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Please print or type. Form Approved. OMB No. 2050-0039 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number **UNIFORM HAZARDOUS WASTE MANIFEST** 5. Generator's Name and Mailing Address Generator's Site Address (if different than mailing address) Generator's Email and Phone: 6. Transporter 1 Company Name U.S. EPA ID Number U.S. EPA ID Number 7. Transporter 2 Company Name 8. Designated Facility Name and Site Address U.S. EPA ID Number Facility's Phone: 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 9a 13. Waste Codes and Packing Group (if any)) Quantity Wt./Vol. HM Type GENERATOR 14. Special Handling Instructions and Additional Information 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 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. Month Day Year Generator's/Offeror's Printed/Typed Name [Reserved] 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Month Day Year Signature TRANSPORT Transporter 2 Printed/Typed Name Signature 18. Discrepancy 18a. Discrepancy Indication Space Full Rejection Туре Residue Partial Rejection Quantity Manifest Reference Number: U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: DESIGNATED 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) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature Month Day

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SITE



3169833

a. Generator's US EPA ID Number		b. Manifest Do	ocument Number		c. Page	1 of	
d Congretor's Name 11					o. r age	101	
d. Generator's Name and Location:			e. Generator's Mailin	g Address:			
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. Phone: Lancaster NY 14086				er MY 1400	0.5		
f owner of the generating facility differs	from the generate	or, provide:	COL 11 JON 10	61.141.1411	10		
n. Owner's Name:		3	i Owner's Dhana N	50			
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aste is a treatment residue of a proviou	icly rootrioted be-	nagea, ana is in pi	oper condition for transpor	tation according	g to applica	able regulations: A	AND, if the
een treated in accordance with the requ	uirements of 40 Cl	FR 268 and is no lo	onger a hazardous waste a	estrictions. I cei	rtify and wa	arrant that the was	ste has
Jan Mariliti	n out	471	/ wasplot was	as defined by 4	-ien	3 9758	
Generator Authorized Agent Name (P	44.64.	q. Signature	D. 11		9-26	-23	
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SITE NIAGARA FALLS LANDFILL 716-282-6381	SITE TICKET # 1250422					
5600 Niagara Falls Blvd Niagara Falls, NY 14304 -	WEIGHMA	ASTER Pam	e.			
CUSTOMER 392142	DATE/TIM		8:33 am	DATE/TIME OUT 9/26/23	9:00 am	
SWAN TRUCKING	VEHICLE	SWAN 109	<u> </u>	CONTAINER		
TONY ALU LANCASTER, NY 14086	REFEREN					
Contract: 42152313324 Generator: 65 Lake Avenue LLC	BILL OF I	LADING 31698	34			
	9.95 ,900			INBOUND INVOICE		
QTY. UNIT DESCRIPTION		RATE	EXTENS	ON TAX	TOTAL	
Tracking QTY 19.95 tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1						
Have a nice day. Thank you for your business!				1	NET AMOUNT	
					TENDERED	
The undersigned individual signing this document on behalf of Customer acknowledges that he on the reverse side and that he or she has the authority to sign this document on behalf of the cu	or she has read	and understands the	terms and cor	nditions	CHANGE	
					CHECK#	
RS-F042UPR (04/19) SIGNATURE						



3169834

a. Generator's US EPA ID Number		b. Manifest Docu	ument Number		c. Page	1 of	
d. Generator's Name and Location;			e. Generator's Mailing	g Address:		- CO 929	
85 Lake Avenue			DO Lake	Avenue LL(
f. Phone: Lancaster, NY 14086				ral Avenue			
If owner of the generating facility diffe	rs from the generato	r provide:	g. Phone: Lancasti	er, NY 14UR	36		
h. Owner's Name:	and gonerate	r, provide.					
j. Waste Profile #	k. Exp. Date	I Waste Shi	i. Owner's Phone No. pping Name and				
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n. Transporter's Name and Address:	nerator complete	es Ila-b and Trar	nsporter completes	llc-e)	r. Date		
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Phone: Driver Name (Print) I. DESTINATION (Generation of Authorized Agent (Print) Name of Authorized Agent (Print) ASBESTOS (Generato Operator's Name and Address: Phone: Special Handling Instructions and Address: Print Description of Authorized Agent (Print) Personal Handling Instructions and Address:	d. Sign rator complete III alls Landfill LLC Niceara Falls NY naterial has been acc f. Signa r completes IVa-	ature la-c and Destina c. US EPA Num cepted and to the beseture f and Operator of	tion Site completes ber d. Discrepancy Ind st of my knowledge the f complete IVg-i) c. Responsible Agency N d. Phone:	e. Date Illd-g) dication Space: foregoing is true g. Date	e and accurress:	123	ping nam
D. Phone: Disposal Facility and Site Address: Alternation (General Disposal Facility and Site Address: Alternation Address: Address: Assessing Address: Assessing Address: Phone: Special Handling Instructions and Address:	d. Sign rator complete III alls Landfill LLC Niceara Falls NY naterial has been acc f. Signa r completes IVa-	ature la-c and Destina c. US EPA Num cepted and to the beseture f and Operator of	tion Site completes ber d. Discrepancy Ind st of my knowledge the f complete IVg-i) c. Responsible Agency N d. Phone:	e. Date Illd-g) dication Space: foregoing is true g. Date	e and accurress:	123	ping nam

CELL TICKET # SITE SITE 1250431 5B NIAGARA FALLS LANDFILL 716-282-6381 WEIGHMASTER 5600 Niagara Falls Blvd Niagara Falls, NY 14304 Pam S. DATE/TIME OUT DATE/TIME IN 9:56 am CUSTOMER 9/26/23 9/26/23 9:25 am 392142 CONTAINER VEHICLE SWAN TRUCKING SWAN 114 TONY ALU REFERENCE LANCASTER, NY 14086 Contract: 42152313324 BILL OF LADING 3169836 Generator: 65 Lake Avenue LLC INBOUND

20.08

40,160

NET WEIGHT SCALE OUT 29,140 TARE WEIGHT TOTAL EXTENSION TAX RATE DESCRIPTION UNIT QTY. Tracking QTY 12.00 YD Origin:NY-ERIE 100% SW-CONT SOIL 20.08 tn ENVIRONMENTAL FEE 1 1.00

Have a nice day. Thank you for your business!

SCALE IN GROSS WEIGHT

The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on the reverse side and that he or she has the authority to sign this document on behalf of the customer.

NET TONS

69,300

INVOICE

NET AMOUNT

TENDERED CHANGE

CHECK#



114

3169836

I. GENERATOR (Generato	or completes I	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:		1	e. Generator's Mailing A	Address:			
65 Lake Avenue LLC 65 Lake Avenue			DD Lake A	venue LLC			
f. Phone: Lancaster, NY 14086			32 Central	Avenue			
			g. Phone: Lancaster	NY 1408	6		
If owner of the generating facility differs from	m the generator,	provide:	11				
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	Waste Ship Description	pping Name and		tainers	n. Total	o. Unit
A 42152313324				No.	Туре	Quantity	Wt/Vol
A 42132313324	9/6/2024	Excavated	Soil	1	T	12yds	
Б.			re 5		×	25	
				4 6 1			-
	4						
C.		3	7			-	
					-	31	
GENERATOR'S CERTIFICATION: L borob						4	
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, cla waste is a treatment residue of a previously	ssified and packa	above named mater	rial is not a hazardous was	ste as define	d by 40 CF	R 261 or any app	licable
waste is a treatment residue of a previously been treated in accordance with the require	restricted hazar	dous waste subject	to the Land Disposal Rest	rictions. I ce	g to applic rtify and w	able regulations; A	AND, if this
been treated in accordance with the require	ements of 40 CFF	R 268 and is no long	er a hazardous waste as	defined by 40	O CFR 261		sie nas
- STALL IVERELET -	Hust	11.0	1/20		9-71	23	
p. Generator Authorized Agent Name (Print		Signature	199,		r. Date		
II. TRANSPORTER (General a. Transporter's Name and Address:	ator completes	s lla-b and Tran	sporter completes lic	:-e)	i. Date		
b. Phone:		/ /					
c. Driver Name (Print)	d. Signa	ture (to)	1		9		
III. DESTINATION (Generato	r complete IIIa	a-c and Dectinat	tion Cita complete - II	e. Date		65	
a. Disposal Facility and Site Address:	oompicte ille	c. US EPA Numb	per d. Discrepancy Indic	ia-g)			
Allied Waste Niagara Falls	Landfill LLC	o. oo El A Nallie	d. Discrepancy indic	ation Space:			
5600 Niagara Falls Blvd , Niag		-					
b.		\					
I hereby certify that the above named mater	ial has been acce	epted and to the bes	st of my knowledge the for	egoing is true	e and acci	urate./	
7,CDET		HAX	CATT	9	151	153	
e. Name of Authorized Agent (Print)	f. Signatu	ure /	when below	g. Date	I much to	1 44	
IV. ASBESTOS (Generator co			complete IVa-i)	1 9. Date			
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	ress.		
			, goney rea	and Add	. 555.		
b. Phone:e. Special Handling Instructions and Addition			d. Phone:				
o. Special Fighting instructions and Addition	iai information:						
f D Frieble D v =		West of the second second					
f. Friable Non-Friable Both	% Fria	ible 9	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby de and are classified, packaged, marked and la national governmental regulations.	beled/placarded,	ntents of this consig and are in all respe	nment are fully and accur cts in proper condition for	ately describ transport acc	ed above cording to	by the proper ship applicable interna	ping name. tional and
g. Operator's Name and Title (Print) Operator refers to the company which owns enovation operation or both	h. Signati	ure		i. Date			-

	ALLS LANDFILL 716-282-6381	SITE 5B WEIGHMA	1250443 STER	CELL			
CUSTOMER 39214 SWAN TONY LANCE	TRUCKING	Pam S. DATE/TIME IN 9/26/23 10:34 am 9/26/23 10:34 VEHICLE SWANN 111 CONTAINER REFERENCE					
Generato	r:65 Lake Avenue LLC SCALE IN GROSS WEIGHT 75,780 NET TONS 2	BILL OF L 23.64 7,280	ADING 3169837		INBOUND INVOICE	athur medicine one the con- yby mated	
QTY. UNIT	DESCRIPTION		RATE E)	TENSION	TAX	TOTAL	
12.00 YI 23.64 tr 1.00	Tracking QTY		proposed and and and and and and and and and an				
Have a nice	t day. Thank you for your business!		I I I I I I I I I I I I I I I I I I I	7 7	TELEVISION AND ADDRESS OF THE PARTY OF THE P	NET AMOUNT	
		-47				TENDERED	
	signed individual signing this document on behalf of Customer acknowledges that he erse side and that he or she has the authority to sign this document on behalf of the		and understands the terms a	nd conditions	3	CHANGE	
RS-F042UPR (04/						CHECK#	
NO-FU4ZUFK (04/	io) Signatur						

SITE



3169837

a. Generator's US EPA ID Number	itor completes						
		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:		•	e. Generator's Mailing	g Address:			40
85 Lake Avenue				Avenue LL			
f. Phone: Lancaster, NY 14086			The second secon	ral Avenue			
If owner of the generating facility differs	from the generator	. provide:	g. Phone: Lancaste	er, NY 1401	30		
h. Owner's Name:	•	, , , , , , , , , , , , , , , , , , , ,					
j. Waste Profile #	k. Exp. Date	I Waste Shir	i. Owner's Phone No.: oping Name and			1	
	anp. Dato	Description	oping Name and	No.	ntainers Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152913324	9/8/2024	Excavated	Soil	1	T	12yds	
B						,	
C. (3)	w.						
GENERATOR'S CERTIFICATION: I hen state law, has been properly described, c waste is a treatment residue of a previou been treated in accordance with the requ	sly restricted bozo	rdous wests a bird	er condition for transpor	tation accordin	g to applic	able regulations; ,	olicable AND, if this este has
Stone Marchat.		77 1	. 54//	is defined by 4	0 CFR 20	L	
p. Generator Authorized Agent Name (Pr	int) a	. Signature	_24/		7.1	6-23	
II. TRANSPORTER (General Address:		s lla-h and Tran	sportor completes	llo o\	r. Date		
Swan Trying		# 111					
b. Phone:					7		
c. Driver Name (Print)	4 C:			7/	115		
III. DESTINATION (General	d. Signa		ti 0'i	e. Date			
a. Disposal Facility and Site Address: Allied Waste Niagara Fall 5000 Niagara Falls Blvd , Ni b.	ls Lærdfill LLC lagara Falls NT	c. US EPA Numl	d. Discrepancy Ind	dication Space		-	51
I hereby certify that the above named mat	eriai rias been acc	epted and to the bes	st of my knowledge the f	foregoing is tru	e and acci	urate.	
a Name of Authority I.A. (7)		PXXX		91	16		
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	f. Signat	ure /		g. Date			
IV. ASBESTOS (Generator a. Operator's Name and Address:	completes IVa-		complete IVg-i) c. Responsible Agency I	Name and Add	ress:		/
b. Phone: e. Special Handling Instructions and Additi	ional Information:		d. Phone:				
The state of the s	ional information.						
. ☐ Friable ☐ Non-Friable ☐ Both	0/ -	-1-1-	V				4.
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	% Fria declare that the co labeled/placarded,	entents of this consis	% Non-Friable gnment are fully and acc cts in proper condition fo	curately describ or transport ac	ed above cording to	by the proper ship applicable interna	oping name, itional and
							A
g. Operator's Name and Title (Print)	h. Signat	ture		i. Date			
Operator refers to the company which own anovation operation or both	ns, leases, operate	s, controls, or super	vises the facility being d	emolished or re	enovated,	or the demolition	or

NIAGA 5600	ARA FA Niaga	LLS LANDFILL 716-282-6381 ra Falls Blvd Niagara Falls, NY 14304	SITE 5B WEIGHN	TICKE	125044 Pam S		CELL		
CUSTOMER S	392142 SWAN T	RUCKING LU	VEHICL REFERE	9, .E S	26/23 10 WAN 109		CONTAI	9/26/23	10:53 am
Cont	ract:	TER, NY 14086 12152313324 :65 Lake Avenue LLC		FLADING	3169838	B Plots	is the	5 v084	dim splui
litri	SC	ADD IN COURT OF THE PROPERTY O	.76 520					NOICE	
QTY.	UNIT	DESCRIPTION		1.00	RATE	EXTENS	ION	TAX	TOTAL
12.00 23.7 1.00		Tracking QTY SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1		ecente e forma e forma pest no pest no	Process of parties of				to the state of th
Have	e a nice	day. Thank you for your business!	us harr	HOU	len, Frus	gi ng 11	Ugi Si		NET AMOUNT
									TENDERED
Th	ne undersi	gned individual signing this document on behalf of Customer acknowledges that he	or she has rea	ad and u	nderstands the t	erms and co	nditions		CHANGE
on	the rever	se side and that he or she has the authority to sign this document on behalf of the co	ustomer.			Ę+			CHECK#
RS-F042U	PR (04/1	9) SIGNATURE							



3169838

I. GENERATOR (General	tor complet	tes la-r)						
a. Generator's US EPA ID Number			st Docume	ent Number		c. Page	1 of	
d. Generator's Name and Location:			T	e. Generator's Mailing	Address:			
65 Lake Avenue				20 L3//2	al Avenue			
Lancaster, NY 14086 f. Phone:					ai Avenue ir, NY 1408	16		
If owner of the generating facility differs f	from the gene	rator, provide:		g. Frione.				
h. Owner's Name:		Material Control Control		! Owner's Dhana Na				
j. Waste Profile #	k. Exp. Date	te I. Was		i. Owner's Phone No.: ing Name and		ntainers	n. Total	T a limit
A SHIP STREET AND ADDRESS OF		Descrip		ing rigino and	No.	Type	Quantity	o. Unit Wt/Vol
A 42152313324	9/8/2024	Excel	wated S	ioll	3	7	12yds	
B.								
C .								V
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted h	packageu, anu is ii nazardous wasto si	subject to	the Land Dispession of	ation according	g to applic	able regulations; A	olicable AND, if this ste has
DIFAA L / JAT WI	- AUT	11/	· 3	41		9 -	26 23	
p. Generator Authorized Agent Name (Pri		q. Signature				r. Date	- be	
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator comp	letes lla-b and	d Trans	porter completes I	llc-e)			
b. Phone: SWAN TR	Zuck)	Wg	<u> </u>	109		9/2	1/23	
c. Driver Name (Print)		Signature	1		e. Date		1100	
III. DESTINATION (General	tor complet	e Illa-c and De	estinatio	on Site completes	llld-g)			
a. Disposal Facility and Site Address: All year Waste Magaza Falls Blvd Mile b.	ls Lændfill I lagara Falls I	C. US EPA	'A Numbe	d. Discrepancy Inc	dication Space			
I hereby certify that the above named mat	eliai lias peci	1 accepted and to	the best	of my knowleage the t	oregoing is tru	e and acc	urate.	
a Nama of Authorized Agent (Print)		FOLIC	DL		(1120	0123	
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)		Signature			g. Date			
IV. ASBESTOS (Generator of a. Operator's Name and Address:	completes i	Va-i and Oper		omplete IVg-i) Responsible Agency N	Name and Add	ress:		
E DESCRI								
b. Phone: e. Special Handling Instructions and Addit	ional Informati	ion:	d.	Phone:		0		
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	% Friable the contents of this irded, and are in al	s consign	Non-Friable nment are fully and acc ts in proper condition fo	curately describ or transport ac	ed above cording to	by the proper ship applicable interna	pping name ational and
							U.	
g. Operator's Name and Title (Print)	h. S	Signature			i. Date			
*Operator refers to the company which own renovation operation or both	ns, leases, op	erates, controls, or	or supervi	ises the facility being d	emolished or r	enovated,	or the demolition	or

LS LANDFILL 716-282-63	81	SITE 5B WEIGHN	TICKET # 1250	469	CELL		
a Falls Blvd Niagara	Falls, NY 14304) WEIGH		S.			
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		VEHICL	E	11:54 an			12.15 pm
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DER NY 14086	gg/ Lostem vid .ii. 28	REFERE	NCE				
2152313324		REFERENCE BILL OF LADING 3169839 INBOUND INVOICE					
LE IN GROSS WEIGHT							Vite Essaulti Vite 1994 pt. Limitematic
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ay. Thank you for your business!			Britis	T T I B			NET AMOUNT
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ned individual signing this document	on behalf of Customer acknowledges that h	e or she has re	ad and understands t	he terms and co	onditions		CHANGE
e side and that he or she has the auth	ority to sign this document on behalf of the	customer.					CHECK#
	SIGNATU	RE					
	UCKING U ER, NY 14086 2152313324 55 Lake Avenue LLC LE IN GROSS WEIGHT LE OUT TARE WEIGHT Tracking OTY SW-CONT SOIL ENVIRONMENTAL FEE 1	ER, NY 14086 2152313324 25 Lake Avenue LLC LLE IN GROSS WEIGHT 75,340 NET TONS 2 LE OUT TARE WEIGHT 28,500 NET WEIGHT 46 DESCRIPTION Tracking QTY SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 ay. Thank you for your business! med individual signing this document on behalf of Customer acknowledges that he is side and that he or she has the authority to sign this document on behalf of the	UCKING U ER, NY 14086 2152313324 35 Lake Avenue LLC LE IN GROSS WEIGHT 75,340 NET TONS 23.42 LE OUT TARE WEIGHT 29,500 NET WEIGHT 46,840 DESCRIPTION Tracking CTY SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 ay. Thank you for your business! med individual signing this document on behalf of Customer acknowledges that he or she has ree side and that he or she has the authority to sign this document on behalf of the customer.	UCKING U ER, NY 14086 2152313324 55 Lake Avenue LLC LLE IN GROSS WEIGHT 75,340 NET TONS 23.42 LE OUT TARE WEIGHT 28,500 NET WEIGHT 46,840 DESCRIPTION RATE Tracking QTY SW-CONT SOIL ENVIRONMENTAL FEE 1 PERCENTION RATE Origin:NY-ERIE 100% ay. Thank you for your business!	UCKING U ER, NY 14086 2152313324 55 Lake Avenue LLC LLE IN GROSS WEIGHT 75,340 NET TONS 23.42 LE OUT TARE WEIGHT 28,500 NET WEIGHT 46,840 DESCRIPTION RATE EXTENS Tracking QTY SW-CONT SOIL ENVIRONMENTAL FEE 1 Origin:NY-ERIE 100% ay. Thank you for your business!	UCKING U ER, NY 14086 215.2313324 25 Lake Avenue LLC LLE IN GROSS WEIGHT 75,340 NET TONS 23.42 LE OUT TARE WEIGHT 28,500 NET WEIGHT 46,840 DESCRIPTION Tracking OTY SW-CONT SOIL ENVIRONMENTAL FEE 1 DESCRIPTION Origin:NY-ERIE 100% Tracking OTY SW-CONT SOIL ENVIRONMENTAL FEE 1 Agy. Thank you for your business!	UCKING U

SITE

CELL



108

3169839

I. GENERATOR (Generato	r completes la						
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number	c. Page 1 of			
d. Generator's Name and Location:			e. Generator's Mailing /	Address:			
65 Lake Avenue			32 Centra	The second section is	-		
Lancaster, NV 14086				, NY 1408	1/2		
f. Phone: If owner of the generating facility differs fro	m the generator	provide:	g. Phone:	, 191 1400	10		
	the generator,	provide.	8				
h. Owner's Name: j. Waste Profile #	I For Date	1 1 141 1 01	i. Owner's Phone No.:			·	
The second secon	k. Exp. Date	Description	ping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/6/2024	Excavated	Soil	1	7	12yda	VVVVOI
В							
G. *							
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, class waste is a treatment residue of a previously been treated in accordance with the require	restricted hazar	doue wasto subject	to the Land Discours Discours	tion according	g to applic	able regulations; /	
(vaia) Link		earn	1 Lich X		11 -	7/-72	
p. Generator Authorized Agent Name (Print		Signature	JATY	the state of	r. Date	007	
II. TRANSPORTER (General	tor completes	s lla-b and Tran	sporter completes IId	c-e)			
a. Hansporter's Name and Address:		V	YIIO				
Swan Truckii b. Phone:	ng Wes	+	# 108):			
Angie Frans	11	Mele Sul	3.4.1	9/2	10/2	3	
c. Driver Name (Print)	d. Signa	iture	4	e. Date			
III. DESTINATION (Generator	r complete Illa	a-c and Destina	tion Site completes I	IIId-a)			
Disposal Facility and Site Address: Magnetic Falls Blvd Mag b.	Landfill LLC jara Palis NY	c. US EPA Numt	per d. Discrepancy Indi	cation Space		/	,
I hereby certify that the above named mater	ial has been acco	epted and to the be	st of my knowledge the fo	regoing is tru	e and acc	urate.	
-> LDL1		ACTIVITY	WIL	9/	06	20	
e. Name of Authorized Agent (Print)	f. Signati	ure		g. Date			
IV. ASBESTOS (Generator co	mpletes IVa-	f and Operator of	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Add	ress:		
b. Phone:			d. Phone:				-
e. Special Handling Instructions and Addition	nal Information:		a. Phone:				
							f - 1
f. Friable Non-Friable Both	% Fria	able (% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby de and are classified, packaged, marked and la national governmental regulations.	beled/placarded,	and are in all respe	gnment are fully and accu octs in proper condition for	rately describ r transport ac	ed above cording to	by the proper ship applicable interna	pping name. itional and
						74.4	
g. Operator's Name and Title (Print)	h. Signat	ure		i. Date			
Operator refers to the company which owns enovation operation or both	, leases, operate	s, controls, or super	vises the facility being der	molished or re	enovated,	or the demolition	or

SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Contract:42152313324 Generator:65 Lake Avenue LLC			VEHICLE	/26/23 12: WAN 110 G 3169840		ONTAINER	12:32 pm
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Have a nice day.	Thank you for your business	ABULT BY THE	gri en taga	Centronia i	A11. 1.0	- HOUSEN	NET AMOUN
							TENDERED
		on behalf of Customer acknowledges that he o	r she has read and	understands the te	rms and condit	tions	CHANGE
The undersigned on the reverse s	i individual signing this document ide and that he or she has the auti	hority to sign this document on behalf of the cus	stomer.				CHECK#
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SITE

5B

SITE

TICKET #

1250474

CELL





3169840

a. Generator's US EPA ID Number	or completes	b. Manifest Docu	ment Number		I - D	, ,	
H 502		amiost Dota	THORE MUNICIPE		c. Page	1 OT	
d. Generator's Name and Location:	ation:		e. Generator's Mailing	Address:			
65 Lake Avenue				al Avenue			
Lancaster, NY 14086				r, NY 1408	A		
f. Phone: If owner of the generating facility differs fr	om the generate	e municipal	g. Phone:	1300	no.		
The April 10	om the generator	r, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Cor No.	tainers	n. Total	o. Unit
A. 42152313324	9/8/2024	Excavated	Soil	INO.	Туре	Quantity	Wt/Vol
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8.							
C.							
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CENEDATORIS GERTISIS						_	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, or	by certify that the	above named mate	rial is not a hazardous wa	aste as define	d by 40 CI	FR 261 or any app	plicable
state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require							AND, if this
been treated in accordance with the requir	ements of 40 CF	R 268 and is no long	ger a hazardous waste as	defined by 40	0 CFR 26	i.	iste nas
CIAIS V. ZIAK	1/	0.014	1 Luch	Annt	4.5	11-77	
p. Generator Authorized Agent Name (Prin		ı. Signature	NA '	Jen -	r. Date	6 6 7	
II. TRANSPORTER (Gener	ator complete	es lla-b and Tran	sporter completes I	lc-e)	i. Date		
a. Transporter's Name and Address:			1/				
	17			Acres A			
b. Phone: Swantre	ICKINA	West	Truck	#11	0		
b. Phone:							
	1 = 1	10/0	1 /2		0		
	d. Sign		aje (e. Date	4- 2	6-65	
III. DESTINATION (Generate	or complete III	la-c and Destina	tion Site completes	IIId-g)			
a. Disposal Facility and Site Address:	LaurHill IIC	c. US EPA Num	ber d. Discrepancy Ind	lication Space	:		-
5600 Niagara Falls Blvd , Nia							
b.	Emira Louis IV.						
I hereby certify that the above named mate	rial has been acc	cented and to the ho	et of my knowledge the fr		1 .		
SCOLL	3331, 43	PLANTA TO THE BE	st of my knowledge the it	oregoing is tru	e and acc	urate.	
e. Name of Authorized Agent (Print)	f 0:-		time to the time	1	mod. Mr	T species and the species and	
IV. ASBESTOS (Generator o	f. Signa			g. Date			
a. Operator's Name and Address:	ompletes iva-						
a. Operator a Name and Address.		1 3	c. Responsible Agency N	lame and Add	ress:		
b. Phone:			d Disease				
e. Special Handling Instructions and Addition	onal Information:		d. Phone:				
f. Friable Non-Friable Both	% Fri	ioblo	9/ N = 5:11				
OPERATOR'S CERTIFICATION: I hereby of	declare that the c	ontents of this consid	% Non-Friable	uratoly doparih	od obove	b. 11 1 ·	
	abeled/placarded	, and are in all respe	ects in proper condition for	or transport ac	cording to	by the proper ship applicable internal	pping name ational and
national governmental regulations.		112	3			, p as a month	and
g. Operator's Name and Title (Print)	h. Signa	iture		i. Date			
*Operator refers to the company which own	s, leases, operate	es, controls, or super	vises the facility being de	emolished or re	enovated,	or the demolition	or

TONY LANCA Contract:	TRUCKING	harfolis agra yes fo en Validation - ampare - stabalita Supplication and D. Co. (2)	DATE/TIM VEHICLE REFEREN BILL OF L	9/26/23 12 SWAN 114 CE	2:20 pm C	9/26/23 CONTAINER	12:20 pm
	CALE IN GROSS WEIGHT ARE OUT TARE WEIGHT		2.74 ,480	The second	elt ox tha Least gir	INVOICE	YER THAT
12.00 YD 22.74 tn 1.00	Tracking QTY SW-CONT SOIL ENVIRONMENTAL FEE 1 ay. Thank you for your business!	DESCRIPTION Origin:NY-ERIE 100%		RATE	EXTENSION	TAX	TOTAL NET AMOUNT
							- AMOUNT



3169841

i. GENERATOR (Genera	tor completes					#1	
a. Generator's US EPA ID Number		b. Manifest Doci	ument Number		·c. Page	e 1 of	
d. Generator's Name and Location:			e. Generator's Maili	na Address			
65 Lake Avenue				the contract of the contract o	2		
Lancaster, NY 14086				itral Avenue			
f. Phone:			g. Phone:	ter, NY 1408	36		
If owner of the generating facility differs t	from the generator	, provide:					
h. Owner's Name:			i. Owner's Phone No				
j. Waste Profile #	k. Exp. Date	I. Waste Shi	pping Name and		ntainers	n. Total	1 a 11a4
A 42152313324	80000	Description	**************************************	No.	Туре	Quantity	o. Unit Wt/Vol
A 12106010029	9/8/2024	Excavated	d Suil	#	T	12yc	
-		12	12/100	- 00			
5		10	309/0	- 22	74	TON)
B.					.,1	1 -	100
		6 5					
892							240.
C							
GENERATOR'S CERTIFICATION: Libera	hy certify that the	above nemed and					=
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous	lassified and pack	apove named mate	erial is not a hazardous per condition for transpo	waste as define	d by 40 Cl	FR 261 or any a	pplicable
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted hazar	dous waste subject	t to the Land Disposal F	Restrictions. I ce	rtify and w	arrant that the v	s; AND, if this
been treated in accordance with the requi	rements of 40 CFI	₹ 268 and is no Ion	ger a hazardous waste	as defined by 4	0 ČFR 26	1.	radio fias
Llaia V. Link		lang/	Seal	Dealt	Ann	1/12	Solic 1
p. Generator Authorized Agent Name (Pri		Signature /	VA	Land Com	r. Date	2	-
II. TRANSPORTER (Gene	rator complete	s lla-b and Trai	nsporter completes	s llc-e)		A SECTION AND ADDRESS OF THE PARTY OF THE PA	
a. Transporter's Name and Address:	1	, V					
b. Phone: Win Itu(uly u	Jest .	Truite 11	4	APAN S		
111		1/1/1	21 11		01	11.	
	d. Signa	ture ///	1 5/	e. Date	11/2	76173	
III. DESTINATION (Generat	or complete Illa	a-c and Destina	tion Site complete	es IIId-a)	1/	1	
a. Disposal Facility and Site Address:		A LICEDA M.	ber d. Discrepancy I	ndication Space		The state of	l mine
5600 Magara Falls Blwd , Nic	agare Paus NT						
b. I hereby certify that the above named mate	arial has been as-					100	
I hereby certify that the above named mate	enai nas been acc	epted and to the be	est of my knowledge the	e foregoing is tru	e and acc	urate.	
o News of A. U		P X MI	OTT	a	126	123	
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of	f. Signat	ure /		g. Date		120	
(constator (completes IVa-	f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency	Name and Add	ress:		
		The state of					1
b. Phone:		2					
e. Special Handling Instructions and Addition	anal Information		d. Phone:				
gsasions and Addition	onar miormation:						
f. ☐ Friable ☐ Non-Friable ☐ Both	20						
OPERATOR'S CERTIFICATION: Liberaby	% Fria	mtonte efth:	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and lational governmental regulations.	abeled/placarded,	and are in all respe	griment are fully and ac ects in proper condition	ccurately describ for transport acc	ed above cording to	by the proper sh applicable interr	nipping name, national and
	1		y				
Operator's Name and Title (Print)	h. Signat	ure		i. Date		E. N.	
Operator refers to the company which own renovation operation or both	s, leases, operate	s, controls, or supe	rvises the facility being	demolished or re	enovated,	or the demolition	n or

NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304 CUSTOMER 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Contract: 42152313324 Generator: 65 Lake Avenue LLC	SITE TICKET # 1250475 WEIGHMASTER PAM S. DATE/TIME IN 9/26/23 12:34 pm VEHICLE SWANN 111 REFERENCE BILL OF LADING 3169842	DATE/TIME OUT 9/26/23 12:34 pm CONTAINER
SCALE IN GROSS WEIGHT /3,900 NET TONS 22.7 TARE OUT TARE WEIGHT 28,500 NET WEIGHT 45,40		INBOUND INVOICE
OTY DESCRIPTION 12.00 YD Tracking QTY 22.70 tn SW-CONT SOIL Origin:NY-ERIE 100% 1.00 ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!	RATE EXTENS	NET AMOUNT
		TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that he or so on the reverse side and that he or she has the authority to sign this document on behalf of the customer.	she has read and understands the terms and con	ditions CHANGE
	oner.	CHECK#



3169842

I. GENERATOR (Generator	completes la	/					
a. Generator's US EPA ID Number		b. Manifest Document Number			c. Page 1 of		
d. Generator's Name and Location:			e. Generator's Mailing	Address:	4		0.5
65 Lake Avenue		y	2 4 4 4 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	al Avenue			
Lancaster, NY 14086				r, NY 1408	16		
f. Phone:			g. Phone:	1, 191 19600	782		
If owner of the generating facility differs from	the generator,	provide:				*	
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile # k.	Exp. Date		pping Name and		ntainers	n. Total	o. Unit
A. 42152313324 Q	/8/2024	Description Excevated	D=3	No.	Туре	Quantity	Wt/Vol
	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	LA NOR VOILEN	39277	3	1	12yds	3
W 1							
8							
·C.							
<u> </u>							
GENERATOR'S CERTIFICATION: I hereby of state law, has been properly described, classic	ertify that the	above named mate	rial is not a hazardous wa	aste as define	d by 40 C	FR 261 or any an	policable
waste is a treatment residue of a previously re	stricted hazan	dous waste subject	er condition for transporta	ation accordin	g to applic	cable regulations;	
been treated in accordance with the requirement	ents of 40 CFF	R 268 and is no long	jer a hazardous waste as	strictions, I ce s defined by 4	rtify and w 0 CFR 26	<i>r</i> arrant that the war	aste has
(lata D. Link	/	Lever	TSAL A		9.		
p. Generator Authorized Agent Name (Print)	- 0	Signature /	+/1	gen		26-23	
II. TRANSPORTER (Generate			sporter completes II	lo o)	r. Date		
a. Transporter's Name and Address:		o na b ana mar	isporter completes ii	IC -E)			
b. Phone:							
				1			
c. Driver Name (Print)	d. Signa	ature		e. Date			
III. DESTINATION (Generator of	complete IIIa	a-c and Destina	tion Site completes	IIId-a)			
a. Disposal Facility and Site Address:		a LIC EDA M	ber d. Discrepancy Ind				
Allied Waste Niagara Falls L							
5600 Magara Falls Blvd , Magar	a Falls NY		1				
b.							
I hereby certify that the above named material	has been acce	epted and to the be	st of my knowledge the fo	oregoing is tru	e and acc	urate.	(42
		PULO	200 9/26/23				
e. Name of Authorized Agent (Print)	f. Signati	ure /	g. Date				
IV. ASBESTOS (Generator com	pletes IVa-t	f and Operator	complete IVg-i)				
a. Operator's Name and Address:		3	c. Responsible Agency N	lame and Add	lress:		
E. DENOMO							
b. Phone: e. Special Handling Instructions and Additional	Information		d. Phone:				
o. Special Flanding manuchons and Additional	iniormation:						
f. ☐ Friable ☐ Non-Friable ☐ Both	0200 (200	76 - 40					
	% Fria	able	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby decl and are classified, packaged, marked and labe national governmental regulations	led/placarded.	and are in all respe	griffier are fully and accu ects in proper condition fo	urately describ or transport ac	ed above	by the proper sh	ipping name
national governmental regulations.		residence confidence de souver de l'estable (1960) (1960) (1960) (1960) (1960) (1960)	page 2 and 10		cording to	applicable ilitetti	aliurial and
g. Operator's Name and Title (Print)	h. Signat	ure		i. Date			
*Operator refers to the company which owns, le renovation operation or both	ases, operate	s, controls, or super	rvises the facility being de	emolished or r	enovated,	or the demolition	ОГ

NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304	WEIGHMASTER Pam S.
USTOMER 392142 SWAN TRUCKING TONY ALU	DATE/TIME IN 9/26/23 12:52 pm 9/26/23 12:52 pm CONTAINER REFERENCE DATE/TIME OUT 9/26/23 12:52 pm CONTAINER
LANCASTER, NY 14086 Contract:42152313324 Generator:65 Lake Avenue LLC	BILL OF LADING 3169843
SCALE IN GROSS WEIGHT 75,760 NET TONS 23. TARE OUT TARE WEIGHT 28,600 NET WEIGHT 47,	160 INVOICE
QTY. DESCRIPTION	RATE EXTENSION TAX TOTAL
12.00 YD Tracking QTY 3.58 tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1	
Have a nice day. Thank you for your business!	NET AMOUNT
Tigate a filos day.	
	TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that he	or she has read and understands the terms and conditions CHANGE
on the reverse side and that he or she has the authority to sign this document on behalf of the co	ustomer. CHECK#
RS-F042UPR (04/19) SIGNATURE	E

CELL

TICKET #

1250480

SITE

5В

SITE



3169843

I. GENERATOR (Generat	or completes	J					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:		-	e. Generator's Mailing	Address:			
65 Lake Avenue			100 Sec. 100	al Avenue			
Lancaster, NY 14086				er, NY 1408	ie.		
f. Phone:			g. Phone:	11, 111 1400	30		
If owner of the generating facility differs for	om the generator	r, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship	pping Name and		ntainers	n. Total	o. Unit
A (C)(EDD)(DDD)	D. C. C. C.	Description		No.	Туре	Quantity	Wt/Vol
A 42152913324	9/8/2024	Excavated	Soil	7	7	12yds	
B							N. Carlotte
C							
						, -	
GENERATOR'S CERTIFICATION: 1 have	h						1.07
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the assified and pack	above named mate	rial is not a hazardous w	aste as define	d by 40 Cl	R 261 or any app	olicable
waste is a treatment residue of a previous	ilv resincied nazal	rooms waste subject	to the Land Dienocal Do	actriotions I as	rtific and		AND, if this
been treated in accordance with the requi	rements of 40 CF	R 268 and is no long	ger a hazardous waste a	is defined by 4	0 CFR 261	l.	oto nas
I raid D. Zink	/	lara/	Sale		9.)	1-23	
p. Generator Authorized Agent Name (Pri	p. Generator Authorized Agent Name (Print) q. Signature		5/3		r. Date	0.00	
II. TRANSPORTER (Gene			sporter completes	llc-e)	i. Duto		
a. Transporter's Name and Address:)	. / .		5)			
SONAN TRUC	KING	#110	9 =				
	/						
b. Phone:	1		_/1		2/	/ _	
PARTS HAMI	4	W 2 /	45 A		7/2	112-5	
c. Driver Name (Print)	d. Signa	ature		e. Date	1-6) / wetter	
III. DESTINATION (Generat			tion Site completes				
Disposal Facility and Site Address:		C US EDA Num					
Allied Waste Niagara Fall		2	and the second s	альимогт орисс	*		
5600 Niagara Falls Blvd , Ni	agara Falls NY						
b.							
I hereby certify that the above named mate	erial has been acc	cepted and to the be	st of my knowledge the	foregoing is tru	e and acc	urate.	
	1	J X XCI	1	9/	26/	23	
e. Name of Authorized Agent (Print)	f. Signa	ture /		g. Date	6111	natural	
IV. ASBESTOS (Generator of			complete IVa-i)	g. Date			
a. Operator's Name and Address:	•		c. Responsible Agency	Name and Add	Iroee:		
			o. Hooponoidio / igonoy	reame and Add	11033.		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Additi	onal Information:		d. I Holle.				
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	iable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the c	contents of this consi	gnment are fully and acc	curately descri	ed above	by the proper shir	nning name
and are classified, packaged, marked and	labeled/placarded	l, and are in all resp	ects in proper condition f	for transport ac	cording to	applicable interna	ational and
national governmental regulations.			7		50. 	.ren	
	1						
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date			
*Operator refers to the company which own renovation operation or both	is, leases, operate	es, controls, or supe	rvises the facility being o	demolished or	renovated,	or the demolition	or

SITE	SITE TK	CKET # 1250498	CELL	
NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304	WEIGHMAST	Pam_S	DATE/TIME OUT	
CUSTOMER 392142 SWAN TRUCKING	VEHICLE	9/26/23 2:14 pm SWAN 108	0/26/23 2 CONTAINER	:14 pm
TONY ALU LANCASTER, NY 14086 Contract:42152313324 Generator:65 Lake Avenue LLC	BILL OF LA			
COLLE IN CROSS WEIGHT 69,720 NET TONS 20	0.61 L,220		INBOUND INVOICE	TOTAL
DESCRIPTION		HATE EXTE	45cm	<u> </u>
OTY UNIT 1:.00 YD Tracking QTY 30.61 tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1				NET AMOUNT
Have a nice day. Thank you for your business!				TEL AMOUNT
Have a nice day. Hidrik you so you				TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that he on the reverse side and that he or she has the authority to sign this document on behalf of the			1 conditions	CHECK#
RS-F042UPR (04/19) SIGNATUR	IRE			



3169844

a. Generator's US EPA ID Number	tor completes							
		b. Manifest Document Number			c. Page 1 of			
d. Generator's Name and Location:			e. Generator's Mailing	Address:				
65 Lake Avenue				the same and the same of				
Lancaster, NY 14086			32 Central Avenue Lancaster, NY 14086					
f. Phone: If owner of the generating facility differs	from the generator	. provide:	g. Phone:	1,181 1936	U			
h. Owner's Name:		, provide.						
j. Waste Profile #	k. Exp. Date	I Waste Shir	i. Owner's Phone No.: pping Name and	0 11				
. (P. Levis	43	Description	pping Name and	m. Cor No.	Type	n. Total Quantity	o. Unit Wt/Vol	
A. 42152313324	9/8/2024	Excevated Soil		7	T	12yds		
B.								
C								
<u>.</u>								
	,							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, of waste is a treatment residue of a previou been treated in accordance with the requirements.	sly restricted bear	edea, and to in prop	er condition for transport	alion according	to applic	able regulations:	L plicable AND, if this aste has	
(-1919 D. Zinli	/	larg	A LA	out	64.	2/ 27		
p. Generator Authorized Agent Name (Pr	int) a	. Signaturé	- A 10	r Doto				
II. TRANSPORTER (Gene		s lla-b and Tran	Isporter completes I	llc o)	r. Date			
d. Transporter's Name and Address.		V	ioporto, compictes i	iic-e)				
Duan Trucking b. Phone:	West	1-	· 10x					
traic trans	61	416 EV	aks	9/2/	123			
c. Driver Name (Print)	d. Signa	ature		e. Date				
III. DESTINATION (General	tor complete III	a-c and Destina	tion Site completes	IIId-a)				
Disposal Facility and Site Address: Address:	ls Landfill LLC agare Falls NY	c. US EPA Num	ber d. Discrepancy Inc	dication Space:				
1/ / / /	criai rias beeri acc	epted and to the be	ist of my knowledge the f	oregoing is true	e and acc	urate.		
e. Name of Authorized Agent (Print)		c) Hat	hee 7-26-23					
	f. Signat	ture		g. Date				
IV. ASBESTOS (Generator a. Operator's Name and Address:	completes iva-		complete IVg-i) c. Responsible Agency N	Name and Add	ress:			
 b. Phone: e. Special Handling Instructions and Addit 			d. Phone:					
e. Special Handling Instructions and Addit	ional Information:							
f. ☐ Friable ☐ Non-Friable ☐ Both	2017 Sec. 130							
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	% Fria declare that the co labeled/placarded,	entents of this sensi	% Non-Friable gnment are fully and acc ects in proper condition fo	urately describ or transport acc	ed above cording to	by the proper ship applicable interna	pping name, ational and	
g. Operator's Name and Title (Print)	h. Signat	ture		i. Date				
*Operator refers to the company which own renovation operation or both	ns, leases, operate	es, controls, or super	rvises the facility being de	emolished or re	enovated,	or the demolition	or	

NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304 CUSTOMER 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Contract:42152313324 Generator:65 Lake Avenue LLC	SITE
SCALE IN GROSS WEIGHT 68,760 NET TONS 20.1 TARE OUT TARE WEIGHT 28,500 NET WEIGHT 40,2	
GTY. UNIT DESCRIPTION 12.00 YD Tracking QTY 13.13 tn SW-CONT SOIL Origin:NY-ERIE 100% 1.00 ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!	RATE EXTENSION TAX TOTAL NET AMOUNT
	TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that he or s on the reverse side and that he or she has the authority to sign this document on behalf of the customers.	omer. CHECK#
RS-F042UPR (04/19) SIGNATURE	



3169845

I. GENERATOR (Generate	or completes	la-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page 1 of		
d. Generator's Name and Location:			e. Generator's Mailing	Address:			
65 Lake Avenue			32 Centra	As well about the Prince			
Lancaster, NY 14086			Lancaster, NV 14086				
f. Phone:			g. Phone:	Li FEET DRWG	10		
If owner of the generating facility differs fr	om the generator	, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		oping Name and		tainers	n. Total	o. Unit
A 42152313324	9/8/2024	Description		No.	Туре	Quantity	Wt/Vol
THE COMMUNICATION OF THE COMMU	SIJIZUZ-9	Excavated	Soil	1	T	12yds	g a
₿.							
C,							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	ly restricted haza	rdous waste subject	to the Land Disposal Ros	ation according	g to applic	able regulations; A	
I win U. Zint	/	eng	Lule		7 1	/_ n n	
p. Generator Authorized Agent Name (Prin	Generator Authorized Agent Name (Print) q. Signature		r. Date				
II. TRANSPORTER (Gener			rsporter completes II	C-D)	1. Date		
a. Transporter's Name and Address:			/ / / / / / / / / / / / / / / / / / /	0-0)			
b. Phone:	ig west	TI	vck#110				
		101		N	ñ ,		
c. Driver Name (Print)	d. Signa	ature 4411	You	e. Date	1-26	-23	
III. DESTINATION (Generate	or complete III	a-c and Destina	tion Site completes	llld-g)			
a. Disposal Facility and Site Address:	s Landfill LLC	c. US EPA Numb	ber d. Discrepancy Indi	ication Space	•		
5600 Niagaro Falls Blvd Nic							
b.							
I hereby certify that the above named mate	rial has been acc	cepted and to the be	st of my knowledge the fo	regoing is tru	e and acc	urate.	
SHOOLO	0	011	1	C	1	- 77	
e. Name of Authorized Agent (Print)	f. Signat	ture	Me	g. Date	- 0/ (8 0 3	
IV. ASBESTOS (Generator of the control of the co			complete IVa-i)	g. Date			
a. Operator's Name and Address:			c. Responsible Agency N	ame and Add	LEGS.		
			and Professional Management	William Control	1000.		
b. Phone:		1 /	d. Phone:				
e. Special Handling Instructions and Addition	onal Information:		u. Frione.			9	
f. 🗌 Friable 🔲 Non-Friable 🔲 Both	% Fri	iahla	Of Name Palable			-	
OPERATOR'S CERTIFICATION: I hereby cand are classified, packaged, marked and landinal governmental regulations.	declare that the co	ontents of this consid	% Non-Friable gnment are fully and accu ects in proper condition for	rately describ r transport ac	ed above cording to	by the proper ship applicable interna	oping name, ational and
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date			
*Operator refers to the company which own renovation operation or both	s, leases, operate	es, controls, or super	rvises the facility being de	emolished or re	enovated,	or the demolition	or

SITE NIAGARA FALLS LANDFILL 716-282-6381	SITE TICKET # 1250503 WEIGHMASTER	
Senerator: 65 Lake Avenue LLC	Pam S. DATE/TIME IN	2:31 pm
SCALE IN GROSS WEIGHT 65,400 NET TONS 18.3 TARE OUT TARE WEIGHT 29,100 NET WEIGHT 36,3		
OTY. UNIT DESCRIPTION 12.00 YD Tracking QTY 13.15 tn SW-CONT SOIL Origin:NY-ERIE 100% 1.00 ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!	RATE EXTENSION TAX	NET AMOUNT
The undersigned individual signing this document on behalf of Customer acknowledges that he or s	she has read and understands the terms and conditions	TENDERED
on the reverse side and that he or she has the authority to sign this document on behalf of the custo RS-F042UPR (04/19) SIGNATURE	omer.	CHECK#



3169846

I. GENERATOR (General	tor completes la	a-r)			
a. Generator's US EPA ID Number		b. Manifest Docu	ument Number	c. Page 1 of	
d. Generator's Name and Location:			e. Generator's Mailing Address:		
65 Lake Avenue				Sec. 1, April 2001. Sec. 5740, Sec. 1.	
Lancaster, NY 14088				al Avenue	
f. Phone:			g. Phone:	r, NY 14086	
If owner of the generating facility differs f	rom the generator,	provide:	g. v. vision		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	I. Waste Shi	pping Name and	m. Containers n. Total o. U	
A. 42152313324	9/8/2024	Description		No. Type Quantity Wt/V	
and a second sec	210120124	Excavated	i Soil	f T f2yds	
		1125	1500	1011	
- B.		123	0303 -	18,15/ON	
4.11 %					
	.1				
, n					
lan.					
GENERATOR'S CERTIFICATION: I here	by certify that the a	bove named mate	erial is not a hazardous we	aste as defined by 40 CFR 261 or any applicable	
waste is a treatment residue of a previous	ly restricted hearen	jes, and is in prop	ci condition for transporta	ation according to applicable regulations: AND if	
been treated in accordance with the require	rements of 40 CFR	ous waste subject 268 and is no lon	to the Land Disposal Re	ation according to applicable regulations; AND, if strictions. I certify and warrant that the waste has	
1/2612 12/11/1		# Al	ger a nazardous waste as	defined by 40 CFR 261.	
p. Generator Authorized Agent Name (Prin	nt)	Signature	J. XAL	From 10003	
II. TRANSPORTER (General Address:		llo b and Trac	1	r. Date	
a. Transporter's Name and Address:	ator completes	ila-b allu Ital	isporter completes I	c-e)	
- 11 1	. 1	1			
(I)AN	11/2-	+ -	tt 114		
b. Phone:	DUES,	/	7/1/		
1-11	1	-/	1	- /	
c. Driver Name (Print)	4 Gd. Signati	ure	11115	e. Date	
III. DESTINATION (Generate	or complete Illa-	c and Destina	tion Site completes	Illd-a)	
a. Disuusal Facility and Site Address:		c. US EPA Num	ber d. Discrepancy Ind	cation Space:	
Allied Waste Magara Falls				oddon opdoc.	
5000 Niagara Falls Blvd , Nia	gava Falls NY				
hereby certify that the above named and					
hereby certify that the above named mate	riai nas been acce	oted and to the be	st of my knowledge the fo	regoing is true and accurate.	
Nome	-	Stlac	hee	9-26-23	
Name of Authorized Agent (Print) ASBESTOS (Generator of	f. Signatur	'e		g. Date	
(Controlator o	ompletes IVa-f				
a. Operator's Name and Address:			c. Responsible Agency N	ame and Address:	
*					
o. Phone:					
 Special Handling Instructions and Addition 	onal Information		d. Phone:		
The state of the s	e de la constantina				
☐ Friable ☐ Non-Friable ☐ Both	% Friab	ula.	0/ N = 5 · · ·		
PERATOR'S CERTIFICATION: I hereby of	declare that the con	tonto of this	% Non-Friable	rately described above by the proper shipping n	
ind are classified, packaged, marked and la ational governmental regulations.	abeled/placarded, a	nd are in all respe	ects in proper condition fo	rately described above by the proper shipping nor r transport according to applicable international a	
g					
Operator's News 1711				^ ,	
. Operator's Name and Title (Print) Operator refers to the company which own	h. Signatui	re controle		i. Date	
enovation operation or both	o, rodoos, operates,	controls, or super	vises the facility being de	i. Date molished or renovated, or the demolition or	

6381 a Falls, NY 14304	SITE	CELL
. *	DATE/TIME IN	pm 9/26/23 2:39 pm CONTAINER
• • •		INBOUND INVOICE
Origin:NY-ERIE 100%	FATE EX	TENSION TAX TOTAL
nority to sign this document on behalf of the cu	stomer.	TENDERED CHANGE CHECK#
	68,240 NET TONS 19 28,500 NET WEIGHT 39 DESCRIPTION Origin:NY-ERIE 100%	SB 1250507 WEIGHMASTER Pam S. DATE/TIME IN 9/26/23 2:39 VEHICLE SWANN 111 REFERENCE BILL OF LADING 3169847 S8,240 NET TONS 19.87 28,500 NET WEIGHT 39,740 PATE EX Origin:NY-ERIE 100% SWANN SWANN



3169847

I. GENERATOR (General	tor completes I							
a. Generator's US EPA ID Number		b. Manifest Docur	cument Number			c. Page 1 of		
d. Generator's Name and Location:			e. Generator's Mailing	Address:				
85 Lake Avenue			32 Centr	al Avenue				
Lancaster, NY 14086				er, NY 1408				
f. Phone:			g. Phone:	7, 11.1- 1900	NJ.			
If owner of the generating facility differs f	rom the generator,	provide:						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship	pping Name and	m. Cor	m. Containers n. Total		o. Unit	
A AMARON AND A		Description		No.	Туре	Quantity	Wt/Vol	
A. 42152313324	9/8/2024	Excavated	Soil	3	T	12yds		
						7	1	
₽.								
						2		
°C.								
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mater	rial is not a hazardous w	aste as define	d by 40 Cl	FR 261 or any and	olicable	
I state law, has been properly described. C	iassilied and back:	aded and is in propi	er condition for transport	ation according	a to onalia		A B I C	
waste is a treatment residue of a previous been treated in accordance with the requi	siv resuncted nazar	TOOLIS WASTE SUDJECT	to the Land Dienocal Do	etrictione I co	rtific and	munnet the at the	ste has	
The second of th	Tements of 40 Cri	1 200 and is no long	jei a nazaruous waste a	s defined by 4	0 CFR 26	1,		
1 1616 V. 6 1611	4	larg 2	THE TO	State 1		21.623		
p. Generator Authorized Agent Name (Pri		Signature	7//		r. Date		4.	
II. TRANSPORTER (Gene	rator complete	s lla-b and Tran	sporter completes I	llc-e)				
a. Transporter's Name and Address:								
3	JNAN "	4 111						
b. Phone:								
The back of				al.	1			
c. Driver Name (Print)	d. Signa	ature		e. Date	1 - 2			
III. DESTINATION (Generate			tion Site completes	IIId-a)				
a. Disposal Facility and Site Address:		c US EDA Num						
Allied Waste Niagara Fali	ls Landfill LLC	, o. oo El Allum	u. Discrepancy inc	лсаноп эрасе	å			
5600 Niagara Falls Biwd , Ni	agara Falls NY		ñ					
b.								
I hereby certify that the above named mat	erial has been acc	epted and to the be	st of my knowledge the f	foregoing is tru	e and acc	urato		
S 11= 6		07/	at at my fatter than the transfer of the f	loregoing is tre	e and acc	urate.		
e. Name of Authorized Agent (Print)	5.0	DAGG	tree	5	1-20	2-23		
	f. Signat			g. Date				
	completes iva-					-		
a. Operator's Name and Address:		2	c. Responsible Agency I	Name and Add	lress:			
b. Phone:			d. Phone:					
e. Special Handling Instructions and Additi	ional Information:							
							v	
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fri	able	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that the co	ontents of this consider	gnment are fully and acc	curately describ	ed above	by the proper ship	pping name	
and are classified, packaged, marked and national governmental regulations.	iabeled/placarded,	, and are in all respe	ects in proper condition for	or transport ac	cording to	applicable interna	ational and	
and a second regulations.	T			-				
g. Operator's Name and Title (Print)	h. Signa	ture		i. Date				
*Operator refers to the company which own renovation operation or both	ns, leases, operate	es, controls, or super	rvises the facility being d	emolished or r	enovated,	or the demolition	or	

SITE	SITE TICKET # CELL 5B 1250513	
NIAGARA FALLS LANDFILL 716-282-6381	WEIGHMASTER	
5600 Niagara Falls Blvd Niagara Falls, NY 14304	Pam S.	
CUSTOMER	DATE/TIME IN DATE/TIME OUT	
392142	9/26/23 2:54 pm 9/26/23 2:54	pm.
SWAN TRUCKING	VEHICLE CONTAINER SWAN 109	
TONY ALU	REFERENCE	
LANCASTER, NY 14086	ner English	
Contract: 42152313324	BILL OF LADING 3169848	
Generator:65 Lake Avenue LLC	3103010	
SCALE IN GROSS WEIGHT 66,120 NET TONS 18	8.76 INBOUND	
	0.70	
TARE OUT TARE WEIGHT 28,600 NET WEIGHT 37,	,520 INVOICE	
CTY. UNIT DESCRIPTION	HATE EXTENSION TAX TO	OTAL T
12.00 YD Tracking QTY		alia di di la cara di Anglia di Anglia
13.76 tn SW-CONT SOIL Origin: NY-ERIE 100%		
1,00 ENVIRONMENTAL FEE 1		
the control day 70 and a few all the state of		
Have a nice day. Thank you for your business!	NET AM	OUNT
	TENDE	:HED
The undersigned individual eigning this document on behalf of Customer acknowledges that he o	or she has road and understands the taying and conditions.	NGE
on the reverse side and that he or she has the authority to sign this document on behalf of the cus	an and has read and directability the terms and conditions	
	CHEC	JK#
RS-F042UPR (04/19) SIGNATURE		
YA.II		



3169848

		b. Manifest Docu	ment Number		c. Page 1 of			
d. Generator's Name and Location:			T- 0- 1 1 11 11					
85 Lake Avenue			e. Generator's Mailing	THE PERSON NAMED IN	m. ~			
Lancaster, NV 14086				al Avenue				
f. Phone:			Lancaste	er, NY 1408	36			
If owner of the generating facility differs	from the generator	r, provide:	g. Phone:					
h. Owner's Name:		2.4 ************************************						
j. Waste Profile #	k. Exp. Date	I Waste Shir	i. Owner's Phone No.:	C4-1				
A (**)		Description	philig Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol	
A. 42152313024	9/8/2024	Excavated	Soil	Ť	T	12yda		
В								
D.								
C.				1	l l		1	
				İ				
GENERATOR'S CERTIFICATION: I her state law, has been properly described.	eby certify that the	above named mate	rial is not a hazardous w	aste as define	ed by 40 CF	EP 261 or any an	plicable	
state law, has been properly described, of waste is a treatment residue of a previous	classified and pack	kaged, and is in prop	er condition for transpor	tation accordin	ig to applic	able regulations;	AND, if this	
waste is a treatment residue of a previous been treated in accordance with the requ	isiy restricted naza iirements of 40 CF	rdous waste subject R 268 and is no lone	to the Land Disposal Re	estrictions. I ce	rtify and w	arrant that the w	aste has	
() 51 (A 1) / 14	4	1 nu	yor a nazaragus waste a		0 CFR 26	2/ 27		
p. Generator Authorized Agent Name (Pr	rint)	ı. Signature	4/)/	John !	6/- 0	46 2 3		
II. TRANSPORTER (General Address:	erator complete	a. Signature			r. Date			
a. Transporter's Name and Address:	complete	ss lia-b and mar	isporter completes	lic-e)				
5 WAN TRHCKIA	4 10	5						
1115 HAIS HAIN	ed .	. (1) 2	/	9	121	/23	-	
c. Driver Name (Print)	d. Sign	ature	1	e. Date	126.	/23		
III. DESTINATION (General	d. Sign tor complete III	la-c and Destina		Illd-g)	126,	/23		
III. DESTINATION (General a. Disposal Facility and Site Address:	tor complete III	la-c and Destina		Illd-g)	126	/23		
III. DESTINATION (General a. Disposal Facility and Site Address:	tor complete III Landfill LLC	la-c and Destina		Illd-g)	126	/23	es	
III. DESTINATION (General a. Disposal Facility and Site Address:	tor complete III Landfill LLC	la-c and Destina		Illd-g)	126.	/23		
a. Disposal Facility and Site Address: b.	tor complete III ls Landfill LLC lagara Falls N7	la-c and Destina c. US EPA Num	ber d. Discrepancy Ind	Illd-g) dication Space		/23		
III. DESTINATION (General a. Disposal Facility and Site Address:	tor complete III ls Landfill LLC lagara Falls N7	la-c and Destina c. US EPA Num	ber d. Discrepancy Ind	Illd-g) dication Space		/23 urate.		
a. Disposal Facility and Site Address: Magara Falls Sive Mills b. I hereby certify that the above named ma	tor complete III Landfill LLC lagara Falls N7 terial has been acc	c. US EPA Num	ber d. Discrepancy Ind	illid-g) dication Space		/23 urate. 26-2	3	
a. Disposal Facility and Site Address: b. I hereby certify that the above named made. e. Name of Authorized Agent (Print)	tor complete III Landfill LLC lagara Falls NY terial has been accomplete f. Signa	c. US EPA Num cepted and to the beatture	d. Discrepancy Industrial design of the state of my knowledge the state of the stat	Illd-g) dication Space		/23 urate. 26-2	3	
a. Disposal Facility and Site Address: b. I hereby certify that the above named made. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	tor complete III Landfill LLC lagara Falls NY terial has been accomplete f. Signa	c. US EPA Num cepted and to the beauture f and Operator of	st of my knowledge the complete IVg-i)	dication Space	ie and acci	/23 urate. 2 G - J	}	
a. Disposal Facility and Site Address: b. I hereby certify that the above named made. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	tor complete III Landfill LLC lagara Falls NY terial has been accomplete f. Signa	c. US EPA Num cepted and to the beauture f and Operator of	d. Discrepancy Industrial design of the state of my knowledge the state of the stat	dication Space	ie and acci	/23 urate. 26-2	3	
a. Disposal Facility and Site Address: b. I hereby certify that the above named made. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	tor complete III Landfill LLC lagara Falls NY terial has been accomplete f. Signa	c. US EPA Num cepted and to the beauture f and Operator of	st of my knowledge the complete IVg-i)	dication Space	ie and acci	/23 urate. 26-2	3	
b. I hereby certify that the above named made. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone:	tor complete III	c. US EPA Num cepted and to the beature f and Operator of	st of my knowledge the i	dication Space	ie and acci	/23 urate. 2 G - J	3	
b. I hereby certify that the above named made. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone:	tor complete III	c. US EPA Num cepted and to the beature f and Operator of	st of my knowledge the complete IVg-i)	dication Space	ie and acci	/23 urate. 2 G - 2		
a. Disposal Facility and Site Address: b. I hereby certify that the above named made. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Additional contents of the co	tor complete III	c. US EPA Num cepted and to the beature f and Operator of	st of my knowledge the i	dication Space	ie and acci	/23 urate. 26-2	3	
b. I hereby certify that the above named ma e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit	tor complete III Landfill LLC Lagare Falls NY terial has been acc f. Signa completes IVa-	c. US EPA Num c. US EPA Num cepted and to the be- ture f and Operator of	st of my knowledge the tocomplete IVg-i) c. Responsible Agency I	foregoing is true g. Date Name and Add	le and acci	7 G-J	3	
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a. Disposal Facility and Site Address: b. I hereby certify that the above named made. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit operator's Certification: I hereby and are classified, packaged, marked and	tor complete III	c. US EPA Num c. US EPA Num cepted and to the beature f and Operator of and Operator of and Operator of this consideration and are in all respective.	st of my knowledge the tocomplete IVg-i) c. Responsible Agency I d. Phone:	foregoing is true g. Date Name and Add	le and acci	26-J	ipping name	

NIAGARA FALLS LANDFILL 716-282-6381	SITE SB TICKET # CELL CELL
5600 Niagara Falls Blvd Niagara Falls, NY 14304	WEIGHMASTER Pam S.
SWAN TRUCKING TONY ALU LANCASTER, NY 14086	DATE/TIME IN 9/27/23 7:56 am DATE/TIME OUT 9/27/23 7:56 am VEHICLE SWAN 109 CONTAINER REFERENCE
Contract: 42152313324 Generator: 65 Lake Avenue LLC	BILL OF LADING 3169849
SCALE IN GROSS WEIGHT 69,520 NET TONS 20.4 TARE OUT TARE WEIGHT 28,600 NET WEIGHT 40,92	
QTY. UNIT DESCRIPTION	RATE EXTENSION TAX TOTAL
12.00 YD Tracking QTY C1.46 tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!	NET AMOUNT
	TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that he or sh on the reverse side and that he or she has the authority to sign this document on behalf of the custom	ne has read and understands the terms and conditions
	CHECK#



3169849

I. GENERATOR (Genera	tor completes	la-r)					
a. Generator's US EPA ID Number		ment Number	PL .	c. Page 1 of			
d. Generator's Name and Location:	11		e. Generator's Mailing	g Address:	7-		
65 Lake Avenue				ral Avenue			
Lancaster, NY 14086				er, NY 1408	ne.		
f. Phone: If owner of the generating facility differs	from the managet		g. Phone:	W1, 141 1400	90		
	from the generator	r, provide:					
h. Owner's Name: j. Waste Profile #	T	1	i. Owner's Phone No.:	•			
2 2 10 M/	k. Exp. Date	I. Waste Ship Description	pping Name and		ntainers	n. Total	o. Unit
A. 42152313324	9/8/2024	Excavated	Soil	No.	Type	Quantity	Wt/Vol
(A ²)						12yds	
-					13		
В.							
28							
					1		
							4
GENERATOR'S CERTIFICATION: I here state law, has been properly described.	aby certify that the	above named mate	rial is not a hazardous w	aste as define	d by 40 C	FR 261 or any an	plicoble
state law, has been properly described, of waste is a treatment residue of a previous	lassified and pack	aged, and is in prop	er condition for transport	tation accordin	g to applic	able regulations;	AND, if this
waste is a treatment residue of a previou been treated in accordance with the requ	irements of 40 CF	R 268 and is no lone	to the Land Disposal Re	estrictions. I ce	rtify and w	arrant that the wa	aste has
I raig D. Link		1 la	W/ Supraga Waste a	is defined by 4	0 CFR 26	01 1-	7
p. Generator Authorized Agent Name (Pr	int) c	ı. Signature	A Xm	11/90	4-1-	21-2:	5
II. TRANSPORTER (Gene			eportor completes	llo o	r. Date		
a. Transporter's Name and Address:	rator complete	os na-b and mai	sporter completes	lic-e)	1		
SWAN TRU	CAING						
John	1-01						
b. Phone:	07		£				
11/K/3 4/ANG	19 /	11/1	1		0/	77/=	ř
c. Driver Name (Print)	d. Sign			e. Date	1/4	of filled	
III. DESTINATION (General	tor complete III	la-c and Destina	tion Site completes	Illd-g)			
a. Disposal Facility and Site Address:		a LIC EDA Museo			:		
5600 Niagana Falls Blvd , Ni	. 90						
	refrence succession to t	1					
b. I hereby certify that the above named mat	rerial has been ac	cented and to the he	ot of my land day			-	
, and another married married married	Chairnas been acc	cepted and to the be	st of fify knowledge the t	foregoing is tru	e and acc	urate.	
a Name of Authorized Asset (Dist)		PUKACI		(9/1	7/23	
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. Signa	familia		g. Date			
IV. ASBESTOS (Generator a. Operator's Name and Address:	completes iva-						
a. Operator's Name and Address.			c. Responsible Agency I	Name and Add	ress:		
b. Phone:			J DL				
e. Special Handling Instructions and Addit	ional Information:		d. Phone:				
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fri	iable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the c	ontents of this consider	anment are fully and acc	curately describ	ed above	by the proper shi	inning name
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	l, and are in all respe	ects in proper condition f	or transport ac	cording to	applicable intern	ational and
5							
a Operator's Name and Title (D.1.1)							,
g. Operator's Name and Title (Print) *Operator refers to the company which ow renovation operation or both	h. Signa	ature	vices the facility by	i. Date			
renovation operation or both	.e, iodoca, operati	es, controls, or super	vises trie racility being d	iemolished or r	enovated,	or the demolition	or

NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304	WEIGHMASTER Pam S.
SUSTOMER 392142 SWAN TRUCKING	DATE/TIME IN 9/27/23 8:00 am 9/27/23 8:25 am
TONY ALU LANCASTER, NY 14086 Contract:42152313324 Cenerator:65 Lake Avenue LLC	BILL OF LADING 3169850
SCALE IN GROSS METHING 05,550 Fize	0.46 INBOUND),920 INVOICE RATE EXTENSION TAX TOTAL
OTY. UNIT DESCRIPTION 12.30 YD Tracking CTY 20.46 tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!	NET AMOUNT
The undersigned individual signing this document on behalf of Customer acknowledges that he on the reverse side and that he or she has the authority to sign this document on behalf of the o	TENDERED Tendered Tendered Tendered Tendered Tendered Tendered

SITE 5B

SITE

TICKET #

1250550

CELL



113

3169850

I. GENERATOR (Generat	or completes		421				
a. Generator's US EPA ID Number	2. Maillest 200			Number c. Page 1 of			
d. Generator's Name and Location:			e. Generator's Mailing A	ddress:			
65 Lake Avenue			32 Central	Avanua			
Lancaster, NV 14086			Lancaster.		6		
f. Phone: If owner of the generating facility differs fr	om the generator	r provide:	g. Phone:				
h. Owner's Name:	generale.	, provide.	8 2				
j. Waste Profile #	k. Exp. Date	I Waste Shin	i. Owner's Phone No.: ping Name and	m. Con	toinore		
A STATEMAN COMME		Description	ping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol
A 42152313324	9/8/2024	Excavated	Sqil	Ť	T	12yds	
, .							
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•							
C.			T T			is it	
GENERATOR'S CERTIFICATION: LINE							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a provious							
							iste has
been treated in accordance with the requi	rements of 40 CF	R 268 and is no long	er a hazardous waste as o	defined by 40) CFR 261	74 0	9
D Congretor A Mariand Anna Maria		1	100	ger	7.	21-73	
p. Generator Authorized Agent Name (Print II. TRANSPORTER (Gene		n Signature			r. Date	All Long	
II. TRANSPORTER (Gene a. Transporter's Name and Address:	ator complete	es lia-b and Tran	sporter completes lic	:-e)	SA STATE		
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	# 1/3	211	The state of the s				
b. Phone:	11/			7 -0 11 5			-
ITC DOLLWA	て	(0 ()	Kr /		1 - 2	7-23	
c. Driver Name (Print) III. DESTINATION (Generat	d. Sign		7 - 2	e. Date			
a. Disposal Facility and Site Address:	or complete II						
a. Disposal Facility and Site Address.	s Landfill LLC	c. US EPA Numb	oer d. Discrepancy Indic	cation Space	• 0 • 3		
5600 Niagana Falls Blvd , Nie			ster Steenson				
b.			/				# :1
I hereby certify that the above named mate	erial has been ac	cepted and to the be	st of my knowledge the for	regoing is tru	e and acc	urate.	
Scott		PY	Y COLL	_	1121	173	
e. Name of Authorized Agent (Print)	f. Signa			g. Date	è		
IV. ASBESTOS (Generator of	completes IVa	-f and Operator of	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Add	ress:		
		4					
b. Phone:							
e. Special Handling Instructions and Additi	onal Information:		d. Phone:				
a 5 /2	ones moralitanishi						
f. Friable Non-Friable Both	% F:	riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this consid	inment are fully and accur	rately descrit	ed above	by the proper sh	ippina name
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	d, and are in all respe	ects in proper condition for	transport ac	cording to	applicable intern	ational and
governmental regulations.				T			1
a Operator's Newscard Tourist							
g. Operator's Name and Title (Print)	1 h C:						
"Operator refers to the company which own	h. Signa ns. leases, operat	ature tes controls or supor	vises the facility being der	i. Date	onovot	or the descript	

NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304 CUSTOMER 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Contract:42152313324 fenerator:65 Lake Avenue LLC

SITE 5B	TICKET # 1250548	CELL	
NEIGHM	ASTER Pam S.		
DATE/TI		DATE/TIME OUT 9/27/23 8:2	21 am.
VEHICLE		CONTAINER	
REFERE	NCE		
BILL OF	:LADING 3169851		

23.32 NET TONS 75,140 SCALE IN GROSS WEIGHT 46,640 TARE OUT TARE WEIGHT NET WEIGHT 28,500

INBOUND INVOICE

> TENDERED CHANGE

> > CHECK#

	111112 11210111		RATE EXTEN	SION TAX	TOTAL
QTY. UNIT		DESCRIPTION	RATE EXTEN	SHOT	
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1.00	ENVIRONMENTAL FEE 1				
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Have a nice	lay. Thank you for your busines:		\		NET AMOUNT

The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on the reverse side and that he can be the conditions. on the reverse side and that he or she has the authority to sign this document on behalf of the customer.



3169851

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

d Generator's Name and Location: OS Late Aversus OS Lat	I. GENERATOR (Generat	or completes I						
Solution Average Phone: Phone: Solution Average Solution	a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of	
SC Central Avenue 1. Phone: Some of the generator, 1971 14086 Former of the generator, 1970 14086 Former of the ge	d. Generator's Name and Location:			e. Generator's Mailing	Address:			
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Prone:	Lancaster, NY 14096					6		
h. Owner's Name: J. Waste Profile #		om the generator	provide	g. Phone:	1,141 1900	1967		
Waste Profile # R. Exp. Date L. Waste Shipping Name and m. Containers n. Total Quantity WilVol	DS CHART OF THEFE	om the generator,	, provide:	2				
Description Descr								
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waster 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 268 and is no longer a flazardous 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 268 and is no longer a flazardous waste as defined by 40 CFR 261. p. Generator Authorized Agent Name (Print) q. Signature r. Date II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIIc-e) a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIIc-g) a. Disposal Facility and Site Address: Alter W arts Huggars Falls Elvel Magars Falls No Magars Falls No Magars Falls Elvel Magars Falls No Magars	C.							
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been treated in accordance with the requirements of 40 CFR 286 and is no longer a hazardous-waste as defined by 40 CFR 281. p. Generator Authorized Agent Name (Print) II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: c. Driver Name (Print) d. Signature c. US EPA Number d. Discrepancy indication Space: III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address: Length Hard Wate Integer a Fall Land III LIC COWNEARD Falls End Agent Falls End III LIC E. Name of Authorized Agent (Print) f. Signature e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address: d. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both % Friable % Non-Friable OPERATOR'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. G. Operator's Name and Title (Print) h. Signature Operator Fores to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or supervises the facility being demolished or renovated or the demolition or supervises the facility being demolished or renovated or the demolition or supervises the facility being demolished or renovated or the demolition or supervises the facility being demolished or renovated or the demolition or supervises the facility being demolished or reno								
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b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true-and accurate. e. Name of Authorized Agent (Print)	a. Disposal Facility and Site Address:	= Landfill IIC	c. US EPA Numi	ber d. Discrepancy Inc	dication Space	:		
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true-and accurate. e. Name of Authorized Agent (Print)								
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address: b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Won-Friable OPERATOR'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. g. Operator's Name and Title (Print) h. Signature i. Date "Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	· · · · · · · · · · · · · · · · · · ·	den er r. rotte 14.1						
e. Name of Authorized Agent (Print) f. Signature g. Date IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address: b. Phone: e. Special Handling Instructions and Additional Information: f. ☐ Friable ☐ Non-Friable ☐ Both		erial has been acc	cepted and to the be	st of my knowledge the	foregoing is tru	e and acc	wrate	
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address: b. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Won-Friable Won-Friable OPERATOR'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. g. Operator's Name and Title (Print) h. Signature 'Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	*		PUNA		9/2	112	5	
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address: b. Phone: e. Special Handling Instructions and Additional Information: f. Priable Non-Friable Both Friable Won-Friable Won-Friable OPERATOR'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. g. Operator's Name and Title (Print) h. Signature 'Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	e. Name of Authorized Agent (Print)	f Signa	ture		a Data			
a. Operator's Name and Address: c. Responsible Agency Name and Address: b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Won-Friable OPERATOR'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. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or				complete IVa-i)	g. Date			
b. Phone: e. Special Handling Instructions and Additional Information: f. Friable Non-Friable Both Friable Mon-Friable Mon-F					Name and Ado	Iress.		1
e. Special Handling Instructions and Additional Information: f.				panana i iganaj	rianio ana riao			
e. Special Handling Instructions and Additional Information: f.								
f. Friable Non-Friable Both % Friable % Non-Friable OPERATOR'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. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	b. Phone:			d. Phone:				
OPERATOR'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. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	e. Special Handling Instructions and Additi	onal Information:						
OPERATOR'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. g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or								
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. g. Operator's Name and Title (Print) h. Signature *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or		% Fr	iable	% Non-Friable				
g. Operator's Name and Title (Print) h. Signature i. Date *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	and are classified, packaged, marked and	labeled/placarded	ontents of this consi I, and are in all respo	griment are fully and accepts in proper condition	curately descrit for transport ac	ped above cording to	by the proper stop applicable interest	nipping name
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or	national governmental regulations.			F-F-3			applicable intell	iddonal and
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or								
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	g. Operator's Name and Title (Print)	h. Signa	ature		i. Date			
	"Uperator refers to the company which own	ns, leases, operat	es, controls, or supe	rvises the facility being o	demolished or i	renovated	, or the demolitio	n or

SITE 716-292-6391	SITE 5B	TICKET # 1250555	CELL		
NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304	WEIGHMA	STER Pam S.			
392142 SWAN TRUCKING	DATE/TIM	9/27/23 8:3	8 am CONT	TIME OUT 9/27/23 AINER	8:38 am
TONY ALU LANCASTER, NY 14086 Contract:42152313324	REFEREN BILL OF L		NU STRE	W olomb	i. Unacovy
JOHN IN THE STATE OF THE	L.71 ,420	ainte Ascider to a the facider to a see it Comment		INVOICE	skidde unik Dresedi an deliver any
QTY. UNIT DESCRIPTION		RATE	EXTENSION	TAX	TOTAL
12.0b YD Tracking QTY 21.7l tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!	Is office or a supplemental of the supplementa		p whoese in the right of the ri		NET AMOUNT
					TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that he	or she has read	and understands the term	s and conditions	,	CHANGE
on the reverse side and that he or she has the authority to sign this document on behalf of the c	customer.				CHECK#
RS-F042UPR (04/19) SIGNATURE	E				

SITE



3169852

If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

i. GENERATOR (Genera	ator completes	la-r)					
a. Generator's US EPA ID Number		b. Manifest Do	cument Number		c. Page 1 o	f	
d. Generator's Name and Location:			e. Generator's Maili	ing Address:			
65 Lake Avenue				my creativity they	m²		
Lancaster, NY 14088				tral Avenue			
f. Phone:			g. Phone:	ter, NY 1408	36		
If owner of the generating facility differs	from the generato	or, provide:	granien				
h. Owner's Name:			i Oursels Discount				
j. Waste Profile #	k. Exp. Date	I. Waste SI	i. Owner's Phone No nipping Name and		ntainers n.		
1 171-17	N	Description	I	No.	(670)	Total uantity	o. Unit Wt/Vol
A 42152313324	9/8/2024	Excavate	d Soil	1	T		VVU VOI
· · · · · ·		10-	1		£	12yds	
7		1250	555 -	- 21	21 7	- ·	
₽,				- M.	1 10	3025	
C							
×							
GENERATOR'S CERTIFICATION: I her state law, has been properly described, or	eby certify that the	above named ma	terial is not a hazardous	waste as define	d by 40 OFD 3	0.4	
state law, has been properly described, of waste is a treatment residue of a previou	classified and pack	kaged, and is in pro	per condition for transpo	ortation according	a to applicable	or any app	licable
waste is a treatment residue of a previou been treated in accordance with the requ	isiy restricted haza irements of 40 CE	ardous waste subje	ct to the Land Disposal F	Restrictions. I ce	rtify and warra	nt that the was	ste has
and D. Time		IX 200 and is no io	nger a nazardous waste	as defined by 4	0 CFR 261.		99
August 1		My	1. 14 HG	OFT	7-07	-23	
p. Generator Authorized Agent Name (Pr		q. Signature		Lawe	r. Date	100	
II. TRANSPORTER (General Transporter's Name and Address:	erator complete	es Ila-b and Tra	insporter completes	s llc-e)	ATTENDED	A COLUMN	1
a. Transporter's Name and Address:	3 /	7 /			LA LA LA LIBRA	a specific to the	7-10
SWA	NL	Voct	1/	1111			
b. Phone:	,	-	7	1/7			
b. Frione.	4		10.	. /		7	
1/-1/	/	///	14 111			/ /	
c. Driver Name (Print)	Chard. Sign	ature	Who has	e. Date	7/	マフナフ	-
III. DESTINATION (Genera	tor complete III	la-c and Destin	ation Site complete	es IIId-a)	1/	11/	-
a. Dispusal Facility and Site Address		C LIC EDA Non	mber d. Discrepancy I	ndication Space		f	
Allied Waste Niagara Fal		7	a a a con opanio	ndication opace			
5600 Niagara Falls Blwl , Ni	agara Falls NY						
b.							
I hereby certify that the above named mat	terial has been acc	cepted and to the b	est of my knowledge the	foregoing is tru	e and accurate	1.	
		PON	ntt		1/27 /	13	
e. Name of Authorized Agent (Print)	f. Signa	ture		a Data	11 6 1 1 -	houseman prof.	
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVa i)	g. Date			
a. Operator's Name and Address:				. N	10000000		
The Commission of the Commissi			c. Responsible Agency	vivame and Add	ress:		
		100					
b. Phone:		#T.K	4 DI				
e. Special Handling Instructions and Addit	ional Information:	- A1	d. Phone:				
f. 🗌 Friable 🔲 Non-Friable 🔲 Both	0/ 5	ioblo	0/ N = 5				
OPERATOR'S CERTIFICATION: I hereby	% Fri	ontonto of this con-	% Non-Friable	on motel	and approximate the		
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	, and are in all rest	pects in proper condition	curately describ	ed above by th	ne proper ship	ping name
national governmental regulations.	1		in the second of		wroning to appl	icable internat	ional and
g. Operator's Name and Title (Print)	h. Signa	nture		11000		100	
Operator refers to the company which own	ns, leases, operate	es, controls, or sup	ervises the facility being	i. Date	enovated or th	o domolitics -	
enovation operation or both				actionalied of te	snovated, or th	e demolition o	r

SITE	5B 1250562
NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304	WEIGHMASTER Pam S.
CUSTOMER 392142 SWAN TRUCKING TONY ALU	DATE/TIME OUT 9/27/23 8:47 am 9/27/23 9:03 am
LANCASTER, NY 14086 Contract: 42152313324 Cenerator: 65 Lake Avenue LLC	REFERENCE BILL OF LADING 3169853
SCALE IN GROSS WEIGHT 68,940 NET TONS 19. SCALE OUT TARE WEIGHT 28,980 NET WEIGHT 39,	960 INVOICE
GTY. UNIT DESCRIPTION	RATE EXTENSION TAX TOTAL
12.00 YD Tracking QTY 19.98 th SW-CONT SOIL Origin:NY-ERIE 100* ENVIRONMENTAL FEE 1	
Have a nice day. Thank you for your business!	NET AMOUNT
,	
	TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that he cu	r she has read and understands the terms and conditions CHANGE
The undersigned individual signing this document on Behalf of the cu on the reverse side and that he or she has the authority to sign this document on behalf of the cu	Stomer. CHECK#
RS.E042LIPR (04/19) SIGNATURE	
RS-F042UPR (04/19)	

CELL

TICKET #





3169853

If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

I. GENERATOR (Generat	or completes la	a-r)					
a. Generator's US EPA ID Number	•	b. Manifest Docu	iment Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing	Address:			
65 Lake Avenue			Not that I have stall be that	A MARKET PROPERTY.	-		
Lancaster, NY 14086				al Avenue			
f. Phone:			g. Phone:	er, NY 1408	16		
If owner of the generating facility differs for	rom the generator,	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Shi	pping Name and		ntainers	n Total	T = 11-24
	• • • • • • • • • • • • • • • • • • • •	Description	- Francisco and	No.	Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/8/2024	Excavated	l Soil	Ť	T	†2yds	
B							
C						**	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	rements of 40 CFF	doug woods a his of	per condition for transport	tation according	g to applic	able regulations; .	
p. Generator Authorized Agent Name (Prin	nt) q.	Signature	1/)	7	r. Date	91.0	>
II. TRANSPORTER (Gene a. Transporter's Name and Address:			nsporter completes	llc-e)	1. Date		
b. Phone:	26	Illatore	ruck#10	2	7		
c. Driver Name (Print)	d. Signa		-	e. Date	1-7-	7-72	
III. DESTINATION (Generate	or complete Illa	a-c and Destina	tion Site completes	IIId-a)			
Disposal Facility and Site Address: b. I hereby certify that the above named maters.	s Landfill LLC ugara Falis NY	c. US EPA Num	d. Discrepancy Inc	dication Space		urațe.	22
	1	ALCI		9/	111	20	
e. Name of Authorized Agent (Print)	f. Signatu			g. Date			
IV. ASBESTOS (Generator o	completes IVa-f	and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency N	Name and Add	ress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addition	onal Information:						
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fria	ble	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and lational governmental regulations.	declare that the co abeled/placarded,	ntents of this consi	anment are fully and are	urately describ or transport ac	ed above cording to	by the proper ship applicable interna	oping name, ational and
		o ^t					
g. Operator's Name and Title (Print)	h. Signati	ure		i. Date			
Operator refers to the company which own	s, leases, operates	s, controls, or supe	rvises the facility being d	emolished or r	enovated.	or the demolition	or

NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304	SITE 5B WEIGHM	ASTER	0578	CELL	
SUSTOMER 392142	DATE/TIM			DATE/TIME OUT	10-00
SWAN TRUCKING TONY ALU	VEHICLE	SWAN 109	10:00 am	CONTAINER	10:00 am
LANCASTER, NY 14086 Contract:42152313324 Generator:65 Lake Avenue LLC	BILL OF		854		
,	4.87 ,740			INBOUND INVOICE	
QTY. UNIT DESCRIPTION		RATE	EXTENS	ION TAX	TOTAL
13.00 YD Tracking QTY 24.87 tn SW-CONT SOLL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!					NET AMOUNT
The undersigned individual signing this document on behalf of Customer acknowledges that he or on the reverse side and that he or she has the authority to sign this document on behalf of the cu	or she has read	I and understands th	e terms and cor	nditions	TENDERED
					CHECK#



3169854

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Gener	ator completes	la-r)					
a. Generator's US EPA ID Number		b. Manifest Doc	ument Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing	Address:			
65 Lake Avenue				the state of the s	2		
Langaster, NY 14086				ral Avenue			
f. Phone:			g. Phone:	er, NY 1408	/6		
If owner of the generating facility differs	from the generator	or, provide:					
h. Owner's Name:			i. Owner's Phone No.:	:			
j. Waste Profile #	k. Exp. Date	I. Waste Sh Description	ipping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit
A. 42152313324	9/8/2024	Excevated	d Soil	110.	Type	12yds	Wt/Vol
						12,000	
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8.	4	1		G			
O							
							187
CENEDATORIO							į į
GENERATOR'S CERTIFICATION: I he state law, has been properly described,	reby certify that the	e above named mate	erial is not a hazardous w	aste as define	d by 40 CF	R 261 or any app	l olicable
waste is a treatment residue of a previou	uely restricted haze	ardous wasts subject	per condition for transpor	lation according	g to applic	able regulations;	AND, if this
been treated in accordance with the req	uirements of 40 CF	R 268 and is no lor	nger a hazardous waste a	is defined by 40	0 CFR 261	arrant that the wa L	ste has
1 16 × 1 / 6-100	1	yan,	1- July Ag	est	Ci.	27-23	
p. Generator Authorized Agent Name (P		q. Signature	1//		r. Date		
II. TRANSPORTER (Gen a. Transporter's Name and Address:	erator complete	es lla-b and Tra	nsporter completes	llc-e)		100	
a. Transporter's Name and Address:	1009						
SWAN /REEL	1121						
b. Phone: /	#	1070					
(DRIS SLANG	47	11/1	_/ /	1 0	100	102	
c. Driver Name (Print)	d. Sigr	nature 6/	Laple and the second	- 4	12/	/	
III. DESTINATION (Genera	ator complete II	lla-c and Destina	ation Site completes	e. Date			
a. Disposal Facility and Site Address:		O LIC EDA NI.	nber d. Discrepancy Inc	diagtion Spans			
Allied Waste Niagera Fa		nd .	d. Discrepancy in	uication Space	:		
5600 Niagana Falls Blvd , N	lagans Falls NY						
b.			4		1	/	
I hereby certify that the above named ma	aterial has been ac	cepted and to the be	est of my knowledge the	foregoing is tru	e and acc	urate. 7 2	
		1 \	ALDU		112	120	
e. Name of Authorized Agent (Print)	f. Signa	ature /		g. Date			
IV. ASBESTOS (Generator	completes IVa	-f and Operator					
a. Operator's Name and Address:			c. Responsible Agency I	Name and Add	ress:		
b. Phone:			1.5				
e. Special Handling Instructions and Add	itional Information:		d. Phone:				
f. ☐ Friable ☐ Non-Friable ☐ Both		riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	v declare that the o	contents of this cons	ignment are fully and a	curately describ	ed above	by the proper shir	oning namo
and are classified, packaged, marked and national governmental regulations.	ı iabeled/placarded	d, and are in all resp	ects in proper condition f	or transport ac	cording to	applicable interna	ntional and
J							
g. Operator's Name and Title (Print)	h 0	oti i a					
Operator refers to the company which ov	h. Signa vns, leases, operat	ature tes, controls, or supe	ervises the facility boing d	i. Date	ongueta d	on the description	ing Sylles
renovation operation or both	,o, opolat	, solitions, or supe	or vides the lacility being d	emonsned or re	enovated,	or the demolition	or

SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Contract: 42152313324 Generator: 65 Lake Avenue LLC SCALE IN GROSS WEIGHT 78,860 NET TONS 24.93 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 49,860 OTY. UNIT DESCRIPTION 12.00 YD Tracking OTY 24.93 tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!	GHMASTER		584	CELL	
SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Contract: 42152313324 Generator: 65 Lake Avenue LLC SCALE IN GROSS WEIGHT 78,860 NET TONS 24.93 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 49,860 OTY. UNIT DESCRIPTION 12.00 YD Tracking QTY 24.93 tn 1.00 SW-CONT SOIL Origin: NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!		Pam	S.		
TONY ALU LANCASTER, NY 14086 Contract:42152313324 Generator:65 Lake Avenue LLC SCALE IN GROSS WEIGHT 78,860 NET TONS 24.93 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 49,860 OTY. UNIT DESCRIPTION 12.00 YD Tracking QTY 24.93 tn SW-CONT SOIL Origin:NY-ERIE 100% 1.00 ENVIRONMENTAL FEE 1	E/TIME IN			DATE/TIME OUT	
TONY ALU LANCASTER, NY 14086 Contract: 42152313324 Generator: 65 Lake Avenue LLC SCALE IN GROSS WEIGHT 78,860 NET TONS 24.93 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 49,860 DIV. UNIT DESCRIPTION 12.00 YD Tracking QTY SW-CONT SOIL Origin: NY-ERIE 100% 1.00 ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!	9.	/27/23 1	.0:14 am	9/27/2	3 10:14 am
Contract: 42152313324 Generator: 65 Lake Avenue LLC SCALE IN GROSS WEIGHT 78,860 NET TONS 24.93 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 49,860 DIV. UNIT DESCRIPTION 12.00 YD Tracking QTY 54.93 tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!		WAN 113		CONTAINER	
SCALE IN GROSS WEIGHT 78,860 NET TONS 24.93 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 49,860 DESCRIPTION 12.00 YD Tracking QTY 24.93 tn SW-CONT SOIL Origin:NY-ERIE 100% 1.00 ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!	ERENCE				
SCALE IN GROSS WEIGHT 78,860 NET TONS 24.93 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 49,860 DESCRIPTION 12.00 YD Tracking QTY C4.93 tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!					
TARE OUT TARE WEIGHT 29,000 NET WEIGHT 49,860 DESCRIPTION 12.00 YD	OF LADING	316985	55		
TARE OUT TARE WEIGHT 29,000 NET WEIGHT 49,860 DESCRIPTION 12.00 YD Tracking QTY SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!				INDOUND	
12.0 YD Tracking QTY SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!				INBOUND	
12.00 YD SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!				INVOICE	
SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!		RATE	EXTENSIO	ON TAX	TOTAL
1.00 ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!				Lat Maria Ta	
Have a nice day. Thank you for your business!	4				
Have a file day. Thank you for your business!	14/4				
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The undersigned individual signing this decument					ILHOERED
The undersigned individual signing this document on behalf of Customer acknowledges that he or she has on the reverse side and that he or she has the authority to sign this document on behalf of the customer.		erstands the te	rms and condi	tions	CHANGE
F042UPR (04/19)	ead and unde			_	CHECK#



3169855

If waste is asbestos wacte, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

i. GENERATOR (Generat	or completes in	100 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number	c. P	Page 1 of	
d. Generator's Name and Location:			e. Generator's Mailing Add	dress:		
65 Lake Avenue			32 Central A	HAE LILL		
Lancaster, NY 14086			Lancaster, N			
f. Phone: If owner of the generating facility differs fr	rom the generator	provido:	g. Phone:	A E THEORY		
1995 Way 19 1915	on the generator,	provide.				
h. Owner's Name: j. Waste Profile #	T. 5 - 5-1-	1.141-1-014	i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	oping Name and	m. Container No. Typ		o. Unit
A. 42152313324	9/8/2024	Excavated	Soil	110. 135		Wt/Vol
5 *			W-075	7	T 12yda	1
В.	+					
						1.0
C.						
2967 S						
CENERATOR'S CERTIFICATION: I bore						
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	iassilied and backa	aged, and is in prope	er condition for transportation	n according to a	policable requiations.	ANID CHE
waste is a treatment residue of a previous	siv resincied nazar	roous waste subject	to the Land Dienocal Poetric	stiona I partify ar	mal recommend the at the	AND, it this
been treated in accordance with the requi	rements of 40 CFF	R 268 and is no long	jer a hazardous waste as de	fined by 40 CFR	₹ 261.	ioto nas
Lydia D. Lin	. /	DAG	CAU Acad	- G.	-27-23	
p. Generator Authorized Agent Name (Pri		. Signature	/ Igen	r. Da		
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trar	nsporter completes IIc-e) -m m (e		
a. Transporter's Name and Address:		100		-7		
b. Phone:						
AL TOUR	in the second			9 -	5	
c. Driver Name (Print)	d. Signa			e. Date		
III. DESTINATION (Generat	or complete III	a-c and Destina	ation Site completes Illd			
a. Disposal Facility and Site Address:	# k	c. US EPA Num				
Allied Waste Niagara Fall		P	79 00	18 18		
5600 Niagara Fails Blvd , Ni	agara Falls NT					
b.						
I hereby certify that the above named mat	erial has been acc	epted and to the be	st of my knowledge the forec	going is true and	d accurate.	
		PULL	DI	9/2	7 /23	
e. Name of Authorized Agent (Print)	f. Signat		The same of the sa	g. Date		
IV. ASBESTOS (Generator	completes IVa-	-f and Operator	complete IVg-i)		*, *	
a. Operator's Name and Address:			c. Responsible Agency Nam	ne and Address:		
b. Phone:			d. Phone:			
e. Special Handling Instructions and Addit	ional Information:					
f. Friable Non-Friable Both		iable	% Non-Friable			
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the contact the c	ontents of this consi	ignment are fully and accurate	tely described at	bove by the proper sh	ipping name
national governmental regulations.	labeled/placeraca	i, and are in an resp.	ects in proper condition for a	ansport accordi	ng to applicable intern	ational and
4						
g. Operator's Name and Title (Print)	h Signs	at isa		1 D.4.	4	
*Operator refers to the company which ow	h. Signa ns. leases. operate	ature les controls or supe	envises the facility being demo	i. Date	rated or the demolition	2 21
renovation operation or both	110, 100,000, 2, 2, 2,	55, 00mil 515, 51 5up 5	A VISES the lability boing don't	JUSTICA OF TOTIONS	ateu, or the demontion	i or

SITE 1250586 5B NIAGARA FALLS LANDFILL 716-282-6381 WEIGHMASTER 5600 Niagara Falls Blvd Niagara Falls, NY 14304 Pam S. DATE/TIME OUT DATE/TIME IN 9/27/23 10:22 am CUSTOMER 9/2<u>7/23 10:22 am</u> 392142 CONTAINER VEHICLE SWAN TRUCKING SWANN 111 TONY ALU REFERENCE LANCASTER, NY 14086 Contract:42152313324 BILL OF LADING 3169856 Cenerator:65 Lake Avenue LLC INBOUND 26.11 SCALE IN GROSS WEIGHT 80,720 NET TONS INVOICE 52,220 NET WEIGHT 28,500 TARE OUT TARE WEIGHT TOTAL TAX EXTENSION RATE DESCRIPTION UNIT QTY Tracking QTY 12.do YD Origin:NY-ERIE 100% SW-CONT SOIL ||5.1||1tn ENVIRONMENTAL FEE 1 1.0d

SITE

TICKET #

CELL

NET AMOUNT

TENDERED CHANGE

CHECK#

RS-F042UPR (04/19)

Have a nice day. Thank you for your business!

SIGNATURE _

The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions

on the reverse side and that he or she has the authority to sign this document on behalf of the customer.



3169856

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

 GENERATOR (Generate 	or completes la	-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing	Address:		-	
65 Lake Avenue			32 Centr	al Avenue			
Lancaster, NY 14086				er, NY 1408	6		
f. Phone:			g. Phone:	4, 1911 1912S	V		V
If owner of the generating facility differs fr	om the generator, p	orovide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con	Allegation Address Co.	n. Total	o. Unit
A 42152313324	9/6/2024	Exception	C 1	No.	Туре	Quantity	Wt/Vol
	JIWEMET	EAGENERED	SUN	7		12yds	
8.		*		fi			
75							
C.				-			
GENERATOR'S CERTIFICATION: I here	by certify that the a	bove named mate	rial is not a hazardous w	aste as define	by 40 CI	R 261 or any app	olicable
state law, has been properly described, cl waste is a treatment residue of a previous	iv restricted nazard	lous waste subject	to the Land Disposal Re	setrictione I co	tify and w	arrant that the wa	AND, if this
been treated in accordance with the requi	rements of 40 CFR	268 and is no long	ger a hazardous waste a	s defined by 4	O CFR 26	I.	iste nas
1 1019 V. 616	/	Day	LAU 7	GELT	9-	27-23	
p. Generator Authorized Agent Name (Prin	p. Generator Authorized Agent Name (Print) q. Signature			J	r. Date		·
II. TRANSPORTER (Gene	ator completes	lla-b and Tran	sporter completes	llc-e)			
a. Transporter's Name and Address:		9"					
	リタルノ サ	1 1					
b. Phone:							
Fiel Dutki	-		V 1	17/	1/2		
c. Driver Name (Print)	d. Signal	ture		e. Date			
III. DESTINATION (Generat	or complete Illa	-c and Destina	tion Site completes				
a. Disposal Facility and Site Address:		c. US EPA Num			:		
Allied Waste Niagara Fall				•			
5600 Niagara Falls Blvd , Nie	igani Falls WY	/	6				,
b.	on total happyon a point				-		
I hereby certify that the above named mate	eriai nas been acce	pted and to the be	st of my knowledge the	foregoing is tru	e and acc	urate.	
		TY AL	DU	312	112		
e. Name of Authorized Agent (Print)	f. Signatu			g. Date			
IV. ASBESTOS (Generator o	completes IVa-f	and Operator	complete IVg-i)				
Operator's Name and Address:			c. Responsible Agency	Name and Add	lress:		
							1
b. Phone:							
e. Special Handling Instructions and Additi	onal Information:		d. Phone:				
	onal morniagon.						
f. Friable Non-Friable Both	% Fria	hlo	0/ Non- Fright				
OPERATOR'S CERTIFICATION: I hereby	declare that the co	ntents of this consi	% Non-Friable	curately descrit	ned ahove	by the proper chi	inning name
and are classified, packaged, marked and	labeled/placarded,	and are in all respons	ects in proper condition	for transport ac	cording to	applicable intern	ational and
national governmental regulations.		- Siato		1			
g. Operator's Name and Title (Print)	h. Signati	ure		i. Date			
*Operator refers to the company which own renovation operation or both	is, ieases, operate:	s, controls, or supe	rvises the facility being of	demolished or i	enovated.	or the demolition	or

CUSTOMER 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 CONTRACT: 42152313324 Generator:65 Lake Avenue LLC SCALE IN GROSS WEIGHT 76,320 NET TONS 23.61 TARE OUT TARE WEIGHT 29,100 NET WEIGHT 47,220 GTY. UNIT DESCRIPTION RATE EXTENSION TAX 12.00 YD Tracking GTY 23.65 Ln SW-CONT SOIL Origin:NY-ERIE 100% 1.00 ENVIRONMENTAL FEE 1 The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on the reverse side and that he or she has the authority to sign this document on behalf of the customer. RS-F042UPR (04/19) SARAN 114 CONTAINER REFERENCE BILL OF LADING 3169857 INBOUND 1NVOICE BILL OF LADING 3169857 INBOUND 1NVOICE SCALE IN GROSS WEIGHT 76,320 NET TONS 23.61 INBOUND INVOICE BILL OF LADING 3169857 INBOUND INVOICE SCHOOL SHANN 114 CONTAINER REFERENCE BILL OF LADING 3169857 INBOUND INVOICE TON 9/27/23 10:42 am 9/27/22 Vehicle SMAN 114 REFERENCE BILL OF LADING 3169857 INBOUND INVOICE TON 9/27/23 10:42 am 9/27/22 Vehicle SMAN 114 REFERENCE BILL OF LADING 3169857 INBOUND INVOICE TON 9/27/23 10:42 am 9/27/22 Vehicle SMAN 114 REFERENCE BILL OF LADING 3169857 INBOUND INVOICE TON 9/27/23 10:42 am 9/27/22 Vehicle SMAN 114 REFERENCE BILL OF LADING 3169857		Follo Blad Nicarra Falls NV 14304 WEIGHMASTER						NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304				
SCALE IN GROSS WEIGHT 76,320 NET TONS 23.61 INBOUND TARE OUT TARE WEIGHT 29,100 NET WEIGHT 47,220 INVOICE OTY. UNIT DESCRIPTION RATE EXTENSION TAX 12.00 YD Tracking OTY 23.61 tn SW-CONT SOIL Origin:NY-ERIE 100% 1.00 ENVIRONMENTAL FEB 1 The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on the reverse side and that he or she has the authority to sign this document on behalf of the customer.	10:42 am	9/27/23	7/23 10:42 am	9/: EHICLE SW		392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086						
12.00 YD Tracking QTY 23.6 tn SW-CONT SOIL Origin:NY-ERIE 100% 1.00 ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business! The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on the reverse side and that he or she has the authority to sign this document on behalf of the customer.	Christian L'Ora 104		3169857	ILL OF LADING	23.61			GROSS WEIGHT	:65 Lak	rator S0		
The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on the reverse side and that he or she has the authority to sign this document on behalf of the customer.	TOTAL	ON TAX	RATE EXTENSI			PTION	DESCRI	•		UNIT	QTY.	
on the reverse side and that he or she has the authority to sign this document on behalf of the customer.	NET AMOUNT	SA O BENTON I THE TOURNES ANTONIONES AN	Lase in religion of the control of t			Y-ERIE 100%	ip profestacy cathologic ago, sect from sect cathologic cathologic for sect	ONT SOIL RONMENTAL FEE 1	SW-CC	tn	23.61	
on the reverse side and that he or she has the authority to sign this document on behalf of the customer.	TENDERED						451					
on the reverse side and that he or she has the authority to sign this document on behalf of the customer.	CHANGE	Alaka a			had be an ob-				73721 732 202			
RS-F042UPR (04/19) SIGNATURE	CHECK#	attions	stands the terms and con-									
					ATURE	SIGN			9)	PR (04/19	RS-F042UP	



3169857

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

a. Generator's US EPA ID Number	erator completes	la-r) b. Manifest Doc	ument Number					
d Conservation III		o. mainistration		c. Page 1 of				
d. Generator's Name and Location:	1		e. Generator's Mailing Address:					
65 Lake Avenue			32 Cer	tral Avenue	340			
f. Phone:			Lancas	ster, NY 140	86			
If owner of the generating facility diffe	rs from the generato	r, provide:	g. Phone:					
h. Owner's Name:		••••••••						
j. Waste Profile #	k. Exp. Date	I. Waste Sh	i. Owner's Phone No ipping Name and		ntainers			
A 42152313324		Description		No.	Type	n. Total Quantity	o. Unit Wt/Vol	
A 42132313324	9/8/2024	Excavate	Excavated Soil		T	12ya		
3		171	0595 0	- 7	> 1.	ا ــــ ا		
8		6250	15/13 2	2	5.6	Tow	5	
B-2-				1				
F					-	-		
C.							2.	
GENERATOR'S CERTIFICATION								
GENERATOR'S CERTIFICATION: I h state law, has been properly described waste is a treatment residue of a previ	ereby certify that the	above named mat	erial is not a hazardous	waste as define	ed by 40 C	FR 261 or any a	pplicable	
waste is a treatment residue of a provi	audy restricted b	- Je and io in pro	per condition for transpe	ortation according	ig to applic	cable regulations	; AND, if this	
been treated in accordance with the re	quirements of 40 CF	R 268 and is no lor	nger a hazardous waste	as defined by 4	0 CFR 26	1.	vaste nas	
p Consists with a life of		MAN	Col A	cast	9-	77-73		
p. Generator Authorized Agent Name (. Signature	1. 0		r. Date			
II. TRANSPORTER (Ge a. Transporter's Name and Address:	nerator complete	es IIa-b and Tra	nsporter completes	llc-e)	-	STORES AND DESCRIPTION		
(11)1	(n)	15-7		(11	11			
SUIH	N VV	- 1		- 1/4	1			
b. Phone:		21		///				
1///	/	11/7	411	-3		/ /		
c. Driver Name (Print)	a h o d. Sign		1/11/6	e. Date	01	05/	7 7	
III. DESTINATION (General	rator complete III	a-c and Destina	ation Site complete	es IIId-a)	11	0 1/2	-	
a. Disposal Facility and Site Address:		C LIC EDA M.	nber d. Discrepancy I):	-/-		
5000 Niagara Palis Blvd .						,		
b.	resident pass in i							
I hereby certify that the above named n	naterial has been acc	cepted and to the be	est of my knowledge the	e foregoing is tr	lo and a			
		DW	Sol of my knowledge the	e loregoing is the	ne and acc	urate.		
e. Name of Authorized Agent (Print)	f. Signa	ture OAL	DU	- D-1	11/11	13		
IV. ASBESTOS (Generato	or completes IVa	f and Operator	complete IVa-i)	g. Date				
a. Operator's Name and Address:	The state of the s		c. Responsible Agency	/ Name and Add	droce:		-1	
			, igonoy	Traine and Add	11633.			
b. Phone: e. Special Handling Instructions and Ad	ditional lefe		d. Phone:					
e. Special Handling Instructions and Ad	ditional information:			6				
ī. ☐ Friable ☐ Non-Friable ☐ Bo								
OPERATOR'S CERTIFICATION: I here	by declare that the c	ontante of this same	% Non-Friable	oouratak, daa d				
	nd labeled/placarded	, and are in all resp	ects in proper condition	courately describ for transport ac	ped above cordina to	by the proper shapplicable inter-	nipping name	
national governmental regulations.				,		rrsesis interi	auo, idi dilu	
0								
Operator's Name and Title (Print) Operator refers to the company which of	h. Signa	ture		i. Date				
Operator refers to the company which company	wins, leases, operate	35, controls, or supe	ervises the facility being	demolished or r	renovated,	or the demolition	n or	

71.5 000 6391	58 1230393
NIAGARA FALLS LANDFILL 716-282-6381	WEIGHMASTER
5600 Niagara Falls Blvd Niagara Falls, NY 14304	Pam S.
	DATE/TIME IN DATE/TIME OUT 9/27/23 10:53 am 9/27/23 10:53 am
USTOMER 392142	CONTAINED
SWAN TRUCKING	VEHICLE SWAN 102
TONY ALU	
LANCASTER, NY 14086	REFERENCE
LANCASIER, NI 14000	THE OF LEDING
contract:42152313324	BILL OF LADING 3169858
Generator:65 Lake Avenue LLC	
2010	5.17 INBOUND
SCALE IN 14KOON WITHOUT	TNMOTOR
TARE OUT TARE WEIGHT 29,000 NET WEIGHT 50	
	RATE EXTENSION TAX TOTAL
OTY. UNIT DESCRIPTION	
13.00 YD Tracking QTY	
25.17 tn SW-CONT SOIL Origin:NY-ERIE 100%	
1.00 ENVIRONMENTAL FEE 1	
1.00	
The device for your business!	NET AMOUNT
Have a nice day. Thank you for your business!	
	TENDERED
	CHANGE
The undersigned individual signing this document on behalf of Customer acknowledges that h	e or she has read and understands the terms and conditions
The undersigned individual signing this document on behalf of observers on the reverse side and that he or she has the authority to sign this document on behalf of the	customer. CHECK#
	,
RS-F042UPR (04/19)	RE
101010000	

CELL

TICKET #

1250599

SITE

5B

SITE



3169858

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Gener	ator complete						
a. Generator's US EPA ID Number		b. Manifest Docu	ument Number	umber c. Page 1 of			
d. Generator's Name and Location:			e. Generator's Mailing	Address:			
65 Lake Avenue				THE PERSON NAMED IN			
Lancaster, NY 14086			32 Central Avenue Langaster, NY 14088				
f. Phone: If owner of the generating facility differs	s from the gener	ator provide:	g. Phone:	1,141 1400	16.1		
h. Owner's Name:	gener	ator, provide.					
j. Waste Profile #	k. Exp. Date	l Waste Shi	i. Owner's Phone No.: I. Waste Shipping Name and		talnava	T +	
10.000000000000000000000000000000000000		Description	iption		tainers Type	n. Total Quantity	o. Unit Wt/Vol
A. 421523 (3324	9/8/2024	Excavated	i Soil	1	7	12yds	
B.	X.						
						79	
C							
	1						10.55
GENERATOR'S CERTIFICATION: I he state law, has been properly described	ereby certify that	the above named mate	erial is not a hazardous	ooto oo dafii	d b 40 C	-D 004	Pripale
state law, has been properly described, waste is a treatment residue of a previo been treated in accordance with the requirements.	usly restricted b	azardous wasto subject	t to the Land Dispersed De	ation according	g to applic	able regulations;	
(Joig D. Cirle		(any)	for A Gent	a summed by 10	9. 7	7-72	4
p. Generator Authorized Agent Name (F	q. Signature	1		r. Date	100		
II. TRANSPORTER (Gen	erator compl		nsporter completes I	lc-e)	i. Date		
a. Transporter's Name and Address:				7			- 39
b. Phone:	ve King	Jest -	Truck# M.				
a British Nov. (B) a Till all		11	6 1.			The same and	
c. Driver Name (Print) III. DESTINATION (General		ignature 4/1/	ya _	e. Date	1-6	1-63	***
a. Disposal Facility and Site Address:	ator complete					ā	
Allied Waste Magara Fa	uls Landfill L	c. US EPA Num	nber d. Discrepancy Ind	lication Space			
5600 Niagara Falls Blvd . N	Viagam Palls 1	YY					
b.							
I hereby certify that the above named ma	aterial has been	accepted and to the be	est of my knowledge the fo	oregoing is tru	e and acc	urate.	
		PONTO	ntt	0/	27 /	23	
e. Name of Authorized Agent (Print)		gnature /	Janes Learner Breas.	g. Date	611	Garant	
IV. ASBESTOS (Generator	r completes l'	Va-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency N	lame and Add	ress:		
b. Phone:							
e. Special Handling Instructions and Add	litional Informatio	on:	d. Phone:				
f. Friable Non-Friable Bott OPERATOR'S CERTIFICATION: I hereb and are classified, packaged, marked an national governmental regulations.	v declare that th	Friable le contents of this cons ded, and are in all resp	% Non-Friable ignment are fully and acciects in proper condition for	urately describ or transport ac	ed above cording to	by the proper shi applicable interna	pping name, ational and
					-		
g. Operator's Name and Title (Print)				71			
*Operator refers to the company which or	h. Si	gnature		i. Date			

NIAGARA FALLS LANDFILL 716-282-6381	SITE 5B	1250		ELL	
5600 Niagara Falls Blvd Niagara Falls, NY 14304	WEIGH	MASTER			
USTOMER	DATE/T	Pam S		ATE/TIME OUT	
392142-		9/27/23 1	1:55 am	9/27/23	11:55 am
SWAN TRUCKING TONY ALU	VEHICL	E SWAN 109	CC	ONTAINER	
LANCASTER, NY 14086	REFERE	COSCATORNA MARKA CONTRACTORNA A CONTRACTORNA	ment in ex	and the state	The same of the same of the
Contract: 42152313324		A STATE OF THE PARTY OF	Anna Hora		
Generator:65 Lake Avenue LLC	BILL OF	* LADING 316985	9	ioda wee	edinin ands
	24.61 49,220	tamili, us de Curaciones	era și moi MacVV eid	INBOUND INVOICE	yedi nea
QTY. UNIT DESCRIPTION		RATE	EXTENSION	TAX	TOTAL
12.00 YD Tracking QTY 24.61 tn SW-CONT SOIL Origin:NY-ERIE 100%		TO DESIGNATION OF		of our electric	
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vitt to take a fitter pergram in the seminary that the Right				and a living of	
Have a nice day. Thank you for your business!	.Ehrighei	1996 og 199 1996 grunder 4. 1906 g <u>e</u> g y fø		T VIN	
Have a nice day. Thank you for your business!	Ehinghun Wasa sa	THE DIMENSION			NET AMOUNT
Have a nice day. Thank you for your business!	Ehinghan Telasor Son	THE DAY OF A STATE OF THE STATE		7 7 7 7 7	NET AMOUNT
The undersigned individual signing this document on behalf of Customer acknowledges that it	ne or she has rea		erms and conditio	ons	ing a managaran da
	ne or she has rea		erms and condition	ons	TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that it	customer.		erms and conditio	ons	TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that is on the reverse side and that he or she has the authority to sign this document on behalf of the	customer.		erms and conditio	ons	TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that is on the reverse side and that he or she has the authority to sign this document on behalf of the	customer.		erms and condition	ons	TENDERED
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The undersigned individual signing this document on behalf of Customer acknowledges that is on the reverse side and that he or she has the authority to sign this document on behalf of the	customer.		erms and condition	ons	TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that is on the reverse side and that he or she has the authority to sign this document on behalf of the	customer.		erms and condition	ons	TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that is on the reverse side and that he or she has the authority to sign this document on behalf of the	customer.		erms and condition	ons	TENDERED



3169859

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\rm \underline{NOT}}$ asbestos waste, complete Sections I, II and III

a. Generator's US EPA ID Number	tor completes						
ACCEPTAGE AND AC		b. Manifest Do	cument Number	c. Page 1 of			
d. Generator's Name and Location:			e. Generator's Mailing	Address:	5		
65 Lake Avenue			Service Automotive a	al Avenue I.I.			
f. Phone:				r. NY 140	26		
If owner of the generating facility differs	from the generator	r provide:	g. Phone:	C. 181 19405			
h. Owner's Name:	nom the generator	r, provide.	. *				
j. Waste Profile #	k. Exp. Date	I Wests C	i. Owner's Phone No.:				
	K. Exp. Date	Description	hipping Name and	M. Cor	tainers Type	n. Total Quantity	o. Unit
A 42152913024	9/0/2024	Excevate	ed Soil	140.	Туре	12yds	Wt/Vol
						12703	
₽.							
]];	
C							
Se.							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, or	eby certify that the	above named ma	terial is not a hazardous wa	ste as define	d by 40 CF	R 261 or any ap	plicable
waste is a treatment residue of a previous	sly restricted baza	rdoute waste subject	per condition for transporta	ation accordin	g to applic	able regulations;	AND, if this
been treated in accordance with the requ	irements of 40 CF	R 268 and is no lo	nger a hazardous waste as	defined by 4	CFR 261	arrant that the wa	aste has
(data) / 14	L. 1	la	1 Lunt		9	7-7 7-7	
p. Generator Authorized Agent Name (Print) q. Sign			117		r. Date	1. 23	
II. TRANSPORTER (General Transporter's Name and Address:	rator complete	s Ila-b and Tra	ansporter completes II	c-e)			
a. Transporter a Name and Address.						ALC: Y III III III	
SWAN TRI	1781119	#116	2				
b. Phone:		101			1		
1.17 RIS 4/Ani	6			1 6	1/2-	1	100
c. Driver Name (Print)	d. Signa	ature	<u> </u>	+ 7	[&]	125	
III. DESTINATION (General	or complete III	a-c and Destin	ation Site completes	e. Date			
a. Dispusal Facility and Site Address.		- 110 EDA 11	mber d. Discrepancy Indi	inu-g)			
Allied Waste Magara Fal.				очног орасс			
5600 Niagara Falls Blvd . Ni	agana Falls NY						
 b. I hereby certify that the above named mat 	erial has been acc	contad and to the h					
runemak:	Cridi fids beeff acc	epted and to the t	est of my knowledge the to	regoing is tru	e and accu	urate.	
e. Name of Authorized Agent (Print)	50		ideli wa	4	2713	33	
IV. ASBESTOS (Generator	f. Signat	f and Operator	complete IV/- :V	g. Date			
a. Operator's Name and Address:	sompletes iva-	and Operator					
			c. Responsible Agency Na	ame and Add	ress:		
D. Phone:			d. Phone:				
e. Special Handling Instructions and Additi	onal Information:	- 10					
. ☐ Friable ☐ Non-Friable ☐ Both	% Fria	able	% Non-Friable				
DPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and lational governmental regulations.	declare that the co labeled/placarded,	and are in all resp	signment are fully and accu pects in proper condition for	rately describ transport acc	ed above loording to	by the proper ship applicable interna	pping name, ational and
. Operator's Name and Title (Print)	h. Signat	ture		I D-1			
Operator refers to the company which own	is, leases, operate	s, controls, or sup	ervises the facility being der	i. Date molished or re	enovated a	or the demolition	or
enovation operation or both				1	· · · · · · · · · · · · ·	or are demonded	0.

SITE	SITE TICKET # CELL	
NIAGARA FALLS LANDFILL 716-282-6381 .	5B 1250627 WEIGHMASTER	
5600 Niagara Falls Blvd Niagara Falls, NY 14304	Pam S.	
CUSTOMER	DATE/TIME IN DATE/TIME OUT	
392142		3 12:19 pm
SWAN TRUCKING	VEHICLE CONTAINER SWAN 113	
TONY ALU	REFERENCE	
IANCASTER, NY 14086 Contract:42152313324		
Generator: 65 Lake Avenue LLC	BILL OF LADING 3169860	
Concrete 2.03 Basic Inventor and		
SCALE IN GROSS WEIGHT 76,100 NET TONS 23	.55 INBOUND)
	100 INVOICE	
OTY. UNIT DESCRIPTION	RATE EXTENSION TAX	TOTAL
12.00 YD Tracking QTY 23.55 tn SW-CONT SOIL Origin:NY-ERIE 100%		
1.00 ENVIRONMENTAL FEE 1		
Have a nice day. Thank you for your business!		NET AMOUNT
		TENDERED
		CHANGE
The undersigned individual signing this document on behalf of Customer acknowledges that he or on the reverse side and that he or she has the authority to sign this document on behalf of the cus	r spe has read and understands the terms and conditions stomer.	
		CHECK#
RS-F042UPR (04/19) SIGNATURE		



3169860

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generat	or completes la						
a. Generator's US EPA ID Number	1	b. Manifest Docui	ment Number		c. Page		
d. Generator's Name and Location:			e. Generator's Mailing A	Address:			
65 Lake Avenue				venue LLC			
f. Phone: Lancaster, NY 14086			32 Centra		0		
If owner of the generating facility differs f	rom the generator,	provide:	g. Phone: Lancaster	NY 1409	0		
h. Owner's Name:			i Oumania Dhana N				
j. Waste Profile #	k. Exp. Date	I. Waste Ship	i. Owner's Phone No.: Shipping Name and m. Containers n. Total				
	1	Description	pring traine and	No.	Туре	Quantity	o. Unit Wt/Vol
Á. 42152313324	9/8/2024	Excavated	Soil	4	T	12yds	
8.			.4		-1.		
			<u> </u>				
C.							
4							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted hazar	dous waste subject	er condition for transportat	tion according	to applica	able regulations;	
1 1018 2. 6-160	/	My	CININ	SAL	9-1	27-23	2
p. Generator Authorized Agent Name (Pri II. TRANSPORTER (Gene		Signature			r. Date		
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator completes	s lla-b and Tran	isporter completes lic	c-e)	No.		
b. Phone:	7	6 \					
c. Driver Name (Print)	1.0	12.4.		- W	G.		
III. DESTINATION (General	d. Signa		tion Cityl-t I	e. Date			
a. Disposal Facility and Site Address: Allied Waste Niagara Falls 5000 Niagara Falls Elva , Ni b.	s Landfill LLC agara Falls NY	c. US EPA Num	ber d. Discrepancy India	cation Space:		7	
I hereby certify that the above named mat	eriai has been acc	epted and to the be	st of my knowledge the fo	regoing is true	e and acc	urate.	
N		YALL	L.L.	9	1211	40	
e. Name of Authorized Agent (Print)	f. Signat			g. Date			
IV. ASBESTOS (Generator	completes IVa-				-		
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Add	ress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addit	ional Information:						
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fria	ablo	0/ Non Ed-bl-				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the co	ontents of this consi	% Non-Friable gnment are fully and accu ects in proper condition for	rately describ r transport acc	ed above cording to	by the proper shi applicable interna	pping name, ational and
g. Operator's Name and Title (Print)	h. Signat	ture		i. Date		- States	
*Operator refers to the company which ow renovation operation or both	ns, leases, operate	es, controls, or supe	rvises the facility being de	emolished or re	enovated,	or the demolition	or

SITE	SITE TICKET #	250629	LL .			
NIAGARA FALLS LANDFILL 716-282-6381	-282-6381 WEIGHMASTER					
5600 Niagara Falls Blvd Niagara Falls, NY 14304		am S.	TE/TIME OUT			
CUSTOMER	DATE/TIME IN	3 12:22 pm	9/27/23 12:22 pm			
392142	VEHICLE	, <u>12,22 pin</u> co	NTAINER			
SWAN TRUCKING	NUAWS	111				
TONY ALU LANCASTER, NY 14086	REFERENCE					
Contract: 42152313324 Generator: 65 Lake Avenue LLC	BILL OF LADING 31	69861				
Generator. of bake invente also			INBOUND			
SCALE IN GROSS WEIGHT 71,040 NET TONS 21	.27					
	540		INVOICE			
APPROPRIENT	RATE	EXTENSION	TAX TOTAL			
12.00 YD Tracking QTY						
-1.1						
ENVIRONMENTAL FEE 1						
	,					
Have a nice day. Thank you for your business!			NET AMOUNT			
Tave a moo day. Themas yes a y						
			TENDERED			
			TENDERES			
			CHANGE			
The undersigned individual signing this document on behalf of Customer acknowledges that he customer acknowledges that he customer the document on behalf of the customer than	or she has read and understand	is the terms and condit				
The undersigned individual signing this document on behalf of the cu on the reverse side and that he or she has the authority to sign this document on behalf of the cu	atomer.		CHECK#			
SIGNATURE						
RS-F042UPR (04/19)						

CELL



3169861

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator of	completes la						
a. Generator's US EPA ID Number		b. Manifest Docui	ment Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing A	Address:			
55 Lake Avenue			32 Centra				
f. Phone: Lancaster, NY 14086			1 annachan	NY 1408	in.		
If owner of the generating facility differs from	the generator,	provide:	g. Phone:	1141 1400	PW		
h. Owner's Name:			i Oursels Dhana N				
A NAME OF TAX ASSOCIATION OF TAX	ofile # k. Exp. Date I. Waste S		i. Owner's Phone No.: pping Name and	m Cor	itainers	n. Total	o. Unit
0		Description		No.	Туре	Quantity	Wt/Vol
A. 42152313324 g	H9J2024	Excevated	Soil	7	. T	12yds	
B.							
, c						5	
GENERATOR'S CERTIFICATION: I hereby of state law, has been properly described, classis waste is a treatment residue of a previously rebeen treated in accordance with the requirement.	ned and packa estricted hazard	igeo, and is in prop dous waste subject	er condition for transporta	tion according	g to applic	able regulations;	ALID SELLS
Crais U. Link langy			Stall HEAV	1	a	27-23	
p. Generator Authorized Agent Name (Print) q. Signature				1	r. Date		
II. TRANSPORTER (Generato a. Transporter's Name and Address:	or completes	s Ila-b and Tran	sporter completes III	c-e)			
b. Phone:	2111				,		
Iral Dulk at			-0.4P	7.14			
c. Driver Name (Print)	d. Signa			e. Date			
a. Disposal Facility and Site Address:	complete Illa						
Allied Waste Niagara Falls L	andfill LLC	c. US EPA Num	ber d. Discrepancy Indi	cation Space	;		
5600 Niagara Fells Blvd , Niaga b.	ra Falls NY	1	5				
I hereby certify that the above named material	has been acce	epted and to the be	est of my knowledge the fo	regoing is tru	e and acc	urate	
		PZIXC	DU	9/	7.117	3	
e. Name of Authorized Agent (Print)	f. Signatu	ure /		g. Date			
IV. ASBESTOS (Generator com			complete IVa-i)	g. Date			
a. Operator's Name and Address:	·		c. Responsible Agency N	ame and Add	lress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Additional	I Information:		3.1.110.				
f. ☐ Friable ☐ Non-Friable ☐ Both	0/ 5-1-	abla	0/ No. 5: 1:				
OPERATOR'S CERTIFICATION: I hereby declared are classified, packaged, marked and laberational governmental regulations.	% Fria lare that the co eled/placarded,	ntents of this consi	% Non-Friable ignment are fully and accu ects in proper condition fo	rately descril r transport ac	ped above cording to	by the proper shi applicable interna	pping name, ational and
g. Operator's Name and Title (Print)	h. Signat	ture		i. Date			
*Operator refers to the company which owns, ke renovation operation or both	eases, operate	s, controls, or supe	rvises the facility being de	molished or i	enovated,	or the demolition	or

SITE NIA	GARA F	ALLS LANDFILL 716-282-	SITE 5B	TICKET # 1250	633	CELL		
CUSTOMER	Manager of A	ara Falls Blvd Niagar	a Falls, NY 14304	WEIGHM	Pam	S.		
	39214 SWAN	2 TRUCKING	ş	VEHICLE	9/27/23 1	2:41 pm	DATE/TIME OUT 9/27/23	12:41 pm
	TONY .	ALU STER, NY 14086		REFEREN	SWAN 114	-	CONTAINER	
	tract:	42152313324 :65 Lake Avenue LLC		BILL OF		52	A LA SIGN	iqeaciant)
)	S: Ti	CALE IN GROSS WEIGHT ARE OUT TARE WEIGHT	74,480 NET TONS 29,100 NET WEIGHT	22.69 45,380	ar , gamaga e Bellity, te -	erf (u jo etsekki e	INBOUND	i <mark>obelli vistilla</mark> 9 miliopaki Juga curebilar
QTY. 12.0	UNIT O YD	Tracking QTY	DESCRIPTION		RATE	EXTENSI	ON TAX	TOTAL
22.6	9 tn	SW-CONT SOIL ENVIRONMENTAL FEE 1 ay. Thank you for your business!	Origin:NY-ERIE 100%	Its rilky he recovered to the control to the contro	n eccerdado salicego trans deminify de representado salicego trans			
					MU SIERVITANIA	X-1/m	4,11111342	NET AMOUNT
The	undersigr	ned individual signing this document o	in behalf of Customer acknowledges that h					TENDERED
on	the reverse	e side and that he or she has the author	rity to sign this document on behalf of the	e or she has read a customer.	ind understands the te	rms and condi	tions	CHANGE
RS-F042UP	R (04/19)		SIGNATUR	RE				CHECK#



3169862

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\underline{\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Gener	ator completes	la-r)					
a. Generator's US EPA ID Number		b. Manifest Doc	ument Number		c. Page	e 1 of	
d. Generator's Name and Location:		4	e. Generator's Mail	ing Address:			
65 Lake Avenue			NO 1-95	a weating FT!	-		
1 Langager NV Minos				ntral Avenue			
f. Phone: If owner of the generating facility differs	- F II		g. Phone: Lancas	ster, NY 1400	36	1	
h. Owner's Name:	from the generator	r, provide:					
j. Waste Profile #	k Euro Dete	T. W.	i. Owner's Phone No.:				
	k. Exp. Date	I. Waste Shi	ipping Name and	Mo.	ntainers Type	n. Total	o. Unit
A. 42152313324	9/0/2024	Excavated	d Soil	110.	туре	Quantity	Wt/Vol
di				,		12yd	8
					Ж:		
8.			57 				
		1250	633 -	22	10	TON)
		7000	075-	X L	.69	101	
C	11						
GENERATOR'S CERTIFICATION: I he state law, has been properly described,	reby certify that the	above named mate	erial is not a hazardous	waste as define	d by 40 Cl	ED 261 or only av	- U - LI
waste is a treatment residue of a proviou	isly restricted have	-ged, dild to iti biot	ser condition for transpo	ortation accordin	g to applic	able regulations:	AND, if this
been treated in accordance with the requ	uirements of 40 CF	R 268 and is no lon	iger a hazardous waste	Restrictions. I ce as defined by 4	rtify and w	arrant that the w	aste has
Clara V. Zill	1/	eng/	July A	GRAT	9	27, 22	
p. Generator Authorized Agent Name (P		. Signature	1		<i>J</i> 1	7//2	
II. TRANSPORTER (General Address:	erator complete	s lla-b and Trai	nsporter completes	s IIc-e)	r. Date		W. A. S. A. S. C. L. S. A. S. C. S.
a. Transporter's Name and Address:	01)	1/1-	- Completed	3 110-67	1/		and a surper to
E11/1	911 1	115	/	+ 11	4		
b. Phone:	110		1	7/1	1		
. 111 1		01/1/				1-1-	
c. Driver Name (Print)	d. Signa	160 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11/2		9/	27/27	>
III. DESTINATION (General	ator complete III	a-c and Docting	otion City samuel to	e. Date	1/4	-//-	
a. Disposal Facility and Site Address:		C LIS EDA Num	ber d. Discrepancy I	es IIId-g)	/		
Allied Waste Niagara Fai			d. Discrepancy i	mulcation Space			
3600 Niagara Falls Blvd , N	iagara Falls NY		-				
b.							
I hereby certify that the above named ma	iterial has been acc	epted and to the be	est of my knowledge the	e foregoing is tru	e and acc	urate.	
o Nome of Auto-		KACO		91	27/23		
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	f. Signat	ture		g. Date			
IV. ASBESTOS (Generator a. Operator's Name and Address:	completes iva-						
Forator o Hame and Address:		<u> </u>	c. Responsible Agency	y Name and Add	ress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addi	tional Information:		G. PHONE.				
Friable Non-Friable Both	% Fri	able	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the co	antonto of this		ccurately describ	ed above	by the proper shi	ipping name
and are classified, packaged, marked and national governmental regulations.		and are in all respe	ects in proper condition	for transport acc	cording to	applicable intern	ational and
g. Operator's Name and Title (Print)	h. Signat	ture					
Operator refers to the company which ow	ns, leases, operate	s, controls, or supe	rvises the facility being	i. Date demolished or re	enovated	or the demolitics	or
enovation operation or both		1.0			onovaleu,	or the demontion	ur

SITE					
NIAGARA FALLS LANDFILL 716-282-6381	SITE 5B	TICKET #		CELL	
5600 Niagara Falls Blvd Niagara Falls, NY 14304	WEIGHMA	1250e	036	<u> </u>	
CUSTOMER	<u></u>	Pam S	3.		
392142	DATE/TIME	E IN		DATE/TIME OUT	-
SWAN TRUCKING	VEHICLE	9/27/23 1	<u>2:52 pm</u>	9/27/2	23 12:52 pm
TONY ALU		SWAN 102		CONTAINER	
LANCASTER, NY 14086 Contract:42152313324	REFERENC	E			
Generator:65 Lake Avenue LLC	BILL OF LA	ADING 01.500.6			
Jane Market Hill		316986	3		
SCALE IN GROSS WEIGHT 72,900 NET TONS 21	.95	· ·		THINNING	
TARE OUT TARE SUFFERM	900			INBOUND	
WATER TO THE STATE OF THE STATE	200			INVOICE	
12.00 YD Tracking QTY		RATE	EXTENSI	ON TAX	TOTAL
21.95 tn SW-CONT SOIL Origin:NY-ERIE 100%					
1.00 ENVIRONMENTAL FEE 1					
		j			İ
				İ	
					İ
		1		ŀ	
Have a nice day. Thank you for your business!					
					NET AMOUNT
				1	
					TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that he or on the reverse side and that he or she has the authority to sign this document on behalf of the customers.	mba basa da				
on the reverse side and that he or she has the authority to sign this document on behalf of the custo	sne nas read and omer.	d understands the ter	ms and condi	itions	CHANGE
RS-F042UPR (04/19)					CHECK#
SIGNATURE					



3169863

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

a. Generator's US EPA ID Number	tor completes		10 possible				
		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing	Address:			
85 Lake Avenue			OU Lake	WASURE LT			
f. Phone: Lancaster, NY 14006				al Avenue			
If owner of the generating facility differs	from the generato	or provide:	g. Phone:	r, NY 1408	3D	-	
h. Owner's Name:	generate	n, provide.					
j. Waste Profile #	k. Exp. Date	I Waste Shir	i. Owner's Phone No.:	- C			_
C SALES OF S	M. Exp. Butc	Description	pping Name and	No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/9/2024	Excavated	Soil	Ť	T	12yds	
₿.			r.				
G.							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requ	sly restricted haza	ardous waste subject	to the Land Dispersion	ation according	g to applic	able regulations;	plicable AND, if this aste has
LAGIS D. / 11/1	/	eper II.	Kub A	-fu	A	77-72	
p. Generator Authorized Agent Name (Pr		q. Signature	1 198	6	r. Date	1 0 0	-
II. TRANSPORTER (General Address: 1. Transporter's Name and Address: 1. Transporter's Name and Address: 1. Transporter (General Address) (General Address	rator complete	es lla-b and Tran	sporter completes II	c-e)			
b. Phone:	/C'S'	18 196 41	\ \\ \(\pm \)			19/	27/23
c. Driver Name (Print) III. DESTINATION (General	d. Sigr		4 JA	e. Date	109	7.2	
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate	ls Landfill LL agana Palls NY	c. US EPA Numl	ber d. Discrepancy Indi	ication Space		urato	
		DOLLO	The money are to	G	o and acc		
e. Name of Authorized Agent (Print)	f. Signa	ature A	21	a Data	121	123	
IV. ASBESTOS (Generator			complete IVa-i)	g. Date			
a. Operator's Name and Address:	•		c. Responsible Agency N	ame and Add	ress:		
b. Phone:		9	d. Phone:				
e. Special Handling Instructions and Additi	onal Information:						
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	% Fr declare that the d labeled/placarded	contents of this consis	% Non-Friable gnment are fully and accu acts in proper condition fo	rately describ r transport acc	ed above cording to	by the proper ship applicable interna	pping name, ational and
						·	
g. Operator's Name and Title (Print) *Operator refers to the company which own renovation operation or both	h. Signa	es controle or super	vions the feetile being	i. Date			
renovation operation or both	.o, iodoco, operat	es, controls, or super	vises trie racility being de	molished or re	enovated,	or the demolition	or

SITE		(SITE TROVER			
NIAGARÁ FALLS LANDFILL 716-282-638	31	SITE TICKET #	1250652	CELL	
5600 Niagara Falls Blvd Niagara F		WEIGHMASTER			
CUSTOMER		DATE/TIME IN	Pam S.	Direction and	
392142		1	7/23 1:54 pm	DATE/TIME OUT 9/27/23	1:54 pm
SWAN TRUCKING		VEHICLE		CONTAINER	
TONY ALU LANCASTER, NY 14086		REFERENCE	N 109		
Contract: 42152313324		The Lineage			
Generator:65 Lake Avenue LLC		BILL OF LADING	3169864		
SCALE IN GROSS WEIGHT 7	74,080 NET TONS 22.74	1		INBOUND	
MADE OUR	28,600 NET WEIGHT 45,48	0		INVOICE	
QTY, UNIT	DESCRIPTION		RATE EXTENS	ON TAX	TOTAL
12.00 YD Tracking QTY 22.74 tn SW-CONT SOIL					
1.00 ENVIRONMENTAL FEE 1	Origin:NY-ERIE 100%				1
				ļ	
1		ļ			
Have a nice day. Thank you for your business!					
,					NET AMOUNT
					TENDERED
The undersigned individual signing this document on b	pehalf of Customer acknowledges that he or sh	e has read and under	rstands the terms and con-	ditions	CHANGE
on the reverse side and that he or she has the authority	to sign this document on behalf of the custom	er.	and come and com	dibolia	
RS-F042UPR (04/19)	SIGNATURE				CHECK#



3169864

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (General	ator completes	s la-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing	Address:			
65 Lake Avenue	8*		DO Lake	Avenue ITT			
Lancaster NV 14006				ral Avenue			
i. Frione.			g. Phone: Lancaste	er, NY 1408			
If owner of the generating facility differs	from the generate	or, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship	oping Name and		ntainers	n. Total	o. Unit
A. 42152313324		Description		No.	Туре	Quantity	Wt/Vol
A 12122010024	9/9/2024	Excavated	Soil	#	T	12yds	20
8.							
D.							
C.							
GENERATOR'S CERTIFICATION: I he state law, has been properly described,	reby certify that th	ne above named mate	rial is not a hazardous w	aste as define	1 by 40 C	R 261 or cov	plicable
waste is a treatment residue of a previou	icly roctricted he-	and and in prop	er condition for transport	ation according	to application	able regulations:	AND, if this
waste is a treatment residue of a previous been treated in accordance with the requ	uirements of 40 C	FR 268 and is no lone	to the Land Disposal Re	estrictions. I cer	tify and w	arrant that the wa	aste has
Laise D. Link	V	1 paid	Carlotto Waste as	s defined by 40	CFR 261	1:00	2.17
p. Generator Authorized Agent Name (P	rint)	q. Signature	1) /186	4	1-21	- 23	
II. TRANSPORTER (General Transporter's Name and Address)		tee IIa b and Tran	harlanda V		r. Date		
a. Transporter's Name and Address:	stator complet	les lia-b allo Trai	isporter completes i	lic-e)			
5 WAN (RUC)	CING						
-TT /	001						
b. Phone:	7 7						
("DRIS FLANK)	4	111	10 1		9/0	9703	
c. Driver Name (Print)	d. Sigi	nature		a Data	115	21 1 am	
III. DESTINATION (General	tor complete I	lla-c and Destina	tion Site completes	e. Date			
a. Disposal Facility and Site Address:		C LIS EDA Mum	ber d. Discrepancy Ind	lication Space			
Allied Waste Niagara Fal		C	a. Dioorepancy me	neation space.			
5600 Niagara Falls Blvd , N	lagara Falls NY	7					
b.			2				
I hereby certify that the above named ma	terial has been ac	ccepted and to the be	st of my knowledge the fo	oregoing is true	and accu	ırate. /	
		PXX	CATT		9/2	7/23	
e. Name of Authorized Agent (Print)	f. Signa	ature	Transfer L. / L.	g. Date	1.1 60		
IV. ASBESTOS (Generator	completes IVa	a-f and Operator o	complete IVg-i)				
a. Operator's Name and Address:		7.3	c. Responsible Agency N	Name and Addr	ess:		
o. Phone:							1
e. Special Handling Instructions and Addit	tional Information		d. Phone:		1		
gganasiona and Addi		41					
. ☐ Friable ☐ Non-Friable ☐ Both							
PERATOR'S CERTIFICATION: L hereby	doclare that the	anning the contract of	% Non-Friable				
and are classified, packaged, marked and national governmental regulations.	labeled/placarded	d, and are in all respe	griment are fully and accu cts in proper condition fo	urately describe	ed above to	by the proper ship	pping name
national governmental regulations.			par sarramon to	transport acc	ording to	applicable Interna	ational and
Operator's Name and Title (Print)	h. Signa	ature		i. Date			
Operator refers to the company which ow enovation operation or both	ns, leases, operat	tes, controls, or super	vises the facility being de	emolished or re	novated, o	or the demolition	or
							P057.

NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304	SITE TICKET # CELL 5B 1250656 WEIGHMASTER Pam S. DATE/TIME DIT
CUSTOMER 392142 SWAN TRUCKING TONY ALU	DATE/TIME IN 9/27/23 2:02 pm 9/27/23 2:02 pm
LANCASTER, NY 14086 Contract:42152313324 Generator:65 Lake Avenue LLC	BILL OF LADING 3169865
SCALE IN GROSS WEIGHT 69,900 NET TONS 20. TARE OUT TARE WEIGHT 28,500 NET WEIGHT 41,	400 INVOICE
OTY UNIT DESCRIPTION 12.00 YD Tracking QTY 30.70 tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1	RATE EXTENSION TAX TOTAL
The undersigned individual signing this document on behalf of Customer acknowledges that he on the reverse side and that he or she has the authority to sign this document on behalf of the constant of the co	or she has read and understands the terms and conditions ustomer. CHANGE CHECK#
RS-F042UPR (04/19)	



3169865

If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of	
d. Generator's Name and Location:	3		e. Generator's Mailing	Address:			
65 Lake Avenue	\$.			Avenue LL(al Avenue	-		
f. Phone: Lancaster, NY 14086			1	ar Avenue er, NY 1408	540		
If owner of the generating facility differs fr	om the generator.	provide:	g. Phone: Lancasta	21,191 1400	243		
h. Owner's Name:	ganerator,	provide.	A company of the state of the s				
i. Waste Profile #	k. Exp. Date	I Waste Ship	i. Owner's Phone No.: ping Name and				
,	ii. Cxp. Date	Description	ping Name and	No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/6/2024	Excaveted	Soil	†	Т	†2yda	
В.							
C.			·.				
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	lv restricted hazar	dous waste subject	to the Land Disposal Ro	tation according	g to applic	able regulations;	
Craig P. Zinher	<i>Y</i>	les 4	<uk a<="" td=""><td>agent</td><td>4.</td><td>77-72</td><td></td></uk>	agent	4.	77-72	
p. Generator Authorized Agent Name (Prin	nt) q:	Signature /		7	r. Date	1-00	
TRANSPORTER (General a. Transporter's Name and Address:	ator complete:	s lla-b and Tran	sporter completes	llc-e)		E 7	
b. Phone:	M. =	111		91-2		100	
c. Driver Name (Print)	d. Signa	ature	<u> </u>	e. Date			
III. DESTINATION (Generate			tion Site completes	Illd-a)			
a. Disposal Facility and Site Address: Attent Waste Magara Fall 1000 Niagam Falls Blvd Nic	s Landfill LLC	c. US EPA Numb			:	9	9
b.							
I hereby certify that the above named mate	erial has been acc	epted and to the bes	st of my knowledge the	foregoing is tru	e and acc	urate.	
Stacher	7	Stlar	heo.	20	1-2	7-22	
e. Name of Authorized Agent (Print)	f. Signat			g. Date			
IV. ASBESTOS (Generator o	completes IVa-						
a. Operator's Name and Address:			c. Responsible Agency	Name and Add	fress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addition	onal Information:						-
f. Friable Non-Friable Both	% Fria	able	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby of and are classified, packaged, marked and I national governmental regulations.	declare that the co abeled/placarded,	ontents of this consig and are in all respe	gnment are fully and acc ects in proper condition f	curately describ or transport ac	ed above cording to	by the proper shi applicable intern	pping name, ational and
			44		<u> </u>		
g. Operator's Name and Title (Print)	h. Signat	ture		i. Date			
*Operator refers to the company which own renovation operation or both	s, leases, operate	s, controls, or super	vises the facility being d	lemolished or r	enovated,	or the demolition	or

ARA FA	LLS LANDFILL 716-282-6	381		SITE 5B		125065	9	CELL		
Niaga	ra Falls Blvd Niagara	Falls, NY 14304		WEIGHWA	HOIEN	Pam S.	Y			
- 1				DATE/TIN		27/23 2	:20 pm		9/27/23	2:20 pm
				VEHICLE	SV	WAN 113		CONTA	INER	
			n) tursen	REFERE		ENVISION.	MACH.	SALE IN	As DISTRICT	(504b)111
ract:	42152313324		ostaetin mit i dira	BILL OF	LADING	3169866	r, eldi		s yng to	Lou onioxia
sc	CALE IN GROSS WEIGHT				eradi Sento	ATPART Cusa Managers				y in 18718 Y in 18718 Goudhomis
UNIT		DESCRIPTION				RATE	EXTENS	ION	XAT	TOTAL
8 tn	Tracking QTY SW-CONT SOIL ENVIRONMENTAL FEE 1 day. Thank you for your business	Origin:NY-ERIE 100%		TOWN STREET STRE	arm.		E TOPE, C TOPE OF THE PARTY OF		basocullong in ga south a state south a stat	NET AMOUNT
	inned individual cioning this document	on behalf of Customer acknowledge	es that he or	she has rea	nd and u	inderstands the	terms and c	onditions		CHANGE
ne unders n the reve	rse side and that he or she has the auti	nority to sign this document on beh	alf of the custo	omer.						CHECK#
IPR (04/1	(9)	\$	GNATURE_					- Transit		
	Niaga 392142 SWAN T TONY A LANCAS PRACT: OTH UNIT O YD Th the underson the revenue of the r	Niagara Falls Blvd Niagara 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 cract: 42152313324 crator: 65 Lake Avenue LLC SCALE IN GROSS WEIGHT TARE OUT TARE WEIGHT O YD Tracking QTY SW-CONT SOIL ENVIRONMENTAL FEE 1	SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Cract: 42152313324 Erator: 65 Lake Avenue LLC SCALE IN GROSS WEIGHT 77,160 NET TONS TARE OUT TARE WEIGHT 29,000 NET WEIGHT UNIT DESCRIPTION O YD Tracking QTY 8 tn SW-CONT SOIL Origin: NY-ERIE 100% ENVIRONMENTAL FEE 1 The undersigned individual signing this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on behalf of Customer acknowledge in the reverse side and that he or she has the authority to sign this document on the side of the customer acknowledge in the reverse side and that he or she has the authority to sign this document on the customer acknowledge in the customer acknowledge in the customer acknowledge in the customer acknowledge in the customer acknowledge in th	Niagara Falls Blvd Niagara Falls, NY 14304 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Cract: 42152313324 Prator: 65 Lake Avenue LLC SCALE IN GROSS WEIGHT 77,160 NET TONS 24.0 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 48,16 UNIT DESCRIPTION O YD Tracking QTY SW-CONT SOIL Origin: NY-ERIE 100% ENVIRONMENTAL FEE 1 The undersigned individual signing this document on behalf of Customer acknowledges that he or in the reverse side and that he or she has the authority to sign this document on behalf of the customer to behalf of the	ARA FALLS LANDFILL 716-282-6381 Niagara Falls Blvd Niagara Falls, NY 14304 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Pract: 42152313324 Prator: 65 Lake Avenue LLC SCALE IN GROSS WEIGHT 77,160 NET TONS 24.08 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 48,160 UNIT DESCRIPTION O YD Tracking QTY 8 tn SW-CONT SOIL Origin: NY-ERIE 100% ENVIRONMENTAL FEE 1 The undersigned individual signing this document on behalf of Customer acknowledges that he or she has rean the reverse side and that he or she has the authority to sign this document on behalf of the customer.	ARA FALLS LANDFILL 716-282-6381 Niagara Falls Blvd Niagara Falls, NY 14304 392142 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 tract: 42152313324 brator: 65 Lake Avenue LLC SCALE IN GROSS WEIGHT 77,160 NET TONS 24.08 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 48,160 UNIT DESCRIPTION O YD Tracking OTY SW-CONT SOIL Origin: NY-ERIE 100% ENVIRONMENTAL FEE 1 The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and to the reverse side and that he or she has the authority to sign this document on behalf of the customer.	ARA FALLS LANDFILL 716-282-6381 Niagara Falls Blvd Niagara Falls, NY 14304 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 tract:42152313324 erator:65 Lake Avenue LIC SCALE IN GROSS WRIGHT 77,160 NET TONS 24.08 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 48,160 UNIT DESCRIPTION RATE O'T Tracking CTY ST SW-CONT SOIL Origin:NY-ERIE 1009 ENVIRONMENTAL FEE 1 The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the in the reverse side and that he or she has the authority to sign this document on behalf of the customer.	ARA FALLS LANDFILL 716-282-6381 Niagara Falls Blvd Niagara Falls, NY 14304 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 tract:42152313324 trator:65 Lake Avenue LLC SCALE IN GROSS WEIGHT 77,160 NET TONS 24.08 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 48,160 UNIT DESCRIPTION RATE EXTENS O YD Tracking OTY SW-CONT SOIL Origin:NY-BRIE 1008 ENVIRONMENTAL FEE 1 The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and continue to the half of the customer.	Niagara Falls Blvd Niagara Falls, NY 14304 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 LTRACT; 42152313324 PRATOR: 65 Lake Avenue LLC SCALE IN GROSS WEIGHT 77,160 NET TONS 24.08 TARE OUT TARE WEIGHT 29,000 NET WEIGHT 48,160 UNIT DESCRIPTION RATE EXTENSION O YD TRACKING CTY S the SW-CONT SOIL Origin: NY-ERIE 1009 ENVIRONMENTAL FEE 1 The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions in the reverse side and that he or she has read and understands the terms and conditions in the reverse side and that he or she has the authority to sign this document on behalf of the customer.	Niagara Falls Blvd Niagara Falls, NY 14304 332142 332142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Paract: 42152313324 Parator: 65 Lake Avenue LLC SCALE IN GROSS WEIGHT 77,160 NET TONS 24.08 SCALE IN GROSS WEIGHT 29,000 NET WEIGHT 48,160 INVOICE WITH DESCRIPTION RATE EXTENSION TAX OYD Tracking GTY SW-CONT SOIL ENVIRONMENTAL FEE 1 Drigin: NY-ERIE 1009 ENVIRONMENTAL FEE 1 The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions in the reverse side and that he or she has the authority to sign this document on behalf of the customer.

CELL



3169866

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generat a. Generator's US EPA ID Number	or completes I	a-r) b. Manifest Docur	mont Number				
		b. Marillest Docur	ment Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing	Address:	-	***************************************	
65 Lake Avenue			32 Centr	al Avenue			
f. Phone:			g. Phone: Lancaste	r, NY 1408	36		
If owner of the generating facility differs fr	om the generator,	provide:	g. 1 Holic.				
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		pping Name and		ntainers	n. Total	o. Unit
A 42152313324	0.00000	Description		No.	Туре	Quantity	Wt/Vol
A 45105010054	9/8/2024	Excavated	Soil	1	7	12yds	
В							
					13		
C							
,							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assilied and pack: Iv restricted hazar	agea, and is in prop dous waste subject	er condition for transport to the Land Disposal Re	ation accordin	g to applic	able regulations;	AAID 'CH'
1 tals 11.6 into		lang	A. Stale #	aget	9-	21-23	
p. Generator Authorized Agent Name (Pri		. Signature	7/)		r. Date		
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator complete	s lla-b and Trar	sporter completes	llc-e)	-		**
b. Phone:	パろ					w,	New Control
c. Driver Name (Print)			16			· · · · · · · · ·	2
III. DESTINATION (Generat	d. Signa		ition Cita completes	e. Date		-	
a. Disposal Facility and Site Address:	or complete iii	c. US EPA Num			·-		
Allied Waste Niagara Fall	s Lændfill LLC	1	a a conspaniely ma	ановногт орасс	••		
5600 Niagara Falls Blvd , Nie	agara Falls NY		-				
 b. I hereby certify that the above named mate 	erial has been acc	rented and to the he	est of my knowledge the	forogoing io tr	is and non		
Shicke			, and the state of	loregoing is the	de and acc	urate.	
e. Name of Authorized Agent (Print)	f. Signat	ture	L-CC.	g. Date	1-0	21-1	3
IV. ASBESTOS (Generator of			complete IVg-i)	g. Date			
a. Operator's Name and Address:			c. Responsible Agency I	Name and Add	dress:		
b. Phone:			d Bl				
e. Special Handling Instructions and Additi	onal Information:		d. Phone:				
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fri	able	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the co	ontents of this consi	ignment are fully and acc	curately descri for transport ac	bed above coording to	by the proper shi applicable interna	pping name. ational and
			449	V 5			
g. Operator's Name and Title (Print)	h. Signa	iture	2564	i. Date	5		
*Operator refers to the company which own renovation operation or both	ns, leases, operate	es, controls, or supe	rvises the facility being o	demolished or	renovated.	or the demolition	or

SITE NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304	SITE TICKET # CELL 5B 1250665 WEIGHMASTER Pam S.
CUSTOMER 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Contract: 42152313324 Generator: 65 Lake Avenue LLC	DATE/TIME IN 9/27/23 2:47 pm 9/27/23 2:47 pm 9/27/23 2:47 pm VEHICLE SWAN 114 CONTAINER SWAN 114 REFERENCE BILL OF LADING 3169867
SCALE IN GROSS WEIGHT 82,180 NET TONS 26.5 TARE OUT TARE WEIGHT 29,100 NET WEIGHT 53,0	***************************************
OTY UNIT DESCRIPTION 1:.00 YD Tracking QTY :6.54 tn SW-CONT SOIL Origin:NY-ERIE 100% 1:.00 ENVIRONMENTAL FET 1	RATE EXTENSION TAX TOTAL
Have a nice day. Thank you for your business! The undersigned individual signing this document on behalf of Customer acknowledges that he or	TENDERED She has read and understands the terms and conditions CHANGE
on the reverse side and that he or she has the authority to sign this document on behalf of the cust	tomer. CHECK#



3169867

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I I		a-r) b. Manifest Docu	ment Number		- D	4 - 6	
4.0					c. Page	1 01	
d. Generator's Name and Location:			e. Generator's Mailin	g Address:			
65 Lake Avenue			32 Cent	ral Avenue			
f. Phone:			All the second of the second o	er, NY 1400	36		
If owner of the generating facility differs	from the generator,	provide:	g. Priorie.				
h. Owner's Name:		11					
j. Waste Profile #	k. Exp. Date	I. Waste Shir	i. Owner's Phone No. oping Name and		ntainers		1
		Description		No.	Type	n. Total Quantity	o. Unit Wt/Vol
A. 421 5 2313324	9/8/2024	Excavated	Soil	4	7	12yc	
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B.		125	111	7	1 -		
		1000	0665 -	- 2	6.5	4 %	3N
					· · ·	. ,	
C.							-
GENERATOR'S CERTIFICATION: I here state law, has been properly described, or	eby certify that the	above named mate	rial is not a hazardous v	vaste as define	d by 40 CE	ED 261 or any a	mplicable
state law, has been properly described, of waste is a treatment residue of a previou	classified and packa	aged, and is in prop	er condition for transpor	tation accordin	g to applic	able regulations	pplicable s; AND, if this
waste is a treatment residue of a previou been treated in accordance with the requ	irements of 40 CFF	R 268 and is no long	to the Land Disposal Ri der a hazardous waste a	estrictions. I ce	rtify and w	arrant that the w	vaste has
1 trip D Ziele		1/2:3	ZINK	as defined by 4	0 0110 201	2 - 0 -	
p. Generator Authorized Agent Name (Pr	int) g	Signature	V . V.		100	7-23	
II. TRANSPORTER (Gene			sporter completes	llo a)	r. Date		Market and American
a. Transporter's Name and Address:		s na b and Trai	isporter completes	iic-e)			
		Committee of the Commit					
b. Phone: SWAN	WE	5/	#/	14			200
b. Phone: SWAN	WE	5/	#1	14	-		
c. Driver Name (Print)	WE d. Signa	S/	# 1	e Date	91	4-3/3	3
c. Driver Name (Print) III. DESTINATION (General	a. oigila	ture	tion Site completes	e. Date	91	22/2	-
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address:	tor complete Illa	ture a-c and Destina c. US EPA Num		s IIId-g)	9/	27/2	3
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address:	tor complete Illa	a-c and Destina	tion Site completes ber d. Discrepancy In	s IIId-g)	9/	22/2	3
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address:	tor complete Illa	a-c and Destina		s IIId-g)	9/	27/2	3
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a. Disposal Facility and Site Address: b. hereby certify that the above named mate. Name of Authorized Agent (Print)	tor complete Illa Landfill LLC Landfill LL	c. US EPA Num epted and to the be	d. Discrepancy In	s IIId-g) dication Space		/22/2 urate.	3
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: b. hereby certify that the above named mate. Name of Authorized Agent (Print) V. ASBESTOS (Generator)	tor complete Illa Landfill LLC Landfill LL	c. US EPA Num epted and to the beautre	st of my knowledge the	dication Space foregoing is tru g. Date	e and acci	27/2 urate.	Page 1
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: b. hereby certify that the above named mate. Name of Authorized Agent (Print) V. ASBESTOS (Generator)	tor complete Illa Landfill LLC Landfill LL	c. US EPA Num epted and to the beautre	d. Discrepancy In	dication Space foregoing is tru g. Date	e and acci	/22/2 urate.	
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: b. hereby certify that the above named mate. Name of Authorized Agent (Print) V. ASBESTOS (Generator)	tor complete Illa Landfill LLC Landfill LL	c. US EPA Num epted and to the beautre	st of my knowledge the	dication Space foregoing is tru g. Date	e and acci	22/2 urate.	3
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Destination (General a. Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address: A Disposal Facility and Site Address:	tor complete Illa Landfill LLC Landfill LLC Lerial has been acce f. Signatu completes IVa-f	c. US EPA Num epted and to the because	st of my knowledge the complete IVg-i) c. Responsible Agency	dication Space foregoing is tru g. Date	e and acci	/22/2 urate.	
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c. Driver Name (Print) III. DESTINATION (General and Disposal Facility and Site Address: D. Address: D. Aspectal Handling Instructions and Additional Persator's Certification: I bereby Decay of the present t	tor complete Illa Is Landfill LLC ingura Falls NT terial has been acce f. Signatu completes IVa-f	epted and to the bearing	st of my knowledge the complete IVg-i) c. Responsible Agency d. Phone:	dication Space foregoing is tru g. Date Name and Add	e and acci	7-23	Dipping page
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: D. Arreby certify that the above named mate a. Name of Authorized Agent (Print) V. ASBESTOS (Generator of a. Operator's Name and Address: D. Phone: D. Special Handling Instructions and Additional Prints Description	tor complete Illa Is Landfill LLC ingura Falls NT terial has been acce f. Signatu completes IVa-f	epted and to the bearing	st of my knowledge the complete IVg-i) c. Responsible Agency d. Phone:	dication Space foregoing is tru g. Date Name and Add	e and acci	7-23	nipping name
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: D. hereby certify that the above named mate a. Name of Authorized Agent (Print) V. ASBESTOS (Generator of a. Operator's Name and Address: D. Phone: D. Special Handling Instructions and Additional contents of the contents of th	tor complete Illa Is Landfill LLC ingura Falls NT terial has been acce f. Signatu completes IVa-f	epted and to the bearing	st of my knowledge the complete IVg-i) c. Responsible Agency d. Phone:	dication Space foregoing is tru g. Date Name and Add	e and acci	7-23	nipping name
c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: D. Arreby certify that the above named mate a. Name of Authorized Agent (Print) V. ASBESTOS (Generator of a. Operator's Name and Address: D. Phone: D. Special Handling Instructions and Additional Prints Description	tor complete Illa Is Landfill LLC ingura Falls NT terial has been acce f. Signatu completes IVa-f	epted and to the bearing and Operator of the bearing and Operator of this considerand are in all respective.	st of my knowledge the complete IVg-i) c. Responsible Agency d. Phone:	dication Space foregoing is tru g. Date Name and Add	e and acci	7-23	nipping name

NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304 CUSTOMER 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Contract:42152313324 Generator:65 Lake Avenue LLC	SITE	3:10 pm
MARK CHE	.03 INBOUND INVOICE	
OTY. UNIT DESCRIPTION 11.00 YD Tracking QTY 12.03 tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!	RATE EXTENSION TAX	NET AMOUNT
		TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that he or on the reverse side and that he or she has the authority to sign this document on behalf of the cus	r she has read and understands the terms and conditions	CHANGE
		CHECK#



3169868

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

a. Generator's US EPA ID Number	rator complete		Document Number		T ==		
d Co			occurrent Namber		c. Page	1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086 f. Phone:		=	II.	ng Address: LL/ tral Avenue ter, NY 1400	36		
If owner of the generating facility differ	rs from the genera	tor, provide:	g. Phone.				
h. Owner's Name:							
j. Waste Profile #	k. Exp. Date	I. Waste	i. Owner's Phone No Shipping Name and		ntainers		
A 42152313324	0.50	Descript	on	No.	Type	n. Total Quantity	o. Unit Wt/Vol
A TREADURED FOR	9/8/2024	Excava	ited Soil	. 1	7	12yd	
8.							
C.							
tate law, has been properly described yaste is a treatment residue of a previous een treated in accordance with the red Generator Authorized Agent Name (I	quirements of 40 C	FR 268 and is no	ject to the Land Disposal R longer a hazardous waste :	estrictions. I cer as defined by 40	tify and wa	arrant that the wa	AND, if the aste has
. Generator Authorized Agent Name (I	Print)	- 0					
Salanas	nerator comple	q Signature/ tes Ila-b and T	ransporter completes	llc-e)	r. Date		
Driver Name (Print) II. DESTINATION (Gener Disposal Facility and Site Address:	d. Signator complete	nature C. US EPA N	ination Site completes umber d. Discrepancy In	e. Date s IIId-g) dication Space:	9-2-	7-23	
D. Phone: Driver Name (Print) DESTINATION (General Disposal Facility and Site Address:	d. Signator complete	nature C. US EPA N	ination Site completes umber d. Discrepancy In	e. Date s IIId-g) dication Space:	9-2-	7-23	
b. Phone: Disposal Facility and Site Address: hereby certify that the above named m	d. Signator complete lalls Landfill I.L. liagan Falls NY	nature C. US EPA N	ination Site completes umber d. Discrepancy In best of my knowledge the	e. Date s IIId-g) dication Space:	9-2-	7-23	
Driver Name (Print) II. DESTINATION (Gener Disposal Facility and Site Address: Magazar Falls Blad hereby certify that the above named m	d. Signator complete	nature Illa-c and Dest c. US EPA N	ination Site completes umber d. Discrepancy In best of my knowledge the	e. Date s Illd-g) dication Space: foregoing is true	9-2-	7-23 rate.	3
D. Phone: Disposal Facility and Site Address: hereby certify that the above named m Name of Authorized Agent (Print) N. ASBESTOS (Generator	d. Signator complete	nature Illa-c and Dest c. US EPA N	ination Site completes umber d. Discrepancy In best of my knowledge the	e. Date s IIId-g) dication Space:	9-2-	7-23 rate.	3
b. Phone: Disposal Facility and Site Address: hereby certify that the above named m Name of Authorized Agent (Print) ASBESTOS (Generator)	d. Signator complete	nature Illa-c and Dest c. US EPA N	ination Site completes umber d. Discrepancy In best of my knowledge the	e. Date s Illd-g) dication Space: foregoing is true g. Date	9-2-	7-23 rate.	3
Driver Name (Print) II. DESTINATION (Generator Disposal Facility and Site Address: hereby certify that the above named management of Authorized Agent (Print) Name of Authorized Agent (Print) ASBESTOS (Generator Operator's Name and Address:	d. Signator complete India Landfill II. Magana Falls Notaterial has been accompletes IVa	nature Illa-c and Dest c. US EPA N ccepted and to the	ination Site completes umber d. Discrepancy In best of my knowledge the or complete IVg-i) c. Responsible Agency	e. Date s Illd-g) dication Space: foregoing is true g. Date	9-2-	7-23 rate.	3
Driver Name (Print) II. DESTINATION (Gener Disposal Facility and Site Address: hereby certify that the above named m Name of Authorized Agent (Print) /. ASBESTOS (Generator Operator's Name and Address:	d. Signator complete India Landfill II. Magana Falls Notaterial has been accompletes IVa	nature Illa-c and Dest c. US EPA N ccepted and to the	ination Site completes umber d. Discrepancy In best of my knowledge the or complete IVg-i)	e. Date s Illd-g) dication Space: foregoing is true g. Date	9-2-	7-23 rate.	3
Driver Name (Print) II. DESTINATION (General Disposal Facility and Site Address: A Magara Falls Blad hereby certify that the above named magara for the series of the s	d. Signator complete Landfill II Landfill	nature Illa-c and Dest c. US EPA N ccepted and to the	ination Site completes umber d. Discrepancy In best of my knowledge the or complete IVg-i) c. Responsible Agency d. Phone:	e. Date s Illd-g) dication Space: foregoing is true g. Date Name and Addr	ess:	7-7	oping namitional and
Driver Name (Print) II. DESTINATION (General Disposal Facility and Site Address: hereby certify that the above named management of Authorized Agent (Print) V. ASBESTOS (Generator Operator's Name and Address: Phone: Special Handling Instructions and Address: Priable Non-Friable Bott PERATOR'S CERTIFICATION: Legach	d. Signator complete Landfill II Landfill	nature Illa-c and Dest c. US EPA N ccepted and to the	ination Site completes umber d. Discrepancy In best of my knowledge the or complete IVg-i) c. Responsible Agency d. Phone:	e. Date s Illd-g) dication Space: foregoing is true g. Date Name and Addr	ess:	7-7	oping namitional and
D. Phone: Destination (General Disposal Facility and Site Address: hereby certify that the above named management (Print) Name of Authorized Agent (Print) V. ASBESTOS (Generator Operator's Name and Address: Phone: Special Handling Instructions and Address	d. Signator complete India Landfill I.I. Magan Falls N7 aterial has been accompletes IVa itional Information: 1 % Figure that the disabeled/placarded	nature Illa-c and Dest c. US EPA N ccepted and to the ature a-f and Operate riable contents of this co d, and are in all re	ination Site completes umber d. Discrepancy In best of my knowledge the or complete IVg-i) c. Responsible Agency d. Phone: % Non-Friable nsignment are fully and accesspects in proper condition for	e. Date s Illd-g) dication Space: foregoing is true g. Date Name and Address curately describe or transport according	eand accu	y the proper shipplicable interna	itional and

NIAGARA FALLS LANDFILL 716-282-6381	5B 1250695 CELL	
5600 Niagara Falls Blvd Niagara Falls, NY 14394	WEIGHMASTER Pam S.	
CUSTOMER 392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Contract: 42152313324 Cenerator: 65 Lake Avenue LLC	DATE/TIME IN DATE/TIME OUT	36 am
SCALE IN GROSS WEIGHT 71,360 NET TONS 21	1.38 INBOUND INVOICE	
GTY. UNIT PESCRIPTION i 1.00 YD Tracking QTY il.38 th SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FRE 1 Have a nice day. Thank you for your business!	RATE EXTENSION TAX	TOTAL
The undersigned individual signing this document on behalf of Customer acknowledges that he or on the reverse side and that he or she has the authority to sign this document on behalf of the customer continuous significance. RS-F042UPR (04/19) SIGNATURE	or she has read and understands the terms and conditions ustomer.	AMOUNT NDERED HANGE HECK#



3169869

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\underline{\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Gene	rator complet	tes la-r)							
a. Generator's US EPA ID Number			est Docur	ment Number			c. Page	1 of	
d. Generator's Name and Location:				e. Generator'	s Mailing Ad	ldraee:			
65 Lake Avenue				e. Generator'					
I annester NV 1/1008					2 Central				
f. Phone: If owner of the generating facility diffe	- 6			g. Phone:	ancaster,	NY 1488	6		
	rs from the gener	rator, provide:							
h. Owner's Name: j. Waste Profile #				i. Owner's Ph	one No.:				
j. Waste i Tollie #	k. Exp. Dat		aste Ship cription	ping Name and		m. Con	1,000	n. Total	o. Unit
A 42152313324	9/6/2024		pavated	Soil		No.	Type T	Quantity 12yds	Wt/Vol
B									
C.									
GENERATOR'S CERTIFICATION: I h state law, has been properly described waste is a treatment residue of a previous been treated in accordance with the re-	nucly roctricted b	ozorda -	o in prope	a condition for t	ransportatio	n according	to application	able regulations:	plicable AND, if this aste has
I rais 16 Ciple		1 DA	5	1- Hor	· HV	an I	9-	295-13	7
p. Generator Authorized Agent Name (q. Signature	19	v /)		1	r. Date	0 0 0 0	
II. TRANSPORTER (Ger a. Transporter's Name and Address:	nerator compl	letes lla-b an	d Trans	sporter com	oletes IIc-e	T	r. Date		
5 WAN	Ph 1471	1,09 t	ヹ <i>シ</i> カ	5				187	1:
000000000000000000000000000000000000000	wh	11/3	-1	1		9	10 8	1/29	
c. Driver Name (Print)	d. S	Signature	Z * I			e. Date		/ /	
III. DESTINATION (Gener a. Disposal Facility and Site Address:	ator complete	e Illa-c and D	Destinati	ion Site com	pletes IIId	l-g)			
Altred Waste Magara For Scool Magara For	Niagam Falls 1	I.C	PA Numb		ancy Indicat	**			
, sacro namod n	dicha has been	accepted and it	o the besi	t of my knowled	lge the foreg	joing is true	and accu	ırate.	
e. Name of Authorized Agent (Print)	f 0:	1	ALL			-11	121	13	
IV. ASBESTOS (Generato	r completes D	gnature	orotou -			g. Date			
a. Operator's Name and Address:	oompietes (va-i aliu Ope		Responsible A	0)	e and Addr	ess:		
o. Phone:				Dhone					
e. Special Handling Instructions and Add	litional Informatio	on:	a.	. Phone:					
. ☐ Friable ☐ Non-Friable ☐ Bot	h %	Friable	0/	Non-Friable					
DPERATOR'S CERTIFICATION: I heret and are classified, packaged, marked an ational governmental regulations.	v declare that th	o contenta af th	1		and accurate ndition for tra	ely describe ansport acc	ed above to a	by the proper ship applicable interna	oping name, ational and
Operator's Name and Title (Print)	h. Sig	gnature			1	Date			
Operator refers to the company which or enovation operation or both	wns, leases, ope	rates, controls, o	or superv	ises the facility	being demo	lished or re	novated, d	or the demolition	or
The second secon		6							

NEGAMA FALLS ENVIRONMENTAL FEE 1 The undersigned individual signing his document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on the reverse side and that he or she has the authority to sign this document on behalf of the customer. NEGAMA TROCKING Pam S. DATE TIME IN PO 28/2/3 7:53 am 9/28/2/3 7:53 am 9	SITE 716 202 6201	SITE TICKET # 1250696
The undersigned individual signing his document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on the reverse side and that he or she has the authority to sign this document on behalf of the customer. DATE/TIME IN 9/28/23 7:53 am 9/28/23 7:53	NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304	
The undersigned individual signing this document on behalf of Customer acknowledges that the or she has read and understands the terms and conditions on the reverse slide and that he or she has the authority to algn this document on behalf of Customer acknowledges that the or she has read and understands the terms and conditions on the reverse slide and that he or she has the authority to algn this document on behalf of Customer acknowledges that the or she has read and understands the terms and conditions on the reverse slide and that he or she has the authority to algn this document on behalf of Customer acknowledges that the or she has read and understands the terms and conditions on the reverse slide and that he or she has the authority to algn this document on behalf of the customer.	CUSTOMER 392142 SWAN TRUCKING TONY ALU	DATE/TIME IN 9/28/23 7:53 am 9/28/23 7:53 am VEHICLE SWAN 113 DATE/TIME OUT 9/28/23 7:53 am CONTAINER
The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on the reverse side and that he or she has the authority to sign this document on behalf of the customer.	Contract:42152313324	
Have a nice day. Thank you for your business! The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on the reverse side and that he or she has the authority to sign this document on behalf of the customer. The undersigned individual signing this document on behalf of the customer. TenDERED CHANGE CHECK#		46,200 INVOICE
The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on the reverse side and that he or she has the authority to sign this document on behalf of the customer. CHECK#		NET AMOUNT
RS-F042UPR (04/19) SIGNATURE	The undersigned individual signing this document on behalf of Customer acknowledges that on the reverse side and that he or she has the authority to sign this document on behalf of the	t he or she has read and understands the terms and conditions CHANGE CHANGE
	RS-F042UPR (04/19) SIGNATE	URE

TICKET #



3169870

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (General	tor complete			160			
a. Generator's US EPA ID Number		b. Manifest Doc	ument Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing	g Address:			
65 Lake Avenue			Albana and a		H		
Lancaster, NY 14086				ral Avenue			
f. Phone:			g. Phone: Lancaste	er, NY 1408	36		
If owner of the generating facility differs f	rom the genera	tor, provide:					
h. Owner's Name:			i. Owner's Phone No.	r.			
j. Waste Profile #	k. Exp. Date	I. Waste Sh	ipping Name and		ntainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
Aya (2152313324	9/8/2024	Expavate	d Soil	1	7	12yds	
						7.4.7 4.0	
n T							
8			4.5	A			
			12.0	4			
			-	K.			
				-			
C.			and a sharp				
Landa Company				5.3			494
GENERATOR'S CERTIFICATION: I here	by certify that t	the above named mat	erial is not a hazardous v	waste as define	d by 40 C	FR 261 or any and	olicable
state law, rias been properly described. C	lassified and ba	ackaged and is in pro	ner condition for transpor	rtation accordin	a to opplie	abla rasulations.	ANID CALL
waste is a treatment residue of a previous been treated in accordance with the requ	siv restricted na	izardous waste subie	of to the Land Disposal Re	actrictions I co	ertify and w	prepart that the core	ste has
1 L L D 7 7	irements of 40 t	200 and is no io	iger a nazardous waste a	as defined by 4	0 CFR 26	1.	
E My Chil		ens			7-0	13-23	
p. Generator Authorized Agent Name (Pr		q. Signature			r. Date		
II. TRANSPORTER (Gene	rator comple	etes Ila-b and Tra	insporter completes	llc-e)	-		
a. Transporter's Name and Address:			*				. 241
71	11 5						
	1						
b. Phone:							
FIL DOLLMAN	-						
c. Driver Name (Print)	d. Si	ignature	7	e. Date			
III. DESTINATION (General	tor complete	Illa-c and Destin	ation Site completes				
 a. Disposal Facility and Site Address: 		c. US EPA Nu			a.		
Allied Waste Niagara Fall	ls Landfill L	LC		aroundin opuo			
5600 Niagara Falis Blvd , Ni	aganı Falls N	TY					
b.			1000				
I hereby certify that the above named mat	terial has been a	accepted and to the b	est of my knowledge the	foregoing is tri	ue and acc	urate.	
		PUXU	T	9/2	272	5	
e. Name of Authorized Agent (Print)	f Sig	nature (g. Date			
IV. ASBESTOS (Generator			complete IVa-i)	g. Date			
a. Operator's Name and Address:	остирновост.	a rana operator	c. Responsible Agency	None and Ad	don our		
First State and Madreso.			c. Responsible Agency	Name and Ad	aress:		
b. Phone:			d Dis				17
e. Special Handling Instructions and Addit	ional Informatio	on.	d. Phone:				
er <u>**</u> 0		000000					
f. ☐ Friable ☐ Non-Friable ☐ Both	24	E. II	<u> </u>				
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby	declare that the	Friable	% Non-Friable	ourotel	had -	There there is a second second second	
and are classified, packaged, marked and	labeled/placard	ded, and are in all res	pects in proper condition	for transport a	ped above	by the proper shi	pping name.
national governmental regulations.				.or warreport a	ssoruniy (C	applicable littelli	ational allu
W		-					
g. Operator's Name and Title (Print)	h ei	gnature	Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 5-1-			4
*Operator refers to the company which ow	ns, leases, one	gnature rates, controls or sur	pervises the facility being	i. Date	renovated	or the domolitics	or
renovation operation or both			and the facility being	STRONGIEU UI	ionovaled	, or the demontion	UI

	SITE TICKET # 1250701	:LL
NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304	WEIGHMASTER Pam S.	ATE/TIME OUT
CUETOMED	9/28/23 8:09 am	9/28/23 8:09 am
392142 SWAN TRUCKING	VEHICLE SWANN 111	ONTAINER
TONY ALU	REFERENCE	
LANCASTER, NY 14086 Contract:42152313324 Generator:65 Lake Avenue LLC	BILL OF LADING 3169871	
THE CHORS WEIGHT 70,920 NET TONS 2	21.21 2,420	INBOUND INVOICE TAX TOTAL
DESCRIPTION	RATE EXTENSION	TAX TOTAL
CTY. UNIT 12.00 YD Tracking QTY 21.21 tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1		
Have a nice day. Thank you for your business!		NET AMOUNT
Have a nice day. Thank you or your		TENDERED
		CHANGE
The undersigned individual signing this document on behalf of Customer acknowledges that i	he or she has read and understands the terms and cond e customer.	CHECK#
on the reverse side and that he of she has all	URE	
RS-F042UPR (04/19)	JHE	



3169871

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

i. GENERATOR (General	or complete:	s ia-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing A	Address:			
65 Lake Avenue							
			32 Centra				
f. Phone:		300	g. Phone: Lancaster	NY 1408	5		
If owner of the generating facility differs fr	om the genera	tor, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/8/2024	Excavated	Soil	140.	туре	12yda	
		States Co. Her 199 31 344 8 244 198	30%		,1	12700	
B.							
E Y				170		more than the	
					10	an	
C.						1	
0.							the same of
=							===
GENERATOR'S CERTIFICATION: I here state law, has been properly described, contact waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pa sly restricted ha	ackaged, and is in prop azardous waste subject	er condition for transporta to the Land Disposal Res	tion accordinations. I ce	g to applice rtify and w	able regulations;	AND, if this
I knig D. Zuite	Terriento or 40	1 Cher	The American	Co. C	9	2-02	
p. Generator Authorized Agent Name (Pri	mt\	q. Signature	HA	19621	- Data	0 05	1.
				\sim	r. Date		(e):
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator comple	etes lia-b and prar	isporter completes il	c-e)			
b. Phone:	Willia d	21 111		7		- (
Land Disk a	1 2	T		7-2	4 1		
c. Driver Name (Print)		ignature		e. Date			
III. DESTINATION (General	tor complete	e Illa-c and Destina	ation Site completes	IIId-g)		3	i.e.
Disposal Facility and Site Address:	le Landall I	c. US EPA Nun	nber d. Discrepancy Ind	lication Space) :		
5600 Niagarts Falls Blvd , N	agara rans 1	V 2		7		1	
b.	tarial bas bass	assented and to the b	and of my knowledge the f	ananifalia tu	la Cobal and	2	
I hereby certify that the above named ma	teriai nas been	accepted and to the b	est of my knowledge the re	oregoing is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Si	gnature		g. Date			
IV. ASBESTOS (Generator	completes I	Va-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency N	Name and Ad	dress:		
			3-				
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addi	tional Informati	on:					
f. ☐ Friable ☐ Non-Friable ☐ Both	0	% Friable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby				curately descr	ibed abov	e by the proper s	hipping name
and are classified, packaged, marked and national governmental regulations.	labeled/placa	rded, and are in all resp	pects in proper condition for	or transport a	ccording t	o applicable inter	national and
			1				
g. Operator's Name and Title (Print)	h s	Signature	20.0	i. Date	· · · · · · · · · · · · · · · · · · ·		
*Operator refers to the company which ov			ervises the facility being d		renovated	d, or the demolitic	on or
renovation operation or both							

NIAGARA FALLS LANDFILL 716-282-6381	38 1230/12
5600 Niagara Falls Blvd Niagara Falls, NY 14304	WEIGHMASTER Pam S.
STOMER	DATE/TIME IN 9/28/23 8:28 am 9/28/23 8:28 am
392142 SWAN TRUCKING	VEHICLE CONTAINER
TONY ALU	SWAN 102
LANCASTER, NY 14086	REFERENCE
Contract:42152313324 Cenerator:65 Lake Avenue LLC	BILL OF LADING 3169872
	INBOUND
SCALE IN CHARACTER STATE	TONS 20.09
QTY UNIT DESCRIPTION	RATE EXTENSION TAX TOTAL
12.00 YD Tracking QTY COLOR to SW-CONT SOLL Origin; NY-ERIE 1	100%
20.05 tn SW-CONT SOIL Origin: NY-ERIE 1	
1.00	
- Have a nice day. Thank you for your business!	NET AMOUNT
	TENDERED
- Luciand individual signing this document on behalf of Customer ack	change conditions CHANGE
on the reverse side and that he or she has the authority to sign this document	t on behalf of the customer.
	SIGNATURE
RS-F042UPR (04/19)	SIGNATORIE

TICKET #

1250712

SITE

5B

SITE



3169872

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generat	or compl		•					
a. Generator's US EPA ID Number		ŀ	b. Manifest Docui	ment Number		c. Page	1 of	
d. Generator's Name and Location:			*	e. Generator's Mailing	Address:			
65 Lake Avenue				32 Centra	al Avenue			
f. Phone:					r. NY 1408	6		
If owner of the generating facility differs fr	om the ger	nerator, pr	rovide:					•
h. Owner's Name:				i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. D	ate	I. Waste Ship Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/8/202	14	Excavated	Seil	N.	T	12yds	
В.	8			i i		,		
Ć,				1				50
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assined and Iv restricted	o package d hazardo	ea, ana is in prop ius waste subject	er condition for transporta	ation according	g to applic	able regulations;	A NID COL
Crany V. Zinle			ear	1- Lyert		9-	28-23	
p. Generator Authorized Agent Name (Prin			ignature			r. Date		
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator con	npletes	lla-b and Trar	sporter completes I	lc-e)			
b. Phone: Swan Truck	ing a	Jest	IAC F	F102				
c. Driver Name (Print)	-/-	d Cianati	- 11. hr	1-1M		1.2	7.22	
III. DESTINATION (Generat		d. Signatu		tion Cita completes	e. Date	1 5-6) - 4.0	
a. Disposal Facility and Site Address:			c. US EPA Num			į		
5600 Niagara Falls Blvd , Nie b.	gara Fall	IS NY						
I hereby certify that the above named mate	erial has be	en accep	ted and to the be	st of my knowledge the f	oregoing is tru	e and acc	urate.	
, e		F	CXDa		9,	08/2	13	
e. Name of Authorized Agent (Print)		Signature			g. Date			
IV. ASBESTOS (Generator of	complete	s IVa-f a	and Operator	complete IVg-i)				
a. Operator's Name and Address:				c. Responsible Agency N	Name and Add	lress:	•	
b. Phone:				d. Phone:				
e. Special Handling Instructions and Additi	onal Inform	nation:		u. i florie.				
f. ☐ Friable ☐ Non-Friable ☐ Both		% Friab	le .	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare tha labeled/pla	at the cont	tents of this consi	ignment are fully and acc	urately describ or transport ac	ed above cording to	by the proper shi applicable interna	pping name, ational and
g. Operator's Name and Title (Print)	h	. Signatur	е		i. Date			
*Operator refers to the company which own renovation operation or both	is, leases,	operates,	controls, or supe	rvises the facility being d	emolished or r	enovated,	or the demolition	or

9:43 am
9:43 am
9:43 am
9:43 am
9:43 am
TOTAL
NET AMOUNT
TENDERED
CHANGE
- Thirtie
CHECK#



3169873

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Genera	tor completes						
a. Generator's US EPA ID Number		b. Manifest Doo	cument Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing	Address:			
65 Lake Avenue			OU LENS	Avenue LLC ral Avenue			
f. Phone: Lancaster, NY 14086			I married	rai Avenue er, NY 1408	16		
If owner of the generating facility differs	from the generate	or. provide;	g. Phone:	ELT CALL ENGINE	<i>(</i> 0		
h. Owner's Name:		or, provide.					
j. Waste Profile #	k. Exp. Date	I. Waste Sh	i. Owner's Phone No.: nipping Name and				
		Description	Inpping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/8/2024	Excavate	id Soil	4	Т	12yo	
В.							
C.						1	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted haz	ordana wasts subis	per condition for transport	iation according	to applic	able regulations	pplicable ; AND, if this vaste has
Crais be like		1	7 / Soule	And	9-	10-73	7
p. Generator Authorized Agent Name (Pri		q. Signature	10/)	1601	r. Date	000	2
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator complet	es lla-b and Tra	insporter completes l	llc-e)			
b. Phone:	1109	99			,		
c. Driver Name (Print)	Vefy .	(1/1)		7/	251	23	
III. DESTINATION (Generat	d. Sign	nature	-ti 0'l	e. Date			
January Fallity and Site Address: Allied Waste Ningara Fall Saw Magana Falls Blvd Ni	ls Landfili I.I. ugara Palls Ni	c. US EPA Nur	nber d. Discrepancy Inc	dication Space:			
hereby certify that the above named mate	erial has been ac	ccepted and to the b	est of my knowledge the f	oregoing is true	and accu	urate.	
Name of Authorized Asset (D.: 1)		000	1.1	,	,		
Name of Authorized Agent (Print) ASBESTOS (Generator of	f. Signa		DU.	g. Date	181	13	
ASBESTOS (Generator of a. Operator's Name and Address:	completes tva	a-r and Operator	c. Responsible Agency N	Name and Addr	ess:		
 Phone: Special Handling Instructions and Addition 			d. Phone:				
. Opecial Hariding Instructions and Addition	onal Information:						
☐ Friable ☐ Non-Friable ☐ Both	% E	riable	9/ N == 5 = 11				
DPERATOR'S CERTIFICATION: I hereby nd are classified, packaged, marked and l ational governmental regulations.	declare that the	nantauta -f tl.:-	<u>% Non-Friable</u> signment are fully and acci sects in proper condition fo	urately describe or transport acc	ed above I ording to	by the proper sh applicable intern	nipping name national and
Operator's Name and Title (Print)	h. Signa	ature		i. Date			
Operator refers to the company which own enovation operation or both	is, leases, operat	tes, controls, or supe	ervises the facility being de	emolished or re	novated, o	or the demolition	or or

NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304	SITE TICKET # CELL 5B 1250731 WEIGHMASTER
CUSTOMER 392142 SWAN TRUCKING TONY ALU	Pam S. DATE/TIME IN
LANCASTER, NY 14086 Contract:42152313324 Generator:65 Lake Avenue LLC	BILL OF LADING 3169874
	1.70 INBOUND ,400 INVOICE
TI.00 YD Tracking QTY 11.70 tn SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1	RATE EXTENSION TAX TOTAL
Have a nice day. Thank you for your business!	NET AMOUNT TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges that he	or she has read and understands the terms and conditions CHANGE
on the reverse side and that he or she has the authority to sign this document on behalf of the current of the	CHECK#

SITE

CELL



3169874

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Ma	iling Address:			
65 Lake Avenue							
Lancaster, NV 14096				entral Avenu sater, NY 1			
f. Phone:			g. Phone:	apen, Nr. 1	4000	à à	
If owner of the generating facility differs	from the generator,	provide:					
h. Owner's Name:			i. Owner's Phone	No.:		*	
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and		Containers	n. Total	o. Unit
A 42152313924	9/8/2024	Exceveted	Call	No	. Type	Quantity	Wt/Vol
	SACREDE 1	LINGSTV STREET	300		3. 1	12yd	8
	N		Na San San San San San San San San San Sa	No.		e:	
6	1						
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, ''							
C.							
CENEDATOR'S CERTIFICATION: LE-							
GENERATOR'S CERTIFICATION: I he state law, has been properly described, waste la a treatment residue of	ciassified and backa	aged and is in prop	er condition for trans	anortation acco	rding to appli	oble regulations	ANID IS ALL
waste is a treatment residue of a previou	usiv restricted nazar	dous waste subject	to the Land Disnosa	al Restrictions	I cortify and w	parrant that the	aste has
been treated in accordance with the req	uirements of 40 CFF	R 268 and is no long	ger a hazardous was	ste as defined	by 40 CFR 26	1.	
CIAND V. CIM		lan	11 Jent	HOA.	9-	29-23	
p. Generator Authorized Agent Name (P		Signature		J	r. Date		
II. TRANSPORTER (Gen	erator complete	c lla h and Tran					
a. Transporter's Name and Address:	erator complete	s lia-u aliu rrai	nsporter complet	es Ilc-e)		Ministra	+ 2
	± // 3 &	s na-b and mar	nsporter complet	es Ilc-e)			-
a. Transporter's Name and Address:	± // 3 {	s lia-b allo frai	nsporter complet	es Ilc-e)	9	2K- C	3
a. Transporter's Name and Address: b. Phone:	d. Signa	2	nsporter complet		te	28-6	3
a. Transporter's Name and Address: b. Phone: c. Driver Name (Print)	± // 3	ature		e. Da	te	28-0	3
a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address:	d. Signalator complete Illia	ature a-c and Destina	ation Site comple	e. Da	N JOHN C.	26-5	3
a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address:	d. Signarator complete IIII	ature a-c and Destina c. US EPA Num	ation Site comple	e. Da	N JOHN C.	28-5	3
a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Address:	d. Signarator complete IIII	ature a-c and Destina c. US EPA Num	ation Site comple	e. Da	N JOHN C.	25-0	3
a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Address: Magazia Falls Blvd A. A. b.	d. Signator complete Illia Lancifil LLC liagara Falls WY	ature a-c and Destina c. US EPA Num	ation Site comple ober d. Discrepand	e. Da etes IIId-g) sy Indication S	pace:	26-5	3
a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Address:	d. Signator complete Illia Lancifil LLC liagara Falls WY	ature a-c and Destina c. US EPA Num	ation Site comple ober d. Discrepand	e. Da etes IIId-g) sy Indication S	pace:	curate.	3
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a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Address: b. I hereby certify that the above named management of Authorized Agent (Print)	d. Signal ator complete Illia Lanciful LLC liagara Falls MY.	ature a-c and Destina c. US EPA Num epted and to the be	ation Site comple ober d. Discrepand est of my knowledge	e. Da etes IIId-g) sy Indication S	pace:	curate.	3
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a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) III. DESTINATION (General a. Disposal Facility and Site Address: Address:	d. Signal ator complete Illia Lanciful LLC liagara Falls MY.	ature a-c and Destina c. US EPA Num epted and to the be	ation Site comple ober d. Discrepand est of my knowledge	e. Da etes IIId-g) by Indication S the foregoing g. Da	pace:	curate.	
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a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) III. DESTINATION (General and Disposal Facility and Site Address: Address: Address: Address: Address: Address: Address: Address: Address: b. I hereby certify that the above named management (Print) IV. ASBESTOS (Generator and Address: b. Phone:	d. Signal ator complete Illa Landfill LLC hagara Falls MY. aterial has been accompletes IVa-	ature a-c and Destina c. US EPA Num epted and to the be	ation Site complete d. Discrepance d. Discrepance est of my knowledge complete IVg-i)	e. Da etes IIId-g) by Indication S the foregoing g. Da	pace:	curate.	3
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a. Transporter's Name and Address: b. Phone: C. Driver Name (Print) III. DESTINATION (General and Disposal Facility and Site Address: Allied Waste Higgard Falls Blvd And Disposal Facility and Site Address: Allied Waste Higgard Falls Blvd And Disposal Facility and Site Address: b. I hereby certify that the above named management of Authorized Agent (Print) IV. ASBESTOS (Generator and Address: b. Phone: e. Special Handling Instructions and Address: b. Phone: e. Special Handling Instructions and Address: DOPERATOR'S CERTIFICATION: I hereband are classified, packaged, marked and Address and	d. Signal ator complete Illia Langill LC langua Falls M. aterial has been accompletes IVa-	ature a-c and Destina c. US EPA Num epted and to the betture of and Operator able ontents of this cons , and are in all resp	ation Site complete of Discrepance d. Discrepance d. Discrepance d. Discrepance d. Phone: % Non-Friable dispersed are fully and discrepance discrepance dispersed are fully and discrepance dispersed are fully and dispersed	e. Da etes Illd-g) by Indication S the foregoing g. Da ncy Name and	s true and acted and acted accession accession according to the according	by the proper of	hipping nam

5000 Riagala falls bivd Riagala Palls, NI 14504	Pam S.
SUSTOMER 392142	DATE/TIME IN DATE/TIME OUT
SWAN TRUCKING	9/28/23 10:10 am 9/28/23 10:10 am VEHICLE CONTAINER
TONY ALU	SWANN 111
LANCASTER, NY 14086	REFERENCE
Contract: 42152313324	aut of Libro
Generator:65 Lake Avenue LLC	BILL OF LADING 3169875
	22 69 INBOUND
SCALE IN GROSS WEIGHT 73,880 NET TONS	
TARE OUT TARE WEIGHT 28,500 NET WEIGHT	45,380 INVOICE
CATY. UNIT DESCRIPTION	RATE EXTENSION TAX TOTAL
12.00 YD Tracking QTY 22.59 tn SW-CONT SOIL Origin:NY-ERIE 100%	
1.00 ENVIRONMENTAL FEE 1	
7,700	
Have a nice day. Thank you for your business!	NET AMOUNT
	YEUGERE
	TENDERED
The undersigned individual signing this document on behalf of Customer acknowledges th.	CHANGE
on the reverse side and that he or she has the authority to sign this document on behalf of	the customer.
·	CHECK#
RS-F042UPR (04/19) SIGNA	TURE

SITE

5B

WEIGHMASTER

SITE

NIAGARA FALLS LANDFILL 716-282-6381

TICKET #

1250736

CELL



3169875

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\underline{\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (General	tor com	pletes la	-r)							
a. Generator's US EPA ID Number			b. Manifest Docu	ment Number	c. Page	1 of				
d. Generator's Name and Location:				e Generator's Mailing Ad	ddroee:			-		
65 Lake Avenue				e. Generator's Mailing Ad		3				
I amazetan MV 11006				32 Central						
i. Prione:				g. Phone: Lancaster,	NY 1408	345				
If owner of the generating facility differs	from the o	generator, p	provide:							
h. Owner's Name:			i. Owner's Phone No.:			and the second s				
j. Waste Profile #	k. Exp	. Date		ping Name and	m. Cor	ntainers	n. Total	o. Unit		
A 42152313324	ALM PS	00.1	Description		No.	Туре	Quantity	Wt/Vol		
or 100%4	9/8/2	U24	Excavated	Soil	1	- T	12yds			
В.										
Ć.		wi wi								
							e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de			
GENERATOR'S CERTIFICATION: I her state law, has been properly described, of waste is a treatment residue of a previou been treated in accordance with the requirement.	sly restric irements	ted hazard	ous waste subject 268 and is no long	to the Land Di-	on according	g to applic	able regulations;	AND, if this aste has		
p. Generator Authorized Agent Name (Pr		q. S	Signature	1) 1900		r. Date	80 9 3			
II. TRANSPORTER (General a. Transporter's Name and Address:	erator co	mpletes	lla-b and Tran	sporter completes llc-	e)					
b. Phone:					= V	7				
c. Driver Name (Print)		d. Signatu	ıre		o D-1-	120				
III. DESTINATION (Genera	tor com			tion Site completes III	e. Date					
a. Disposal Facility and Site Address: Allied Waste Niagara Fall 5000 Niagara Falls Blvd , Mi b.	ls Land) agara Fe	GH LLC	c. US EPA Numb	d. Discrepancy Indica	ation Space:					
I hereby certify that the above named ma	terial has	been accer	oted and to the bes	st of my knowledge the fore	going is tru	e and accu	urate.			
2 VI			PUXC	DTT	91	1281	13			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator		f. Signatur	e //		g. Date	J 100	No Carlotte			
IV. ASBESTOS (Generator a. Operator's Name and Address:	complet	es IVa-f								
a. Operator's Name and Address:			(c. Responsible Agency Nam	ne and Add	ress:				
o. Phone:			2 - 1							
e. Special Handling Instructions and Addit	ional Infor	mation:		I. Phone:						
						*				
. Priable Non-Friable Both DPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare the	% Friab nat the cont lacarded, a	tents of this consis	6 Non-Friable Inment are fully and accura cts in proper condition for tr	tely describ ansport acc	ed above loording to	by the proper shi	pping name, ational and		
-										
. Operator's Name and Title (Print)	-	h. Signatur	re .		i Date					
Operator refers to the company which ow enovation operation or both	ns, leases	, operates,	controls, or super	vises the facility being demo	i. Date olished or re	enovated, i	or the demolition	or		

TE NIAGARA FALLS LANDFILL 716-282-6381	SITE TICKET # 1250738 CELL	
5600 Niagara Falls Blvd Niagara Falls, NY 14304	WEIGHMASTER Pam S.	
ICTOMER	DATE/TIME IN DATE/TIME OUT 9/28/23 10:22 am 9/28/23 1	0:22 am
392142 SWAN TRUCKING	VEHICLE SWAN 102 CONTAINER	
TONY ALU	REFERENCE	
LANCASTER, NY 14086 Contract:42152313324 Generator:65 Lake Avenue LLC	BILL OF LADING 3169876	
SCALE IN GROSS WEIGHT 71,400 NET TONS 21	1.20 INBOUND INVOICE	
QTY. UNIT DESCRIPTION	RATE EXTENSION TAX	TOTAL
12.00 YD Tracking QTY SW-CONT SOIL Origin:NY-ERIE 100% 1.00 ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!		NET AMOUNT
		TENDERED
	and and understands the terms and conditions	CHANGE
The undersigned individual signing this document on behalf of Customer acknowledges that he on the reverse side and that he or she has the authority to sign this document on behalf of the c	customer.	CHECK#
	RE	

SITE

CELL



3169876

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

i. GENERATOR (Generato	or completes	la-r)						
a. Generator's US EPA ID Number		b. Manifest Docum	s.r. age 10					
d. Generator's Name and Location:		**	e. Generator's Mailing A	ddress:		100-1110		
65 Lake Avenue			32 Central					
f. Phone: Lancaster, NY 14086			1		e			
If owner of the generating facility differs from	om the generator	nrovide:	g. Phone: Lancaster,	141 1400	U.			
	om the generator	, provide.	· · ·					
h. Owner's Name: j. Waste Profile #	k Eur Data	L Mosts Chin	i. Owner's Phone No.:					
j. Waste Prome #	k. Exp. Date	Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol	
A 42152313324	9/8/2024	Excavated	Soil	1	T	12yds	114 101	
	<u> </u>							
В.								
C.								
No. 5.								
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and pack ly restricted haza	kaged, and is in prope irdous waste subject	er condition for transportat to the Land Disposal Rest	tion according	g to applic	able regulations;	AND if this	
1 may D. Tuil	7	TA 200 dija is no long	ger a nazardogs waste as	defined by 40	J CFR 261	8-72		
p. Generator Authorized Agent Name (Prin	nt) c	a. Signature	1) 10	1091	10000			
II. TRANSPORTER (Gener			enorter completes lie	2.0)	r. Date			
a. Transporter's Name and Address:	ator complete	os ila-b alla Tran	isporter completes in	J- C)				
b. Phone: Swan Tru	King	WEST	# 102					
		1660	1 1		4.	0		
c. Driver Name (Print)	d. Sign		1777	e. Date	7 6	5-25		
III. DESTINATION (Generate	or complete II							
a. Disposal Facility and Site Address:	1 1011 5 1	c. US EPA Numl	ber d. Discrepancy Indi	cation Space	: 0			
Allied Waste Niagara Fall	~							
5600 Niagara Falls Blvd , Nie b.	gana raus NT							
I hereby certify that the above named mate	erial has been ac	cepted and to the be	st of my knowledge the fo	regoing is tru	e and acc	urate:		
		PUNCO			11281	23		
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date				
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)	1 3:				
a. Operator's Name and Address:			c. Responsible Agency N	ame and Ado	lress:			
b. Phone:			d Dhana:					
e. Special Handling Instructions and Additi	onal Information:		d. Phone:		-9-919			
144.04(0)(0)(0)								
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable			10.11.174		
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this consi	gnment are fully and accu	rately descril r transport ac	ped above cording to	by the proper shi applicable interna	pping name, ational and	
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date	11			
*Operator refers to the company which own renovation operation or both	ns, leases, opera	tes, controls, or supe	rvises the facility being de	emolished or	renovated.	or the demolition	or	

SI T: L. Contr	392142 SWAN TRUCKING TONY ALU LANCASTER, NY 14086 Contract: 42152313324 Generator: 65 Lake Avenue LLC				DATE/TIME IN 9/ VEHICLE SV REFERENCE BILL OF LADING	ONTAINER	3/23 11:37 am			
l(T)	TARE OUT TARE WEIGHT 28,600 NET WEIGHT 45					INBOUND 5,480				
QTY.	UNIT		DESCR	PTION		RATE	EXTENSION	TAX	TOTAL	
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Have	a nice (day. Thank you for your business	!	TO TOTAL	mis amabi	ghy side	E Party S	e in made	NET AMOUNT	
									TENDERED	
		igned individual signing this documer		a leaded on that he	or she has read and	understands the	terms and condi	itions	CHANGE	
Th	e unders the reve	igned individual signing this documer rse side and that he or she has the au	t on behalf of the thority to sign to	his document on behalf of the	customer.				CHECK#	
RS-F042U	PR (04/1	9)		SIGNATUR	E					

TICKET #

1250762

SITE

5B

SITE



3169877

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

			b. Manifest Document Number			c. Page 1 of		
d. Generator's Name and Location:				O Congrete de Maille				
65 Lake Avenue LLC				e. Generator's Mailing				
65 Lake Avenue					Avenue LLC			
f. Phone: Lancaster, NY 14086	3				al Avenue			
If owner of the generating facility diffe	ers from the ger	nerator pro	ovide:	g. Phone: Lancaste	r, NY 1408	6		
h. Owner's Name:	30.	iolator, pri	ovide.	i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. D	lato	I Woots Ohi					
	K. Exp. D	ale	Waste Shipping Name and Description		m. Con No.		n. Total	o. Unit
A 42152313324	9/9/202	4	Excavated	Soil	NO.	Type	Quantity 12yda	Wt/Vol
(
B.								
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GENERATOR'S CERTIFICATION: I state law, has been properly describe	hereby certify th	at the abo	We named mate	rial is wat a b				
tate law, has been properly describe vaste is a treatment residue of a prev	d, classified and	package	d, and is in prope	rial is not a hazardous wa	aste as defined	by 40 CF	R 261 or any app	licable
raste is a treatment residue of a preveen treated in accordance with the re	iously restricted	l hazardou	s waste subject	to the Land Disposal Re	strictions. I cer	to applicatify and we	able regulations; A	AND, if the
een treated in accordance with the re	equirements of a	40 CFR 26	88 and is no long	jer a hazardous waste as	defined by 40	CFR 261		ste nas
1010 1/ 100		1	lan	ITCUL A	1	9	10 00	
Generator Authorized Agent Name	(Print)	q. Sic	inature	1-12-1	GENT	1-	(7-0)	
TRANSPORTER (Ge	enerator com	pletes II	a-b and Tran	sporter completes II	20)	r. Date	- <u>+ </u>	
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DIVINO	RUCK)	29	*				. 1	
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April Han	#169	N9.			10	195	/->	
Driver Name (Print)	#/09	. Signature			e. Date	195,	/23	
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Have a	riice day	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
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		and individual cinning this document	nt on behalf of Customer acknowledges that	ne or she has re	ad and understands the	terms and condi-	tions	CHANGE	
	ndersigne e reverse	and individual cinning this document	nt on behalf of Customer acknowledges that thority to sign this document on behalf of the SIGNATL	e customer.	ad and understands the	terms and condi	tions	We would be a	



3169878

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or complete	s la-r)							
a. Generator's US EPA ID Number		b. Manifest Doci	ument Number		c. Page 1 of				
d. Generator's Name and Location: 05 Lake Avenue 1. Phone: Lancaster, NY 14086	1		e. Generator's Mailing Addre 05 Lake Aven 32 Central Av g. Phone: Lancaster, N			nue LLC venue			
If owner of the generating facility differs fr	om the genera	tor, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		Waste Shipping Name and Description			m. Containers n. Total o.			
A 42152913324	9/8/2024	Excavate	i Soil	No.	Type	Quantity 12yds	Wt/Vol		
8.		a.							
CENEDATORIO OFFITIFICATION									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the requirement.	assilied and pa Iv restricted ha	ackaged, and is in pro	per condition for transport	tation accordin	g to applic	able regulations;	ALID ICH		
(1018 V. 6 1114		lang	lang Lynn Ag			105 9-23-23			
p. Generator Authorized Agent Name (Prin		q. Signature	// 1		r. Date				
II. TRANSPORTER (General Transporter's Name and Address:	ator comple	etes Ila-b and Tra	nsporter completes	llc-e)			î		
5, Phone:	3								
17 G & SAS MUS.	Ē.	80 /		5	1 - 1	13-61			
c. Driver Name (Print)		ignature		e. Date	śn				
III. DESTINATION (Generate	or complete			Illd-g)					
a. Disposal Facility and Site Address: Address: Address: b. I hereby certify that the above named materials.	igaru Falls N	T				curate.			
e. Name of Authorized Agent (Print)	f Cia	an atura							
IV. ASBESTOS (Generator of		nature /a-f and Operator	complete IVa i)	g. Date					
a. Operator's Name and Address:	- Inproteo (va rana operator	c. Responsible Agency	Name and Add	dress:				
b. Phone:			d. Phone:				.,		
e. Special Handling Instructions and Addition	onal Informatio	on:	d. Filone.						
f.	declare that the	Friable e contents of this conded, and are in all res	% Non-Friable signment are fully and according proper condition to the second state of the second second second second second second second second second second second second second second second second second second se	curately descri for transport ad	bed above ccording to	by the proper shi applicable interna	pping name, ational and		
a Operator's Name and Title (Drint)					5				
g. Operator's Name and Title (Print) *Operator refers to the company which owr renovation operation or both	h. Signs, leases, ope	gnature rates, controls, or sup	ervises the facility being o	i. Date demolished or	renovated	or the demolition	or		

NIAGARA FALLS LANDFILL 716-282-6381 6600 Niagara Falls Blvd Niagara Falls, NY 14304) [Dam S	WEIGHMASTER					
MER 200142	DATE/TIME IN	Pam S. 8/23 12:10 pm	DATE/TIME OUT	23 12:10 pm				
392142 SWAN TRUCKING	VEHICLE SWA							
TONY ALU LANCASTER, NY 14086	REFERENCE	3169879						
Contract:42152313324 Generator:65 Lake Avenue LLC	BILL OF LADING							
SCALE IN GROSS WEIGHT 75,600 NET TONS 2	23.55 7,100		INAOIC INBONN					
TARE OUT TARE WEIGHT 28,500 NET WEIGHT 4 DESCRIPTION		RATE EXTE	NSION TA	X TOTAL				
The book for your business!				NET AMOUN				
Have a nice day. Thank you for your business!				TENDERED				
The undersigned individual signing this document on behalf of Customer acknowledges that on the reverse side and that he or she has the authority to sign this document on behalf of t	t he or she has read and u he customer.	nderstands the terms a	nd conditions	CHANGE CHECK#				
	TURE							

TICKET #

1250768

SITE

5**B**



3169879

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\underline{\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	or completes	la-r)						
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of		
d. Generator's Name and Location:	***************************************		e. Generator's M	lailing Address:				
65 Lake Avenue LLC			65 L	ake Avenue LL(
65 Lake Avenue			32 Central Avenue					
f. Phone: Lancaster, NY 14086			g. Phone: Lancaster, NY 14086					
If owner of the generating facility differs from	om the generato	r, provide:						
h. Owner's Name:			i. Owner's Phone	e No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and		ntainers	n. Total	o. Unit	
		Description		No.	Туре	Quantity	Wt/Vol	
A. 42152313324	9/8/2024	Excavated	Soil	¥:	T	12yds		
Θ.							O O	
C.	Ę.							
GENERATOR'S CERTIFICATION: I herel state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the requirements.	assified and pacl ly restricted haza	kaged, and is in prope ardous waste subiect	er condition for tra to the Land Dispo:	nsportation accordir sal Restrictions I ce	ng to applic	able regulations; a	AND if this	
long of Sall		les	1) Sil	Agent	9.	22-2	3	
p. Generator Authorized Agent Name (Prin		q. Signature		$-\sqrt{f}$	r. Date			
II. TRANSPORTER (Gener a. Transporter's Name and Address:	ator complet	es lla-b and Tran	isporter comple	etes IIc-e)			بنشايس	
	AW D	111		er Br	,			
Franklintke	15000			4/2	11-			
c. Driver Name (Print)	d. Sigi	nature		e. Date			10. 40	
III. DESTINATION (Generate	or complete I	lla-c and Destina	ition Site comp	letes IIId-a)		P		
a. Disposal Facility and Site Address:		c. US EPA Num		ncy Indication Space	e:			
Allied Waste Ning in	1 1 modell 11	C .		CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR				
5600 Magara Falls Blvd , 160								
b.	decent conse to t							
I hereby certify that the above named mate	erial has been ad	ccepted and to the be	est of my knowledg	e the foregoing is tr	ue and acc	curate.		
		PIN	CATT	9/	19/1	3		
e. Name of Authorized Agent (Print)	f. Sign	ature	hardened hardhan	g. Date	L board I smill a	ucount		
IV. ASBESTOS (Generator of			complete IVa-i					
a. Operator's Name and Address:				gency Name and Ad	dress:			
Colors - Into Michigan America Constituti Colors America (International Colors America (Internationa) (International Colors America (Internationa) (Internationa) (Internationa) (Internat				, ,				
b. Phone:		75	I DI				1	
e. Special Handling Instructions and Additi	onal Information		d. Phone:					
and the state of t		•••						
f. 🗌 Friable 🗌 Non-Friable 🗎 Both	% F	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this cons ed, and are in all resp	ignment are fully a ects in proper con	ind accurately descr dition for transport a	ibed above according to	by the proper she applicable intern	ipping name, ational and	
, \								
g. Operator's Name and Title (Print)	h. Sigr			i. Date				
*Operator refers to the company which own	ns, leases, opera	ates, controls, or supe	ervises the facility b	peing demolished or	renovated	, or the demolition	or	

DATE/TIME IN DATE/TIME OUT	
9/28/23 12:30 pm 9/28/2	Þm
SCALE IN GROSS WEIGHT 75,060 NET TONS 23.03 INBOUND TARE OUT TARE WEIGHT 29,000 NET WEIGHT 46,060 RATE EXTENSION TAX	OTAL
OTY UNIT DESCRIPTION RATE EXTENSION TAX 12.00 YD Tracking QTY SW-CONT SOIL Origin:NY-ERIE 100% ENVIRONMENTAL FEE 1	
The understand individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions Ci	DERED ANGE

SITE

CELL



3169880

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

i. GENERATOR (Generati	or completes	11 (11 (11 (11 (11 (11 (11 (11 (11 (11							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailing		3				
65 Lake Avenue LLC				ivenue LLC					
65 Lake Avenue			32 Centra	Avenue					
f. Phone: Lancaster, NY 14086			g. Phone: Lancaster	, NY 1409	6				
If owner of the generating facility differs fr	om the generate	or, provide:				The same of the sa			
h. Owner's Name:			: O						
j. Waste Profile #	k. Exp. Date	I Waste Shin	i. Owner's Phone No.: hipping Name and m. Containers						
	n. Exp. Date	Description	ping Name and	No.	ontainers n. Total o. U Type Quantity Wt/				
A 42152313324	9/8/2024	Excavated	Sail	Î	7	12yda			
B.	10								
C.									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and pac lv restricted haz	kaged, and is in prope ardous waste subject	er condition for transports to the Land Disposal Res	ation according	g to applic	able regulations; A	AND if this		
(raig D. Zinte	(long	It Sole Anest 9-20,-23							
p. Generator Authorized Agent Name (Prin	nt)	q. Signature	V /	r. Date					
II. TRANSPORTER (General	rator complet	tes Ila-b and Tran	sporter completes II	c-e)					
a. Transporter's Name and Address:	7			- Au					
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Swan Truc	meg (-	40 S							
b. Phone:	~								
	1 - 1	0.1	2//	11	0 -				
c. Driver Name (Print)		nature /////	- WK	e. Date	1777	5-4.8			
III. DESTINATION (Generat	or complete	Illa-c and Destina	tion Site completes	IIId-g)					
a. Disposal Facility and Site Address:		c. US EPA Num			:				
Allied Waste Niagara Fall	Landfill LL	C	100 A 100 A	€ 8					
5600 Niagara Palls Blvd , Nie	seona Falis Mi	pr.							
b.	Marie and the second section	2							
I hereby certify that the above named mate	erial has been a	ccepted and to the be	st of my knowledge the fo	oregoing is tru	e and acc	urate.			
		MMM		97	18/1/2)			
e. Name of Authorized Agent (Print)	f. Sigr	natura	landar.	a Data					
IV. ASBESTOS (Generator of			nomplete IVa iV	g. Date					
	ompletes iv								
a. Operator's Name and Address:			c. Responsible Agency N	Name and Add	lress:				
b. Phone:			d. Phone:	1					
e. Special Handling Instructions and Additi	onal Information	n:			-				
(05:11-01									
f. Friable Non-Friable Both	doctors that the	Friable	% Non-Friable			E			
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	labeled/placarde	ed, and are in all response	griment are fully and acc ects in proper condition fo	urately describ or transport ac	ped above ecording to	by the proper ships applicable internates	pping name, ational and		
g. Operator's Name and Title (Print)	h. Sig	nature		i. Date					
*Operator refers to the company which own renovation operation or both	ns, leases, oper	ates, controls, or supe	rvises the facility being d	emolished or i	renovated	or the demolition	or		

NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304					SITE TICKET # 1250786 WEIGHMASTER Pam S. DATE/TIME IN DATE/TIME OUT						
	392142 SWAN T	RUCKING	K 1 1 19	VEHICLE	9	/28/23	1:37 pm		9/28/23	1:37 pm	
	TONY A	L U	,	VVV	S	WAN 109		CONT	AINER		
Cont	LANCASTER, NY 14086 Contract:42152313324 Generator:65 Lake Avenue LLC					BILL OF LADING 3169881					
lia		CALE IN GROSS WEIGHT ARE OUT TARE WEIGHT		.10	ili ul perno	Jacility ir Cust	nt to dis		INBOUND INVOICE	to the soul of	
QTY.	UNIT		DESCRIPTION			RATE	EXTENS	ON	TAX	TOTAL	
12.00 21.10 1.00	71 (1982)	Tracking QTY SW-CONT SOIL ENVIRONMENTAL FEE 1	Origin:NY-ERIE 100%		routus garrin		e mass a gi i		Design	us reduce repertue	
Jan.			er in military and the State of		101		21666		- 16. 13	BUT STORY	
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14	- N - 40				(T)		0.00		lman i j	BHJIB GALL, AT L	
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					X-(1)		1.50 0		i a on	embersk	
Have	a nice d	lay. Thank you for your business!	LAIPLE VERSON AS LANGUE D	THE I		Marya VIII		den i	7211181		
									ALT POPUL	NET AMOUNT	
									-	TENDERED	
			n behalf of Customer acknowledges that he or rity to sign this document on behalf of the cu		d and u	nderstands the	terms and cor	ditions		CHANGE	
										CHECK#	
RS-F042UI	PR (04/19	9)	SIGNATURE								



3169881

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf \underline{NOT}}$ asbestos waste, complete Sections I, II and III

		b. Manifest Docu	ment Number		c. Page	1 of		
d. Generator's Name and Location: 65 Lake Avenue f Phone: ancester, NY 14086	e. Generator's Mailing Addre			nue LLC				
f. Phone: If owner of the generating facility differs t	from the generate	or provide:	g. Phone: Lancaste	r, NY 1408	Ď			
h. Owner's Name:	arm are general	or, provide.	8.2					
j. Waste Profile #	I Waste Shi	i. Owner's Phone No.:	m. Con	talasas	-			
J. Waste Profile # k. Exp. Date A. 42152313324 9.8/2024		Description			Type	n. Total Quantity	o. Unit Wt/Vol	
		Excavated			Ŧ	f2yds		
В.			¥					
C								
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requiper. p. Generator Authorized Agent Name (Prince)	sly restricted haz irements of 40 C	g. Signature	to the Land Disposal Re ger a hazardous waste as	ation according strictions. I cer s defined by 40	to applica	able regulations; A		
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator complet	tes Ila-b and Trar	sporter completes I	lc-e)				
b. Phone:	09	7	^/		, ,			
c. Driver Name (Print)		nature	ly	e. Date	28/-	2		
III. DESTINATION (Generat		Illa-c and Destina		IIId-g)	28/2	2		
III. DESTINATION (Generate a. Disposal Facility and Site Address: Allied Waste Niagara Falls 5600 Niagara Falls Blvd, Neb.	tor complete I is Landfill LL agara Falls NY	llla-c and Destina c. US EPA Num	ber d. Discrepancy Ind	IIId-g) lication Space:		23		
III. DESTINATION (Generate a. Disposal Facility and Site Address: Allied Waste Anagara Falls State Magara Falls Blvd. Mis	tor complete I is Landfill LL agara Falls NY	llla-c and Destina c. US EPA Num	ber d. Discrepancy Ind	IIId-g) lication Space:		urate.		
III. DESTINATION (Generate a. Disposal Facility and Site Address: Altred Waste Magaza Falls 5600 Magaza Falls Blvd Mile b. I hereby certify that the above named mate	tor complete I	c. US EPA Num	ber d. Discrepancy Ind	Illd-g) lication Space:		urate.		
III. DESTINATION (Generation as Disposal Facility and Site Address: Altred Waste Nagara Falls 5000 Magara Falls Blvd Meb. I hereby certify that the above named mate e. Name of Authorized Agent (Print)	tor complete I Is Landfill LL ceans Falls NY Ierial has been ac	c. US EPA Num	ber d. Discrepancy Industry	IIId-g) lication Space:		urate.		
III. DESTINATION (Generat a. Disposal Facility and Site Address: Altred Waste Nagara Falls b. I hereby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of	tor complete I Is Landfill LL ceans Falls NY Ierial has been ac	c. US EPA Num ccepted and to the beature	ber d. Discrepancy Industry	llld-g) lication Space: pregoing is true g. Date	e and accu	urate.		
III. DESTINATION (Generat a. Disposal Facility and Site Address: Altred Waste Magara Falls 5000 Magara Falls Blvd Me b. I hereby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of a. Operator's Name and Address:	tor complete I Is Landfill LL ceans Falls NY Ierial has been ac	c. US EPA Num ccepted and to the beature a-f and Operator	st of my knowledge the force complete IVg-i) c. Responsible Agency N	llld-g) lication Space: pregoing is true g. Date	e and accu	urate.		
III. DESTINATION (Generation as Disposal Facility and Site Address: Altred Waste Magara Falls Blvd Miss. b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of as Operator's Name and Address: b. Phone:	tor complete I Is Landfill LL agana Falls NT derial has been ac f. Sign. completes IVa	c. US EPA Num ccepted and to the beature a-f and Operator	st of my knowledge the fo	Illd-g) lication Space: pregoing is true g. Date	e and accu	urate.		
III. DESTINATION (Generation as Disposal Facility and Site Address: Alted Waste Magara Falls b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of as Operator's Name and Address: b. Phone: e. Special Handling Instructions and Additional Communication of the Commun	tor complete I	c. US EPA Num ccepted and to the beature a-f and Operator	st of my knowledge the force complete IVg-i) c. Responsible Agency N	Illd-g) lication Space: pregoing is true g. Date	e and accu	urate.		
III. DESTINATION (Generation as Disposal Facility and Site Address: Altred Waste Niagara Falls Blvd Niagara	tor complete I	c. US EPA Num ccepted and to the beature a-f and Operator citable	st of my knowledge the force of my knowledge the m	Illd-g) lication Space: pregoing is true g. Date	e and acci		ping name tional and	
III. DESTINATION (Generat a. Disposal Facility and Site Address: Altred Waste Nagara Falls 5000 Magara Falls Bivd Mis b. I hereby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addition OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	tor complete I	c. US EPA Num c. US EPA Num ccepted and to the beature a-f and Operator criable contents of this consider, and are in all respective.	st of my knowledge the force of my knowledge the m	Illd-g) lication Space: pregoing is true g. Date	e and acci		ping name	

NIAGARA FALLS LANDFILL 716-282-6381 5600 Niagara Falls Blvd Niagara Falls, NY 14304				SITE TICKET # 1250788 WEIGHMASTER Pam S.					
				E IN	•	DATE/TIM	E OUT		
TOMER 392142		4 4 F 3 1			1:48 pm		/28/23	1:48 pm	
	RUCKING		VEHICLE	SWAN 113		CONTAIN	ER		
TONY A		ue leaveners unicidit. RMC	REFERENCE SHEET SH						
Contract:4	TER, NY 14086 12152313324 :65 Lake Avenue LLC	included violetic radioac	BILL OF L	ADING 316988	2	er Gun Middes		iga une	
sc	CALE IN GROSS WEIGHT	72,580 NET TONS 21 29,000 NET WEIGHT 43,		Tacility to a T Sustanti		(200.00	BOUND VOICE	ver first ver first sound	
OTY. UNIT		DESCRIPTION		RATE	EXTENS	ION	TAX	TOTAL	
21.79 tn	SW-CONT SOIL ENVIRONMENTAL FEE 1	Origin:NY-ERIE 100%		senset on at less yeromes. The mademan of element is not probleman reading in sp less and its	and a fer of the control of the cont	CALCOST 1978 D. 1978 D. CALCOST CAL		Tempor	
Have a nice	day. Thank you for your business!	145 J. 601 254	LES CUT	WIND TO THE	6 VIII.	198TH	TELLIN	NET AMOL	
								TENDER	
				d and understands the	terms and co	onditions		CHANG	
		belief Customer acknowledges that he	or sne has read	u and understands the		chofferende.			
The unders	igned individual signing this document o	rity to sign this document on behalf of the ci	ustomer.					CHECK	
The unders on the reve	rse side and that he or she has the autho	rity to sign this document on behalf of the co						CHECK	



3169882

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Gene	rator complet	es la-r)							
a. Generator's US EPA ID Number			anifest Docur	ocument Number c. Page 1 of					
d. Generator's Name and Location:				e. Generator's Mailing Ad	dress:				
65 Lake Avenue				55 Lake Avi 32 Central	aune fr				
Langader NV 1/1008	Lapragler NV 1/108 - 3								
f. Phone:				g. Phone: Lancaster, I	NY 14LB	10			
If owner of the generating facility diffe	rs from the gener	rator, provid	le:						
h. Owner's Name:				i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date		 Waste Ship Description 	ping Name and	m. Cor	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
A. 42152313324	9/8/2024		Excalvated	Soil	4	7 13 T	12vds	1,0101	
					100	7	T. C.		
	-			Į.				The state of	
B.	F						Ð 43		
C.				-e			· ·		
GENERATOR'S CERTIFICATION: It state law, has been properly described waste is a treatment residue of a previous treated in accordance with the re-	u, classified and p iously restricted h	packaged, a nazardous v	and is in proper vaste subject	er condition for transportation to the Land Disposal Restri	on according	g to applic	able regulations;	A . I	
1 tolly D. Cinh		/	lua	H XM		9-3	19-23		
p. Generator Authorized Agent Name		q. Signa		r. Date					
II. TRANSPORTER (Ge a. Transporter's Name and Address:	nerator comp	letes lla-	b and Tran	sporter completes lic-	e)	No.			
b. Phone:		10			- E	1.75	8277		
c. Driver Name (Print)	d	Signature	1 . 1 1	1111	e. Date	1 %			
III. DESTINATION (Gene	The second secon	-	nd Destina	tion Site completes III			5		
a. Disposal Facility and Site Address: Allied Waste Niagara I 5000 Niagara Falls Blvd	alls Landfill	LLC c. U	JS EPA Num	ber d. Discrepancy Indica			nnage		
b. I hereby certify that the above named	material has been	acconted.	and to the he	ot of my knowledge the fee	hand Bu	And don	4		
the above harned	material has been	raccepted	A SCI	st of my knowledge the lore	going is tru	and acc	9/23		
e. Name of Authorized Agent (Print)	f. S	ignature		1 1 1 1 1 1	g. Date	- 10			
IV. ASBESTOS (Generate	or completes	IVa-f and	Operator	complete IVg-i)					
a. Operator's Name and Address:		De=		c. Responsible Agency Nar	me and Add	lress:			
b. Phone:				d. Phone:					
e. Special Handling Instructions and A	dditional Informat	ion:		a. i fiorio.					
f. ☐ Friable ☐ Non-Friable ☐ Be	oth ^c	% Friable		% Non-Friable					
OPERATOR'S CERTIFICATION: I here and are classified, packaged, marked a national governmental regulations.	eby declare that t	he contents	of this consi	anment are fully and accura	ately describ ransport ac	ed above cording to	by the proper sh applicable intern	ipping name ational and	
g. Operator's Name and Title (Print)	h. S	Signature			i. Date				
*Operator refers to the company which renovation operation or both	owns, leases, op	erates, con	trols, or supe	rvises the facility being dem	olished or i	renovated,	or the demolition	ог ог	

SITE NIAGARA FALLS LANDFILL 716-282-6381	5B 1250792	CELL					
5600 Niagara Falls Blvd Niagara Falls, NY 14304	WEIGHMASTER Parm S. DATE/TIME IN DATE/TIME OUT						
CUSTOMER 392142 SWAN TRUCKING	9/28/23 2:11 pm	9/28/23 2:11 pm CONTAINER					
TONY ALU LANCASTER, NY 14086 Contract:42152313324	REFERENCE BILL OF LADING 3169883 17.37 INBOUND INVOICE						
SCALE IN CHANNEL SOLET							
TARE OUT TARE WEIGHT 28,500 NET WEIGHT 34,7	740 RATE EXTENSIO						
T2.09 YD Tracking QTY 17.37 tn SW-CONT SOIL, Origin:NY-ERIE 100% 1.00 ENVIRONMENTAL FEE 1 Have a nice day. Thank you for your business!		NET AMOUNT					
		TENDERED					
The undersigned individual signing this document on behalf of Customer acknowledges that he or	r she has read and understands the terms and con	ditions					
on the reverse side and that he or she has the authority to sign this document of behalf of the cus	stomer.	CHECK#					
RS-F042UPR (04/19) SIGNATURE							



3169883

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

 GENERATOR (Generate 	or completes	s la-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:		•	e. Generator's Mailing	Address:	5				
65 Lake Avenue		al Avenue							
f. Phone:			g. Phone: Lancaster, NY 14086						
If owner of the generating facility differs from	9								
h. Owner's Name:	i. Owner's Phone No.:								
j. Waste Profile #		I. Waste Shipping Name and			m. Containers n. Total				
i internation		Description		No.	Туре	Quantity	Wt/Vol		
A 42152313324	9/8/2024	Excevated	l Soil	1	T	12yds			
B.							1100		
C.				r					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pa Iv restricted ha:	ckaged, and is in prop zardous waste subject	per condition for transpor t to the Land Disposal Re	tation according	g to applic	able regulations;	AND if this		
Crais V. Link	1	(aux)	Soul A	906	9-2	523	9		
p. Generator Authorized Agent Name (Prin		q. Signature		V	r. Date				
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator comple	etes Ila-b and Tra	nsporter completes	llc-e)					
	s en fill			1 2	13-		g I		
				7/-					
c. Driver Name (Print)	d. Si	gnature	I	e. Date					
III. DESTINATION (Generat	or complete	Illa-c and Destina	ation Site completes	s IIId-g)		2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
a. Disposal Facility and Site Address: Altred Waste Magara Fall 5000 Magara Falls Blvd , Ni b.	agam Fails N	77					N.		
I hereby certify that the above named mat	erial has been	accepted and to the b	est of my knowledge the	foregoing is tru	ue and acc	curate.			
S Hallage	P	SHar	hee	9	-2°	8-23	4.		
e. Name of Authorized Agent (Print)		nature	g. Date						
IV. ASBESTOS (Generator	completes I\	/a-f and Operator			10	- 1-27			
Operator's Name and Address:		-	c. Responsible Agency	Name and Ado	dress:		=		
b. Phone:	d. Phone:			70					
e. Special Handling Instructions and Addit	ional Informatio	n:							
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	Friable e contents of this cond ded, and are in all res	% Non-Friable signment are fully and ac pects in proper condition	ccurately descri for transport a	bed above ccording to	e by the proper sh papplicable intern	ipping name, ational and		
-				A 1,					
g. Operator's Name and Title (Print)	h. Si	gnature		i. Date	X .				
*Operator refers to the company which ow renovation operation or both	ns, leases, ope	rates, controls, or sup	ervises the facility being	demolished or	renovated	, or the demolition	or		