ Shipment Date <u>11/21/05</u>	n. Driver Signature _____ Shipment Date _____

Section III DESTINATION		
a. Site <input type="checkbox"/> <u>Minerva Enterprises</u> b. Mailing <u>9000 Minerva South East</u> Address: <u>Waynesburg, OH 44688</u> Phone: <u>330-866-3435</u>	c. Site <input type="checkbox"/> <u>A &amp; L Salvage</u> d. Mailing <u>11225 State RT45 &amp; US30</u> Address: <u>Lisbon, OH 44432</u> Phone: <u>330-424-3739</u>	e. Site <input type="checkbox"/> _____ f. Mailing _____ Address: _____ Phone: _____
g. Discrepancy Indication Space: _____ I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
h. Name of Authorized Agent _____ Signature _____		Receipt Date <u>11/21/05</u>

Section IV ASBESTOS	
a. Contractor's Name: <u>Brown Industrial Surfactants</u> c. Contractor's Address: <u>208 Main Street</u> <u>Stillwater, NY 12170</u> d. Special Handling Instructions and additional information: _____	b. Contractor's Phone No.: <u>315-453-0001</u>

**CONTRACTOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Contractor's Name & Title: <u>Tom Arcener</u> Print / Type _____	Contractor's Signature _____ Date <u>11/21/05</u>
f. Name and Address of Responsible Agency: <u>U.S. - E.P.A., Region 1, JFK Bldg: Boston, MA 02203</u>	
g. <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable <input type="checkbox"/> Both _____ % friable _____ % non-friable	

ESM1 OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(315)747-5500

Ticket No : 2021068  
Date : 10/27/2001

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 93.18

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 80180 Scale 1 In 2:05:23PM  
Tare : 28740 STORED OUL

FO06 02 #6 FUEL OIL

Net : 51440 lb  
25.720

Weigh Master: *[Signature]* #530022

Driver: *[Signature]*

Remarks:

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

Total \$

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

RECEIVED 12/98

ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 2021055  
Date : 10/27/200

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER, NY  
Running Tonnage: 38.91

Trucker:  
GEN-101 GENOVESE TRANSPORT

Gross : 117140 Scale 1 In 11:06:45AM  
Tare : 39320 Scale 1 Out 11:19:06AM

Net : 77820 lb  
38.910

F006 02 #6 FUEL OIL

Weigh Master: Kim Matleson #530022

Driver: AD K

Remarks:

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

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

Town of Stillwater

4. Generator's Phone ( )

W51 Vaco M II  
Route 1 & Post Ave  
Stillwater NY

5. Transporter 1 Company Name

GENOVESE TRANSPORT & CARTAGE

6. US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

32 BELVIDERE AVE  
ALBANY NY 12203

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

(518) 440-0782

10. US EPA ID Number

C. Facility's Phone

1011 T. L. Jones NY

141-550

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

b.

c.

d.

3891.7015

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

10 27 05

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10 27 05

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10 27 05

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

10 27 05

GENERATOR'S COPY



ESMI OF NEW YORK  
304 Tompath Road  
Fort Edward, New York 12828

(518)747-5500 Ticket No : 2021069  
Date : 10/27/2005

Max. Acceptable Soil: 1,500.00

Customer: GIC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 128.88

Trucker:  
GEN-101 GENOVESE TRANSPORT

Gross : 110720 Scale 1 In 2:10:01PM  
Tare : 39320 STORED Out

Net : 71400 1b  
35.700

F006 02 #6 FUEL OIL

Weigh Master: Kim Matheson #530022

Driver:

Remarks:

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

Total \$

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter's Name

US EPA ID Number

A. Transporter's Phone

7. Transporter's Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

13.

Total

Quantity

14.

Unit

Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

EPA 354 (Rev. 1-7-93)

ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 202106  
Date : 10/27/20

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 67.46

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 85840 Scale 1 In 11:09:13AM  
Tare : 28740 Scale 1 Out 11:29:53AM

F006 02 #6 FUEL OIL

Net : 57100 lb  
28.550

Weigh Master: Kim Matteson #530022

Driver:

Remarks:

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

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

West Vaco Mill  
Route 15, Bestone

4. Generator's Phone

5. Transporter 1 Company Name

GENOVESE TRANSPORT & CARTAGE

32 BELVIDERE AVE

ALBANY NY 12203

(518) 446-0782

US EPA ID Number

A. Transporter's Phone

446-0782

7. Transporter 2 Company Name

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

No.

Type

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

10/27/05

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

11/22/05

GENERATOR'S COPY

12/15/05

ESMI OF NEW YORK  
304 Townshill Road  
Fort Edward, New York 12828

(518)747-5500 Ticket No : 2021107  
Date : 10/28/2005

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 220.37

ALBANY, NY

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 79700 Scale 1 In 2:08:21PM  
Tare : 28740 STORED Out

F006 02 00 00 OIL

Net : 50960 lb  
23.480

Weigh Master: *K. Allen* #530022

Driver: *S. Martin*

Remarks:

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

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name

**GENOVESE TRANSPORT & CARTAGE**

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

32 BELVIDERE AVE

ALBANY NY 12203

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

(518) 446-0782

10.

US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY



ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 2021082  
Date : 10/28/200

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 149.48

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 69940 Scale 1 In 8:13:25AM  
Tare : 28740 STORED Out

Net : 41200 lb  
20.600

FOOe 02 #6 FUEL OIL

Weigh Master: Kim Matheson #530022

Driver:

Remarks:

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

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10.

US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

13. Total  
Quantity

14. Unit  
Wt/Vol

No.

Type

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR

TRANSPORTER

FACILITY

ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 2021087  
Date : 10/28/200

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 170.85

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 71480 Scale 1 In 10:09:14AM  
Tare : 28740 STORED Out

F006 02 #6 FUEL OIL

Net : 42740 lb  
21.370

Weigh Master: Kim Matteson #530022

Driver:

Remarks:

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

SM

2. Page 1  
of

### 3. Generator's Name and Mailing Address

4. Generator's Phone (

## 5. Transporter Comp.

7. Transporter 2: Company Name

9. Designated Facility Name and Site Address

US EPA ID Number

US EPA ID Number

US EPA ID Number

### A. Transporter's Phone

B. Transporter's Phone

C. Facility's Phone	
---------------------	--

11. Waste Shipping Name and Description

## 12. Containers

13.  
Total  
Quantity

14.	Unit Wt/Vol
-----	----------------

a.

b.

**C.**

d.

**D. Additional Descriptions for Materials Listed Above**

E. Handling Codes for Wastes Listed Above

### 15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

**Signature**

Month      Day      Year

### 17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

**Signature**

Month      Day      Year

### 18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

**Signature**

Month      Day      Year

## 19. Discrepancy Indication Space

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

Printed/Typed Name \_\_\_\_\_

**Signature**

Month Day Year

ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 20210  
Date : 10/28/11

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

Max. Acceptable Soil: 1,500.0

ALBANY, NY

Job No : 7350  
WEST VACCO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 194.89

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 76820 Scale 1 In 12:16:48PM  
Tare : 28740 STORED Out

F006 02 #6 FUEL OIL

Net : 48080 1b  
24.040

Weigh Master: *Kim Matteson* #530022

Driver: *S. Marten*

Remarks:

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

Total \$

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone

5. Transporter 1 Company Name

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10.

US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13.  
Total  
Quantity

14.  
Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR

TRANSPORTER

FACILITY



ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 2021114  
Date : 10/28/200

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 256.19

Trucker:  
GEN-101 GENOVESE TRANSPORT

Gross : 110960 Scale 1 In 4:19:11PM  
Tare : 39320 STORED Out

Net : 71640 lb  
35.820

F006 02 #6 FUEL OIL

Weigh Master: *[Signature]* #530022

Driver: *[Signature]*

Remarks:

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

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
wt/vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR

TRANSPORTER

FACILITY

ESMT OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12628

(518)747-5500

Ticket No : 2021140  
Date : 10/31/2008

Max. Acceptable Soil: 1,500.60

Customer: GTCIO  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 293.92

Trucker:  
GEN-101 GENOVESE TRANSPORT

Gross : 114780 Scale 1 In 2:19:29PM  
Tare : 39320 STORED Out

FO06 02 46 FUEL OIL

Net : 75460 lb  
37.730

Weigh Master: Kim Martenson #530022

Driver:

Remarks:

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

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name **GENOVESE TRANSPORT & CARTAGE** US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name **32 BELVIDERE AVE** US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address **ALBANY NY 12203** 10. US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
wt/vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

ESMT OF NEW YORK  
304 Tompath Road  
Fort Edward, New York 12828

(518)747-5500

Ticket No : 202114  
Date : 10/31/20

Max. Acceptable Soil: 1,500.00

Customer: GTCJO  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 319.94

Trucker  
GTC-101 GENOVESE TRANSPORT

Gross : 80780 Scale 1 In 2:20:51PM  
Tare : 28740 STORED Out

F006 02 #6 FUEL OIL

Net : 52040 1b  
26.020

Weigh Master: *[Signature]* #530022

Driver *S. Monto*

Remarks:

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

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name

**GENOVESE TRANSPORT & CARTAGE**

32 BELVIDERE AVE

ALBANY NY 12203

(518) 446-0782

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

8.

US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10.

US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner/Operator Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY



65MI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500

ticket No : 2021170  
Date : 11/1/200

Max. Acceptable Soil: 1,500.00

Customer: GICLO  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY

ALBANY, NY

Running Tonnage: 421.56

Trucker:  
GEN-101 GENOVESE TRANSPORT

Gross : 96700 Scale 1 In 11:45:20AM  
Tare : 39320 STORED Out

F006 02 W6 FUEL OIL

Net : 57380 lb  
28.690

Weigh Master: Kim Matteson #530022

Driver: *[Signature]*

Remarks:

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

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

4. Generator's Phone ( )

5. Transporter 1 Company Name

US EPA ID Number

A. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

B. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

C. Facility's Phone

11. Waste Shipping Name and Description

12. Containers  
No. Type

13.  
Total  
Quantity

14.  
Unit  
Wt/Vol

a.

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

GENERATOR'S COPY

ESMT OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-9500

Ticket No : 202119  
Date : 11/1/20

Max. Acceptable Soil: 1,500.00

Customer: GIC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 344.58

Trucker:  
GIC-101 GENOVESE TRANSPORT

Gross : 78020 Scale 1 In 8:03:32AM  
Tare : 28740 STORED Out

FD06 02 #6 FUEL OIL

Net : 49280 lb  
24.640

Weigh Master: Kim Matteson #530022

Driver:

Remarks:

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

2. Page 1  
of

Month Day Year

12/11/2016 12:49

ESMI OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12825

(518)747-5500

Ticket No : 202116  
Date : 11/1/20

Max. Acceptable Soil: 1,500.00

Customer: GTC10  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 369.63

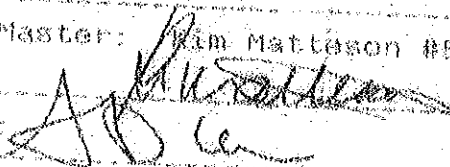
Trucker:  
GEN-101 GENOVESE TRANSPORT

GROSS : 89420 Scale 1 In 8:40:31AM  
Tare : 39320 STORED Out

F006 02 #6 FUEL OIL

Net : 50100 lb  
25.050

Weigh Master: Kim Matteson #530022

Driver: 

Remarks:

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

# NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Doc. No.

2. Page 1  
of

3. Generator's Name and Mailing Address

Town Stillwater

WEST VACO UNIT  
C.B. RILEY JR. FMS  
Stillwater, NY

4. Generator's Phone ( )

5. Transporter 1 Company Name

GENOVESE TRANSPORT & CARTAGE

US EPA ID Number

A. Transporter's Phone

32 BELVIDERE AVE

7. Transporter 2 Company Name

ALBANY NY 12203

8.

US EPA ID Number

B. Transporter's Phone

(518) 446-0782

9. Designated Facility Name and Site Address

10.

US EPA ID Number

C. Facility's Phone

ESM T. EDWARDS NY

747-5500

11. Waste Shipping Name and Description

12. Containers

13. Total

14. Unit

No.

Type

Quantity

Wt/Vol

a.

Contaminated Soil

(2505)

b.

c.

d.

D. Additional Descriptions for Materials Listed Above

E. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month Day Year

DAVID L CONOVERS

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

AD

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

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

Printed/Typed Name

Signature

Month Day Year

K. H. H. H.

K. H. H. H.

11/11/05

GENERATOR'S COPY

EPA FORM 3510-107-0103

ESM1 OF NEW YORK  
304 Towpath Road  
Fort Edward, New York 12828

(518)747-5500 Ticket No : 202116  
Date : 11/1/20

Max. Acceptable Soil: 1,500.00

Customer: GTCIO  
GENOVESE TRANSPORT & CARTAGE  
32 BELVIDERE AVE  
ALBANY, NY

Job No : 7350  
WEST VACO MILL  
ROUTE 1 & BEST AVE  
STILLWATER NY  
Running Tonnage: 392.87

Trucker:  
GTC-101 GENOVESE TRANSPORT

Gross : 75220 Scale 1 In 9:50:09AM  
Tare : 28740 STORED Out

F006 02 #6 FUEL OIL

Net : 46480 lb  
23.240

Weigh Master: Kim Matteson #530022

Driver: S. Martin

Remarks:

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



Use separate pages for each waste stream (one for each waste stream)

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Doc. No.	2. Page 1 of
3. Generator's Name and Mailing Address 101 V. Mill 101-105 Ave SULLY, NY				
4. Generator's Phone ( )				
5. Transporter 1 Company Name <b>GENOVESE TRANSPORT &amp; CARTAGE</b>		6. US EPA ID Number	A. Transporter's Phone	
7. Transporter 2 Company Name 32 BELVIDERE AVE ALBANY NY 12203		8. US EPA ID Number	B. Transporter's Phone	
9. Designated Facility Name and Site Address (518) 446-0782 5111 11 EDWARDS HWY		10. US EPA ID Number	C. Facility's Phone 141 5500	
11. Waste Shipping Name and Description		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. <i>Latex Seal</i>		4. D. 44		
b.			23.24	
c.				
d.				
D. Additional Descriptions for Materials Listed Above		E. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information				
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.				
Printed/Typed Name DAVID L. CHICKS		Signature <i>[Signature]</i>		Month Day Year 11/1/03
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name MARTIN		Signature <i>[Signature]</i>		Month Day Year 11/1/03
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.				
Printed/Typed Name D. M. HESSE		Signature <i>[Signature]</i>		Month Day Year 11/1/03

GENERATOR

TRANSPORTER

FACILITY