

GENERATOR (Generator completes la-r)

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If weste is unbestes wente, complete Sections I, II, III and IV If waste is **NOT** subestes weste, complete Sections I, II and III

c. Page 1 of CHARGE. MV of Type

a. Generator's US EPA ID Number b. Marifest Décurrent Number d. Generator's Norne and Location: a, Generalor's Maling Address: City of South Bend, it's - Board of Public Works 1316 City-County Building 227 West Jaillanson Blvd. City of South Bend, IN - Fermer Studehales: Engineering Building 410 West Samole Street South Bend, IN Scalle Bend, IN L. Phone: 574-285-8920 - Toy Villa a. PhosessAME If owner of the generating facility differs from the generator, provide: L Owner's Phone No.: L Waste Shipping Name and h. Omner's Name J. Waste Profile # k. Exp. Date · m. Containers Description 8 4714 11 1333 27 JAN 2012 Friable & Non-Mable ACM 160 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, discalled and packaged, and is in proper condition for transpartation according to applicable regulations; AND, If this waste is a treatment residue of a previously restricted hazarstone, subject to the Land Disposel Rastrictions. I certify end wereant that the waste has been treatment residue of the previously restricted hazarstone, subject to the Land Disposel Rastrictions. I certify end wereant that the waste has been treated in accordance with the requirements of 4D CPR 260 and is not longer a hazardone waste as defined by 40 CPR 261. Jaffrey Teatracien p. Generalor Asilhurizasi Agent Nama (Print) TRANSPORTER (Generator completes fla-b and Transporter completes lice) a. Transporter's Namo and Address Reliable Disposal - Republic Services 7227 Reliable Path b. Phone: 800-813-3144 e. Differ Name (Puth) d Sanuture DEBTINATION (Generator complete lifa-c and Destination Site completes lifd-g) o, US EPA Number a. Dispasai Pacilily and Sile Address. d. Discrepancy Indication Strace: County Line Lendie 7922 N Old US Highway 31 Argae, IN

b. Phone: 5746294-64IR

I territy certify lifted the shore natised material has been accepted and to the be

(i)

(ii)

(iii)

(iii)

(iii)

(iii)

(iii)

(iii)

(iii) Arges, IN at my knowfadge the fungeling is true un g. Date ASSESTOS (Generator completes IVa-f and Operator complete IVg-I) a. Operator's Name and Address: o. Responatola Agency Name and Address: Draw & Anacobstan Bay City, Mi IDEM b. Phone: 989-984-8358
c. Special Handling Instructions and Additional Information: d. Phone: Friebje ACM raust be welted, wropped, labeled in accomiance with all indores, state & facal regulations ... t. De Frisbbe De Non-Frieble Deth % Frisble % Mon-Frieble
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accountely described above by proper ehipping memo and are classified, packed, marked and inheled and are are in elikespicitis in proper condition for transport by highway according to applicable laternational and andininger istaeransvog lanciten Jelirey Teagarden, Vice President 6 g. Operator's (Spine-and Title (Print) / 1. Significant | 1. Date
"Operator retiris to the company which comes, lesses, operates, controls, or supervises the facility being demolished or senovated, or the demolition or Libera renovation operation ar both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

138578

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

GENERATOR (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: e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works iend, IN - Former Studebaker Engineering Building 1318 City-County Building 227 West Jefferson Blvd 1100 Praine Avenue South Bend, IN 40001 g. Phone: South Bend, IN 46601 574-235-5920-Toy f. Phone: If owner of the generating facility differs from the generator, provide: i. Owner's Phone No.: h. Owner's Name: j. Waste Profile # k, Exp. Date I. Waste Shipping Name and m. Containers n. Total o. Unit Wt/Vol Description No. Quantity Type 4714 11 1333 1/27/2012 Friable & Non-Friable Asbestos Lake w 44 44 654 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 Teaganden r. Date p. Generator Authorized Agent Name (Print) q. Signature TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) 11. a. Transporter's Name and Address: Reliable Disposal - Republic Services 7227 Reliable Path b. PhoneStevesenville, MI c. Driver Name (Print) Signature e. Date **DESTINATION** (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: County-Line Landfill 7922 N Old US Highway 31 Argos, IN 574-224-6483 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. Śignature 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; Dore & Associates **IDEM** Bay City, MI 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. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by 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

138579

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

AT COM

I. GENERATOR (Generate	or completes	a-г)					jang ru			
a. Generator's US EPA ID Number	ment Number c. Page 1 of									
d. Generator's Name and Location: iend, IN - Former Studebaker En 1100 Preine 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	1	South Bend,	-	-	११६७। उसाधावरता ह	NACE.				
If owner of the generating facility differs fr	^		g. Friorie.	ACAMATI ENGRETA	. 114 -4000	<u> </u>				
		. 61.								
h. Owner's Name: i. Waste Profile #	i. Owner's Phone No.: ipping Name and m. Containers n. Total o. Unit									
j. 17050 1 12110 17	Description				Туре	Quantity	Wt/Vol			
4714 11 1333	1/27/2012	Fnable & f	Fnable & Non-Friable Asbestos			witter.	4340;	\J 3/ ₄		
				Water and a second	g. ÷			 , 		
		1		W						
							,			
							3	[]		
		# # # #		To the second second			! - :			
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	Cilicites of the C	X IV 200 and is no ion	ger a nazaroos e	*2365 03 06	mica by -	1 5 % 1 /				
	m&)		- C 21/ 12/4/11							
p. Generator Authorized Agent Name (Pri II. TRANSPORTER (Gene	······································	q. Signature		lataa II.a a	. 3	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. PhoneStevesenville, MI 800-813-3144										
DAVE D(MSTEAD)	2-17-11									
c. Driver Name (Print)	gnature			, ,		***************************************				
III. DESTINATION (Genera			ation Site com	pletes Illa	e. Date I-g)					
a. Disposal Facility and Site Address:		c. US EPA Nur		ancy Indica	 /	æ:		····		
County Line Landfill		1063								
7922 N Old US Highway 31										
b. Argos IN 574-224-6483 Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.										
If hereby certify that the above named ma	accepted and to the b	est of my knowled	ige the fore	going is t	rue and ac	and accurate.				
MINICAL		<u> </u>		<u> </u>						
e. Name of Authorized Agent (Print)	naturė					·				
IV. ASBESTOS (Generator	completes I\	/a-f and Operator			****		· · · · · · · · · · · · · · · · · · ·			
a. Operator's Name and Address: C. Responsible Agency Name and Address:										
Bay City, MI	IDEM									
b. Phone 989-684-8358	fional Information		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. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereb		Friable se contents of this con	% Non-Friable isignment are fully	and accurs	itely desc	ribed abov	e by proper shinr	oing name		
and are classified, packed, marked and la national governmental regulations.	abeled and are i									
Jeffrey Teagarden, Vice f	resident	I was	** ** ********************************			(\cdot,\cdot)				
g. Operator's Name and Title (Print)		gnature	***************************************		i, Date					
*Operator refers to the company which or renovation operation or both	wns, leases, ope	erates, controls, or sup	pervises the facility	y being dem	olished o	r renovate	d, or the demolitic	on or		



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

138580

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

THE V

 GENERATOR (Generate 	or completes	la-r)					is a				
a. Generator's US EPA ID Number	b. Manifest Document Number				c. Page 1 of						
d. Generator's Name and Location: lend, IN - Former Studebaker En	-	e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works									
1100 Praine Avenue			1316 City	-County Bui	iding 227	West Jefferson	Blvd.				
1100 Praine Avenue f. Phone: South Bend, IN 46601	g. Phone:	South Ber	nd, IN 4660	1							
If owner of the generating facility differs from											
h. Owner's Name: i. Waste Profile #	I Miggto Chin	i, Owner's Ph		m. Con	tainer	n. Total	o. Unit				
j. vvaste Profile #	k. Exp. Date	Waste Shipping Name and Description			No.	Туре	Quantity	Wt/Vol			
4714 11 1333	1/27/2012	Friable & N	Friable & Non-Friable Asbestos			1,	1-5-64	high di			
								# # # # # # # # # # # # # # # # # # #			
,								A de de la constante de la con			
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		(1)			2 (3 () ()						
p. Generator Authorized Agent Name (Pri	nt)	g. Signature				r. Date					
II. TRANSPORTER (Gene			nsporter con	noletes lic	c-e)						
a. Transporter's Name and Address: Reliable Disposal - Republic Services 7227 Reliable Path b. PhoneStevesenville, MI 800-818-3144											
DAVE OLMSTOAN		人们不	7			-21-01					
c. Driver Name (Print)	e (Print) d. Signature				e. Date						
III. DESTINATION (Genera	tor complete	Illa-c and Destina	ation Site co	mpletes	llld-g)						
a. Disposal Facility and Site Address: County Line Landfill 7922 N Old US Highway 31 b. Argos, IN 574-224-6483											
I hereby certify that the above named ma	terial has been a	accepted and to the b	est of my know	ledge the fo	oregoing is tr	ue and ac	curate.				
KING MULLING	<u> </u>	. Klish	K X		12/16	<u> </u>	27611				
e. Name of Authorized Agent (Print)		nature			g. Dáte						
IV. ASBESTOS (Generator	completes IV	/a-f and Operator		Co r							
a. Operator's Name and Address: C. Responsible Agency Name and Address:											
Bay City, MI b. Phone 989-684-8358	, IDEM										
e. Special Handling Instructions and Addi	tional Informatio	n:	d. Phone:				, blibba	1			
Friable ACM must be well			rdance with:	all federa	l, state & l	ocal reg	ulations				
f. Friable Non-Friable Bott	1 %	Friable	% Non-Friabl	e							
OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and la national governmental regulations.											
Jeffrey Teagarden, Vice F	1 de l'éle	2,61,000			217111						
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											
"Operator refers to the company which of renovation operation or both	wns, leases, ope	rates, controls, or sup	pervises the fac	ility being d	emolished o	r renovate	a, or the demoli	lion or			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST/

138581

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

I. GENERATOR (Generate	ar cama	lotos	la-r\					Ų,				
L. GENERATOR (Generator completes la Generator's US EPA ID Number			······································	b. Manifest Document Number					c. Page 1 of			
d. Generator's Name and Location: lend, IN - Former Studebaker Engineering Buildin 1100 Praine Avenue			ing	e. Generator's Mailing Address: Gity of South Bend, IN - Board of Public Works 1316 City-County Building 227 West Jefferson Blvd.								
f. Phone: South Bend, IN 46601 574-235-59				N/	g. Phone:	South Ben	d. IN 4860)1				
If owner of the generating facility differs fr												
h. Owner's Name: i. Owner's Phone No.:												
j. Waste Profile #	ile # k. Exp. Date				pping Name a	nd	m. Containers n. Total			a. Unit		
haddadailli illii illii yyyyyy				Description		No.	Туре	Quantity	Wt/Vol			
4714 11 1333	1/27/2012			Frieble & Non-Frieble Asbestos (DSales Sloss)				Loff.	4040	सुर		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, constate is a treatment residue of a previous been treated in accordance with the requirements.	lassified a	nd pa ed ha:	ckaged zardous	, and is in prop ∡∧aste subjec	per condition to the Land I	for transportation Disposal Restri	on accordi ictions. I d	ng to appli ertify and v	cable regulations; varrant that the will 1.	AND, if this aste has		
Jeffrey Teagarden			4	MIX			3-21-11					
p. Generator Authorized Agent Name (Pr	**************************************		q. Sigd					r. Date				
II. TRANSPORTER (Gene	erator co	mple	etes la	a-b and Tra	nsporter co	ompletes lic-	<u>-e)</u>		***************************************			
a. Transporter's Name and Address:										***************************************		
Reliable Disposal - Republic Services												
7227 Reliable Path												
b. PhoneStevesenville, MI 800-813-3144												
DAJE OLMSTERIO	MIT ALMERTAN A LA				> 3-21-11							
c. Driver Name (Print)					e. Date							
III. DESTINATION (Genera	tor com				ation Cita	sompletee II						
	IOI COM	piete					Ψ,					
a. Disposal Facility and Site Address: County Line Landfill C. US EPA Number d. Discrepancy Indication Space:												
7922 N Old US Highway 31												
4 most (N) 574 224 8492												
- /			I	aland to the	Act of my lene	uudadaa tha far	anaina in i	brud and a	Aires /			
hereby certify that the above named material has been accepted and					ascornly kin	Miede are io		1 0 1				
IM / Carrer	;	J) [[(<u> </u>	· ICAIL								
e. Name of Authorized Agent (Print) f. Signa			**************************************									
IV. ASBESTOS (Generator	comple	tes I	√a-f a	nd Operator	r complete	IVg-i)						
a. Operator's Name and Address: Dore & Associates		•			c. Respons	ible Agency Na	ime and A	ddress:				
Bay City, MI		`	, S			IDEM						
b. Phone 989-684-8358 e. Special Handling Instructions and Add	itional Info	rmatic	าก:		d. Phone:							
Friable ACM must be wetted, wrapped, labeled in accordance with all federal, state & local regulations												
f. ☐ Friable ☐ Non-Friable ☐ Bott			Friable	***************************************	% Non-Fria			· - · · · · · · · · · · · · · ·				
OPERATOR'S CERTIFICATION: I hereb	y declare	that ti,	je conte	ents of this cor	signment are	fully and accu	rately des	cribed abo	ve by proper ship	ping name		
and are classified, packed, marked and I	abeled an	d are∕i	h all re	sp ę cts in prop	er condition fo	or transport by	highway a	ccording to	applicable intern	ational and		
national governmental regulations. Jeffrey Teagarden, Vice I	Presider	at /	1/1	HA								
		' '	<i>[]</i>				<u> </u>	ランプ	() I			
g. Operator's Name and Title (Print) *Operator refers to the company which o	wne lean		gnäture		nervices the f	acility being do	<u> i. Date</u> molished ≀	or renovate	d or the demotifi	on or		
renovation operation or both	ana, roast	, ujr		oonaa, u at	Partiago HIG I	aoms romy de	anononeu (or removate	a, or are centrally	wii Mi		