



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

138517

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

Handwritten notes:
PAID
3/15/11

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: Bend, IN - Former Studebaker Foundry Building 1100 Prairie Avenue			e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works 1316 City-County Building 227 West Jefferson Blvd		
f. Phone: South Bend, IN 46601 574-235-5920-Toy			g. Phone: South Bend, IN 46601		
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
4714 11 1332	1/27/2012	Friable & Non-Friable Asbestos	375 66 (1P W/10)	66 2 P/10	4000 4000

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.

Jeffrey Teagarden		<i>Signature</i>		3/15/11	
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: Reliable Disposal - Republic Services 7227 Reliable Path Livonia, MI			b. Phone: 800-813-8144		
c. Driver Name (Print) DAVE OLMSTAD		d. Signature <i>Signature</i>		e. Date 3-15-11	

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

a. Disposal Facility and Site Address: County Line Landfill 7922 N Old US Highway 31 Argos, IN		c. US EPA Number 46-3		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) KIM MOULDER		f. Signature <i>Signature</i>		g. Date 3/15/11	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Dore & Associates Bay City, MI		c. Responsible Agency Name and Address: IDEM	
b. Phone: 989-684-8358		d. Phone:	
e. Special Handling Instructions and Additional Information: Friable ACM must be wetted, wrapped, labeled in accordance with all federal, state & local regulations...			
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 proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
Jeffrey Teagarden, Vice President			
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			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

138518

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

4714 11 1332
H.F.S.

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: Bend, IN - Former Studebaker Foundry Building 1100 Prairie Avenue			e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works 1316 City-County Building 227 West Jefferson Blvd.			
f. Phone: South Bend, IN 46601		574-235-5920-Tov		g. Phone: South Bend, IN 46601		
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
4714 11 1332	1/27/2012	Friable & Non-Friable Asbestos	150 20 100		4300	400
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.						
Jeffrey Teagarden		[Signature]		2/21/11		
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: Reliable Disposal - Republic Services 7227 Reliable Path		
b. Phone: Stevesville, MI	800-813-3144	
DAVE OLIVSTAD	[Signature]	2-21-11
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: County Line Landfill 7922 N Old US Highway 31 Argos, IN		b. Phone: 574-224-8483	c. US EPA Number: 45-3	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.				
KIM ROESCHKE		[Signature]		2/21/11
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: Dore & Associates Bay City, MI		c. Responsible Agency Name and Address: IDEM	
b. Phone: 989-684-8358		d. Phone:	
e. Special Handling Instructions and Additional Information: Friable ACM must be wetted, wrapped, labeled in accordance with all federal, state & local regulations...			
f. <input checked="" 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 proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
Jeffrey Teagarden, Vice President		[Signature]	
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	



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

247320
4.87

138519

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: Bend, IN - Former Studabak Foundry Building 1100 Prairie Avenue			e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works 1316 City-County Building 227 West Jefferson Blvd.		
f. Phone: South Bend, IN 46601		574-235-5920-Toy		g. Phone: South Bend, IN 46601	
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		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
4714 11 1332	1/27/2012	Friable & Non-Friable Asbestos	Bladder Bag	PA	400H	400

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.

Jeffrey Teagarden		<i>Jeffrey Teagarden</i>		2/27	
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: Reliable Disposal - Republic Services 7227 Reliable Path Stevensville, MI 49127			800-813-3144		
DAVE OLMSTRAD		<i>Dave Olmstrad</i>		2-21-11	
c. Driver Name (Print)		d. Signature		e. Date	

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

a. Disposal Facility and Site Address: County Line Landfill 7822 N Old US Highway 31 Argos, IN		b. US EPA Number 25-3		574-224-6483		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.							
M. Smith		<i>M. Smith</i>		2.22.11			
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: Dore & Associates Bay City, MI		c. Responsible Agency Name and Address: IDEM			
b. Phone: 989-684-8358		48707			
d. Phone:					
e. Special Handling Instructions and Additional Information: Friable ACM must be wetted, wrapped, labeled in accordance with all federal, state & local regulations...					
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 proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Jeffrey Teagarden, Vice President		<i>Jeffrey Teagarden</i>		2/22/11	
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					



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

138520

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

Handwritten: AT 1385 5.40

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator's Name and Location (Bend, IN), Mailing Address, Phone numbers, and Waste Profile # 4714 11 1332.

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.

Form I continued: Jeffrey Teagarden, Generator Authorized Agent Name (Print), Signature, and Date 2/23/11.

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

Form II: Transporter information including Name and Address (Reliable Disposal - Republic Services), Phone, Driver Name (DAVE OUNSTAD), Signature, and Date 2-23-11.

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

Form III: Destination information including Disposal Facility and Site Address (County Line Landfill), US EPA Number (25.3), Discrepancy Indication Space, and Name of Authorized Agent (RIM ROYALTY).

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator's Name and Address (Dore & Associates), Responsible Agency Name and Address (IDEM), Special Handling Instructions (Friable ACM must be wetted, wrapped, labeled...), and Operator's Certification signed by Jeffrey Teagarden, Vice President, dated 2/23/11.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

138521

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: South Bend, IN - Former Studebaker Foundry Building 1100 Fraire Avenue			e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works 1316 City-County Building 227 West Jefferson Blvd.		
f. Phone: South Bend, IN 46601 574-235-5920-Tov			g. Phone: South Bend, IN 46601		
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
4714 11 1332	1/27/2012	Friable & Non-Friable Asbestos			
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.					
Jeffrey Teagarden			[Signature]		3-2-11
Generator Authorized Agent Name (Print)			d. Signature		r. Date

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

a. Transporter's Name and Address: Reliable Disposal - Republic Services 7227 Reliable Path Stevensville, MI			b. Phone: 800-813-3144		
c. Driver Name (Print) Dave Omslow		d. Signature [Signature]		e. Date	

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

a. Disposal Facility and Site Address: County Line Landfill 7922 N Old US Highway 31 Argos, IN		b. US EPA Number 574-224-8483	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: Dore & Associates Bay City, MI		c. Responsible Agency Name and Address: IDEM	
b. Phone: 988-884-8358		d. Phone:	
e. Special Handling Instructions and Additional Information: Friable ACM must be wetted, wrapped, labeled in accordance with all federal, state & local regulations...			
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 proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
Jeffrey Teagarden, Vice President		[Signature]	
g. Operator's Name and Title (Print)		h. Signature	
		i. Date 3-2-11	
*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			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

138522

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

4/7/11 6.60

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: 1 Bend, IN - Former Studebaker Foundry Building 1100 Prairie Avenue			e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works 1318 City-County Building 227 West Jefferson Blvd		
f. Phone: South Bend, IN 46601 574-235-5920-Toy		g. Phone: South Bend, IN 46601			
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
4714 11 1332	1/27/2012	Friable & Non-Friable Asbestos	390	72	4048 4048

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.

Jeffrey Teagarden	<i>[Signature]</i>	3/7/11
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: Reliable Disposal - Republic Services 7227 Reliable Path		
b. Phone: Stevensville, MI	800-813-3144	
DAVE OLMSTAD	<i>[Signature]</i>	3-7-11
c. Driver Name (Print)	d. Signature	e. Date

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

a. Disposal Facility and Site Address: County Line Landfill 7922 N Old US Highway 31		b. Argos, IN	c. US EPA Number 40.3	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.				
<i>[Signature]</i>		<i>[Signature]</i>		3/7/11
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: Dore & Associates Bay City, MI		c. Responsible Agency Name and Address: IDEM		
b. Phone: 989-684-8358		d. Phone:		
e. Special Handling Instructions and Additional Information: Friable ACM must be wetted, wrapped, labeled in accordance with all federal, state & local regulations...				
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 proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.				
Jeffrey Teagarden, Vice President		<i>[Signature]</i>		3/7/11
g. Operator's Name and Title (Print)		h. Signature		i. Date



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

188523

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

4/8/13/11

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: Bend, IN - Former Studebaker Foundry Building 1100 Prairie Avenue			e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works 1316 City-County Building 227 West Jefferson Blvd.			
f. Phone: South Bend, IN 46601 574-235-5920-Tel			g. Phone: South Bend, IN 46601			
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.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
4714 11 1332	1/27/2012	Friable & Non-Friable Asbestos	495	Bag	4040	4040

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.

Jeffrey Teagarden	<i>Jeffrey Teagarden</i>	3/9/11
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: Reliable Disposal - Republic Services 7227 Reliable Path		
b. Phone: Stevensville, MI	800-813-3144	
DAVE OLIVIERO	<i>Dave Oliviero</i>	3-9-11
c. Driver Name (Print)	d. Signature	e. Date

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

a. Disposal Facility and Site Address: County Line Landfill 7922 N Old US Highway 31 Argos, IN	b. 574-224-8483	c. US EPA Number AD-3	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.			
<i>Jim Proch</i>	<i>Jim Proch</i>	3/9/11	
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: Dore & Associates Bay City, MI		c. Responsible Agency Name and Address: IDEM	
b. Phone: 989-684-8358		d. Phone:	
e. Special Handling Instructions and Additional Information: Friable ACM must be wetted, wrapped, labeled in accordance with all federal, state & local regulations...			
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 proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
Jeffrey Teagarden, Vice President		<i>Jeffrey Teagarden</i>	
g. Operator's Name and Title (Print)		h. Signature	
		i. Date 3/9/11	
*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			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

138524

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

Handwritten signature/initials

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: Bend, IN - Former Studsbakr Foundry Building 1100 Prairie Avenue			e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works 1316 City-County Building 227 West Jefferson Blvd.			
f. Phone: South Bend, IN 46601		574-235-5920-Toy		g. Phone: South Bend, IN 46601		
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
4714 11 1332	1/27/2012	Friable & Non-Friable Asbestos	500	bag	4040	4040
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 265 and is no longer a hazardous waste as defined by 40 CFR 261.						
Jeffrey Teagarden		<i>Signature</i>		3-16-11		
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: Reliable Disposal - Republic Services 7227 Reliable Path		
b. Phone: Stevensville, MI	800-813-3144	
<i>DAVE OUNSTAD</i>	<i>Signature</i>	3-16-11
c. Driver Name (Print)	d. Signature	e. Date

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

a. Disposal Facility and Site Address: County Line Landfill 7922 N Old US Highway 31 Argos, IN		b. Phone: 574-224-6483	c. US EPA Number: 16-3	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.				
<i>Signature</i>		<i>Signature</i>		3-16-11
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: Dore & Associates Bay City, MI		c. Responsible Agency Name and Address: IDEM		
b. Phone: 989-684-8358		d. Phone:		
e. Special Handling Instructions and Additional Information: Friable ACM must be wetted, wrapped, labeled in accordance with all federal, state & local regulations...				
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 proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.				
Jeffrey Teagarden, Vice President		<i>Signature</i>		3-16-11
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				



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

138525

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

248545
665

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: Berid, IN - Former Studebaker Foundry Building 1100 Prairie Avenue			e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works 1318 City-County Building 227 West Jefferson Blvd.		
f. Phone: South Bend, IN 46801 574-235-5920-Toy			g. Phone: South Bend, IN 46801		
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
4714 11 1332	1/27/2012	Friable & Non-Friable Asbestos		480 bags	4050
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.					
Jeffrey Teagarden			[Signature]		3-16-11
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: Reliable Disposal - Republic Services 7227 Reliable Path		
b. Phone: Stevesville, MI	800-813-3144	
c. Driver Name (Print)	d. Signature	e. Date
DAVE OLMSHEAD	[Signature]	3-16-11

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

a. Disposal Facility and Site Address: County Line Landfill 7922 N Old US Highway 31		b. Argos, IN	c. US EPA Number	d. Discrepancy Indication Space:
		574-224-6483	253	
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
M. Smith		[Signature]		3-16-11

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

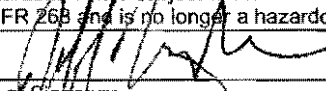
a. Operator's Name and Address: Dore & Associates Bay City, MI		c. Responsible Agency Name and Address: IDEM	
b. Phone: 989-684-8358		d. Phone:	
e. Special Handling Instructions and Additional Information: Friable ACM must be wetted, wrapped, labeled in accordance with all federal, state & local regulations...			
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 proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
Jeffrey Teagarden, Vice President		[Signature]	
		i. Date	
		3-16-11	

138526

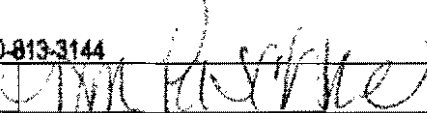
 If waste is asbestos waste, complete Sections I, II, III and IV
 If waste is NOT asbestos waste, complete Sections I, II and III

 34671
 10.14

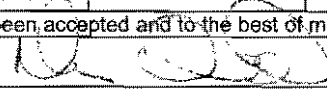
I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: 1 Bend, IN - Former Studdaker Foundry Building 1100 Prairie Avenue			e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works 1316 City-County Building 227 West Jefferson Blvd.		
f. Phone: South Bend, IN 46601 574-236-5920-Tog			g. Phone: South Bend, IN 46601		
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
4714 11 1332	1/27/2012	Friable & Non-Friable Asbestos		485 bags	4040
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.					
Jeffrey Teagarden					3-18-11
p. Generator Authorized Agent Name (Print)			q. Signature		r. Date

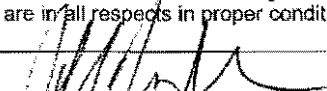
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Reliable Disposal - Republic Services 7227 Reliable Path Stevensville, MI 800-813-3144			
b. Driver Name (Print)	d. Signature		e. Date
Jim Klockner			3/18/11

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

a. Disposal Facility and Site Address: County Line Landfill 7922 N Old US Highway 31 Argos, IN 574-224-8483		c. US EPA Number 15.3	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
Dave Omszoff			3-18-11

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Dore & Associates Bay City, MI 989-684-8358		c. Responsible Agency Name and Address: IDEM	
e. Special Handling Instructions and Additional Information: Friable ACM must be wetted, wrapped, labeled in accordance with all federal, state & local regulations...			
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 proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		i. Date	
Jeffrey Teagarden, Vice President		3-18-11	
h. Signature		i. Date	
		3-18-11	