

# Clean Harbors

ENVIRONMENTAL SERVICES

Page # 1 of 1

Bulk Load Worksheet

1-800-444-4244

Run #:	Sales Order #: <u>1403295524</u>	Tractor #: <u>4058</u>	Trailer #: <u>—</u>
Job Date:	Customer / Generator Name: <u>Maxon Holdings</u>		
Expected Arrival Time:	Address: <u>301 <del>W</del> Nott St, Schenectady, NY 12305</u>		
Start Odometer: <u>4098</u>	Manifest #: <u>BOL859029</u>	Gallons/ EST Pounds/Tons: <u>1050 G</u>	
End Odometer: <u>4161</u>	Container Drop: #	#	#
Employee ID#: <u>078302</u>	Container Pick Up: #	#	#
Driver Name: <u>Brian Goble</u>			Total Number of Liners Used: <u>1</u>

Please Use Military Hrs for Start/End Times

Activity Code	Start Time	End Time	Reason Code	Hours (H)	Minutes (M)	Comments
015	1000	1030			30	pre trip / paperwork
017	1030	1115			45	travel to job site
079	1115	1245		1	30	arrive → pump out frac tank → depart
082	1245	1330			45	travel to Global for disposal
083	1330	1415			45	arrive → unload → depart
060	1415	1430			15	return to shop
042	1430	1500			30	post trip / paperwork

Customer's signature verifies arrival and departure times and authorizes any demurrage charges to be billed by Clean Harbors when applicable as outlined in your quote or contract.

Customer's Signature: <u>Brian Goble</u>	Date: <u>12/19/2014</u>
Driver's Signature: <u>Brian Goble</u>	Date: <u>12/19/2014</u>

CLEAN HARBORS COPY

Rev. 08/06

Site address  
SAME

WORK ORDER NO. 14C32953  
TASK #2.

DOCUMENT NO. 859029

STRAIGHT BILL OF LADING

TRANSPORTER 1 GLENN HARKINS VEHICLE ID # 4058  
EPA ID # MHD 039322250 TRANS. 1 PHONE 781 792 5000  
TRANSPORTER 2 \_\_\_\_\_ VEHICLE ID # \_\_\_\_\_  
EPA ID # \_\_\_\_\_ TRANS. 2 PHONE \_\_\_\_\_

DESIGNATED FACILITY <u>GLOBAL COMPANIES LLC ALBANY</u>			SHIPPER <u>MAXON HOLDINGS LLC</u>		
FACILITY EPA ID # <u>NYS 093248698</u>			SHIPPER EPA ID # <u>CSE06</u>		
ADDRESS <u>50 Church Street</u>			ADDRESS <u>301 NOTT ST.</u>		
CITY <u>ALBANY</u>		STATE <u>NY</u>	ZIP <u>12202</u>	CITY <u>Schenectady</u>	
STATE <u>NY</u>		ZIP <u>12305</u>			
CONTAINERS NO. & SIZE	TYPE	HM	DESCRIPTION OF MATERIALS		TOTAL QUANTITY
<u>1/3250</u>	<u>TT</u>		<u>A. UN 1268 Red KLEIN Dr to Antec</u> <u>FE 1 NOS 1 Fuel oil intake</u>		<u>EST 1050</u>
			<u>B.</u>		<u>6</u>
			<u>C.</u>		
			<u>D.</u>		
			<u>E. SPILL #1407234</u>		
			<u>F.</u>		
			<u>G.</u>		
			<u>H.</u>		
SPECIAL HANDLING INSTRUCTIONS <u>PO # W140519801</u> <u>AFN - MAXON Holdings</u> <u>- GLOBAL PROFILE # 610114008</u>					

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

SHIPPER	PRINT <u>JAMIE KENT</u>	SIGN <u>Jamie Kent</u>	DATE <u>12/18/14</u>
TRANSPORTER 1	PRINT <u>Brian Goble</u>	SIGN <u>Brian Goble</u>	DATE <u>12/19/14</u>
TRANSPORTER 2	PRINT <u></u>	SIGN <u></u>	DATE <u></u>
RECEIVED BY	PRINT <u>N. Chai</u>	SIGN <u>N. Chai</u>	DATE <u>12/19/14</u>



WORK ORDER NO. 1403295524  
TASK#2

DOCUMENT NO. 859012

**STRAIGHT BILL OF LADING**

TRANSPORTER 1 CLEAV HARBORS ENVIRONMENTAL VEHICLE ID # \_\_\_\_\_  
EPA ID # MAD 039322250 TRANS. 1 PHONE \_\_\_\_\_  
TRANSPORTER 2 \_\_\_\_\_ VEHICLE ID # \_\_\_\_\_  
EPA ID # \_\_\_\_\_ TRANS. 2 PHONE \_\_\_\_\_

DESIGNATED FACILITY <u>GLOBAL COMPANIES LLC - ALBANY TERMINAL</u>			SHIPPER <u>MAXON HOLDINGS LLC</u>		
FACILITY EPA ID # <u>NY0093248698</u>			SHIPPER EPA ID # <u>PENDING</u>		
ADDRESS <u>50 Church Street</u>			ADDRESS <u>301 NOTT ST</u>		
CITY <u>ALBANY</u>		STATE <u>NY</u>	ZIP <u>12202</u>	CITY <u>Schenectady</u>	
STATE <u>NY</u>		ZIP <u>12305</u>			
CONTAINERS NO. & SIZE	TYPE	HM	DESCRIPTION OF MATERIALS	TOTAL QUANTITY	UNIT WT/VOL
<u>1-3250G</u>	<u>TT</u>		A. <u>UN 126B, PETROLEUM DISTILLATES,</u> <u>NOS, (Fuel oil, water)</u>	<u>3025</u>	<u>G</u>
			B. <u>PG #11</u>		
			C.		
			D.		
			E.		
			F.		
			G.		
			H.		
SPECIAL HANDLING INSTRUCTIONS <u>- PO # 140519801</u> <u>GLOBAL PROFILE # 6101114008</u> <u>GEU - MAXON HOLDINGS</u>					

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

SHIPPER	PRINT <u>Austin DiSiena</u>	SIGN <u>Austin DiSiena</u>	DATE <u>12/2/17</u>
TRANSPORTER 1	PRINT <u>Dave Harvey</u>	SIGN <u>Dave Harvey</u>	DATE <u>12/2/17</u>
TRANSPORTER 2	PRINT	SIGN	DATE
RECEIVED BY	PRINT <u>William Callender</u>	SIGN <u>William Callender</u>	DATE <u>12.2.17</u>



BO 2 170714A

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone (888)888-7464	4. Waste Tracking Number 00716		
5. Generator's Name and Mailing Address Maxon Alco Holdings 695 Rotterdam Industrial Park Generator's Phone: 518-355-4446 6. Transporter 1 Company Name Precision Industrial Maint, Inc 7. Transporter 2 Company Name Clean Venture, Inc 8. Designated Facility Name and Site Address Cycle Chem, Inc 217 South First Street Elizabeth NJ 07208 Facility's Phone: (908) 355-5800			Generator's Site Address (if different than mailing address) ALCO Site, 301 Nott Street Schenectady, NY 12305 U.S. EPA ID Number NY0001031814 U.S. EPA ID Number NJ0000027193 U.S. EPA ID Number NJ0002200046				
GENERATOR	9. Waste Shipping Name and Description 1. Non RCRA Non DOT Regulated Liquid (water w/trace petroleum) 2. 3. 4.		10. Containers No. Type 002 TP		11. Total Quantity 3200	12. Unit Wt/Vol. P	State Codes N018 ID72
	13. Special Handling Instructions and Additional Information 1 SEE PROFILE 2x 275g (water w/trace petroleum) totes 2. 972476-RCM002-01 NYSDEC#4A265 Trans #1 Truck #						
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Generator's/Offero's Printed/Typed Name William Verheyden (Agent for Generator) Signature Month Day Year 12 08 14						
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Transporter Signature (for exports only): Port of entry/exit: Date leaving U.S.:						
	16. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name William Verheyden Signature Month Day Year 12 08 14 Transporter 2 Printed/Typed Name Nancy O'Rourke Signature Month Day Year 12 18 14						
TRANSPORTER	17. Discrepancy 17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: 17b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 17c. Signature of Alternate Facility (or Generator) Month Day Year						
	18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a Printed/Typed Name Kathyana Ronquillo Signature Month Day Year 12 24 14						
	DESIGNATED FACILITY TO GENERATOR						

BAL 170713A

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone (638) 388-7464	4. Waste Tracking Number 00716	
5. Generator's Name and Mailing Address Maxon Alco Holdings 695 Rotterdam Industrial Park Generator's Phone: 518-356-4445 Schenectady NY 12306			Generator's Site Address (if different than mailing address) ALCO Site, 301 Nott Street Schenectady, NY 12305			
6. Transporter 1 Company Name Precision Industrial Maint., Inc.			(518) 346-5800		U.S. EPA ID Number NY0001031814	
7. Transporter 2 Company Name Clean Venture, Inc.			(908) 355-5800		U.S. EPA ID Number NJ0000027193	
8. Designated Facility Name and Site Address Cycle Chem, Inc. 217 South First Street Elizabeth NJ 07206 Facility's Phone: (908) 355-5800			U.S. EPA ID Number NJ0002200046			
GENERATOR	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	1. Non RCRA Non DOT Regulated Liquid (water w/trace petroleum)		002	TP	3000	P
	2.					
	3.					
4.						
13. Special Handling Instructions and Additional Information 1. SEE PROFILE 2x notes (water w/trace petroleum) 2. 972476 - Rem 002-01 NYSDEC#4A285 Trans #1 Truck #						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offor's Printed/Typed Name William Verhaeyden (Agent for Generator)			Signature [Signature]		Month Day Year 12 18 14	
INT'L	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.			Port of entry/exit: Date leaving U.S.:		
TRANSPORTER	16. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name William Verhaeyden			Signature [Signature]		Month Day Year 12 18 14
	Transporter 2 Printed/Typed Name [Signature]			Signature [Signature]		Month Day Year 12 18 14
DESIGNATED FACILITY	17. Discrepancy					
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
	Manifest Reference Number:					
17b. Alternate Facility (or Generator)			U.S. EPA ID Number			
Facility's Phone:						
17c. Signature of Alternate Facility (or Generator)			Month Day Year 12 18 14			
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a						
Printed/Typed Name Kathryana Ponquillo			Signature [Signature]		Month Day Year 12 24 14	

BOL 17172414

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone (888)888-7464	4. Waste Tracking Number 00609	
5. Generator's Name and Mailing Address Maxon Alco Holdings 695 Rotterdam Industrial Park Generator's Phone: 518 356 4445 6. Transporter 1 Company Name Schenectady NY 12306						
Generator's Site Address (if different than mailing address) ALCO Site, 301 Nott Street Schenectady, NY 12305 U.S. EPA ID Number NY0001031814						
7. Transporter 2 Company Name Precision Industrial Maint., Inc. (518) 346-5800 U.S. EPA ID Number NY0001031814						
8. Designated Facility Name and Site Address Clean Venture, Inc. (908) 355-5800 U.S. EPA ID Number NJ0000027193						
Facility's Phone: (908) 355-5800 Cycle Chem, Inc 217 South First Street Elizabeth NJ 07206 U.S. EPA ID Number NJ0002200046						
GENERATOR	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
	1. Non RCRA Non DOT Regulated Sludge (oily tank bottom sludge)		003	DM	600	P
13. Special Handling Instructions and Additional Information 1. SEE PROFILE (oily tank bottom sludge) 2. (XSS) 3. 4. NYSDEC#4A285 Trans #1 Truck # Rick IV 978476						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
Generator's/Offor's Printed/Typed Name Agent for Kevin Rizzo Signature Month Day Year 1 20 15						
INT'L	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:					
TRANSPORTER	16. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Kevin Rizzo Signature Month Day Year 1 20 15					
	Transporter 2 Printed/Typed Name Damon Harley Signature Month Day Year 1 26 15					
DESIGNATED FACILITY	17. Discrepancy					
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
	17b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number					
Facility's Phone: 17c. Signature of Alternate Facility (or Generator) Month Day Year						
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a Printed/Typed Name Signature Month Day Year						

**PRECISION**  
Industrial Maintenance, Inc  
1710 Erie Boulevard  
Schenectady, NY 12308

Phone # 518-346-5800 Fax # 518-346-6077

www.pim-inc.com

# Invoice

Date	Invoice #
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9/9/2015 14115

Bill To	Site Address
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Rifenburg Contracting Corp.  
1175 Hoosick Road  
Troy, NY 12180

Alco holdings  
301 Nott St  
Schenectady, NY 12308  
Albany, NY

P.O. No	Terms	Rep	Job #	
	Net 30	SK	15-0719	
Description	Quantity	Rate	Amount	
9/8/15 Labor and Equipment to Vacuum 2 tanks found on-site-lump sum	1	875.00	875.00	
Disposal of 1 -275 gallon tote of oil water sludge	1	525.00	525.00	
Tote 275 Gallon	1	250.00	250.00	
9/9/15 Labor, Equipment and Materials to clean 2 tanks- lump sum	1	500.00	500.00	

Job# 11410  
BI 9000 cc 9906-A  
CAT  
Rvd By SS Date 10/14/15  
PM BB Date 10/16/15  
\$\$ 2,150-  
Buried Tank Contents

T+M  
REQ24

A 1 1/2% per month late charge to be assessed on past due amounts over 30 days.

Subtotal	\$2,150.00
Sales Tax	\$0.00
Total	\$2,150.00
Payments/Credits	\$0.00
Balance Due	\$2,150.00

Due Date

10/9/2015

BOL180425A

GENERATOR	<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone (888) 838-7464	4. Waste Tracking Number 00719
	5. Generator's Name and Mailing Address Maxon Alco Holdings 695 Rotterdam Industrial Park Generator's Phone: 518-356-4445 Schenectady NY 12308					
	6. Generator's Site Address (if different than mailing address) ALCO Site, 301 Nott Street Schenectady, NY 12305 U.S. EPA ID Number NY 0001031814					
	7. Transporter 1 Company Name Precision Industrial Maint., Inc. (518) 346-5800					
	8. Designated Facility Name and Site Address Clean Venture, Inc. (908) 355-5800 U.S. EPA ID Number NJ 0000027193					
	9. Waste Shipping Name and Description Cycle Chem, Inc. 217 South First Street Elizabeth NJ 07206 Facility's Phone: (908) 355-5800 NJ 002200046					
	10. Containers		11. Total Quantity		12. Unit Wt./Vol.	
	No.	Type				
	1. Non RCRA Non DOT Regulated Liquid (water w/trace petroleum)		01 TP 1600		State Codes N018 1072	
	2.					
3.						
4.						
TRANSPORTER	13. Special Handling Instructions and Additional Information 1. SEE PROFILE (water w/trace petroleum) 17 Note 3 NYSDEC #4A285 Trans #1 Truck # 064 Removal - 1 4. 972476					
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
	Generator's/Offeror's Printed/Typed Name Kevin Brown Signature Kevin Brown Month Day Year 9/18/18					
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:					
	16. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Kevin Brown Signature Kevin Brown Month Day Year 9/18/18					
	Transporter 2 Printed/Typed Name Freeman Hughes Signature Freeman Hughes Month Day Year 9/18/18					
	17. Discrepancy					
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
	17b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number					
	17c. Signature of Alternate Facility (or Generator) Month Day Year					
DESIGNATED FACILITY	18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
	Printed/Typed Name Alicia Gibben Signature Alicia Gibben Month Day Year 09/23/18					



**Industrial Maintenance, Inc.**

1710 Erie Boulevard  
Schenectady, NY 12308

Phone #

518-346-5800

Fax #

518-346-6077

**www.pim-inc.com**

# Invoice

Date	Invoice #
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8/18/2015

13339

Bill To	Site Address
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**Rifenburg Contracting Corp.**  
1175 Hoosick Road  
Troy, NY 12180

Alco holdings  
301 Nott St  
Schenectady, NY 12308  
Albany, NY

P.O. No.	Terms	Rep	Job #	
	Net 30	SK	15-0719	
Description	Quantity	Rate	Amount	
8/17/15 Provide vacuum truck and operator to vacuum oil/water from (2) UST tanks Vacuum Truck & Operator/hr	4	175.00	700.00	
8/18/15 Provide Labor and materials to clean (2) excavated UST tanks - lump sum	1	350.00	350.00	
8/25/15 Offload oil/water from 8/17 to permitted disposal facility Vacuum Truck & Operator/hr Disposal of oil/water (1308 gallons)	3 1,308	175.00 0.85	525.00 1,111.80	
<div style="display: flex; justify-content: space-between;"> <div> <p><b>IRM</b> Job# <u>11410</u></p> <p>BI <u>9000</u> CC <u>9904-B</u></p> <p>CAT <u>5</u></p> <p>Rvd By <u>SS</u> Date <u>9/25/15</u></p> <p>PM <u>BB</u> Date <u>9/30/15</u></p> <p>\$\$ <u>2486.80</u></p> <p><b>IRM Tank Removal</b></p> </div> <div> <p><b>REQ #24</b></p> </div> </div>				
<p>A 1 1/2% per month late charge to be assessed on past due amounts over 30 days.</p>			<b>Subtotal</b> \$2,686.80	
			<b>Sales Tax</b> \$0.00	
			<b>Total</b> \$2,686.80	
			<b>Payments/Credits</b> \$0.00	
			<b>Balance Due</b> \$2,686.80	
<p><b>Due Date</b></p> <p>9/17/2015</p>				



## STRAIGHT BILL OF LADING—ORIGINAL—NOT NEGOTIABLE

SHIPPER NO. 00609

CARRIER NO. 4A-285

Precision Industrial Maint., Inc.

DATE 8/25/15

CARRIER		SCAC	
TO		FROM	
CONSIGNEE		SHIPPER	
STREET		STREET	
ESTINATION		ORIGIN	
ROUTE		VEHICLE NUMBER	
U.S. DOT Hazmat Reg. No.			

EPS of Vermont, Inc  
40 Hamilton Lane  
Albany NY 12077 STATE ZIP

ALCO Site  
ALCO Site, 301 Nott Street  
Schenectady NY 12305 STATE ZIP

VIA BEST

020

Number and Type of Packages	HM	Description of Articles	Total Quantity (mass, volume, or activity)	Weight (subject to correction)	Class or Rate
001		Non RCRA Non DOT Regulated Liquid, n.o.s. (oil contaminated water) "For Recycling"	1302	G	
Received: EPS of VT Date: 8/25/15 X: <i>[Signature]</i>					

Permit COD to:		Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		COD AMT:		COD FEE:	
Address:				\$		Prepaid <input type="checkbox"/>	
City:		State: Zip:				Collect <input type="checkbox"/>	
NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ Per		(Signature of Consignor)		TOTAL CHARGES:		FREIGHT CHARGES:	
				\$		<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect	

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request; and all applicable state and federal regulations; the Property described above, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to delivery at said destination, if on its route, or otherwise deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said Property over all or any portion of said route to destination and as to each party at any time interested in all or any of said Property that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

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

SHIPPER:		CARRIER:	
ALCO Site		Precision Industrial Maint., Inc.	
PER: <i>[Signature]</i> (Asst. Manager)		PER: <i>[Signature]</i>	
		DATE: 8/25/15	

EMERGENCY RESPONSE TELEPHONE NUMBER:		OFFEROR'S NAME OR ERI CONTRACT NUMBER:	
888 888-7464			

Nathan J. Shaffer

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From: Bomba, Paul A <bombap@cleanharbors.com>  
Sent: Tuesday, September 06, 2016 3:07 PM  
To: Nathan J. Shaffer  
Cc: Andrew Barber  
Subject: RE: ALCO - Tank Cleaning Disposal Receipts  
Attachments: Maxon Alco BOL.pdf; Maxon Alco Worksheet.pdf

Nathan,

On 7/27/16, at Maxon Alco Holdings site, located at 301 Nott Street, Schenectady, NY, CHES performed the following on a 500 gallon steel tank:

CHES crews will set up the decon area as required, place poly sheeting around the space to be entered, and properly cordon off the site to prohibit unauthorized access. Prior to execution, our CHES crew will communicate with your on site representatives to ensure site conditions are as expected, contents of the tank are as discussed, and any system lines are blanked.

After the appropriate lockout and tagouts are performed, field crews will complete the following:

- \* open tank, perform appropriate monitoring and ventilation procedures tank as required
- \* Cut access hole in tank.
- \* Vacuum and hot water cut tank contents.
- \* perform a final hot water wash down and decon of tank.
- \* transfer rinsate and waste solids to drums or vacuum unit
- \* remove blanking and lockout/tagout
- \* manifest and label waste
- \* Transport for disposal to CHES of Bristol, CT.

Waste generated from the tank cleaning was transported to Clean Harbors of Bristol, CT for disposal.

Associated BOL and worksheet attached.

Please feel free to contact me if you have any questions.

Thanks  
Paul

Safety Starts with Me: Live It 3-6-5

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Paul A. Bomba  
Field Service Branch Manager  
Clean Harbors Environmental Services  
32 Bask Road  
Glenmont, NY 12077  
Office: 518-434-0149  
Mobile: 845-642-8259  
Fax: 518-434-9118  
Email: bombap@cleanharbors.com

Site Address: SAME

SC PPW 7/20/2015

WORK ORDER NO. ~~NY1602382302-002~~

DOCUMENT NO. 1176363

STRAIGHT BILL OF LADING

TRANSPORTER 1 Clean Harbors Environmental Service, Inc. VEHICLE ID # SR10579

EPA ID # MAD039322250 TRANS. 1 PHONE (781) 792-5000

TRANSPORTER 2 \_\_\_\_\_ VEHICLE ID # \_\_\_\_\_

EPA ID # \_\_\_\_\_ TRANS. 2 PHONE \_\_\_\_\_

DESIGNATED FACILITY Clean Harbors of Connecticut Inc			SHIPPER Maxon Alco Holdings Llc			
FACILITY EPA ID # CTD000604488			SHIPPER EPA ID # CESOG			
ADDRESS 51 Broderick Road			ADDRESS 301 Nott St			
CITY Bristol		STATE CT	ZIP 06010	CITY Schenectady	STATE NY	ZIP 12305
CONTAINERS NO. & SIZE	TYPE	HM	DESCRIPTION OF MATERIALS		TOTAL QUANTITY	UNIT WT/VOL
1x3250	TT		A. NON HAZARDOUS, NON D.O.T. REGULATED MATERIAL, (DIESEL SLUDGE)		EST 5000	P
			B.			
			C.			
			D.			
			E.			
			F.			
			G.			
			H.			
SPECIAL HANDLING INSTRUCTIONS A.1246541B						
EMERGENCY PHONE #: (800) 483-3718						
GENERATOR: Maxon Alco Holdings Llc						

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

SHIPPER <u>BRIAN EGAN (AGENT FOR)</u>	PRINT SIGN <u>Brian Egan</u>	DATE 7/27/16
TRANSPORTER 1 <u>STEVEN COOPER</u>	PRINT SIGN <u>Steven Cooper</u>	DATE 7/27/16
TRANSPORTER 2	PRINT SIGN	DATE
RECEIVED BY <u>CLASON DAIGLE</u>	PRINT SIGN <u>Clason Daigle</u>	DATE 27 Jun 16

## Payment Terms

By signing this Daily Work Sheet, Customer acknowledges receipt of the labor, equipment and materials described herein, and agrees to pay Clean Harbors for same in accordance with Clean Harbors' published Rate Schedule. Customer's obligation to pay the amounts due pursuant to this Daily Work Sheet shall not be conditioned upon or limited by the types, amounts or availability of insurance coverage.

Clean Harbors' standard terms of payment are net fifteen (15) days from the date of invoice. Interest shall accrue at the rate of one and one half (1.5%) percent per month, or at the maximum rate allowed by law, after fifteen (15) days. In the event that legal or other action is required to collect unpaid balances or invoices, Customer agrees to pay all costs of collection, including reasonable attorneys' fees, which may be incurred by Clean Harbors. "Legal or other action" as used above shall include bankruptcy and insolvency proceedings.

Customer hereby assigns to Clean Harbors all rights to any insurance payments that Customer may be entitled to receive to pay for the labor, equipment or materials provided under this Daily Work Sheet and hereby authorizes its insurance company or agent to pay Clean Harbors directly.

Customer agrees that Clean Harbors shall not be responsible for pre-existing contamination at the job location, natural resource damage, or for incidental, consequential or special damages, including loss of use or lost profits, resulting from or arising out of the performance of services hereunder by Clean Harbors, its employees, agents and/or subcontractors.

Day & Date: Wednesday 7/27/16  
Sales Order #: 1602382362

Job Complete ☒ Yes ☐ No (Circle One)

Job Description / Comments: LOAD SUPPLIES TRAVEL TO SITE. ARRIVED ONSITE. SET UP TO PUMP OUT AND CLEAN TANK. FINISH CLEANING TANK. SECURE SITE TRAVEL BACK TO OFFICE.

Customer: <u>ARCADIS (MAXIDE)</u>	PO # / COD Amount:
Billing Address:	Per Diem: Yes / <input checked="" type="radio"/> No (Circle one) If yes, how many?:
	Change Order Initiated: Yes / <input checked="" type="radio"/> No (Circle One)
Contact: <u>NATHAN SCHAFER</u>	Task # / Description
Job Location: <u>301 Nott St</u> <u>Schenectady NY</u>	<u>Cut a</u> <u>Clean tank</u>
Component Type	Task Complete: <input checked="" type="radio"/> Yes / No (Circle One)

Name	Title	ID #	ST	OT	DT	ST	OT	DT	ST	OT	DT
<u>HENRY EVERETT</u>	<u>F</u>	<u>021099</u>	<u>7</u>								
<u>STEVE COOPER</u>	<u>E/O</u>	<u>2287</u>	<u>5</u>								
<u>STAN KARWAN</u>	<u>T</u>	<u>092222</u>	<u>6</u>								

**SCANNED**

LIQUID: Bulk / Drum	
SOLID: <input checked="" type="radio"/> Bulk / Drum	<u>1176363</u> <u>5000</u>
Pickup / Van / Car <input checked="" type="radio"/> Crew Cab (Circle One)	<u>1</u> <u>80360</u>
Vacuum Trailer	
Tractor	
Vacuum Truck, Straight	
Box Truck	
<input checked="" type="radio"/> Guzzler / Vector (Circle One)	<u>1</u> <u>SR10579</u>
Air Compressor, 175 CFM	
Backhoe Loader 1 Yd bucket	
Bobcat Loader-Mini Excavator	
Rack Truck	
Rolloff Truck, Straight	
Pressure Washer (PSI: <u>3500</u> ) Hot <input checked="" type="radio"/> Cold (Circle One)	<u>1</u> <u>CH1028</u>
Meter Type: <u>SIRWS/MSA</u>	<u>1</u> <u>43</u>

Drum Type:	
Drum Type:	
Rope Type:	
Degreaser Type:	
Speedi Dry	
Polycoated Rain Gear, 22mil	
Poly Sheet, 6mil, 20ft x 100ft	
Poly Bags, 6mil, per roll	
Absorbent Pad (101 Grade) 100/bale	
Absorbent Boom Each	
Absorbent Boom Bale	
Duct Tape/Roll	<u>2</u> <u>Rolls</u>
Safety Plan	
Rolloff Poly Liner	
5 Gal / 20 Litre Poly Drum 1H2	<u>1</u> <u>4x100</u> <u>4x100'</u>
<u>FLEX Hose</u>	
Rolloff / Intermodal / Frac Tank / Tanker (circle one)	
Rolloff / Intermodal / Frac Tank / Tanker (circle one)	

Colonie Landfill  
OP BY CAPITAL REGION LANDFILLS  
1319 Loudon Road  
Cohoes, New York 12047

Weighed: Lauren T  
Deposit: Lauren T  
BILL TO: 868  
MAXON ALCO LLC  
695 ROTTERDAM INDUSTRIAL PARK  
SCHENECTADY NY 12306

Vehicle ID:  
Reference: TOC-14-88A  
Grid: L6P2  
Ship To: MAXON ALCO HOLDINGS LLC  
Manifest#: 301 NOTT ST.  
PO#: SCHENECTADY, NY 12305  
: M

Origin: SCHENECTADY  
DATE IN: 01/05/2015 TIME IN: 08:59:01  
DATE OUT: 01/05/2015 TIME OUT: 09:32:10

INBOUND TICKET Number: 02-00185478

SCALE 1 GROSS WT.	76780 LB
SCALE 2 TARE WT.	32800 LB
NET WEIGHT	43980 LB

Qty	Description	Amount
21.99	CONT MATERIAL	1429.35

TICKET AMOUNT: 1429.35

X\_\_\_\_\_

Phone: (518)783-2827 Fax: (518)786-7331  
Operating hours 7AM to 3PM Monday thru Friday  
and Saturday 7AM thru 12PM. This is to certify  
that this load contains no hazardous materials,  
medical waste or liquids of any type. All loads  
must be properly contained (Tied & Tarped)  
All Cash, Check, and Credit Card transactions  
are final.



<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone (888)888-7464	4. Waste Tracking Number 00452
5. Generator's Name and Mailing Address Maxon Alco Holdings 695 Rotterdam Industrial Park Generator's Phone: 518 358-4445 Schenectady NY 12306			Generator's Site Address (if different than mailing address) ALCO Site, 301 Nott Street Schenectady, NY 12305		
6. Transporter 1 Company Name Precision Industrial Maint., Inc. (518) 346-5800			U.S. EPA ID Number NY0001031814		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address Town Of Colonie Landfill 1319 New Loudon Road Cohoes NY 12047 Facility's Phone: (518) 783-2827			U.S. EPA ID Number		
GENERATOR	9. Waste Shipping Name and Description		10. Containers		11. Total Quantity
			No.	Type	12. Unit Wt./Vol.
	1. Non-RCRA Non DOT Regulated Solid Petroleum Contaminated Flowable Fill Concrete Profile# TOC-14-088 Spill# 1408926		01	CM	8 T
	2.				
	3.				
4.					
13. Special Handling Instructions and Additional Information 1. Profile# TOC-14-088 Spill# 1408926 2. Ed. WT. 3. Tank I.D. # 001 4. NYSDEC#4A285 Trans #1 Truck # 020					
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.					
Generator's/Offoror's Printed/Typed Name Peter J. Latano			Signature Peter J. Latano		Month Day Year 1 5 15
INT'L	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:				
	16. Transporter Acknowledgment of Receipt of Materials				
TRANSPORTER	Transporter 1 Printed/Typed Name Monte S. Long		Signature Monte S. Long		Month Day Year 1 5 15
	Transporter 2 Printed/Typed Name		Signature		Month Day Year
DESIGNATED FACILITY	17. Discrepancy				
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection				
	Manifest Reference Number:				
	17b. Alternate Facility (or Generator)		U.S. EPA ID Number		
	Facility's Phone:				
17c. Signature of Alternate Facility (or Generator)					Month Day Year
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
Printed/Typed Name			Signature		Month Day Year

Colonie Landfill  
OP BY CAPITAL REGION LANDFILLS  
1319 Loudon Road  
Cohoes, New York 12047

Weighed: Lauren T  
Deposit: Lauren T  
BILL TO: 868  
MAXON ALCO LLC  
695 ROTTERDAM INDUSTRIAL PARK  
SCHENECTADY NY 12306

Vehicle ID:  
Reference: TOC-14-88A  
Grid: L6P2  
Ship To: MAXON ALCO HOLDINGS LLC  
Manifest#: 301 NOTT ST.  
PO#: SCHENECTADY, NY 12305  
: M

Origin: SCHENECTADY  
DATE IN: 01/05/2015 TIME IN: 12:26:56  
DATE OUT: 01/05/2015 TIME OUT: 13:03:41

INBOUND TICKET Number: 02-00185549

SCALE 1 GROSS WT.	71520 LB
SCALE 2 TARE WT.	46300 LB
NET WEIGHT	25220 LB

Qty	Description	Amount
12.61	CONT MATERIAL	819.65

TICKET AMOUNT:	819.65
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X\_\_\_\_\_

Phone: (518)783-2827 Fax: (518)786-7331  
Operating hours 7AM to 3PM Monday thru Friday  
and Saturday 7AM thru 12PM. This is to certify  
that this load contains no hazardous materials,  
medical waste or liquids of any type. All loads  
must be properly contained (Tied & Tarped)  
All Cash, Check, and Credit Card transactions  
are final.

**NON-HAZARDOUS  
WASTE MANIFEST**

Generator ID Number

2. Page 1 of

3. Emergency Response Phone

4. Waste Tracking Number

1

(888)888-7464

00462

5. Generator's Name and Mailing Address

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

Maxon Alco Holdings  
695 Rotterdam Industrial Park

ALCO Site, 301 Nott Street  
Schenectady, NY 12306

Generator's Phone: 518 356-4445

Schenectady NY 12306

6. Transporter 1 Company Name

Precision Industrial Maint., Inc.

(518) 346-5800

U.S. EPA ID Number

NY0001031814

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

U.S. EPA ID Number

Town Of Colonie Landfill  
1319 New Loudon Road

Facility's Phone: (518) 763-2827

Cohoes NY 12047

9. Waste Shipping Name and Description

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

State Codes

1. Non RCRA Non DOT Regulated Solid  
Petroleum Contaminated Flowable Fill Concrete  
Profile# TOC-14-088 Spill# 1408926

No.

Type

01

CM

18

T

3.

4.

13. Special Handling Instructions and Additional Information

1. Profile# TOC-14-088 Spill# 1408926

2. ECHUT

3. TANK I #001

NYSDEC#4A285 Trans #1 Truck # 022

Jan 27 93

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offor's Printed/Typed Name

Signature

Month Day Year

Peter J. LaFare JR

Peter J. LaFare JR

7 5 15

15. International Shipments

☐ Import to U.S.

☐ Export from U.S.

Port of entry/exit:

Date leaving U.S.:

Transporter Signature (for exports only):

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Mark Schuy

Mark Schuy

1 5 15

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space

☐ Quantity

☐ Type

☐ Residue

☐ Partial Rejection

☐ Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name

Signature

Month Day Year

Mark Schuy

Mark Schuy

1 5 15



# NON-HAZARDOUS WASTE MANIFEST

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

TRUCK CON 16

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No. 097	2. Page 1 of
3. Generator's Name and Mailing Address MAYON ALCO HOLDING LLC 695 BUTTEROAK INDUSTRIAL PARK SCHENECTADY N.Y. 12095		4. Generator's Phone (518) 461 4883 ANDY BARBER SITE ENVIRONMENTAL		5. State Transporter's ID 364 PERMIT 4A597	
5. Transporter 1 Company Name CONSTRUCTION CONSTRUCTION		6. US EPA ID Number		B. Transporter 1 Phone 518 458 8294	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID	
9. Designated Facility Name and Site Address TOWN OF COLONIE LANDFILL 1319 NEW LONDON ROAD COHUES N.Y. 12041		10. US EPA ID Number		D. Transporter 2 Phone	
				E. State Facility's ID	
				F. Facility's Phone 518 783 2827	
11. WASTE DESCRIPTION NON RCRA NON DOT REGULATED SOIL a. PETROLEUM CONTAMINATED SOIL b. Flow Fill c. PETROLEUM CONTAMINATED SOIL		12. Containers No. Type		13. Total Quantity	14. Unit Wt./Vol.
		001 DT		22 ESTIMATE	TN
G. Additional Descriptions for Materials Listed Above 1st load Flow Fill Concrete From Spill # 1408926 TANK # 002		H. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information EMERGENCY RESPONSE PHONE 1 800 424 9300					
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.					
Printed/Typed Name Pete LaFarr Jr		Signature Pete LaFarr Jr		Date 1/6/15	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Jason Bowers		Signature Jason Bowers	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.		Printed/Typed Name		Signature	
				Date 1/6/15	

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY

Colonie Landfill  
OP BY CAPITAL REGION LANDFILLS  
1319 Loudon Road  
Colones, New York 12047

Weighed: Lauren T  
BILL TO: 868  
MAXON ALCO LLC  
695 ROTTERDAM INDUSTRIAL PARK  
SCHENECTADY NY 12306

HAULER: Cash Customer  
Vehicle ID: 900/11  
Reference: TOC-14-88A  
Grid: L6P2  
Ship To: MAXON ALCO HOLDINGS LLC  
Manifest#: 301 NOTT ST.  
PO#: SCHENECTADY, NY 12305  
: M

Origin: SCHENECTADY  
DATE IN: 01/06/2015 TIME IN: 14:14:23  
DATE OUT: 01/06/2015 TIME OUT: 14:14:23

INBOUND TICKET Number: 02-00185750

SCALE 1 GROSS WT.	64760 LB
STORED TARE WT.	28100 LB
NET WEIGHT	36660 LB

Qty	Description	Amount
18.33	CONT MATERIAL	1191.45

TICKET AMOUNT: 1191.45

X \_\_\_\_\_

Phone: (518)783-2827 Fax: (518)786-7331  
Operating hours 7AM to 3PM Monday thru Friday  
and Saturday 7AM thru 12PM. This is to certify  
that this load contains no hazardous materials,  
medical waste or liquids of any type. All loads  
must be properly contained (Tied & Tarped)  
All Cash, Check, and Credit Card transactions  
are final.



# NON-HAZARDOUS WASTE MANIFEST

Trak Con 17

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

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No. <b>098</b>		2. Page 1 of	
3. Generator's Name and Mailing Address <b>Maxon Alco Holding LLC 695 Rotterdam Industrial Park Schuylkill Co. NY 12305</b>				4. Generator's Phone ( ) <b>518-461-9883</b>			
5. Transporter 1 Company Name <b>Constantine Construction</b>		6. US EPA ID Number		A. State Transporter's ID <b>34 Kent 4A-517</b>		B. Transporter 1 Phone <b>518-458-8299</b>	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address <b>Town of Cologne Landfill 1319 New London Rd Cohoes, NY 12041</b>		10. US EPA ID Number		E. State Facility's ID <b>401260003300001</b>		F. Facility's Phone <b>518-753-2827</b>	
11. WASTE DESCRIPTION <b>Non-RCRA Non-Dot Regulated Soil</b>				12. Containers		13. Total Quantity	
a. <b>Petroleum Contaminated Flow Fill concrete</b>				No. <b>001</b> Type <b>DT</b>		<b>22 estimate TN</b>	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above <b>LOAD 2 Flow Fill from SPILL # 1408926 TANK # 002</b>				H. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information  <b>Emergency phone 1-800-424-9300</b>							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Pete LaFarr JR</b>				Signature <b>Pete LaFarr JR</b>		Date Month <b>1</b> Day <b>9</b> Year <b>13</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name <b>Anthony PARENTE</b>		Signature <b>Anthony PARENTE</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature	
19. Discrepancy Indication Space				Printed/Typed Name		Signature	
20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				Printed/Typed Name <b>Tan</b>		Signature <b>Tan</b>	
				Date Month <b>9</b> Day <b>9</b> Year <b>15</b>			

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY



Colonie Landfill  
OP BY CAPITAL REGION LANDFILLS  
1319 Loudon Road  
Cohoes, New York 12047

Weighed: Lauren T  
Deposit: Lauren T  
BILL TO: 368  
MAXON ALCO LLC  
695 ROTTERDAM INDUSTRIAL PARK  
SCHENECTADY NY 12306

Vehicle ID:  
Reference: T0C-14-88A  
Grid: L6P2  
Ship To: MAXON ALCO HOLDINGS LLC  
Manifest#: 301 NOTT ST.  
PO#: SCHENECTADY, NY 12305  
: M

Origin: SCHENECTADY  
DATE IN: 01/09/2015 TIME IN: 09:50:06  
DATE OUT: 01/09/2015 TIME OUT: 10:00:39

INBOUND TICKET Number: 02-00185996

SCALE 1 GROSS WT.	72600 LB
SCALE 2 TARE WT.	29440 LB
NET WEIGHT	43160 LB

Qty	Description	Amount
21.58	CONT MATERIAL	1402.70

TICKET AMOUNT: 1402.70

X \_\_\_\_\_

Phone: (518)783-2827 Fax: (518)786-7331  
Operating hours 7AM to 3PM Monday thru Friday  
and Saturday 7AM thru 12PM. This is to certify  
that this load contains no hazardous materials,  
medical waste or liquids of any type. All loads  
must be properly contained (Tied & Tarped)  
All Cash, Check, and Credit Card transactions  
are final.

# NON-HAZARDOUS WASTE MANIFEST

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

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No. <b>099</b>		2. Page 1 of	
3. Generator's Name and Mailing Address <b>Maxco Aho Holding LLC 645 Rotterdam Industrial Park Schenectady, NY 12305</b>				4. Generator's Phone (518) <b>461-4883</b> Andy Barber site environmental consultant			
5. Transporter 1 Company Name <b>Constantine Construction</b>		6. US EPA ID Number		A. State Transporter's ID <b>341 Perm. # 4A-597</b>		B. Transporter 1 Phone <b>518 458-8294</b>	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address <b>Town of Colonie Landfill 1319 New London Rd Cohoes, NY 12041</b>				10. US EPA ID Number		E. State Facility's ID <b>401260003300001</b>	
				F. Facility's Phone <b>518 783-2827</b>			
11. WASTE DESCRIPTION <b>Non RCRA Non-Dot Regulated Soil</b>				12. Containers		13. Total Quantity	
				No. Type		Unit Wt./Vol.	
a. <b>Petroleum Contaminated Flow fill concrete</b>				001 DT		22 estimate TN	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above <b>3rd load from (Flow fill) Spill # 1408926 TANK #002</b>				H. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information <b>Emergency response phone 1-800-424-9300</b>							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name <b>Peter J Laferr JR</b>				Signature <i>Peter J Laferr JR</i>		Date Month Day Year <b>1 9 13</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name <b>Sason Bowers</b>		Signature <i>Sason Bowers</i>	
						Date Month Day Year <b>1 9 13</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature	
						Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name				Signature <i>[Signature]</i>		Date Month Day Year <b>01/09/15</b>	

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY

Colonie Landfill  
OP BY CAPITAL REGION LANDFILLS  
1319 Loudon Road  
Cohoes, New York 12047

Weighed: Lauren T  
BILL TO: 868  
MAXON ALCO LLC  
695 ROTTERDAM INDUSTRIAL PARK  
SCHENECTADY NY 12306

HAULER: Cash Customer  
Vehicle ID: 900/11  
Reference: T0C-14-88A  
Grid: L6P2  
Ship To: MAXON ALCO HOLDINGS LLC  
Manifest#: 301 NOTT ST.  
PO#: SCHENECTADY, NY 12305  
: M

Origin: SCHENECTADY  
DATE IN: 01/09/2015 TIME IN: 09:58:04  
DATE OUT: 01/09/2015 TIME OUT: 09:58:04

INBOUND TICKET Number: 02-00186001

SCALE 1 GROSS WT.	63240 LB
STORED TARE WT.	28100 LB
NET WEIGHT	35140 LB

Qty	Description	Amount
17.57	CONT MATERIAL	1142.05

TICKET AMOUNT:	1142.05
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X\_\_\_\_\_

Phone: (518)733-2827 Fax: (518)786-7331  
Operating hours 7AM to 3PM Monday thru Friday  
and Saturday 7AM thru 12PM. This is to certify  
that this load contains no hazardous materials,  
medical waste or liquids of any type. All loads  
must be properly contained (Tied & Tarped)  
All Cash, Check, and Credit Card transactions  
are final.



# NON-HAZARDOUS WASTE MANIFEST

Truck Con

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

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No. 100		2. Page 1 of	
3. Generator's Name and Mailing Address Maxon Alcott Holding LLC 695 Rotterdam Industrial Park Schenectady, NY 12305				Alco Site 311 North St. Schenectady NY 12309 Site environmental consultant		TOL-14-088	
4. Generator's Phone (518) 461-4883 Andy Barber		6. US EPA ID Number		A. State Transporter's ID 364 Perm. + 4A-597		B. Transporter 1 Phone 518 458-3241	
5. Transporter 1 Company Name Constantine Construction		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
7. Transporter 2 Company Name		10. US EPA ID Number		E. State Facility's ID 1401260003360001		F. Facility's Phone 518 783-2827	
9. Designated Facility Name and Site Address Town of Cohoes Landfill 1319 New Loudon Rd Cohoes, NY 12041							
11. WASTE DESCRIPTION Non-RCRA Non Dot Regulate Soil a. Petroleum Contaminated Flow fill concrete				12. Containers No. Type		13. Total Quantity	
				001 DT		22 estimate TN	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above 4th load flow fill from SPILL # 1408926 TANK #002				H. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Emergency phone 1-800-424-9300							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name Pete Laferr JR				Signature Pete Laferr JR		Date Month Day Year 1 9 15	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Anthony Parente		Date Month Day Year 1 9 15	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				Signature Bob Kennedy		Date Month Day Year 1 9 15	

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY

Colonie Landfill  
OP BY CAPITAL REGION LANDFILLS  
1319 Loudon Road  
Cohoes, New York 12047

Weighed: Lauren T  
BILL TO: 868  
MAXON ALCO LLC  
695 ROTTERDAM INDUSTRIAL PARK  
SCHENECTADY NY 12306

HAULER: Cash Customer  
Vehicle ID: 900/2  
Reference: TOC-14-88A  
Grid: L6P2  
Ship To: MAXON ALCO HOLDINGS LLC  
Manifest#: 301 NOTT ST.  
PO#: SCHENECTADY, NY 12305  
: M

Origin: SCHENECTADY  
DATE IN: 01/09/2015 TIME IN: 11:12:30  
DATE OUT: 01/09/2015 TIME OUT: 11:12:30

INBOUND TICKET Number: 02-00186033

SCALE 1 GROSS WT.	71760 LB
STORED TARE WT.	29440 LB
NET WEIGHT	42320 LB

Qty	Description	Amount
21.16	CONT MATERIAL	1375.40

TICKET AMOUNT: 1375.40

X \_\_\_\_\_

Phone: (518)783-2827 Fax: (518)786-7331  
Operating hours 7AM to 3PM Monday thru Friday  
and Saturday 7AM thru 12PM. This is to certify  
that this load contains no hazardous materials,  
medical waste or liquids of any type. All loads  
must be properly contained (Tied & Tarped)  
All Cash, Check, and Credit Card transactions  
are final.



# NON-HAZARDOUS WASTE MANIFEST

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

Truck Can 16

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No. 101		2. Page 1 of	
3. Generator's Name and Mailing Address Maton Alp Holding LLC 695 Rotterdam Industrial Park Schuylkill, NY 12305				Alco Site 311 N. 4th St Schuylkill, NY 12307		Toc-14-088	
4. Generator's Phone (518) 461-4683 Andy Barber Site Environmental Consultant				5. Transporter 1 Company Name Constantine Construction		6. US EPA ID Number	
7. Transporter 2 Company Name				8. US EPA ID Number		A. State Transporter's ID 364 Perm T-1A-59	
9. Designated Facility Name and Site Address Town of Colonie Landfill 1319 New Loudon Rd Colonie, NY 12041				10. US EPA ID Number		B. Transporter 1 Phone 518 458-8294	
						C. State Transporter's ID	
						D. Transporter 2 Phone	
						E. State Facility's ID 401260003300001	
						F. Facility's Phone 518-763-2827	
11. WASTE DESCRIPTION Non PCRA Non-DOT Regulated Soil				12. Containers		13. Total Quantity	
				No. Type		Unit Wt./Vol.	
a. Petroleum Contaminated Flow Fill concrete				001 DT		22 est. TN	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above 5th load Flow Fill from SPILL # 1408926 TANK #002				H. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Emergency response phone 1-800-424-9300							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name Peter Lafare JR				Signature Peter Lafare JR		Date Month Day Year 1 9 15	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Jason Brown		Date Month Day Year 1 9 15	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				Signature Bob Kennedy		Date Month Day Year 1 9 15	

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY



Colonie Landfill  
OP BY CAPITAL REGION LANDFILLS  
1319 Loudon Road  
Cohoes, New York 12047

Weighed: Lauren T  
BILL TO: 868  
MAXON ALCO LLC  
695 ROTTERDAM INDUSTRIAL PARK  
SCHENECTADY NY 12306

HAULER: Cash Customer  
Vehicle ID: 900/11  
Reference: TOC-14-88A  
Grid: L6P2  
Ship To: MAXON ALCO HOLDINGS LLC  
Manifest#: 301 NOTT ST.  
PO#: SCHENECTADY, NY 12305  
: M

Origin: SCHENECTADY  
DATE IN: 01/09/2015 TIME IN: 11:14:30  
DATE OUT: 01/09/2015 TIME OUT: 11:14:30

INBOUND TICKET Number: 02-00186034

SCALE 1 GROSS WT.	71920 LB
STORED TARE WT.	28100 LB
NET WEIGHT	43820 LB

Qty	Description	Amount
21.91	CONT MATERIAL	1424.15
TICKET AMOUNT:		1424.15

X\_\_\_\_\_

Phone: (518)783-2827 Fax: (518)786-7331  
Operating hours 7AM to 3PM Monday thru Friday  
and Saturday 7AM thru 12PM. This is to certify  
that this load contains no hazardous materials,  
medical waste or liquids of any type. All loads  
must be properly contained (Tied & Tarped)  
All Cash, Check, and Credit Card transactions  
are final.

# NON-HAZARDOUS WASTE MANIFEST

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

CON 17

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No. 102		2. Page 1 of	
3. Generator's Name and Mailing Address MAXON ALCO Holding LLC 695 ROTTERDAM INDUSTRIAL PARK Schenectady NY 12305 Generator's Phone (518) 461-4883 ANDY BARBER SITE ENVIRONMENTAL CONSULTANT				Alco Site 311 NOTT ST. Schenectady NY 12309			
5. Transporter 1 Company Name CONSTANTINE CONST.		6. US EPA ID Number		A. State Transporter's ID 364 PERMIT 4A597		B. Transporter 1 Phone 518 458 8294	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address TOWN of Colonie LANDFILL 1319 NEW LONDON Rd. Colonie NY 12041		10. US EPA ID Number		E. State Facility's ID 401260003300001		F. Facility's Phone 518 783 2827	
11. WASTE DESCRIPTION NON-RCRA Non DOT Regulated Soil				12. Containers No. Type		13. Total Quantity	
a. PETROLEUM CONTAMINATED FLOW FILL CONCRETE				001 DT		22 ESTIMATE TN	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above 6 <sup>th</sup> load flow fill from Spill # 1408926 TANK #002				H. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Emergency Phone 1-800-424-9300							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name Pete Lafore Jr				Signature <i>[Signature]</i>		Date Month Day Year 1 9 15	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>[Signature]</i>		Date Month Day Year 1 9 15	
Printed/Typed Name ANTHONY PARENTE				Signature <i>[Signature]</i>		Date Month Day Year 1 9 15	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year	
Printed/Typed Name				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>		Date Month Day Year 01 09 15	

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY

Colonie Landfill  
OP BY CAPITAL REGION LANDFILLS  
1319 Loudon Road  
Cohoes, New York 12047

Weighed: Lauren T  
BILL TO: 868  
MAXON ALCO LLC  
695 ROTTERDAM INDUSTRIAL PARK  
SCHENECTADY NY 12306

HAULER: Cash Customer  
Vehicle ID: 900/2  
Reference: TOC-14-88A  
Grid: L6P2  
Ship To: MAXON ALCO HOLDINGS LLC  
Manifest#: 301 NOTT ST.  
PO#: SCHENECTADY, NY 12305  
: M

Origin: SCHENECTADY  
DATE IN: 01/09/2015 TIME IN: 12:22:55  
DATE OUT: 01/09/2015 TIME OUT: 12:22:55

INBOUND TICKET Number: 02-00186063

SCALE 1 GROSS WT.	69040 LB
STORED TARE WT.	29440 LB
NET WEIGHT	39600 LB

Qty	Description	Amount
19.80	CONT MATERIAL	1287.00

TICKET AMOUNT: 1287.00

X\_\_\_\_\_

Phone: (518)783-2827 Fax: (518)786-7331  
Operating hours 7AM to 3PM Monday thru Friday  
and Saturday 7AM thru 12PM. This is to certify  
that this load contains no hazardous materials,  
medical waste or liquids of any type. All loads  
must be properly contained (Tied & Tarped)  
All Cash, Check, and Credit Card transactions  
are final.





# NON-HAZARDOUS WASTE MANIFEST

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

Truck Cont 16

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No. 103		2. Page 1 of			
3. Generator's Name and Mailing Address Maxon Alco Holdings LLC 695 Rotterdam Industrial Park Schuylkill Co NY 12305				4. Generator's Phone (518) 461-4883 Andy Barber, site environmental consultant					
5. Transporter 1 Company Name Constantine Construction		6. US EPA ID Number		A. State Transporter's ID 264 Permit 4A-517		B. Transporter 1 Phone 518 458-8274			
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone			
9. Designated Facility Name and Site/Address Town of Colonie Landfill 1319 New Loudon Rd. Colonie, NY 12041		10. US EPA ID Number		E. State Facility's ID 401260003300001		F. Facility's Phone 518 783-2827			
11. WASTE DESCRIPTION Non RCRA Non-DOT Regulated Soil				12. Containers		13. Total Quantity		14. Unit Wt./Vol.	
a. Petroleum Contaminated Flow Fill Concrete				001 DT		22 estimate		TN	
b.									
c.									
d.									
G. Additional Descriptions for Materials Listed Above 7th load flow fill from Spill # 1408926 TANK #002				H. Handling Codes for Wastes Listed Above					
15. Special Handling Instructions and Additional Information Emergency response phone 1-800-424-9300									
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.									
Printed/Typed Name Pete Laferriere				Signature Pete Laferriere		Date 11/9/15			
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Jason Bowers		Date 11/9/15			
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date			
19. Discrepancy Indication Space									
20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.									
Printed/Typed Name				Signature		Date 11/9/15			

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY

Colonie Landfill  
OP BY CAPITAL REGION LANDFILLS  
1319 Loudon Road  
Cohoes, New York 12047

Weighed: Lauren T  
BILL TO: 868  
MAXON ALCO LLC  
695 ROTTERDAM INDUSTRIAL PARK  
SCHENECTADY NY 12306

HAULER: Cash Customer  
Vehicle ID: 900/11  
Reference: TOC-14-88A  
Grid: L6P2  
Ship To: MAXON ALCO HOLDINGS LLC  
Manifest#: 301 NOTT ST.  
PO#: SCHENECTADY, NY 12305  
: M

Origin: SCHENECTADY  
DATE IN: 01/09/2015 TIME IN: 12:27:51  
DATE OUT: 01/09/2015 TIME OUT: 12:27:51

INBOUND TICKET Number: 02-00186065

SCALE 1 GROSS WT.	68040 LB
STORED TARE WT.	28100 LB
NET WEIGHT	39940 LB

Qty	Description	Amount
19.97	CONT MATERIAL	1298.05

TICKET AMOUNT: 1298.05

X\_\_\_\_\_

Phone: (518)783-2827 Fax: (518)786-7331  
Operating hours 7AM to 3PM Monday thru Friday  
and Saturday 7AM thru 12PM. This is to certify  
that this load contains no hazardous materials,  
medical waste or liquids of any type. All loads  
must be properly contained (Tied & Tarped)  
All Cash, Check, and Credit Card transactions  
are final.



# NON-HAZARDOUS WASTE MANIFEST

Con 17

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

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No. 104		2. Page 1 of	
3. Generator's Name and Mailing Address MAXON AICO Holding LLC 695 ROTTERDAM INDUSTRIAL PARK SCHENECTADY NY 12305				Alco SITE 311 NOTT ST. SCHENECTADY NY 12309			
4. Generator's Phone (518) 461-4883 ANDY BARBER SITE ENVIRONMENTAL CONSULTANT				TOC-14-088			
5. Transporter 1 Company Name CONSTANTINE CONSTRUCTION		6. US EPA ID Number		A. State Transporter's ID 364 PERMIT 4A597		B. Transporter 1 Phone 518 458 8274	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address TOWN OF COLONIE LANDFILL 1319 NEW LONDON RD. COLONIE NY 12041		10. US EPA ID Number		E. State Facility's ID 401260003300001		F. Facility's Phone 518 783 2827	
11. WASTE DESCRIPTION NON-RCRA NON DOT REGULATED SOIL				12. Containers No. Type		13. Total Quantity	
a. PETROLEUM CONTAMINATED FLOW FILL CONCRETE				001 DT		22 ESTIMATE TN	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above 8th LARD FLOW FILL FROM SPILL # 1408926 TANK #002				H. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information EMERGENCY PHONE 1-800 424-9300							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name Pete Laferr JR				Signature Pete Laferr JR		Date Month Day Year 1 9 15	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Anthony Parente		Date Month Day Year 1 9 15	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date Month Day Year	
19. Discrepancy Indication Space				Signature		Date Month Day Year	
20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				Signature		Date Month Day Year 01 09 15	

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY

Colonia Landfill  
OP BY CAPITAL REGION LANDFILLS  
1319 Loudon Road  
Cohoes, New York 12047

Weighed: Lauren T  
BILL TO: 868  
MAXON ALCO LLC  
695 ROTTERDAM INDUSTRIAL PARK  
SCHENECTADY NY 12306

HAULER: Cash Customer  
Vehicle ID: 900/2  
Reference: TOC-14-88A  
Grid: L6P2  
Ship To: MAXON ALCO HOLDINGS LLC  
Manifest#: 301 NOTT ST.  
PO#: SCHENECTADY, NY 12305  
: M

Origin: SCHENECTADY  
DATE IN: 01/09/2015 TIME IN: 13:41:14  
DATE OUT: 01/09/2015 TIME OUT: 13:41:14

INBOUND TICKET Number: 02-00186097

SCALE 1 GROSS WT.	74180 LB
STORED TARE WT.	29440 LB
NET WEIGHT	44740 LB

Qty	Description	Amount
22.37	CONT MATERIAL	1454.05

TICKET AMOUNT:	1454.05
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X\_\_\_\_\_

Phone: (518)783-2827 Fax: (518)786-7331  
Operating hours 7AM to 3PM Monday thru Friday  
and Saturday 7AM thru 12PM. This is to certify  
that this load contains no hazardous materials,  
medical waste or liquids of any type. All loads  
must be properly contained (Tied & Tarped)  
All Cash, Check, and Credit Card transactions  
are final.



# NON-HAZARDOUS WASTE MANIFEST

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

Truck Con 116

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No. 105		2. Page 1 of	
3. Generator's Name and Mailing Address Morton ACo Holding LLC 695 Rotterdam Industrial Park Schenectady, NY 12305 4. Generator's Phone (518) 461-4883 Andy Barber Site Environmental Consultant				ALCO Site 311 North St. Schenectady, NY 12305		TDC-14-0886	
5. Transporter 1 Company Name Constantine Construction		6. US EPA ID Number		A. State Transporter's ID 364 Perm. THA 597		B. Transporter 1 Phone 518 458-8294	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address Town of Colonie Landfill 1319 New Loudon RD Colonie, NY 12041		10. US EPA ID Number		E. State Facility's ID 406260003300001		F. Facility's Phone 518-783-2827	
11. WASTE DESCRIPTION NON RCRA NON-DOT Regulated Soil				12. Containers		13. Total Quantity	
				No. Type		Unit	
a. Petroleum Contaminated flow fill Concrete				001 DT		22 Est. TN	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above				H. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Emergency response phone 1-800-424-9300							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name Pete Lafon				Signature [Signature]		Date Month Day Year 1 9 15	
17. Transporter 1 Acknowledgement of Receipt of Materials						Date	
Printed/Typed Name Jason Barrios				Signature [Signature]		Month Day Year 1 9 15	
18. Transporter 2 Acknowledgement of Receipt of Materials						Date	
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name [Signature]				Signature [Signature]		Date Month Day Year 01 09 15	

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY



Colonie Landfill  
OP BY CAPITAL REGION LANDFILLS  
1319 Loudon Road  
Cohoes, New York 12047

Weighed: Lauren T  
BILL TO: 868  
MAXON ALCO LLC  
695 ROTTERDAM INDUSTRIAL PARK  
SCHENECTADY NY 12306

HAULER: Cash Customer  
Vehicle ID: 900/11  
Reference: TOC-14-88A  
Grid: L6P2  
Ship To: MAXON ALCO HOLDINGS LLC  
Manifest#: 301 NOTT ST.  
PO#: SCHENECTADY, NY 12305  
: M

Origin: SCHENECTADY  
DATE IN: 01/09/2015 TIME IN: 13:45:48  
DATE OUT: 01/09/2015 TIME OUT: 13:45:48

INBOUND TICKET Number: 02-00186100

SCALE 1 GROSS WT.	70840 LB
STORED TARE WT.	28100 LB
NET WEIGHT	42740 LB

Qty	Description	Amount
21.37	CONT MATERIAL	1369.05

TICKET AMOUNT: 1369.05

X\_\_\_\_\_

Phone: (518)733-2827 Fax: (518)766-7331  
Operating hours 7AM to 3PM Monday thru Friday  
and Saturday 7AM thru 12PM. This is to certify  
that this load contains no hazardous materials,  
medical waste or liquids of any type. All loads  
must be properly contained (Tied & Tarped)  
All Cash, Check, and Credit Card transactions  
are final.

# NON-HAZARDOUS WASTE MANIFEST

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

Truck Con 16

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No. 106		2. Page 1 of	
3. Generator's Name and Mailing Address Mayon Alco Holding LLC 695 Rotterdam Industrial Park Schenectady, NY 12305				Alco Site 311 North St Schenectady, NY 12309			
4. Generator's Phone (518) 461-4583 ANDY Barber Site Environmental				Consultant			
5. Transporter 1 Company Name Constantine Construction		6. US EPA ID Number		A. State Transporter's ID 364 Perm T4A-597		B. Transporter 1 Phone 518 458-8294	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter 2 Phone	
9. Designated Facility Name and Site Address Town of Colonie Landfill 1319 New Loudon Rd Colonie, NY 12041		10. US EPA ID Number		E. State Facility's ID 401260003300001		F. Facility's Phone 518 783-2827	
11. WASTE DESCRIPTION Non RCRA Non-Dot Regulated Soil				12. Containers No. Type		13. Total Quantity	
a. Petroleum Contaminated flow fill Conc				501 OT		22 estimate TN	
b.							
c.							
d.							
G. Additional Descriptions for Materials Listed Above 10th load flow fill from SPILL # 1408926 TANK 001				H. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Emergency response phone: 1-800-424-9300							
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.							
Printed/Typed Name Pete Lafara JR				Signature Pete Lafara JR		Date Month Day Year 1 9 15	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jason Bowers				Signature [Signature]		Date Month Day Year 1 9 15	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature		Date Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator; Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.							
Printed/Typed Name				Signature		Date Month Day Year 1 9 15	

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FACILITY

Colonie Landfill  
OP BY CAPITAL REGION LANDFILLS  
1319 Loudon Road  
Cohoes, New York 12047

Weighed: Lauren T  
BILL TO: 368  
MAXON ALCO LLC  
695 ROTTERDAM INDUSTRIAL PARK  
SCHENECTADY NY 12306

HAULER: Cash Customer  
Vehicle ID: 900/11  
Reference: TOC-14-88A  
Grid: L6P2  
Ship To: MAXON ALCO HOLDINGS LLC  
Manifest#: 301 NOTT ST.  
PO#: SCHENECTADY, NY 12306  
: M

Origin: SCHENECTADY  
DATE IN: 01/09/2015 TIME IN: 14:47:58  
DATE OUT: 01/09/2015 TIME OUT: 14:47:58

INBOUND TICKET Number: 02-00186129

SCALE 1 GROSS WT.	66480 LB
STORED TARE WT.	28100 LB
NET WEIGHT	38380 LB

Qty	Description	Amount
19.19	CONT MATERIAL	1247.35

TICKET AMOUNT:	1247.35
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X\_\_\_\_\_

Phone: (518)783-2827 Fax: (518)786-7331  
Operating hours 7AM to 3PM Monday thru Friday  
and Saturday 7AM thru 12PM. This is to certify  
that this load contains no hazardous materials,  
medical waste or liquids of any type. All loads  
must be properly contained (Tied & Tarped)  
All Cash, Check, and Credit Card transactions  
are final.



**Constantine Construction & Farm, Inc.**

564 Albany Shaker Road  
Loudonville, New York 12211

Phone: 518 458-8294

Fax: 518 438-7257

laura@ccfrm.com

**Invoice**

DATE	INVOICE #
1/12/2015	25494

BILL TO
Rifenburg Contracting Corp. 1175 Hoosick Road Troy, NY 12180

P.O. NO.	TERMS
	Net 30

QUANTITY	DESCRIPTION	RATE	AMOUNT
28.29	tons of petro contaminated soil to Colonie Landfill on 1/5/2015 #02-00185457 #80	11.00	311.19
27.86	tons of petro contaminated soil to Colonie Landfill on 1/5/2015 #02-00185461 #81	11.00	306.46
26.22	tons of petro contaminated soil to Colonie Landfill on 1/5/2015 #02-00185484 #82	11.00	288.42
22.19	tons of petro contaminated soil to Colonie Landfill on 1/5/2015 #02-00185512 #83	11.00	244.09
20.98	tons of petro contaminated soil to Colonie Landfill on 1/5/2015 #02-00185529 #84	11.00	230.78
16.15	tons of petro contaminated soil to Colonie Landfill on 1/5/2015 #02-00185535 #85	11.00	177.65
21.24	tons of petro contaminated soil to Colonie Landfill on 1/5/2015 #02-00185562 #86	11.00	233.64
23.87	tons of petro contaminated soil to Colonie Landfill on 1/5/2015 #02-00185563 #87	11.00	262.57
22.5	tons of petro contaminated soil to Colonie Landfill on 1/5/2015 #02-00185595 #88	11.00	247.50
22.17	tons of petro contaminated soil to Colonie Landfill on 1/6/2015 #02-00185627 #89	11.00	243.87
20.12	tons of petro contaminated soil to Colonie Landfill on 1/6/2015 #02-00185644 #90	11.00	221.32
21.44	tons of petro contaminated soil to Colonie Landfill on 1/6/2015 #02-00185665 #91	11.00	235.84
21.59	tons of petro contaminated soil to Colonie Landfill on 1/6/2015 #02-00185670 #92	11.00	237.49
20.26	tons of petro contaminated soil to Colonie Landfill on 1/6/2015 #02-00185702 #93	11.00	222.86
19.15	tons of petro contaminated soil to Colonie Landfill on 1/6/2015 #02-00185704 #94	11.00	210.65
Accounts over 30 days are subject to 1.5% service charge (annual rate 18%) and all costs of collection including attorney's fees. This invoice is deemed correct unless errors are reported in writing to Constantine Construction & Farm, Inc. within 10 days of the invoice date.		<b>Total</b>	

**Constantine Construction & Farm, Inc.**

564 Albany Shaker Road  
Loudonville, New York 12211

Phone: 518 458-8294

Fax: 518 438-7257

laura@ccfrm.com

**Invoice**

DATE	INVOICE #
1/12/2015	25494

**BILL TO**

Rifenburg Contracting Corp.  
1175 Hoosick Road  
Troy, NY 12180

**P.O. NO.****TERMS**

Net 30

QUANTITY	DESCRIPTION	RATE	AMOUNT
20.48	tons of petro contaminated soil to Colonie Landfill on 1/6/2015 #02-00185723 #95	11.00	225.28
17.85	tons of petro contaminated soil to Colonie Landfill on 1/6/2015 #02-00185726 #96	11.00	196.35
18.33	tons of petro contaminated soil to Colonie Landfill on 1/6/2015 #02-00185750 #97	11.00	201.63
21.58	tons of petro contaminated soil to Colonie Landfill on 1/9/2015 #02-00185996 #98	11.00	237.38
17.57	tons of petro contaminated soil to Colonie Landfill on 1/9/2015 #02-00186001 #99	11.00	193.27
21.16	tons of petro contaminated soil to Colonie Landfill on 1/9/2015 #02-00186033 #100	11.00	232.76
21.91	tons of petro contaminated soil to Colonie Landfill on 1/9/2015 #02-00186034 #101	11.00	241.01
19.8	tons of petro contaminated soil to Colonie Landfill on 1/9/2015 #02-00186063 #102	11.00	217.80
19.97	tons of petro contaminated soil to Colonie Landfill on 1/9/2015 #02-00186065 #103	11.00	219.67
22.37	tons of petro contaminated soil to Colonie Landfill on 1/9/2015 #02-00186097 #104	11.00	246.07
21.37	tons of petro contaminated soil to Colonie Landfill on 1/9/2015 #02-00186100 #105	11.00	235.07
19.19	tons of petro contaminated soil to Colonie Landfill on 1/9/2015 #02-00186129 #106	11.00	211.09
<b>Accounts over 30 days are subject to 1.5% service charge (annual rate 18%) and all costs of collection including attorney's fees. This invoice is deemed correct unless errors are reported in writing to Constantine Construction &amp; Farm, Inc. within 10 days of the invoice date.</b>		<b>Total</b>	<b>\$6,331.71</b>



# NON-HAZARDOUS WASTE MANIFEST

CON 14

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

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.		Manifest Document No. <b>003</b>	2. Page 1 of
3. Generator's Name and Mailing Address <b>MAXON ALCO HOLDING LLC 695 ROTTERHAM INDUSTRIAL PARK SCHENECTADY NY 12305 518 401 4883</b>		ALCO SITE 301 NOTT ST SCHENECTADY NY 12309 ANDY BARACK SITE ENVIRONMENTAL CONSULTANT		LOT #3919-P	
5. Transporter 1 Company Name <b>CONSTANTINE CONSTRUCTION</b>		6. US EPA ID Number		A. State Transporter's ID <b>4A-597</b>	
7. Transporter 2 Company Name		8. US EPA ID Number		B. Transporter 1 Phone <b>518 365 4316</b>	
9. Designated Facility Name and Site Address <b>RAPP ROAD WASTE MANAGEMENT FACILITY 525 RAPP ROAD ALBANY NY 12205</b>		10. US EPA ID Number		C. State Transporter's ID	
				D. Transporter 2 Phone	
				E. State Facility's ID	
				F. Facility's Phone <b>518 869 3651</b>	
11. WASTE DESCRIPTION			12. Containers	13. Total Quantity	14. Unit Wt./Vol.
a. <b>PETROLEUM CONTAMINATED SAND concrete flow fill</b>			No.	Type	
b.					
c.					
d.					
G. Additional Descriptions for Materials Listed Above <b>SPILL # 1507232</b>			H. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations.					
Printed/Typed Name <b>BRIAN EGAN AGENT FOR MAXON/ALCO HOLDINGS LLC</b>			Signature <i>Brian Egan</i>		Date Month <b>11</b> Day <b>17</b> Year <b>15</b>
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature		Date Month Day Year
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature		Date Month Day Year
19. Discrepancy Indication Space					

NON-HAZARDOUS WASTE

GENERATOR

TRANSPORTER

FAC

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>ESQ6</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>(800) 225-6750</b>	4. Manifest Tracking Number <b>007795706 FLE</b>	
5. Generator's Name and Mailing Address <b>Moxon Alco Holdings, LLC 695 Rotterdam Industrial Park Schenectady, NY 12306</b>						
Generator's Site Address (if different than mailing address) <b>467 Front Street Schenectady, NY</b>						
Generator's Phone: <b>(518) 445-1365</b>						
6. Transporter 1 Company Name <b>OP-TECH Environmental Services, Inc.</b>					U.S. EPA ID Number <b>MD 986980753</b>	
7. Transporter 2 Company Name					U.S. EPA ID Number	
8. Designated Facility Name and Site Address <b>Cyche Chem, Inc. 550 Industrial Drive Lewisberry, PA 17339</b>					U.S. EPA ID Number <b>PA D067098822</b>	
Facility's Phone: <b>(717) 938-4700</b>						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt/Vol.
	X	1. <b>UN2809 Waste Mercury, 8(6.1), PAIII, RQ EPG #172</b>	001	DF	0015	P
		2.				
		3.				
		4.				
13. Waste Codes <b>D069 T</b>						
14. Special Handling Instructions and Additional Information <b>Job # 102830 1x5 Refuse # OPT770-A-MM</b>						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name <b>Stephen Luciano</b>						
Signature <i>[Signature]</i>						
Month Day Year <b>14 11 16</b>						
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
	Transporter signature (for exports only): _____					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name <b>Christopher L. Kligan</b>		Signature <i>[Signature]</i>		Month Day Year <b>04 11 16</b>	
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. <b>H111</b>		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name <b>Annie E. Hied</b>		Signature <i>[Signature]</i>		Month Day Year <b>14 11 16</b>		

**LAND DISPOSAL RESTRICTION AND CERTIFICATION FORM**

This land disposal restriction (LDR) notification must be submitted with the initial shipment of all new waste streams. Subsequent notification is not required unless the waste stream changes. All sections MUST be completed. INSTRUCTION

Generator Name: Maxon Ato Holdings, LLC  
 Generator EPA ID #: CE5069  
 Manifest #: 007795706 FLE

**WASTE STREAM INFORMATION** - For each manifest line complete the following sections. For LDR's previously submitted or LAB PACK's with packing slips indicate such in column A or B and stop.

Line #	LDR on file RCRA	Lab Pack & Slip	EPA Waste Codes and subcategory reference letter from table (if applicable)	D Treatability		F Treatment Method for Hazardous Waste per 40CFR268
				Waste Water	Spent Solvent	
	A	B	C	W	E	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> D001	<input checked="" type="checkbox"/> W	<input type="checkbox"/> E	Requires treatment mark which standard applies
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> W	<input type="checkbox"/> E	For All SOL Treatment Complete certification
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> W	<input type="checkbox"/> E	40CFR268 Listed Waste
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> W	<input type="checkbox"/> E	Meets LDR standards

**ADDITIONAL INFORMATION FOR CHARACTERISTIC CODES D001 to D043 (check one)**

☐ Some or all of these waste streams contain underlying hazardous constituents (UHCs) in excess of the treatment standard of 40CFR268.40. These are indicated on the UHC/TS table section of this LDR form or included on the waste profile.

☒ There are no underlying hazardous constituents (UHCs) present in any of these waste streams.

**SUBCATEGORY LETTER TABLE**

D001	A	Ignitable except high TOC ignitable liquid
	B	High TOC (> 10%) ignitable liquid
	A	Reactive sulfide
	B	Reactive cyanide
	C	Water reactive
	D	Other reactive
D006	A	Cadmium non-battery
	B	Cadmium containing batteries
D008	A	Lead non-battery
	B	Lead acid batteries
D009	A	High mercury organic (>260 PPM Total Hg)
	B	High mercury inorganic (>260 PPM Total Hg)
	C	Low mercury (< 260 PPM Total Hg)
	D	Mercury wastewater

**SPENT SOLVENT WASTE CONSTITUENTS**

(1) acetone	(15) methanol
(2) benzene	(16) methylene chloride
(3) n-butyl alcohol	(17) methyl ethyl ketone
(4) iso-butyl alcohol	(18) methyl isobutyl ketone
(5) carbon disulfide	(19) nitrobenzene
(6) carbon tetrachloride	(20) pyridine
(7) chlorobenzene	(21) tetrachloroethylene (Perc)
(8) cresols (o, m or p)	(22) toluene
(9) cresylic acid	(23) 1,1,1-trichloroethane
(10) cyclohexanone	(24) 1,1,2-trichloroethane
(11) o-dichlorobenzene	(25) trichloroethylene
(12) ethyl acetate	(26) trichloromonomethane
(13) ethyl benzene	(27) 1,1,2-trichloro-1,2,2-trifluoroethane
(14) ethyl ether	(28) xylenes

For F001-F005 indicate number of constituent in above table

**SOIL CERTIFICATION per alternate soil treatment (268.192 for indicated [circle] items)**

This is a hazardous waste and is subject to the universal treatment standards. The soil treatment standards as provided by 268.192(c) exhibit a characteristic of hazardous waste and is subject to/compiles with the universal treatment standards.

**This Certification for material that meets treatment standards applies to the above listed items.**

This is an EPA hazardous waste that meets all applicable treatment standards set forth in 40 CFR 268 subpart O, and can be landfilled without further treatment. I certify under penalty of law that I have personally examined and am familiar with the waste through analysis and testing or thorough knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart O and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d). I believe that the information I submitted is true, accurate and correct. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

**CERTIFICATION** - All sections MUST be completed. I certify that all information on this and all associated documents is complete and accurate to the best of my knowledge.

Signature: Stephen Luciano  
 Date: 4/11/16