



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

I. GENERATOR (Generator completes Ia-f)

a. Generator's US EPA ID Number N/A		b. Manifest Document Number		c. Page 1 of ONE	
d. Generator's Name and Location: City of South Bend, IN - Former Studebaker Engineering Building 410 West Sample Street South Bend, IN f. Phone: 574-225-8920 - Toy Villa			e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works 1316 City-County Building 227 West Jefferson Blvd. South Bend, IN g. Phone: SAME		
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 (lb/ton)
# 4714 11 1333	27 JAN 2012	Frable & Non-frable ACM	460 Bags	40	
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 regulated 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		2-3-11
p. Generator Authorized Agent Name (Print)			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 Stevensonville, MI b. Phone: 800-813-3144			
c. Driver Name (Print) DAVE OLMSTEAD		d. Signature	e. Date 2-8-11

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 b. Phone: 574-224-6482		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.			
Kim Pasenke		Signature	g. Date 2/3/11
h. Name of Authorized Agent (Print)		i. Date	

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

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: Frable ACM must be wetted, wrapped, labeled in accordance with all federal, state & local regulations ...			
f. <input checked="" type="checkbox"/> Frable <input type="checkbox"/> Non-Frable <input type="checkbox"/> Both % Frable % Non-Frable			
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)		i. Date 2-3-11	
*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

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

Handwritten initials/signature

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 Engineering 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 48001 574-236-5920-Toy		g. Phone: South Bend, IN 48001			
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 1333	1/27/2012	Frable & Non-Frable Asbestos	4100	2000 624	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>		2/10/11	
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
Mark Jessie	<i>Signature</i>	2-10-11
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		b. Argos, IN 574-224-6483	c. US EPA Number 403	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>		<i>Signature</i>
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: Frable 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

138579

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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4/2/11

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: SOUTH BEND, IN - Former Studebaker Engineering Building 1100 Prairie Avenue South Bend, IN 46601			e. Generator's Mailing Address: City of South Bend, IN - Board of Public Works 1318 City-County Building 227 West Jefferson Blvd. South Bend, IN 46601		
f. Phone: 574-236-5820-Tony			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 1333	1/27/2012	Frable & Non-Friable Asbestos	197 30	WET 30	4000 WET
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		Date	
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 Liveston, MI			b. Phone: 800-813-3144		
c. Driver Name (Print) DAVE OMSIEAD		d. Signature		e. Date 2-17-11	

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		b. Phone: 574-224-8483	c. US EPA Number 25-3	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) TIM ROYCE		f. Signature		g. Date 2/17/11	

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) Jeffrey Teagarden, Vice President		h. Signature		i. Date 2/17/11	
*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

138580

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 initials and date: 4/27/11

I. GENERATOR (Generator completes Ia-r)

Form I. GENERATOR (Generator completes Ia-r) containing fields a through i, including Generator's US EPA ID Number, Manifest Document Number, Name and Location, Mailing Address, Phone, and Owner information.

Table with 7 columns: j. Waste Profile #, k. Exp. Date, l. Waste Shipping Name and Description, m. Containers (No., Type), n. Total Quantity, o. Unit Wt/Vol. Row 1: 4714 11 1333, 1/27/2012, Friable & Non-Friable Asbestos, 242, 1, 1000, 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.

Form I. GENERATOR (Generator completes Ia-r) containing fields p through r, including Generator Authorized Agent Name (Print), Signature, and Date.

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

Form II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) containing fields a through e, including Transporter's Name and Address, Phone, Driver Name (Print), Signature, and Date.

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

Form III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g) containing fields a through g, including Disposal Facility and Site Address, US EPA Number, Discrepancy Indication Space, Name of Authorized Agent (Print), Signature, and Date.

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

Form IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) containing fields a through i, including Operator's Name and Address, Responsible Agency Name and Address, Special Handling Instructions and Additional Information, Friable ACM must be wetted, wrapped, labeled in accordance with all federal, state & local regulations..., OPERATOR'S CERTIFICATION, Name and Title (Print), Signature, and Date.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

138581

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: 2/21/11

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: Ind, IN - Former Studebaker Engineering Building 1100 Praine 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. Type		n. Total Quantity
4714 11 1333	1/27/2012	Frable & Non-Frable Asbestos (Brake Shoes)	1	Roll-off	40yd
					40

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>		3-21-11	
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: Stevensville, MI		800-813-3144
DAVE OLIVSTER		<i>[Signature]</i>
c. Driver Name (Print)		d. Signature
		e. Date: 3-21-11

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		b. 574-224-6483	c. US EPA Number: 403	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: 3/21/11

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		<i>[Signature]</i>		3-21-11
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				