

Frank's vac

Form Approved. OMB No. 2050-0039

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA'S e-MANIFEST SYSTEM

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number			
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			
7. Transporter 2 Company Name					U.S. EPA ID Number			
8. Designated Facility Name and Site Address		U.S. EPA ID Number						
Facility's Phone:								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
			No.	Type				
	1.							
	2.							
	3.							
	4.							
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.								
Generator's/Offeror's Printed/Typed Name		Signature			Month	Day	Year	
[Reserved]								
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name		Signature			Month	Day	Year
Transporter 2 Printed/Typed Name		Signature			Month	Day	Year	
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number:							
	18b. Alternate Facility (or Generator)		U.S. EPA ID Number					
	Facility's Phone:							
	18c. Signature of Alternate Facility (or Generator)					Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1.		2.		3.		4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name		Signature			Month	Day	Year	

SITE

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 #	CELL
5B	1250421	
WEIGHMASTER		
Pam S.		
DATE/TIME IN	DATE/TIME OUT	
9/26/23 8:19 am	9/26/23 8:57 am	
VEHICLE	CONTAINER	
SWANN 111		
REFERENCE		
BILL OF LADING 3169833		

SCALE IN GROSS WEIGHT	65,560	NET TONS	18.52	INBOUND
SCALE OUT TARE WEIGHT	28,520	NET WEIGHT	37,040	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
18.52	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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.

RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169833

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

111

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue		
f. Phone: Lancaster, NY 14086			g. Phone: Lancaster, NY 14086		
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity
A. 42152313324	9/0/2024	Excavated Soil		1 T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Marchetti - Agent		q. Signature [Signature]		r. Date 9-26-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan #111		
b. Phone:		
c. Driver Name (Print) [Signature]	d. Signature [Signature]	e. Date 9/26/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) Scott		f. Signature [Signature]	g. Date 9/26/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
h. Signature			
*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			

SITE	
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 #	CELL
5B	1250422	
WEIGHMASTER		
Pam S.		
DATE/TIME IN	DATE/TIME OUT	
9/26/23 8:33 am	9/26/23 9:00 am	
VEHICLE	CONTAINER	
SWAN 109		
REFERENCE		
BILL OF LADING 3169834		

SCALE IN GROSS WEIGHT	68,520	NET TONS	19.95	INBOUND
SCALE OUT TARE WEIGHT	28,620	NET WEIGHT	39,900	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
19.95	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169834

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

109

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152313324	9/10/2024	Excavated Soil	1 T		12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Marchetti		q. Signature [Signature]		r. Date 9-26-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan 109		
b. Phone:		
c. Driver Name (Print) Chris Hawk	d. Signature [Signature]	e. Date 9/26/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd., Niagara Falls NY	c. US EPA Number PamScott	d. Discrepancy Indication Space: no agent for Republic services
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) Chris Hawk	f. Signature [Signature]	g. Date 9/26/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
h. Signature			
*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			

SITE

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
5B

TICKET #

1250431

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/26/23 9:25 am

DATE/TIME OUT

9/26/23 9:56 am

VEHICLE

SWAN 114

CONTAINER

REFERENCE

BILL OF LADING

3169836

SCALE IN GROSS WEIGHT 69,300 NET TONS 20.08
SCALE OUT TARE WEIGHT 29,140 NET WEIGHT 40,160

INBOUND
INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
20.08	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				

Origin:NY-ERIE 100%



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SIGNATURE

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

114

3169836

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Marchet - Agent		q. Signature		r. Date 9-26-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan Trucking West, # 114		
b. Phone:		
c. Driver Name (Print) Tyler Horky	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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) Scott	f. Signature P. J. Scott	g. Date 9/26/23	

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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

5B

TICKET #

1250443

CELL

WEIGHMASTER

DATE/TIME IN

9/26/23 10:34 am

DATE/TIME OUT

9/26/23 10:34 am

VEHICLE

SWANN 111

CONTAINER

REFERENCE

BILL OF LADING

3169837

SCALE IN GROSS WEIGHT

75,780

NET TONS

23.64

INBOUND

TARE OUT TARE WEIGHT

28,500

NET WEIGHT

47,280

INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
23.64	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
Origin:NY-ERIE 100%						

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST****3169837**If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 85 Lake Avenue LLC 85 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 85 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Steve Marchetti		q. Signature [Signature]		r. Date 9-26-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swain Trucking #111		
b. Phone:		
c. Driver Name (Print) Paul D. [Signature]	d. Signature [Signature]	e. Date 9-26-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 3600 Niagara Falls Blvd, Niagara Falls NY	c. US EPA Number	d. Discrepancy Indication 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) [Signature]	f. Signature [Signature]	g. Date 9-26-23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
h. Signature			
*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			

SITE 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 5B	TICKET # 1250446	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/26/23 10:53 am		DATE/TIME OUT 9/26/23 10:53 am
VEHICLE SWAN 109		CONTAINER
REFERENCE		
BILL OF LADING 3169838		

SCALE IN GROSS WEIGHT	76,120	NET TONS	23.76	INBOUND
TARE OUT TARE WEIGHT	28,600	NET WEIGHT	47,520	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
23.76	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169838

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086			
f. Phone:			g. Phone:			
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
A 42152313324	9/8/2024	Excavated Soil		1 T	12yds	
B						
C						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Steven L. Marchetti - Asst			q. Signature [Signature]		r. Date 9-26-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN TRUCKING 109		
b. Phone:		
c. Driver Name (Print) Chris Handy	d. Signature [Signature]	e. Date 9/26/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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) [Signature]		f. Signature [Signature]	g. Date 9/26/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
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		i. Date	
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SITE	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 5B	TICKET # 1250469	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/26/23 11:54 am	DATE/TIME OUT 9/26/23 12:15 pm	
VEHICLE SWAN 108	CONTAINER	
REFERENCE		
BILL OF LADING 3169839		

SCALE IN GROSS WEIGHT	75,340	NET TONS	23.42	INBOUND
SCALE OUT TARE WEIGHT	28,500	NET WEIGHT	46,840	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
23.42	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

Have a nice day. Thank you for your business!

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RS-F042UPR (04/19)

SIGNATURE _____

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169839

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

108

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B					
C					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink Agent		r. Date 9-26-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan Trucking West #108		
b. Phone:		
c. Driver Name (Print) Angie Evans	d. Signature Angie Evans	e. Date 9/26/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5000 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) Scott	f. Signature Scott	g. Date 9/26/23	

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE 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 5B	TICKET # 1250474	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/26/23 12:06 pm		DATE/TIME OUT 9/26/23 12:32 pm
VEHICLE SWAN 110		CONTAINER
REFERENCE		
BILL OF LADING 3169840		

SCALE IN GROSS WEIGHT	74,680	NET TONS	23.06	INBOUND
SCALE OUT TARE WEIGHT	28,560	NET WEIGHT	46,120	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
23.06	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.

RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

110

3169840

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086			
f. Phone:			g. Phone:			
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/8/2024	Excavated Soil		1 T	12yds	
B.						
C.						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Craig D. Ziak		q. Signature Craig D. Ziak		r. Date 9-26-23		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan Trucking West Truck #110		
b. Phone:		
c. Driver Name (Print) Tyler Harbaugh	d. Signature Tyler Harbaugh	e. Date 9-26-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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) Scott		f. Signature Scott	g. Date 9/26/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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 5B	TICKET # 1250470	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/26/23 12:20 pm		DATE/TIME OUT 9/26/23 12:20 pm
VEHICLE SWAN 114		CONTAINER
REFERENCE		
BILL OF LADING 3169841		

SCALE IN GROSS WEIGHT 74,580 NET TONS 22.74
TARE OUT TARE WEIGHT 29,100 NET WEIGHT 45,480

INBOUND
INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
22.74	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
Origin:NY-ERIE 100%						

Have a nice day. Thank you for your business!

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169841

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B		1250470 - 22.74 TON			
C					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink		r. Date 9-26-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan Trucking West Truile 114		
b. Phone:		
c. Driver Name (Print) Keith Lange	d. Signature Keith W S	e. Date 7/26/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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) P J Scott		f. Signature P J Scott	g. Date 9/26/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 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		i. Date	

SITE

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

5B

TICKET #

1250475

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/26/23 12:34 pm

DATE/TIME OUT

9/26/23 12:34 pm

VEHICLE

SWANN 111

CONTAINER

REFERENCE

BILL OF LADING

3169842

SCALE IN GROSS WEIGHT	73,900	NET TONS	22.70	INBOUND
TARE OUT TARE WEIGHT	28,500	NET WEIGHT	45,400	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
22.70	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
Origin:NY-ERIE 100%						

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169842

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086			
f. Phone:			g. Phone:			
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
A 42152313324	9/8/2024	Excavated Soil		1 T	12yds	
B						
C						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature [Signature]		r. Date 9-26-23		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: [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: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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) PJ Scott		f. Signature [Signature]	g. Date 9/26/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE	
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 #	CELL
5B	1250480	
WEIGHMASTER		
Pam S.		
DATE/TIME IN	DATE/TIME OUT	
9/26/23 12:52 pm	9/26/23 12:52 pm	
VEHICLE	CONTAINER	
SWAN 109		
REFERENCE		
BILL OF LADING 3169843		

SCALE IN GROSS WEIGHT	75,760	NET TONS	23.58	INBOUND
TARE OUT TARE WEIGHT	28,600	NET WEIGHT	47,160	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
13.58	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

Have a nice day. Thank you for your business!

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SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169843

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086			
f. Phone:			g. Phone:			
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
A 42152913324	9/8/2024	Excavated Soil		1 T	12yds	
B						
C						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature [Signature]		r. Date 9-26-23		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN Trucking #1109		
b. Phone: [Phone]		
c. Driver Name (Print) CHRIS HANLEY	d. Signature [Signature]	e. Date 9/26/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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) [Name]		f. Signature [Signature]	g. Date 9/26/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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
5B

TICKET #

1250498

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/26/23 2:14 pm

DATE/TIME OUT

9/26/23 2:14 pm

VEHICLE

SWAN 108

CONTAINER

REFERENCE

BILL OF LADING

3169844

INBOUND

INVOICE

SCALE IN GROSS WEIGHT 69,720 NET TONS 20.61
TARE OUT TARE WEIGHT 28,500 NET WEIGHT 41,220

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
20.61	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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SIGNATURE _____

RS-F042UPR (04/19)

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST****3169844**If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B					
C					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink Agent		r. Date 9-26-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan Trucking West 765 105		
b. Phone:		
c. Driver Name (Print) Therik Evans	d. Signature Therik Evans	e. Date 9/26/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5000 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) J. Hachee	f. Signature J. Hachee	g. Date 9-26-23	

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE	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 #	CELL
5B	1250500	
WEIGHMASTER Pam S.		
DATE/TIME IN 9/26/23 2:22 pm		DATE/TIME OUT 9/26/23 2:22 pm
VEHICLE SWAN 110		CONTAINER
REFERENCE		
BILL OF LADING 3169845		

SCALE IN GROSS WEIGHT	68,760	NET TONS	20.13	INBOUND
TARE OUT TARE WEIGHT	28,500	NET WEIGHT	40,260	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
20.13	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

Have a nice day. Thank you for your business!

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169845

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086			
f. Phone:			g. Phone:			
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
A 42152313324	9/8/2024	Excavated Soil		1 T	12yds	
B						
C						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous 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 IIc-e)

a. Transporter's Name and Address: Swan Trucking West TRUCK #110		
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: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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)	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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE	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 5B	TICKET # 1250503	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/26/23 2:31 pm		DATE/TIME OUT 9/26/23 2:31 pm
VEHICLE SWAN 114		CONTAINER
REFERENCE		
BILL OF LADING 3169846		

SCALE IN GROSS WEIGHT	65,400	NET TONS	18.15	INBOUND
TARE OUT TARE WEIGHT	29,100	NET WEIGHT	36,300	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
13.15	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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.

RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

3169846

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/3/2024	Excavated Soil	1	12yds	
		1250503 - 18.15 TON			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous 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 IIc-e)

a. Transporter's Name and Address: SWAN West #114		
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: Allied Waste Niagara Falls Landfill LLC 5000 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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)	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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE	
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 #	CELL
5B	1250507	
WEIGHMASTER		
Pam S.		
DATE/TIME IN		DATE/TIME OUT
9/26/23 2:39 pm		9/26/23 2:39 pm
VEHICLE		CONTAINER
SWANN 111		
REFERENCE		
BILL OF LADING 3169847		

SCALE IN GROSS WEIGHT	68,240	NET TONS	19.87	INBOUND
TARE OUT TARE WEIGHT	28,500	NET WEIGHT	39,740	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
10.00	YD	Tracking QTY				
19.87	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

Have a nice day. Thank you for your business!

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NET AMOUNT
TENDERED
CHANGE
CHECK#

RS-F042UPR (04/19)

SIGNATURE _____

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169847

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B					
C					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous 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 IIc-e)

a. Transporter's Name and Address: JWAN # 111		
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: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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)	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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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 #	CELL
5B	1250513	
WEIGHMASTER		
Pam S.		
DATE/TIME IN	DATE/TIME OUT	
9/26/23 2:54 pm	9/26/23 2:54 pm	
VEHICLE	CONTAINER	
SWAN 109		
REFERENCE		
BILL OF LADING 3169848		

SCALE IN GROSS WEIGHT	66,120	NET TONS	18.76	INBOUND
TARE OUT TARE WEIGHT	28,600	NET WEIGHT	37,520	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
18.76	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169848

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 85 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152313324	9/10/2024	Excavated Soil	1	T	12yds
B					
C					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature [Signature]		r. Date 9-26-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN TRUCKING #109		
b. Phone:		
c. Driver Name (Print) CHRIS HART	d. Signature [Signature]	e. Date 9/26/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 3600 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) S Hachee	f. Signature [Signature]	g. Date 9-26-23	

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
h. Signature			
*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			

SITE
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
5B

TICKET #
1250541

CELL

WEIGHMASTER
Pam S.

DATE/TIME IN
9/27/23 7:56 am

DATE/TIME OUT
9/27/23 7:56 am

VEHICLE
SWAN 109

CONTAINER

REFERENCE

BILL OF LADING 3169849

SCALE IN GROSS WEIGHT	69,520	NET TONS	20.46	INBOUND
TARE OUT TARE WEIGHT	28,600	NET WEIGHT	40,920	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
20.46	tn	SW-CONT SOIL Origin:NY-ERIE 100%				
1.00		ENVIRONMENTAL FEE 1				
Have a nice day Thank you for your business!						

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST****3169849**If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig V. Zink		q. Signature [Signature]		r. Date 9-27-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN TRUCKING		
b. Phone: #109		
c. Driver Name (Print) CHRIS HANLY	d. Signature [Signature]	e. Date 9/27/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Alfred Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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) P. G. Scott		f. Signature [Signature]	g. Date 9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

NIAGARA FALLS LANDFILL 716-282-6381

3600 Niagara Falls Blvd Niagara Falls, NY 14304

CUSTOMER

392142

SWAN TRUCKING

TONY ALU

LANCASTER, NY 14086

Contract:42152313324

Generator:65 Lake Avenue LLC

SITE
5B

TICKET #

1250550

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/27/23 8:00 am

DATE/TIME OUT

9/27/23 8:25 am

VEHICLE

SWAN 113

CONTAINER

REFERENCE

BILL OF LADING

3169850

SCALE IN GROSS WEIGHT	69,980	NET TONS	20.46
SCALE OUT TARE WEIGHT	29,060	NET WEIGHT	40,920

INBOUND

INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
29.46	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FER 1				
		Origin:NY-ERIE 100%				

Have a nice day. Thank you for your business!

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SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

3169850

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

113

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152013324	9/8/2024	Excavated Soil	1	7	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink Agent		r. Date 9-27-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan #113		
b. Phone: AL 568052		
c. Driver Name (Print) AL 568052	d. Signature	e. Date 9-27-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	c. US EPA Number	d. Discrepancy Indication 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) Scott	f. Signature P. J. Scott	g. Date 9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
h. Signature			
*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			

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 5B	TICKET # 1250548	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/27/23 8:21 am		DATE/TIME OUT 9/27/23 8:21 am
VEHICLE SWANN 111		CONTAINER
REFERENCE		
BILL OF LADING 3169851		

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

INBOUND
INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
12.32	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST****3169851**If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature [Signature]		r. Date 9-27-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN # 111		
b. Phone:		
c. Driver Name (Print) D. J. K...	d. Signature [Signature]	e. Date 9/27/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	c. US EPA Number	d. Discrepancy Indication 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) Py Scott	f. Signature [Signature]	g. Date 9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
h. Signature			
*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			

SITE	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 5B	TICKET # 1250555	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/27/23 8:38 am		DATE/TIME OUT 9/27/23 8:38 am
VEHICLE SWAN 114		CONTAINER
REFERENCE		
BILL OF LADING 3169852		

SCALE IN GROSS WEIGHT	72,520	NET TONS	21.71	INBOUND
TARE OUT TARE WEIGHT	29,100	NET WEIGHT	43,420	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
21.71	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				



Have a nice day. Thank you for your business!

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169852

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/8/2024	Excavated Soil 1250555 - 21.71 TONS	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink Agent		r. Date 9-27-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN West #114	
b. Phone:	
c. Driver Name (Print) Keith Lawrence	d. Signature Keith Lawrence
e. Date 9/27/23	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) P. Scott		f. Signature P. Scott	
g. Date 9/27/23			

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE 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 5B	TICKET # 1250562	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/27/23 8:47 am		DATE/TIME OUT 9/27/23 9:03 am
VEHICLE SWAN 102		CONTAINER
REFERENCE		
BILL OF LADING 3169853		

SCALE IN GROSS WEIGHT	68,940	NET TONS	19.98	INBOUND
SCALE OUT TARE WEIGHT	28,980	NET WEIGHT	39,960	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
19.98	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
Origin:NY-ERIE 100*						

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.

RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

102

3169853

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity
A. 42152313324	9/6/2024	Excavated Soil		1 T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink Agent		r. Date 9-27-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan Trucking west Truck #102		
b. Phone:		
c. Driver Name (Print) Tyler Hartigh	d. Signature Tyler Hartigh	e. Date 9-27-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 3600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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) P. J. Scott		f. Signature P. J. Scott	g. Date 9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE	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 #	CELL
5B	1250578	
WEIGHMASTER		
Pam S.		
DATE/TIME IN	DATE/TIME OUT	
9/27/23 10:00 am	9/27/23 10:00 am	
VEHICLE	CONTAINER	
SWAN 109		
REFERENCE		
BILL OF LADING 3169854		

SCALE IN GROSS WEIGHT	78,340	NET TONS	24.87	INBOUND
TARE OUT TARE WEIGHT	28,600	NET WEIGHT	49,740	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
13.00	YD	Tracking QTY				
24.87	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

Have a nice day. Thank you for your business!

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST****3169854**If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086			
f. Phone:			g. Phone:			
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
A 42152313324	9/8/2024	Excavated Soil		1 T	12yds	
B						
C						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Chris D. Zito		q. Signature Chris D. Zito		r. Date 9-27-23		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN TRUCKING #109		
b. Phone: Chris Handy		
c. Driver Name (Print) Chris Handy	d. Signature Chris Handy	e. Date 9/27/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) Chris Handy		f. Signature Chris Handy	g. Date 9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			


SITE
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 5B	TICKET # 1250584	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/27/23 10:14 am		DATE/TIME OUT 9/27/23 10:14 am
VEHICLE SWAN 113		CONTAINER
REFERENCE		
BILL OF LADING 3169855		

SCALE IN GROSS WEIGHT 78,860 NET TONS 24.93
TARE OUT TARE WEIGHT 29,000 NET WEIGHT 49,860

INBOUND
INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
24.93	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
						

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NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169855

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 05 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 05 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous 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 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: Allied Waste Niagara Falls Landfill LLC 3600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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)		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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE 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 5B	TICKET # 1250586	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/27/23 10:22 am		DATE/TIME OUT 9/27/23 10:22 am
VEHICLE SWANN 111		CONTAINER
REFERENCE		
BILL OF LADING 3169856		

SCALE IN GROSS WEIGHT	80,720	NET TONS	26.11	INBOUND
TARE OUT TARE WEIGHT	28,500	NET WEIGHT	52,220	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
26.11	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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NET AMOUNT
TENDERED
CHANGE
CHECK#

SIGNATURE _____

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature [Signature]		r. Date 9-27-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN #111		
b. Phone:		
c. Driver Name (Print) Fred Dutko	d. Signature [Signature]	e. Date 9/27/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
e. Name of Authorized Agent (Print) Pg Scott		f. Signature [Signature]		g. Date 9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE 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 5B	TICKET # 1250595	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/27/23 10:42 am		DATE/TIME OUT 9/27/23 10:42 am
VEHICLE SWAN 114		CONTAINER
REFERENCE		
BILL OF LADING 3169857		

SCALE IN GROSS WEIGHT	76,320	NET TONS	23.61	INBOUND
TARE OUT TARE WEIGHT	29,100	NET WEIGHT	47,220	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
23.61	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

3169857

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

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
A 42152313324	9/10/2024	Excavated Soil	1	23.61	12yds
B					
C					

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

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Craig D. Zide	[Signature]	9-27-23

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN WEST #114		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date
Keith Lange	[Signature]	9/27/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 3600 Niagara Falls Blvd, Niagara Falls NY	b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date
	[Signature]	9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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 5B	TICKET # 1250599	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/27/23 10:53 am	DATE/TIME OUT 9/27/23 10:53 am	
VEHICLE SWAN 102	CONTAINER	
REFERENCE		
BILL OF LADING 3169858		

SCALE IN GROSS WEIGHT 79,340 NET TONS 25.17
TARE OUT TARE WEIGHT 29,000 NET WEIGHT 50,340

INBOUND
INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
25.17	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

Have a nice day. Thank you for your business!

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SIGNATURE _____

RS-F042UPR (04/19)

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169858

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152013324	9/8/2024	Excavated Soil	1 T		12yds
B					
C					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink	r. Date 9-27-23		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan Trucking West Truck # 112		
b. Phone:		
c. Driver Name (Print) Tyler Herkigh	d. Signature Tyler Herkigh	e. Date 9-27-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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) P. J. Scott		f. Signature P. J. Scott	g. Date 9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE 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 5B	TICKET # 1250620	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/27/23 11:55 am		DATE/TIME OUT 9/27/23 11:55 am
VEHICLE SWAN 109		CONTAINER
REFERENCE		
BILL OF LADING 3169859		

SCALE IN GROSS WEIGHT	77,820	NET TONS	24.61	INBOUND
TARE OUT TARE WEIGHT	28,600	NET WEIGHT	49,220	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
24.61	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				



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.

RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST****3169859**If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152313324	9/10/2024	Excavated Soil	1	T	12yds
B					
C					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous 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 IIc-e)

a. Transporter's Name and Address: SWAN TRUCKING #109		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date
MORIS HANLEY		9/27/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 3600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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)		f. Signature	g. Date
RODOLPH WSKR		Robert Kuderski	9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both.			

SITE

NIAGARA FALLS LANDFILL 716-282-6381

5600 Niagara Falls Blvd Niagara Falls, NY 14304

5600 Niagara Falls Blvd Niagara Falls, NY 14304

CUSTOMER
392142
SWAN TRUCKING
TONY ALU
LANCASTER, NY 14086
Contract:42152313324
Generator:65 Lake Avenue LLC

Generator:65 Lake Avenue LLC

SITE 5B	TICKET # 1250627	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/27/23 12:19 pm		DATE/TIME OUT 9/27/23 12:19 pm
VEHICLE SWAN 113		CONTAINER
REFERENCE		
BILL OF LADING 3169860		

SCALE IN	GROSS WEIGHT	76,100	NET TONS	23.55
TARE OUT	TARE WEIGHT	29,000	NET WEIGHT	47,100

INBOUND
INVOICE

QTY.	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!

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)

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169860

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313024	9/8/2024	Excavated Soil	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig V. Zibik		q. Signature [Signature]		r. Date 9-27-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan #113		
b. Phone: No. 716-252-2222		
c. Driver Name (Print) [Name]	d. Signature [Signature]	e. Date 9-27-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 3600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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) [Name]		f. Signature [Signature]	g. Date 9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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
5B

TICKET #

1250629

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/27/23 12:22 pm

DATE/TIME OUT

9/27/23 12:22 pm

VEHICLE

SWANN 111

CONTAINER

REFERENCE

BILL OF LADING

3169861

SCALE IN GROSS WEIGHT 71,040 NET TONS 21.27
TARE OUT TARE WEIGHT 28,500 NET WEIGHT 42,540

INBOUND
INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
21.27	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169861

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:			g. Phone:			
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/8/2024	Excavated Soil		1 T	12yds	
B.						
C.						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink Agent		r. Date 9-27-23		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN 2111		
b. Phone:		
c. Driver Name (Print) Craig D. Zink	d. Signature Craig D. Zink	e. Date 9-27-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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) Craig D. Zink		f. Signature Craig D. Zink	g. Date 9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
h. Signature			
*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			

NIAGARA FALLS LANDFILL 716-282-6381
5600 Niagara Falls Blvd Niagara Falls, NY 14304

Contract:42152313324
Generator:65 Lake Avenue LLC

SITE 5B	TICKET # 1250633	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/27/23 12:41 pm		DATE/TIME OUT 9/27/23 12:41 pm
VEHICLE SWAN 114		CONTAINER
REFERENCE		
BILL OF LADING 3169862		

SCALE IN GROSS WEIGHT	74,480	NET TONS	22.69
TARE OUT TARE WEIGHT	29,100	NET WEIGHT	45,380

INBOUND
INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
22.69	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				

Origin: NY-ERIE 100%

SAFETY

Have a nice day. Thank you for your business!

Have a nice day. Thank you for your business!

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#



REPUBLIC
SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

3169862

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
A 42152313324	9/10/2024	Excavated Soil	1	12yds	
1250633 - 22.69 TON					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink Agent		r. Date 9-27-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN WEST #114		
b. Phone:		
c. Driver Name (Print) Keith Lange	d. Signature Keith Lange	e. Date 9/27/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 3600 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) P. J. Scott		f. Signature P. J. Scott	g. Date 9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
*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			

SITE

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

5B

TICKET

1250636

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/27/23 12:52 pm

DATE/TIME OUT

9/27/23 12:52 pm

VEHICLE

SWAN 102

CONTAINER

REFERENCE

BILL OF LADING

3169863

SCALE IN GROSS WEIGHT 72,900 NET TONS 21.95
TARE OUT TARE WEIGHT 29,000 NET WEIGHT 43,900

INBOUND
INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
13.00	YD	Tracking QTY				
21.95	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
Origin:NY-ERIE 100%						

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169863

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous 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 IIc-e)

a. Transporter's Name and Address: Swan West Trucking #102		
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: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
*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			

SITE

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
5B

TICKET #

1250652

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/27/23 1:54 pm

DATE/TIME OUT

9/27/23 1:54 pm

VEHICLE

SWAN 109

CONTAINER

REFERENCE

BILL OF LADING

3169864

SCALE IN GROSS WEIGHT 74,080 NET TONS 22.74
TARE OUT TARE WEIGHT 28,600 NET WEIGHT 45,480

INBOUND

INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
10.00	YD	Tracking QTY				
21.74	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

Have a nice day. Thank you for your business!

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169864

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/8/2024	Excavated Soil	1 T		12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Link		q. Signature [Signature]		r. Date 9-27-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN TRUCKING 7109		
b. Phone: CHRIS Handy		
c. Driver Name (Print)	d. Signature	e. Date
		9/27/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature [Signature]	g. Date 9/27/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
h. Signature			
*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			

SITE

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

5B

TICKET #

1250656

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/27/23 2:02 pm

DATE/TIME OUT

9/27/23 2:02 pm

VEHICLE

SWANN 111

CONTAINER

REFERENCE

BILL OF LADING

3169865

SCALE IN GROSS WEIGHT	69,900	NET TONS	20.70
TARE OUT TARE WEIGHT	28,500	NET WEIGHT	41,400

INBOUND

INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
20.70	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
Origin:NY-ERIE 100%						

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.

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

RS-F042UPR (04/19)

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST****3169865**If waste is asbestos waste, Complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink Agent		r. Date 9-27-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Summit = 111		
b. Phone:		
c. Driver Name (Print) 111 111 111	d. Signature 111 111 111	e. Date 9/27/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) S. Hacheco	f. Signature S. Hacheco	g. Date 9-27-23	

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
*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			

SITE 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 5B	TICKET # 1250659	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/27/23 2:20 pm		DATE/TIME OUT 9/27/23 2:20 pm
VEHICLE SWAN 113		CONTAINER
REFERENCE		
BILL OF LADING		3169866

SCALE IN GROSS WEIGHT	77,160	NET TONS	24.08	INBOUND INVOICE
TARE OUT TARE WEIGHT	29,000	NET WEIGHT	48,160	

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
24.08	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				



Have a nice day. Thank you for your business!

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NET AMOUNT
TENDERED
CHANGE
CHECK#

RS-F042UPR (04/19)

SIGNATURE _____

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST****3169866**If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
A 42152313324	9/8/2024	Excavated Soil	1	7	12yds
B					
C					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink Agent		r. Date 9-21-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SUNNY #113		
b. Phone: 716 344 4058		
c. Driver Name (Print) ALYSON	d. Signature [Signature]	e. Date 9-21-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) J. Hachee	f. Signature J. Hachee	g. Date 9-27-23	

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE 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 5B	TICKET # 1250665	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/27/23 2:47 pm		DATE/TIME OUT 9/27/23 2:47 pm
VEHICLE SWAN 114		CONTAINER
REFERENCE		
BILL OF LADING 3169867		

SCALE IN GROSS WEIGHT	82,180	NET TONS	26.54	INBOUND
TARE OUT TARE WEIGHT	29,100	NET WEIGHT	53,080	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
11.00	YD	Tracking QTY				
26.54	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

Have a nice day. Thank you for your business!

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169867

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/8/2024	Excavated Soil	1 T	12yds	
B.		1250665 - 26.54 TON			
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink		r. Date 9-27-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN WEST #114	
b. Phone:	
c. Driver Name (Print) Keith Lance	d. Signature Keith Lance
e. Date 9/27/23	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	c. US EPA Number	d. Discrepancy Indication 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) S. Hachue	f. Signature S. Hachue	g. Date 9-27-23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
h. Signature			
*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			

SITE

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

5B

TICKET #

1250669

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/27/23 3:10 pm

DATE/TIME OUT

9/27/23 3:10 pm

VEHICLE

SWAN 102

CONTAINER

REFERENCE

BILL OF LADING

3169868

SCALE IN GROSS WEIGHT	73,060	NET TONS	22.03	INBOUND
TARE OUT TARE WEIGHT	29,000	NET WEIGHT	44,060	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
10.00	YD	Tracking QTY				
22.03	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169868

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Lia D. Zink		q. Signature Lia D. Zink Agent		r. Date 9-27-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan west Trucking #102		
b. Phone:		
c. Driver Name (Print) Tyler Harkish	d. Signature Tyler Harkish	e. Date 9-27-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) S. Hachee		f. Signature S. Hachee	
		g. Date 9-27-23	

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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

5B

TICKET #

1250695

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/28/23 7:36 am

DATE/TIME OUT

9/28/23 7:36 am

VEHICLE

SWAN 109

CONTAINER

REFERENCE

BILL OF LADING

3169869

SCALE IN GROSS WEIGHT	71,360	NET TONS	21.38	INBOUND
TARE OUT TARE WEIGHT	28,600	NET WEIGHT	42,760	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
11.00	YD	Tracking QTY				
21.38	tn	SW-CONT SOIL				
1.00		ENVIRCNMENTAL FRE 1				
		Origin:NY-ERIE 100%				

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169869

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152313324	9/8/2024	Excavated Soil	1 T		12yds
B					
C					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D Zito		q. Signature Craig D Zito		r. Date 9-28-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN TRUCKING		
b. Phone: #109		
c. Driver Name (Print) Chris Hardy	d. Signature Chris Hardy	e. Date 9/28/24

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 3600 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) P. Scott		f. Signature P. Scott	g. Date 9/28/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
h. Signature			
*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			

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

SITE 5B	TICKET # 1250696	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/28/23 7:53 am		DATE/TIME OUT 9/28/23 7:53 am
VEHICLE SWAN 113		CONTAINER
REFERENCE		
BILL OF LADING 3169870		

SCALE IN GROSS WEIGHT	75,200	NET TONS	23.10	INBOUND
TARE OUT TARE WEIGHT	29,000	NET WEIGHT	46,200	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
11.00	YD	Tracking QTY				
14.10	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

Have a nice day. Thank you for your business!

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169870

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A-2152313324	9/8/2024	Excavated Soil	1	T	12yds
B					
C					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous 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 IIc-e)

a. Transporter's Name and Address: SUNON #113		
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: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	c. US EPA Number	d. Discrepancy Indication 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)	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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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
5B

TICKET #

1250701

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/28/23

8:09 am

DATE/TIME OUT

9/28/23

8:09 am

VEHICLE

SWANN 111

CONTAINER

REFERENCE

BILL OF LADING

3169871

SCALE IN GROSS WEIGHT 70,920 NET TONS 21.21
TARE OUT TARE WEIGHT 28,500 NET WEIGHT 42,420

INBOUND

INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
21.21	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
Origin:NY-ERIE 100%						

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.

SIGNATURE _____

RS-F042UPR (04/19)

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169871

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/10/2024	Excavated Soil	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zick		q. Signature Craig D. Zick Agent		r. Date 9-28-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Stewart #1111		
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: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	c. US EPA Number	d. Discrepancy Indication 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)	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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE 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 5B	TICKET # 1250712	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/28/23 8:28 am		DATE/TIME OUT 9/28/23 8:28 am
VEHICLE SWAN 102		CONTAINER
REFERENCE		
BILL OF LADING 3169872		

SCALE IN GROSS WEIGHT	69,180	NET TONS	20.09	INBOUND
TARE OUT TARE WEIGHT	29,000	NET WEIGHT	40,180	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
20.00	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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.

NET AMOUNT
TENDERED
CHANGE
CHECK#

RS-F042UPR (04/19)

SIGNATURE _____

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169872

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature Craig D. Zink		r. Date 9-28-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan Trucking West Inc #102		
b. Phone:		
c. Driver Name (Print) Tyler H. Smith	d. Signature Tyler H. Smith	e. Date 9-28-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	c. US EPA Number	d. Discrepancy Indication 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) P. J. Scott	f. Signature P. J. Scott	g. Date 9/28/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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
5B

TICKET #

1250727

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/28/23 9:43 am

DATE/TIME OUT

9/28/23 9:43 am

VEHICLE

SWAN 109

CONTAINER

REFERENCE

BILL OF LADING

3169873

SCALE IN GROSS WEIGHT 82,260 NET TONS 26.83
TARE OUT TARE WEIGHT 28,600 NET WEIGHT 53,660

INBOUND
INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
26.83	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
Origin:NY-ERIE 100%						

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.

SIGNATURE _____

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169873

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/8/2024	Excavated Soil	1 T		12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Link		q. Signature [Signature]		r. Date 9-28-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN TRUCKING		
b. Phone: #109		
c. Driver Name (Print) Chris Hardy	d. Signature [Signature]	e. Date 9/28/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	c. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) P. J. Scott		f. Signature [Signature]	g. Date 9/28/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE	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 5B	TICKET # 1250731	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/28/23 9:54 am	DATE/TIME OUT 9/28/23 9:54 am	
VEHICLE SWAN 113	CONTAINER	
REFERENCE		
BILL OF LADING 3169874		

SCALE IN GROSS WEIGHT	78,400	NET TONS	24.70	INBOUND
TARE OUT TARE WEIGHT	29,000	NET WEIGHT	49,400	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
24.70	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169874

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description		m. Containers No. Type
A 42152313324		9/8/2024	Excavated Soil		1 T 12yds
B					
C					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Zide		q. Signature Craig D. Zide		r. Date 9-28-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan #113		
b. Phone: AL Tarmuse		
c. Driver Name (Print) AL Tarmuse	d. Signature AL Tarmuse	e. Date 9-28-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY.		c. US EPA Number	d. Discrepancy Indication 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) P. Scott		f. Signature P. Scott	g. Date 9/28/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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 5B	TICKET # 1250736	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/28/23 10:10 am		DATE/TIME OUT 9/28/23 10:10 am
VEHICLE SWANN 111		CONTAINER
REFERENCE		
BILL OF LADING 3169875		

SCALE IN GROSS WEIGHT	73,880	NET TONS	22.69	INBOUND
TARE OUT TARE WEIGHT	28,500	NET WEIGHT	45,380	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
22.69	tn	SW-CONT SOIL Origin:NY-ERIE 100%				
1.00		ENVIRONMENTAL FEE 1				

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169875

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152313324	9/8/2024	Excavated Soil	1 T		12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous 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 IIc-e)

a. Transporter's Name and Address: SWAN #111		
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: Allied Waste Niagara Falls Landfill LLC 3600 Niagara Falls Blvd, Niagara Falls NY		b. US EPA Number	d. Discrepancy Indication 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)		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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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
5B

TICKET #

1250738

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/28/23 10:22 am

DATE/TIME OUT

9/28/23 10:22 am

VEHICLE

SWAN 102

CONTAINER

REFERENCE

BILL OF LADING

3169876

SCALE IN GROSS WEIGHT	71,400	NET TONS	21.20
TARE OUT TARE WEIGHT	29,000	NET WEIGHT	42,400

INBOUND

INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
21.20	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

Have a nice day. Thank you for your business!

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SIGNATURE

NET AMOUNT

TENDERED

CHANGE

CHECK#

RS-F042UPR (04/19)

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST****3169876**If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:			g. Phone:			
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
A 42152313024	9/8/2024	Excavated Soil		1 T	12yds	
B.						
C.						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature [Signature]		r. Date 9-28-23		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan Trucking West #102		
b. Phone:		
c. Driver Name (Print) Tyler Huchard	d. Signature [Signature]	e. Date 9-28-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	c. US EPA Number	d. Discrepancy Indication 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)	f. Signature [Signature]	g. Date 9/28/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE	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 5B	TICKET # 1250762	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/28/23 11:37 am	DATE/TIME OUT 9/28/23 11:37 am	
VEHICLE SWAN 109	CONTAINER	
REFERENCE		
BILL OF LADING 3169877		

SCALE IN GROSS WEIGHT	74,080	NET TONS	22.74	INBOUND
TARE OUT TARE WEIGHT	28,600	NET WEIGHT	45,480	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
22.74	tn	SW-CONT SOIL Origin:NY-ERIE 100%				
1.00		ENVIRONMENTAL FEE 1				

Have a nice day. Thank you for your business!

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue Lancaster, NY 14086		e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:		g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152313324	9/8/2024	Excavated Soil	1	T	12yds
B					
C					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous 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 IIc-e)

a. Transporter's Name and Address: SWAN TRUCKING #109		
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: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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)		i. Date	
*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			

SITE	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 5B	TICKET # 1250763	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/28/23 11:44 am	DATE/TIME OUT 9/28/23 11:44 am	
VEHICLE SWAN 113	CONTAINER	
REFERENCE		
BILL OF LADING 3169878		

SCALE IN GROSS WEIGHT	73,240	NET TONS	22.12	INBOUND
TARE OUT TARE WEIGHT	29,000	NET WEIGHT	44,240	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
22.12	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.

RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169878

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue f. Phone: Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue g. Phone: Lancaster, NY 14086		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A. 42152313324	9/8/2024	Excavated Soil	1 T		12yds
B.					
C.					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Craig D. Link		q. Signature Craig D. Link		r. Date 9-28-23	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Swan #113		
b. Phone: H.C. - 510 4000		
c. Driver Name (Print) Craig D. Link	d. Signature Craig D. Link	e. Date 9-28-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	b.	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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 5B	TICKET # 1250768	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/28/23 12:10 pm		DATE/TIME OUT 9/28/23 12:10 pm
VEHICLE SWANN 111		CONTAINER
REFERENCE		
BILL OF LADING 3169879		

SCALE IN GROSS WEIGHT	75,600	NET TONS	23.55
TARE OUT TARE WEIGHT	28,500	NET WEIGHT	47,100

INBOUND
INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
23.55	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
Origin:NY-ERIE 100%						

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SIGNATURE _____

RS-F042UPR (04/19)

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169879

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue			
f. Phone: Lancaster, NY 14086			g. Phone: Lancaster, NY 14086			
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/8/2024	Excavated Soil		1 T	12yds	
B.						
C.						

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

p. Generator Authorized Agent Name (Print)		q. Signature	r. Date
[Signature]		[Signature]	9-22-23

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN # 111		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date
[Signature]	[Signature]	9/22/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication 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)		f. Signature	g. Date
[Signature]		[Signature]	9/28/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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	
[Signature]		[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 renovation operation or both			

SITE

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
5B

TICKET #

1250772

CELL

WEIGHMASTER

Pam S.

DATE/TIME IN

9/28/23 12:30 pm

DATE/TIME OUT

9/28/23 12:30 pm

VEHICLE

SWAN 102

CONTAINER

REFERENCE

BILL OF LADING

3169880

SCALE IN GROSS WEIGHT	75,060	NET TONS	23.03
TARE OUT TARE WEIGHT	29,000	NET WEIGHT	46,060

INBOUND

INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
23.03	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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SIGNATURE _____

RS-F042UPR (04/19)

NET AMOUNT

TENDERED

CHANGE

CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169880

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:			g. Phone:			
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	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/8/2024	Excavated Soil	1	T	12yds	
B.						
C.						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous 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 IIc-e)

a. Transporter's Name and Address: Swan Trucking West #102		
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: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE	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 5B	TICKET # 1250786	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/28/23 1:37 pm		DATE/TIME OUT 9/28/23 1:37 pm
VEHICLE SWAN 109		CONTAINER
REFERENCE		
BILL OF LADING 3169881		

SCALE IN GROSS WEIGHT	70,800	NET TONS	21.10	INBOUND
TARE OUT TARE WEIGHT	28,600	NET WEIGHT	42,200	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
21.10	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
		Origin:NY-ERIE 100%				

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC
SERVICES****NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

3169881

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

I. GENERATOR (Generator completes la-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:			g. Phone:			
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/8/2024	Excavated Soil		1 T	12yds	
B.						
C.						

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

p. Generator Authorized Agent Name (Print) D. Z...	q. Signature [Signature]	r. Date 9-28-23
---	-----------------------------	--------------------

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SWAN TRUCKING #109		
b. Phone:		
c. Driver Name (Print) CHRIS HAND	d. Signature [Signature]	e. Date 9/28/23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd. Niagara Falls NY		b. US EPA Number	d. Discrepancy Indication 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) P. J. Scott	f. Signature [Signature]	g. Date 9/28/23	

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE

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 5B	TICKET # 1250788	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/28/23 1:48 pm		DATE/TIME OUT 9/28/23 1:48 pm
VEHICLE SWAN 113		CONTAINER
REFERENCE		
BILL OF LADING 3169882		

SCALE IN GROSS WEIGHT 72,580 NET TONS 21.79
TARE OUT TARE WEIGHT 29,000 NET WEIGHT 43,580

INBOUND
INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
21.79	tn	SW-CONT SOIL				
1.00		ENVIRONMENTAL FEE 1				
						

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SIGNATURE _____

RS-F042UPR (04/19)

NET AMOUNT

TENDERED

CHANGE

CHECK#



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

3169882

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of		
d. Generator's Name and Location: 65 Lake Avenue LLC 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086			
f. Phone:			g. Phone:			
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	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
A. 42152313324	9/8/2024	Excavated Soil		1 T	12yds	
B.						
C.						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
p. Generator Authorized Agent Name (Print) Craig D. Zink		q. Signature [Signature]		r. Date 9-23-23		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Sura #115		
b. Phone: HL 301-2158		
c. Driver Name (Print) [Name]	d. Signature [Signature]	e. Date 1-25-23

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY		c. US EPA Number	d. Discrepancy Indication Space: Over Approved Tonnage OK Russ
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) [Name]		f. Signature [Signature]	g. Date 9/28/23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			

SITE	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 5B	TICKET # 1250792	CELL
WEIGHMASTER Pam S.		
DATE/TIME IN 9/28/23 2:11 pm		DATE/TIME OUT 9/28/23 2:11 pm
VEHICLE SWANN 111		CONTAINER
REFERENCE		
BILL OF LADING 3169883		

SCALE IN GROSS WEIGHT	63,240	NET TONS	17.37	INBOUND
TARE OUT TARE WEIGHT	28,500	NET WEIGHT	34,740	INVOICE

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
12.00	YD	Tracking QTY				
17.37	tn	SW-CONT SOIL. Origin:NY-ERIE 100%				
1.00		ENVIRONMENTAL FEE 1				

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RS-F042UPR (04/19)

SIGNATURE _____

NET AMOUNT
TENDERED
CHANGE
CHECK#

**REPUBLIC**
SERVICES**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 65 Lake Avenue Lancaster, NY 14086			e. Generator's Mailing Address: 65 Lake Avenue LLC 32 Central Avenue Lancaster, NY 14086		
f. Phone:			g. Phone:		
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	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
A 42152313324	9/10/2024	Excavated Soil	1	T	12yds
B					
C					

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

p. Generator Authorized Agent Name (Print) Craig V. Zink		q. Signature <i>[Signature]</i>	r. Date 9-28-23
---	--	------------------------------------	--------------------

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SILVER HILL		
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: Allied Waste Niagara Falls Landfill LLC 5600 Niagara Falls Blvd, Niagara Falls NY	c. US EPA Number	d. Discrepancy Indication 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) S. Hachee	f. Signature <i>[Signature]</i>	g. Date 9-28-23

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:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> 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 renovation operation or both			