

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

T000T1		,	iplete Sections I, II and III	k			A - V		
I. GENERATOR (Genera a. Generator's US EPA ID Number)), Manifest Docun	nent Number	***************************************	c. Page				
d. Generator's Name and Location: 1 Bend, IN - Former Studebake 1100 Prairie Avenue f. Phone: South Bend, IN 46601 If owner of the generating facility differs	574-235-5920-		e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works 1316 City-County Building 227 West Jefferson Blvd g. Phone: South Bend, IN 48601						
h. Owner's Name:			i, Owner's Phone No.:		1				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cor No.	Type	n. Total Quantity	o. Unit Wt/Val		
4714 11 1332	1/27/2012	Friable & Non-Friable Asbestos		375 350 CiP wild	E TANK	luck	400		
GENERATOR'S CERTIFICATION: I he state law, has been properly described, waste is a treatment residue of a previo been treated in accordance with the req	classified and package usly restricted hazardo	ed, and is in prop ous waste subject	er condition for transporta to the Land Disposal Res	ition accordir strictions. I ce	g to applicentify and w	able regulations arrant that the v	; AND, if this		
Jeffrey Teagarden		CALL	FOLONT		1	115 111			
p. Generator Authorized Agent Name (Print) q. Signature \(\sqrt{1} \) r. Date \(\sqrt{1} \)									
II. TRANSPORTER (Ger a. Transporter's Name and Address: Reliable Disposal - Republic \$ 7227 Reliable Path b. PhoneStevesenville, MI			ioperte, compietes ii		5-1	1			
c. Driver Name (Print)	d. Signatı			e. Date					
III. DESTINATION (Gener	ator complete Illa-	Www.cc.co.co							
a. Disposal Facility and Site Address: County Line Landfill 7922 N Old US Flighway 31 b. Argos, IN	574-224-6483	c. US EPA Nun	1	,					
thereby certify that the above named n	lateriat has been acce	bled and to me o	est of my knowledge the i	oregoing is ti	rue and ad	curate,			
CM /CV://X	<u> </u>		August 1 - Se Au			<u> </u>			
Ve. Name of Authorized Agent (Print)IV. ASBESTOS (Generate	f. Signatu	······································	· complete IV/a iV	g. Date/	<i>I</i>				
a. Operator's Name and Address:	a combieres (Ast-)	and Obelain	c. Responsible Agency I	Vame and A	idraee.		***************************************		
Dore & Associates Bay City, MI b. Phone 989-884-8358	1		IDEM d. Phone:	value and Ac	101 <i>6</i> 55,				
e. Special Handling Instructions and Ad Friable ACM must be we		neled in accor	rionna with all farians	i eigia 9 i	ocal rac	uletione			
f. ☐ Friable ☐ Non-Friable ☐ Bo			% Non-Friable	ii, acate ut i		4.01V11A			
OPERATOR'S CERTIFICATION: I here and are classified, packed, marked and national governmental regulations. Jeffrey Teagarden, Vice	by declare that the collabeled and are in all	ntents of this con	signment are fully and acc						

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



138518

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

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I. GENERATOR (Generate	or completes is	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number	***************************************		c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailing Address:							
i Bend, IN - Former Studebakr F	oundry Building		City of South Bend, IN - Board of Public Works							
1100 Praine Avenue			1316 City-County Building 227 West Jefferson Blvd.							
f. Phone: South Bend, IN 46601	574-235-592	20-Tov	g. Phone:	South Ben	d. IN 48601	_				
If owner of the generating facility differs fr					w					
h. Owner's Name:			i. Owner's Pt							
j. Waste Profile #	k. Exp. Date	,	ping Name and	d	m. Containers n. Total o. Unit					
		<u>Description</u>			No.	Туре	Quantity	Wt/Vol		
4714 11 1332	1/27/2012	Friable 8 N	ion-Friable Asi	besios	150		4444			
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GENERATOR'S CERTIFICATION: I here										
state law, has been properly described, o waste is a treatment residue of a previous										
been treated in accordance with the requi								Yeste (165		
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- -	int) c	<u> \ </u>	<u> </u>			13111				
p. Generator Authorized Agent Name (Pr			*	r. Date						
II. TRANSPORTER (Gene	erator complete	es IIa-b and Trai	nsporter cor	npletes lic	-e)					
a. Transporter's Name and Address:	um <u>itmose</u>									
Reliable Disposal - Republic Se	n v fuces									
7227 Reliable Path	-	nde								
b. PhoneStevesenville, MI	800-813/314	4			T			***************************************		
DAUE OGNISTALLS		4			2-21-11					
c. Driver Name (Print)	d. Sigr				e. Date					
III, DESTINATION (General	itor complete I									
a. Disposal Facility and Site Address:		c. US EPA Nun	nber d. Disc	repancy India	cation Space):				
County Line Landfill		16 3	. [
7922 N Old US Highway 31		ロノー								
b/ Argos, IN	574-224-648					ż				
I hereby/certify that the above named ma	iterial has been ac	cepted and to the t	est of my know	/ledge the for	regoing is tr	ue and ac	curate.			
KINC MUULIKU	1/1/	a no	IIIK-	K.		MI	12/11			
e. Name of Authorized Agent (Print)	1. Sign	ature /	**************************************		g. Date	1	/ CALL			
IV. ASBESTOS (Generator			complete l'	√g-i)						
a. Operator's Name and Address:			c. Responsib		ame and Ad	dress:				
Dore & Associates		положения	and the second s							
Bay City, MI				IDEM						
b. Phone 989-684-8358	1	d. Phone:								
e. Special Handling Instructions and Add	litional Information		M. FIRMING.					,		
Friable ACM must be wet			dance with	all federal	state & k	ocal red	ulations			
f. ☐ Friable ☐ Non-Friable ☐ Both		riable	% Non-Friab							
OPERATOR'S CERTIFICATION: I hereb	y declare that the	contents of this con	signment are f	ully and accu	rately descr	ibed abov	e by proper ship	pping name		
and are classified, packed, marked and l	abeled and are in	all respects in prope	er condition for	transport by	highway ac	cording to	applicable inter	national and		
national governmental regulations.	<u> </u>		3		<u> </u>					
Jeffrey Teagarden, Vice F	resident (<u> 1/2 1 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2</u>	(G1.17w			7/	1 4			
g. Operator's Name and Title (Print)	h. Sig	natúré			i. Date 1	1				
*Operator refers to the company which o	wns, leases, oper	ates, controls, or sur	pervises the fac	cility being de	emolished or	renovate	d, or the demolif	ion or		
renovation operation or both	***		***************************************		****		1			

REPUBLIC

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

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% T000T2	II Maste is INDI	aspesios waste, izon	iipiete Sections I, II aliu ii	•		4.8	/	
I. GENERATOR (Genera	tor completes l	la-r)				, , ,	•	
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number	W	c. Page	1 of		
d. Generator's Name and Location:	Casada, Daildina		e. Generator's Mailing		iki Daasi	of Public Works		
i Bend, IN - Former Studebakr	roundry building		-					
1100 Preine Avenue	ET ASE ES	MO Tay		end, IN 4860	_	West Jefferson	CHVU.	
f. Phone: South Bend, IN 46801 If owner of the generating facility differs	574-235-59		g. Phone: South B	CTRU, IN MUSUA	/ 1			
- ••	nom the generator	; } } : \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
h. Owner's Name:	I - Ex- Data	I) Maranta Chie	i. Owner's Phone No.: pping Name and	- I	ntninge	I n. Total	o. Unit	
j. Waste Profile #	k, Exp. Date	Description	phing wante and	m. Containers No. Type		Quantity	Wt/Vol	
				Bladd				
4714 11 1332	1/27/2012 Friable & N		Von-Friedle Asbestos	1 "	P.4	4 you	wep	
				349	T-3/*	4000		
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					W - W - W - W - W - W - W - W - W - W -			
GENERATOR'S CERTIFICATION: I he	reby certify that the	e above named mate	erial is not a hazardous w	aste as defin	ed by 40 C	FR 261 or any a	pplicable	
state law, has been properly described,	classified and pac	kaged, and is in prop	per condition for transport	ation accordi	ng to appli	cable regulations	; AND, if this	
waste is a treatment residue of a previous been treated in accordance with the red							vaste has	
***************************************	difference of 40 co	/h /\ \	T A	3 defined by	7001120	~~		
Jeffrey Teagarden					131	7.7		
p. Generator Authorized Agent Name (F	***************************************	q. Signature	V		r. Date			
II. TRANSPORTER (Ger	erator complet	<u>tes Ila-b and Tra</u>	nsporter completes	llc-e)	~			
a. Transporter's Name and Address:	_							
Reliable Disposal - Republic S	ervices					•		
7227 Reliable Path								
b. PhoneStevesenville. MI 47/ d	800-813-314	14	ES-5-					
DAUE () (M STORUS	No.			<u> </u>				
c. Driver Name (Print)	d. Siĝ	ınature	S-200 at 111	e. Date				
III. DESTINATION (Gener	ator complete	Illa-c and Destin	ation Site completes	s IIId-g)				
a. Disposal Facility and Site Address:		c. US EPA Nur	nber d. Discrepancy In	dication Spa	oe:			
County Line Landfill		25-3						
7822 N Old US Highway 31	F74.1 Abre 1 35.4	, du-						
b. Argos, IN	574-224- 84 6	53						
I hereby certify that the above named m	naterial has been a	ccepted and to the b	es) of my knowledge the	toregoing is	true and a	curate.		
Mr. Smith		1. MM	·10		· dd·			
e. Name of Authorized Agent (Print)	f. Sign	nature		g. Date				
IV. ASBESTOS (Generato	or completes IV	a-f and Operator	r complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency	Name and A	ddress:			
Dore & Associates								
Bay City, MI	ar the second		IDEM					
b. Phone 989-684-8358 4	10 1		d. Phone:					
e. Special Handling Instructions and Ad	lditional Information	n:	***************************************					
Friable ACM must be we	Hted, wrapped.	labeled in accor	rdance with all feder	al, state &	local rec	ulations		
f. ☐ Friable ☐ Non-Friable ☐ Bo		Friable	% Non-Friable					
OPERATOR'S CERTIFICATION: I here	by declare that the	a contents of this con	signment are fully and ac					
and are classified, packed, marked and	I labeled and are in	all respects in prope	er condition for transport	by highway a	ccording to	applicable inter	national and	
national governmental regulations.	Dranidavi	A ics.		1		· · · · · · · · · · · · · · · · · · ·		
Jeffrey Teagarden, Vice President			an w		133	-13		
g. Operator's Name and Title (Print)		inalure 🔨		i. Date	1			
*Operator refers to the company which	owns, leases, oper	rates, controls, or sup	pervises the facility being	demolished	or renovate	ed, or the demoli	tion or	

renovation operation or both



138520

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

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 GENERATOR (Generate 	or completes la	a-r)			`	,	محم		
a. Generator's US EPA ID Number		b. Manifest Docun			andh	c. Page	1 of		
d. Generator's Name and Location: 1 Bend, IN - Former Studebakr F	oundry Building		e. Generator	City of So	uth Bend,		of Public Works	***************************************	
1100 Praine Avenue			1316 City-County Building 227 West Jefferson Blvd.						
f. Phone: South Bend, IN 46601	574-235-592	20-Toy	g. Phone:	South Ber	id, IN 466	01			
If owner of the generating facility differs fr	om the generator,	provide:							
h. Owner's Name:	*****		i. Owner's Pl						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	d	m. Containers n. Total o. U No. Type Quantity Wt/\				
4714 11 1332	1/27/2012	Friable & A	de & Non-Frable Asbestos		36	R	үсү		
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		- - - - - - - - - -							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previou been treated in accordance with the requ	lassified and pack sly restricted haza	aged, and is in prop rdous waste subject	er condition fo t to the Land D	r transportat isposal Rest	tion accord	ling to applic pertify and v	cable regulations varrant that the v	; AND, if this	
Jeffrey Teagarden		(Velte	Teac	Ralle	_	1	122/11		
p. Generator Authorized Agent Name (Pr	int) c	a. Signature				r. Date			
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)									
a. Transporter's Name and Address: Reliable Disposal - Republic Se 7227 Reliable Path b. PhoneStevesenville, Mi	rvices 800-813-314	4 <							
DAUE OLUSTICAN	\$ 1.00 m	The state of the s			-73-11				
c. Driver Name (Print)	d. Sigr	nature			e. Date				
III. DESTINATION (General	tor complete II	lla-c and Destina	ation Site co	ompletes !	lld-a)				
a. Disposal Facility and Site Address: County Line Landfill 7922 N Old US Highway 31 b. Argos, IN	574-224-646	c. US EPA Nur	mber d. Disc	repancy Indi	cation Spa	,			
I hereby certify that the above named ma	iterial has been ac	ccepted and to the b	est of my know	vledge the fo	regoing is	true and ac	curate,		
KIM KUXTIKI		A MARKET	RC/		'شو	1670	1.690 U		
e. Name of Authorized Agent (Print)	f. Sign				g. Date	<i>1</i>	<u> </u>		
IV. ASBESTOS (Generator	completes/IVa	a-f and Operator	r complete l'	√g-i)					
a. Operator's Name and Address; Dore & Associates		<u> </u>	c. Responsib	le Agency N	lame and	Address:			
Bay City, MI b. Phone 989-684-8358				IDEM					
e. Special Handling Instructions and Add	itional Information	ı.	d. Phone:					,,,,,	
Friable ACM must be wet			rdance with	all federal	l. state 8	local red	ulations		
f. ☐ Friable ☐ Non-Friable ☐ Boti		riable	% Non-Friab						
OPERATOR'S CERTIFICATION: I heret and are classified, packed, marked and I national governmental regulations.									
Jeffrey Teagarden, Vice I	President	" WIT ?	JUNDA/		بـــــــــــــــــــــــــــــــــــــ	123	/		
g. Operator's Name and Title (Print) *Operator refers to the company which o		nature/ 🔾 ates, controls, or suj	pervises the fac	cility being d	i. Date emolished	1	ted, or the demolit	ion or	
renovation operation or both									



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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. GENERATUR (General	i combieres	s (a-1)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page 1 of				
d. Generator's Name and Location:			e. Generator's Mailing Ad						
) Bend, IN - Former Studebak: F	oundry Building	9	City of South Bend, IN - Board of Public Works						
1100 Praine Avenue		4	1316 City	County Bu	king 227 West Juster	son Blvd.			
f. Phone: South Bend, IN 49601	574-236-(g. Phone: South Be	nd. IN 4660	1				
If owner of the generating facility differs fr	om the generat	tor, provide:							
h. Owner's Name:			i. Owner's Phone No.:		#				
j. Waste Profile #	k. Exp. Date		oping Name and		tainers n. Total	o. Unit			
A CONTRACTOR OF THE CONTRACTOR		Description		No.	Type Quantity	Wt/Vol			
4714 11 1332	1/27/2012	Fristie &	Non-Friable Asbestos						
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requi	assified and pa	ackaged, and is in projectance.	per condition for transportate t to the Land Disposal Resi	tion accordir trictions, I ce	ig to applicable regula xtify and warrant that	tions; AND, if this			
Jeffrey Teagarden		May !	w/_		2-2-11				
Generator Authorized Agent Name (Pri	Generator Authorized Agent Name (Print) d. Signature				r. Date				
TRANSPORTER (Gene	rator comple		nsporter completes lie	c-e)	6.0				
Transporter's Name and Address: Reliable Disposal - Republic Se 7227 Reliable Path PhoneStovesenville, Mil	man man man	\$ 44							
Duc Dimonon	-12.	The same of the sa		د .					
c. Driver Name (Print)		ignature		e. Date					
III. DESTINATION (Genera	tor complete	e Illa-c and Destin	ation Site completes	IIId-g)					
a. Disposal Facility and Site Address: County Line Landfill 7922 N Old US Highway 31 b. Argos, IN	57 4-224-8		mber d. Discrepancy Ind	ication Spac	e:				
I hereby certify that the above named ma	terial has been	accepted and to the i	est of my knowledge the fo	oregoing is t	rue and accurate.				
e. Name of Authorized Agent (Print)	f. Si	gnature		g, Date	vouver in the second of the se				
IV. ASBESTOS (Generator	·····		r complete IVa-i)						
a. Operator's Name and Address: Dore & Associates Bay City, MI			c. Responsible Agency N	lame and A	ddress:	-			
b. Phone 989-684-6358									
e. Special Handling Instructions and Add	fional informati	ion:	d. Phone:		*****				
e. special Handling instructions and Add Friable ACM must be wet			rdance with all federa	l state A	ocal regulations				
f. Friable Non-Friable Bott		% Friable	% Non-Friable	-1 Secretary, may					
OPERATOR'S CERTIFICATION: I hereb ind are classified, packed, marked and li national governmental regulations.	y declare that tabeled and are	he contents of this cor	nsignment are fully and acc						
Jeffrey Teagarden, Vice i	I SANCET !	MINK		-					
g. Operator's Name and Title (Print)		Signature \(\)	, , , , , , , , , , , , , , , , , , , ,	i. Date		. P.1			
*Operator refers to the company which or renovation operation or both	wns, leases, op	erates, controls, or su	pervises the facility being d	lemolished o	r renovated, or the de	molition or			



138522

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 GENERATOR (Generate 	or completes l	a-r)				f	Safe .		
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number	hitta ammu		c. Page 1 cf			
d. Generator's Name and Location: 1 Bend, IN - Former Studebak r Fo 1100 Prairie Avenue	oundry Building		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	574-235-59	2 0-Tov	g. Phone:	•	uth Bend, IN 46601				
If owner of the generating facility differs from			g. 1 Hono.	0000100	IXM, III TOOPS	· · · · · · · · · · · · · · · · · · ·	***************************************		
h. Owner's Name:			i. Owner's Pl	none No.:					
j. Waste Profile #	k. Exp. Date		pi ng N ame an	đ		tainers	n. Total	o. Unit	
		Description			No.	Туре	Quantity	Wt/Vol	
4714 11 1332	1 <i>/27/2</i> 012	Friable & Non-Friable Asbestos		390	72	4048	Your		
				***************************************			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	P			444					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, of waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pack bly restricted haza	kaged, and is in prop ardous waste subject	er condition fo t to the Land D	r transportai isposal Res	tion accordir trictions, I ce	ng to appli artify and v	cable regulation warrant that the	s; AND, if this	
Jeffrey Teagarden		a sh (eaglish				2	1-11		
p. Generator Authorized Agent Name (Pri					r. Date		144444		
II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e)									
a. Transporter's Name and Address: Reliable Disposal - Republic Ser 7227 Reliable Path b. PhoneStevesenville, MI			~~~~						
DAJE CLMSTONE	W				7-7-11				
c. Driver Name (Print)	d. Sig	nature	7		e. Date				
III. DESTINATION (General	tor complete	Illa-c and Destin	ation Site co	ompletes	llid-g)				
a. Disposat Facility and Site Address: County Line Landfill 7922 N Old US Highway 31 b. Argos, IN	574-224-648	c. US EPA Nur	mber d. Disc	repancy Ind	lcation Space				
I hereby certify that the above named ma	tenal has been a			riedge the fo	oregoing is t	rue and a	curate/		
EALTON TIKE		$+$ $f \cdot \cup A f$	(K.C.	<i>-</i>		Fill	127 H		
e. Name of Authorized Agent (Print)	7. Şign				g. Date				
IV. ASBESTOS (Generator	completes IV	a-f and Operator	complete l'	Vg-i)					
a. Operator's Name and Address; Dore & Associates			c. Responsib		lame and Ad	idress:		hhida Allining	
Bay City, MI IDEM									
b. Phone 989-684-8358 e. Special Handling Instructions and Addi	itional Information	**************************************	d. Phone:						
Friable ACM must be wet			rdanne with	all foders	l elata 2 l	neal tead	udaline		
f. ☐ Friable ☐ Non-Friable ☐ Both		Friable	% Non-Friab	·····	s, are k e (a l	wai ief	S42140 13)		
OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and la national governmental regulations.	y declare that the abeled and are in	contents of this con	signment are f	ully and acc	curately desc y highway ac	ribed abo cording to	ve by proper sh applicable inte	ipping name mational and	
Jeffrey Teagarden, Vice F	resident	a white	equin			3/5	111	····	
g. Operator's Name and Title (Print)		nalure V V	3,		i. Date	<u> </u>			
*Operator refers to the company which or renovation operation or both	wns, leases, oper	rates, controls, or su	pervises the fac	cility being d	lemalished a	r renovate	ed, or the demol	ition or	



1 8523

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

403/0

 GENERATOR (Generate 	or completes	la-r)							
a. Generator's US EPA ID Number	Achdamapapapa	b. Manifest Docur	nent Number	A A A A A A A A A A A A A A A A A A A		c. Page 1 of			
d. Generator's Name and Location:) Bend , iN - Former Studebakr F	oundry Building		e, Generator's Mailing Address: City of South Bend, IN - Board of Public Works						
1100 Praine Avenue				1316 City-	ity-County Building 227 West Jefferson Blvd.				
f. Phone: South Bend, IN 46601	574-235-59	920-Tay	g. Phone:	South Ben	d, IN 46601				
If owner of the generating facility differs fr	om the generato	r, provide:							
h. Owner's Name:			i. Owner's Pl	anne No :				1	
i. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name an		m. Con	tainers	n. Total	o. Unit	
		Description `			No.	Туре	Quantity	Wt/Vol	
4714 11 1332	1/27/2012	Friable & Non-Friable Asbestos		bestos	495	54	4040	4240	
GENERATOR'S CERTIFICATION: I here	by certify that th	e above named mate	erlal is not a ha	zardous was	te as define	d by 40 C	FR 261 or any a	pplicable	
state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pac sly restricted haz	kaged, and is in prop ardous waste subjec	er condition fo t to the Land D	r transportati isposal Resti	on accordin	g to application of the state o	cable regulations varrant that the v	: AND, if this	
Jeffrey Teagarden gell Teagall 33/3/11						3 1 11			
p. Generator Authorized Agent Name (Pri						r. Date	· · · · · · · · · · · · · · · · · · ·		
II. TRANSPORTER (Generator completes lla-b and Transporter completes ilc-e)									
Transporter's Name and Address: Reliable Disposal - Republic Se 7227 Reliable Path b. PhoneStevesenville, Mi	rvices 800-813-37	(4 ,	·	MARITIME TO THE RESIDENCE OF THE PARTY OF TH	uuu gaannii maaaaaaaa			***************************************	
DAVE DIMETING	1	<u> </u>			3-9-11				
c. Driver Name (Print)	d. Sig	gnature			e. Date				
III. DESTINATION (Genera	tor complete	Illa-c and Destin	ation Site co	ompletes I	lld-g)			-	
a. Disposal Facility and Site Address: County Line Landfili 7922 N Old US Highway 31 b. Argos, IN	574-224-64	c. US EPA Nur 63	nber d. Disc	repancy India	cation Space	<i>(</i>	4		
hereby certify that the above named ma	ı zj	A 1 PT 1 11.	est of my know	viedge the to	regoing is tr	ue and ac	curate.		
KIN TILLIVE		n mal	Wed			· [] [VILL		
e. Name of Authorized Agent (Print)	f. 9kg	nature			g. Date	<u> </u>			
IV. ASBESTOS (Generator	completes IV	/a-f and Operator	complete l'	Vg-i)					
a. Operator's Name and Address: Dore & Associates			c. Responsib		ame and Ac	dress:	00000		
Bay City, MI				IDEM					
b. Phone 989-684-8358	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		d. Phone:			u			
e. Special Handling Instructions and Add			* *->	48 W -			* **		
Friable ACM must be wet					, state & k	ocal reg	ulations		
f. Friable Non-Friable Both		Friable	% Non-Friab		44.94.1	سام لممطئم			
OPERATOR'S CERTIFICATION: I hereb and are classified, packed, marked and le national governmental regulations.	abeled and are it	e contents of this cor n all respects in prop	isigninent are t er condition for	transport by	highway ac	cording to	ve by proper snip applicable inter	national and	
Jeffrey Teagarden, Vice F	resident	T LIN D	8 A Q X 1)		7	191	1		
g. Operator's Name and Title (Print)		gnatur è 🖖 🗀	<u> </u>		i. Date	1			
*Operator refers to the company which or renovation operation or both	wns, leases, ope	rates, controls, or su	pervises the fa	cility being de	emolished o	r renovate	ed, or the demolit	ion or	



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

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130324	II Wasie is IIOI	aspesios wasta, con	ipiete Sections I, II and III		MIC	~		
I. GENERATOR (Generat	or completes la	a-r)			7 *	[[]		
a. Generator's US EPA ID Number	ALIALA AND AND AND AND AND AND AND AND AND AN	b. Manifest Docum	nent Number	1874	c. Page 1 of			
d. Generator's Name and Location:			e. Generator's Mailing A	ddress:	4.1 D	- F 15 A. P 141 - 4		
Bend, IN - Former Studebakr F	oundry building		· · · · · · · · · · · · · · · · · · ·			of Public Work		
1100 Praine Avenue	E71 OOE EOS	M Tou	!	•	-	West Jefferson	DIVU.	
f. Phone: South Bend, IN 46801 If owner of the generating facility differs f	574-235-592		g, Phone: South Be	ind, IN 4660	1		A	
· · · · · ·	on the game area,	Sec. A. B. B. M. Mark						
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I Waste Shin	i. Owner's Phone No.: ping Name and	m Coi	ntainers	n. Total	o. Unit	
j. Waste i Tome #	R. Exp. Date	Description	Pring France drie	No.	Туре	Quantity	Wt/Vol	
4714 11 1332	1/27/2012	Friable & N	Ion-Friable Asbestos	500	رحط	4040	4040	
GENERATOR'S CERTIFICATION: I her state law, has been properly described, of waste is a treatment residue of a previou been treated in accordance with the requ	lassified and pack sly restricted haza	aged, and is in prop rdous waste subject	er condition for transports to the Land Disposal Res	ition accordinations. I pe	ng to appli ertify and v	cable regulation warrant that the	is; AND, if this	
Jeffrey Teagarden								
p. Generator Authorized Agent Name (Pi								
II. TRANSPORTER (Gene			nsportér completes !	lc-e)	1 11 2 444	······		
a. Transporter's Name and Address:				***		W####		
Reliable Disposal - Republic Se	ervices							
7227 Reliable Path	And a second							
b. PhoneStevesenville, MI	800-813-314	<u>(</u>						
DAUE CHELLIAN				3	-/(3-	<u> </u>		
c. Driver Name (Print)	d. Sigr		The state of the s	e. Date				
III. DESTINATION (Genera	ator complete li					····		
 a. Disposal Facility and Site Address: County Line Landfill 		c. US EPA Nun	nber d. Discrepancy inc	lication Spac	e:			
7922 N Old US Highway 31		16-3						
h Argos, IN	574-224-648	3 / 2 / 2						
Thereby certify that the above named ma			eşt of my knowledge the f	oregoing is t	rue and a	xcurate, <	7	
Y M TO VYY C		MINI	And Company of the Co		7/1/	T5111		
e. Name of Authorized Agent (Print)		ature	**************************************	g. Date	7/L	10° 1° 18		
IV. ASBESTOS (Generator			complete IVg-i)	<u></u>				
a. Operator's Name and Address: Dore & Associates		Annual P	c. Responsible Agency I	Name and A	ddress:		A A A A A A A A A A A A A A A A A A A	
Bay City, MI			IDEM					
b. Phone 989-684-8358 e. Special Handling Instructions and Add	154		d. Phone:					
e. Special Handling Instructions and Add Friable ACM must be well			dance with all federa	il, state &	local rec	ulations		
f. ☐ Friable ☐ Non-Friable ☐ Bot		riable	% Non-Friable	•	· •	-		
OPERATOR'S CERTIFICATION: I heret and are classified, packed, marked and								
national governmental regulations. Jeffrey Teagarden, Vice	President /	(11/1)_		7	سا ک	11-	шшааваа	
g. Operator's Name and Title (Print)	h. Śigi	nature / VZ		i. Date	3 1 100			
*Operator refers to the company which of renovation operation or both	wns, leases, oper	ates, controls, or sup	pervises the facility being		or renovate	ed, or the demol	ition or	



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

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I. GENERATOR (General	tor completes	la-r)						
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	i of		
d. Generator's Name and Location:			e. Generator's Mailing A	ddress:	J			
: Bend, IN - Former Studebakr	Foundry Building				N - Board	of Public Works	§	
1100 Prairie Avenue			1318 City	-County Bu	lding 227	West Jefferson	Blvd.	
f. Phone: South Bend, IN 46801	574-235-56	920-Tov		nd, IN 4660				
If owner of the generating facility differs			3	(() () () ()				
	• • • • • • • • • • • • • • • • • • • •	,,				•		
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	oping Name and	M. Cor No.	tainers n. Total o. Unit			
	<u> </u>	Description		174.	1 1900	Agen raty	770 401	
4714 11 1332	1/27/2012	Friable & I	Von-Friable Asbestos	480	bee	11000	4-15	
				100	3	4000	4640	
								
		in the state of th						
GENERATOR'S CERTIFICATION: I he								
state law, has been properly described,	classified and pac	ckaged, and is in pro	per condition for transporta	tion according	ig to applic	able regulation	s: AND, if this	
waste is a treatment residue of a previous been treated in accordance with the req	usiy restricted haz	ardous waste subject	t to the Land Disposal Res	trictions. I co	ertity and W	arrant that the	waste has	
	distreme di 40 C	TR 200 all a lay look in	Iger a maranduds waste as	defined by s	1			
Jeffrey Teagarden		1 1/1/1/-			3	とー()		
p. Generator Authorized Agent Name (F	o. Generator Authorized Agent Name (Print) q. Signature				r. Date		· · · · · · · · · · · · · · · · · · ·	
II. TRANSPORTER (Gen	erator comple	tes Ila-b and Tra	nsporter completes if	c-e)				
a. Transporter's Name and Address:					***************************************			
Reliable Disposal - Republic S	ervices							
7227 Reliable Path	,*	``						
b. PhoneStevesenville, MI	800-813-31	M1 /	.					
- N.	I A	/ /						
DAU- OMSTERIO				3-/6-11				
c. Driver Name (Print)		gnature		e. Date			-	
III. DESTINATION (Gener	ator complete							
a. Disposal Facility and Site Address:		c, US EPA Nu	mber d. Discrepancy Ind	lication Spac	e:			
County Line Landfill			-					
7922 N Old US Highway 31		25	D					
b. Argos, IN	574-224-84	83						
I hereby certify that the above named m	aterial has been a	accepted and to the t	est of my knowledge the f	oregoing is t	rue and ac	curate.		
Mindh	10	1 xnint	7		16	-11		
e. Name of Authorized Agent (Print)	f Sin	nature		g. Date				
IV. ASBESTOS (Generato		······································	r complete IVa_i)	1 3, 2000				
a. Operator's Name and Address:	* completes in	ra and Operato	·				***************************************	
Dore & Associates			c. Responsible Agency f	vame and A	aaress:			
Bay City, Mi			IDEM					
b. Phone 989-684-8358	1544		d. Phone:					
e. Special Handling Instructions and Ad							3.0	
Friable ACM must be we	tted, wrapped	, labeled in acco	rdance with all federa	l, state &	local reg	ulations		
f. 🗌 Friable 🔲 Non-Friable 🔲 Bo		Friable	% Non-Friable					
OPERATOR'S CERTIFICATION: I here								
and are classified, packed, marked and	labeled and are i	n all respects in prop	er condition for transport by	y highway a	ocording to	applicable inte	mational and	
national governmental regulations.	Desaided	11111				<u> </u>	11122	
Jeffrey Teagarden, Vice	FIESKIENT	1, 1811 man	<		570	J.Jc		
g. Operator's Name and Title (Print)	h. Si	gnature		I. Date				
*Operator refers to the company which			pervises the facility being o	demotished o	r renovate	d, or the demol	ition or	
renovation operation or both								



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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

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1607	

I. GENERATOR (Generate	or completes l	a-r)						·	
a. Generator's US EPA ID Number	- AND THE STATE OF	b. Manifest Docur	nent Number			c. Page 1 of			
d. Generator's Name and Location:			e. Generator's N						
) Bend, IN - Former Studebakr F	cundry Building		City of South Bend, IN - Board of Public Works						
1100 Prairie Avenue			1316 City-County Building 227 West Jefferson Blvd.						
f. Phone: South Bend, IN 46601	574- 23 5- 59 ;	20-Tay	g. Phone:	South Bend, IN	4 4660	<u> </u>			
If owner of the generating facility differs for	rom the generator	, provide:							
h. Owner's Name:			i. Owner's Phon	a No.					
i. Waste Profile #	k, Exp. Date	I. Waste Shir	ping Name and		m. Cor	ntainers n. Total o. Unit			
		Description	. cr		No.	Туре	Quantity	Wt/Vot	
4744 44 4000	4272040	P	daa Mainkin Aalees				_		
4714 11 1332	1/27/2012	rnadie & P	Von-Frieble Asbes	109 H;	85	00-15	4040	4070	
				A0000000000000000000000000000000000000					

	and the same of th	**************************************		4					
		Ì		İ	,				
GENERATOR'S CERTIFICATION: I here	eby certify that the	above named mate	erial is not a hazar	dous waste as	define	d by 40 C	FR 261 or anv a	pplicable	
state law, has been properly described, o	lassified and pack	kaged, and is in prop	per condition for th	ansportation a	ccordin	ig to applic	able regulations	AND, if this	
waste is a treatment residue of a previou been treated in accordance with the requ	siy restricted haza	ardous wasje subject	t to the Land Disp	osal Restriction	ns. I ce	ertify and w	varrant that the v	vaste has	
	memerits of 40 CF	rs zop ang is no ion	yer a nazardous v	waste as demne	eu by 4		1 1 5		
Jeffrey Teagarden		1.14/11/1/				4	-153-11		
p. Generator Authorized Agent Name (Pr	rint) (g. Şig d ature 🦎				r. Date			
II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e)									
a. Transporter's Name and Address:		***************************************		***************************************		***************************************			
Reliable Disposal - Republic Se	ervices								
7227 Reliable Path			,,			j.	;		
b. PyjoneStevesenville, Mj	800-813-314	4. 11. cc	Jedin)			Ĺ	d a		
I YIM UNX'YIV	/ 1/4%	M MKY'	VMOI			24/1	MATH		
c. Driver Name (Print)	d, Sig	hotium	<u> </u>		. Date	-444	<u> </u>		
		lla-c and Destin	ation Qita ass			, ,			
a. Disposal Facility and Site Addiess:	aroi combiere i			ancy Indication					
County Line Landfill		c. US EPA Bur	a. Discrep	sacicy indication	n opac	Ø.			
7922 N Old US Highway 31		1907	And the state of t						
Anno iki	574-224-648	9 / F	u-						
b. Aluca, in I hereby certify that the above named ma		3 1 A	nest At my knowler	the the forecas	inn ie t	nie and an	rurafe	**- **********************************	
	ALCHER HER LACELLE	Occupied with to tile to	MOS OF JUN KINASIES	ayo ulo lulogo			vui Giv.		
1 you Olmstoffs			<u> </u>			18-11	111444		
e. Name of Authorized Agent (Print)	f. Sigл				. Date				
IV. ASBESTOS (Generator	completes IV	a-f and Operator	r complete IVg	-i)					
a. Operator's Name and Address:			c. Responsible	Agency Name	and Ad	dress:		Annual	
Dore & Associates									
Bay City, MI				IDEM					
b. Phone 989-684-8358			d. Phone:						
e. Special Handling Instructions and Add	fitional Information	ነ:							
Friable ACM must be wet	ted, wrapped.	labeled in accor	rdance with all	federal sta	ite & i	ocal red	ulations		
f. ☐ Friable ☐ Non-Friable ☐ Bot	~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Friable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereb	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 l	labeled and are in	all respects in prope	er condition for tra	nsport by high	iway ac	cording to	applicable inter	national and	
national governmental regulations.							•		
Jeffrey Teagarden, Vice I	rresident 📝	$V/(V) \sim V^{\prime}$	-		2-	18-1	L		
g. Operator's Name and Title (Print)	h. Sig	grature V		l i.	Date	<u> </u>			
*Operator refers to the company which of			pervises the facilit			r renovate	d, or the demolit	ion or	
renovation operation or both									