

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009439
 MADISON KIPP CORPORATION
 P O BOX 8043
 MADISON, WI 53708

INVOICE
 INBOUND

SITE	CELL	TICKET #	OPERATOR	
E6		703149	41758	
TRUCK		CONTAINER	LICENSE	
HELLEN 4				
REFERENCE			IN	OUT
MADISON KIPP - 140307			11/14/14 2:44 pm	11/14/14 2:55 pm

CONTRACT: GRL 14091
 BOL:

GROSS 47,100.00 LBS Scale In
 TARE 28,900.00 LBS Scale Out
 NET 18,200.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
9.10	tn	C-Soil/37A		0.00			

Thank you for using Veolia ES Glacier Ridge Landfi

Tax Total

Total

hereby certify that this load does not contain any unauthorized hazardous waste.

Environmental Fee
 Fuel Surcharge
 Host Fee
 WDNR Fees

Paid
 Change
 Check#
 Recpt #

SIGNATURE:

[Handwritten Signature]

FACILITY COPY

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Advanced Disposal

Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

11-14-14 2:45PM
 LOOP 140307
 47100 LB
 11-14-14 2:55PM
 LOOP ID #
 28900 LB
 18200 LB

BILL TO: Madison Kipp 9439
 TRANSPORTER: Hellenbrand/abel
 GENERATOR: Madison Kipp
 GENERATOR'S SIGNATURE: Alina Gattelli 11.14.14
 WASTE DESCRIPTION: C-Soil/37A
 PROFILE #: GRL 14091
 ACCEPTED BY: [Signature] 11.14.14
 DRIVER'S SIGNATURE: [Signature] 11.14.14 TRUCK NO. #4 TONS/YARDS

HELLEN BRAND

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009439
 MADISON KIPP CORPORATION
 P O BOX 8043
 MADISON, WI 53708

INVOICE
 INBOUND

SITE	CELL	TICKET #	OPERATOR	
E6		705790	63418	
TRUCK		CONTAINER	LICENSE	
BULLET90				
REFERENCE			IN	OUT
BULLET - MADISON KIPP C-SOIL # 138863			12/5/14 10:28 am	12/5/14 10:37 am

CONTRACT: GRL 14091
 BOL: # 138863

GROSS 62,140.00 LBS Scale In
 TARE 28,460.00 LBS Scale Out
 NET 33,680.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
16.84	tn	C-Soil/37A		0.00			

Thank you for using Veolia ES Glacier Ridge Landfill

hereby certify that this load does not contain any unauthorized hazardous waste.

Environmental Fee
 Fuel Surcharge
 Host Fee
 WDNR Fees

Tax Total

Total
 Paid
 Change
 Check#
 Recpt #

SIGNATURE: *C. Walton*

FACILITY COPY

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

12-05-14 10:28AM
 LOOP # 138863
 62140 lb
 12-05-14 10:37AM
 LOOP # 138863
 62140 lb
 12-05-14 10:37AM
 LOOP # 138863
 62140 lb

BILL TO: Madison Kipp #9439

TRANSPORTER: _____

GENERATOR: Madison Kipp

GENERATOR'S SIGNATURE: Aina Buttski 12.5.14

WASTE DESCRIPTION: C-Soil / 37A

PROFILE #: GRL 14091

ACCEPTED BY: Bue 12.5.14

DRIVER'S SIGNATURE: C. Walton

TRUCK NO. _____ TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009439
 MADISON KIPP CORPORATION
 P O BOX 8043
 MADISON, WI 53708

INVOICE
 INBOUND

SITE	CELL	TICKET #	OPERATOR	
E6		705832	63418	
TRUCK		CONTAINER	LICENSE	
BULLET90				
REFERENCE			IN	OUT
BULLET - MADISON KIPP C- SOIL #138861			12/5/14 1:11 pm	12/5/14 1:20 pm

CONTRACT: GRL 14091
 BOL: # 138861

GROSS 62,520.00 LBS Scale In
 TARE 28,340.00 LBS Scale Out
 NET 34,180.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
17.09	tn	C-Soil/37A		0.00			

Thank you for using Veolia ES Glacier Ridge Landfi

hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE:

Walter

Environmental Fee
 Fuel Surcharge
 Host Fee
 WDNR Fees

Tax Total

Total
 Paid
 Change
 Check#
 Recpt #

FACILITY COPY

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

12-05-14 1:12PM
 LOOP **138861**
 62560 lb
 12-05-14 1:19PM
 LOOP TO 50
 62560 lb
 28340 lb
 34220 lb

BILL TO: Madison Kipp #9439

TRANSPORTER: _____

GENERATOR: Madison Kipp

GENERATOR'S SIGNATURE: Alina Latkowski 12.5.14

WASTE DESCRIPTION: C-Soil / 37A

PROFILE #: GRL 14091

ACCEPTED BY: [Signature] 12.5.14

DRIVER'S SIGNATURE: [Signature] / /

TRUCK NO. _____ TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 006 071 716		2. Page 1 of 1		3. Emergency Response Phone (518) 265-7183		4. Manifest Tracking Number 013141804 JJK				
		5. Generator's Name and Mailing Address MADISON-KIPP CORPORATION 201 WAUBESA MADISON, WI 53704						Generator's Site Address (if different than mailing address)				
Generator's Phone: (608) 770-9401		6. Transporter 1 Company Name TRIAD TRANSPORT, INC.						U.S. EPA ID Number OKD 981 588 791				
7. Transporter 2 Company Name								U.S. EPA ID Number				
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		Facility's Phone: (800) 592-5489						U.S. EPA ID Number MID 048 090 633				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes		
	X	1. RQ, UN3432, Polychlorinated Biphenyls, mixture, 9, PGIII, PCBs				No.	Type		K	PCB1		
		2.										
		3.										
		4.										
14. Special Handling Instructions and Additional Information 1. D145098WDI / PCB CONCRETE / Storage Start Date: 04/16/14 Unique container ID #: _____ / Emergency Contact: Alina Walcek 518-265-7183												
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.												
Generator's/Offoror's Printed/Typed Name Alina Walcek						Signature <i>Alina Walcek</i>			Month Day Year 4 22 14			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____												
17. Transporter Acknowledgment of Receipt of Materials												
Transporter 1 Printed/Typed Name GLENN M BARKLE						Signature <i>Glenn M Barkle</i>			Month Day Year 4 22 14			
Transporter 2 Printed/Typed Name						Signature			Month Day Year			
18. Discrepancy												
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection												
Manifest Reference Number: _____												
18b. Alternate Facility (or Generator)						U.S. EPA ID Number						
Facility's Phone: _____												
18c. Signature of Alternate Facility (or Generator)									Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)												
1.			2.			3.			4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a												
Printed/Typed Name						Signature			Month Day Year			

Truck #1211

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WID 006 071 718	2. Page 1 of 1	3. Emergency Response Phone (608) 770-9401	4. Manifest Tracking Number 013274021 JJK				
5. Generator's Name and Mailing Address MADISON-KIPP CORPORATION 201 WAUBESA MADISON, WI 53704		Generator's Site Address (if different than mailing address)						
Generator's Phone: (608) 770-9401								
6. Transporter 1 Company Name US Bulk Transport Inc.		U.S. EPA ID Number PAD 987347515						
7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 048 090 633						
Facility's Phone: (800) 592-5489								
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol	13. Waste Codes		
		No.	Type					
		X1	001	DT	19,900	K	PCB1	
		1						
		2						
3								
4								
14. Special Handling Instructions and Additional Information 1. E145033WD1 / PCB SOIL / Emergency Contact: Alina Walcek 518-265-7183 Storage Start Date: 01/27/14 Unique Container ID#:								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name Alina Walcek		Signature <i>Alina Walcek</i>		Month 10	Day 29	Year 14		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials								
Transporter 1 Printed/Typed Name Kevin Tkueft		Signature <i>Kevin Tkueft</i>		Month 7	Day 1	Year 14		
Transporter 2 Printed/Typed Name		Signature		Month	Day	Year		
18. Discrepancy								
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
actual weight 7,791 K of PCB Alina Walcek W/MADISON-KIPP WAUBESA WI								
18b. Alternate Facility (or Generator)				U.S. EPA ID Number				
Facility's Phone:								
18c. Signature of Alternate Facility (or Generator)						Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. pcb		2.		3.		4.		
20. Designated Facility Owner or Operator; Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name Tanya Cowgar		Signature <i>Tanya Cowgar</i>		Month 07	Day 02	Year 14		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 008 071 718	2. Page 1 of 1	3. Emergency Response Phone (518) 265-7183 Alina Walcek	4. Manifest Tracking Number 013401136 JJK	
5. Generator's Name and Mailing Address 201 WAUBESA MADISON, WI 53704			Generator's Site Address (if different than mailing address)			
Generator's Phone: (808) 770-9401						
6. Transporter 1 Company Name TRAD Transport Inc			U.S. EPA ID Number 01K0981588791			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 048 090 633			
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X 1.	UN3432, Polychlorinated Biphenyls, solid, n, PGIII	001	CM	1000	1000	PCB1
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information 1. G144016WDI / PCB-Piping SSD = 6/27/14						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offorer's Printed/Typed Name Alina Walcek		Signature <i>Alina Walcek</i>		Month Day Year 17 11 14		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Clarence Thompson Signature <i>Clarence Thompson</i> Month Day Year 07 23 14 Transporter 2 Printed/Typed Name _____ Signature _____ Month Day Year _____						
18. Discrepancy Actual weight 3.782 K ck per Alina Walcek w/ Madison Kipp ck - CD-7-25-14						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection ck to add SSD per Alina Walcek w/ Madison Kipp Manifest Reference Number: OK-CD-7-24-14						
18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____						
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator) _____						Month Day Year _____
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
1.	PCB					
20. Designated Facility Owner or Operator; Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name Zack Kistner Signature <i>Zack Kistner</i> Month Day Year 07 21 14						

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 008 071 718	2. Page 1 of 1	3. Emergency Response Phone (608) 770-9401	4. Manifest Tracking Number 013274029 JJK				
5. Generator's Name and Mailing Address 201 WAUBESA MADISON, WI 53704 Generator's Phone: (608) 770-9401			Generator's Site Address (if different than mailing address)						
6. Transporter 1 Company Name US Bulk Transport INC.			U.S. EPA ID Number PAD 987347515						
7. Transporter 2 Company Name			U.S. EPA ID Number						
8. Designated Facility Name and Site Address 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489			U.S. EPA ID Number MID 048 090 633						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
	X1. RC, UN3432, Polychlorinated biphenyls, solid, molten, 9, PGIII, (PCB), ERG			No. 001	Type DT	2000 pst.	K	PCB1	
	2.								
	3.								
	4.								
14. Special Handling Instructions and Additional Information 1. E145033WDI / PCB SOIL / Emergency Contact: Alina Walcek 518-205-7183 Storage Start Date: 6/27/14 Unique Container ID#: 362A									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offor's Printed/Typed Name Alina Walcek			Signature Alina Walcek			Month Day Year 6/29/14			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name Matthew R. Surpe			Signature Matthew R. Surpe			Month Day Year 6/30/14			
Transporter 2 Printed/Typed Name			Signature			Month Day Year			
18. Discrepancy									
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
actual weight 24714 K OK per Alina Walcek w/ Madison-Kipp. 06/21/14 JJK Manifest Reference Number: _____									
18b. Alternate Facility (or Generator)						U.S. EPA ID Number			
Facility's Phone:									
18c. Signature of Alternate Facility (or Generator)						Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. PCB		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a									
Printed/Typed Name Dan St. Hill			Signature Dan St. Hill			Month Day Year 7/1/14			

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WID 006 071 718	2. Page 1 of 1	3. Emergency Response Phone (608) 770-9401	4. Manifest Tracking Number 013274018 JJK
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5. Generator's Name and Mailing Address MADISON-KIPP CORPORATION 201 WAUBESA MADISON, WI 53704	Generator's Site Address (if different than mailing address)
Generator's Phone: (608) 770-9401	

6. Transporter 1 Company Name US Bulk Transportation Inc	U.S. EPA ID Number PAD 987347515
7. Transporter 2 Company Name	U.S. EPA ID Number

8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111	U.S. EPA ID Number MID 048 090 633
Facility's Phone: (800) 592-5489	

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X 1.	RC, UN3432, Polychlorinated biphenyls, solid, mixture, 9, PGIII, (PCB), ERG #171	001	DT	22 EST	K	PCBT	
2.							
3.							
4.							

14. Special Handling Instructions and Additional Information
1. E145033WDI / PCB SOIL / Emergency Contact: Alina Walcek 618-285-7183
Storage Start Date: 01/27/14 Unique Container ID#: T7

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offorer's Printed/Typed Name Alina Walcek	Signature <i>Alina Walcek</i>	Month Day Year 6/29/14
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16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____

Transporter signature (for exports only): _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name Lionel Turner	Signature <i>Lionel Turner</i>	Month Day Year 6/30/14
Transporter 2 Printed/Typed Name	Signature	Month Day Year

18. Discrepancy

18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection

actual weight: 20,336 K OK per Alina Walcek w/ manifest # 013274018 JJK

18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____

Facility's Phone: _____

18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. RCFB	2.	3.	4.
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20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name TAMARA HOWARD	Signature <i>Tamara Howard</i>	Month Day Year 7/1/14
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TRUCK
125

TAL
125A

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WID 006 071 716	2. Page 1 of 1	3. Emergency Response Phone (608) 770-9401	4. Manifest Tracking Number 013274019 JJK
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5. Generator's Name and Mailing Address: MADISON-KIPP CORPORATION
201 WAUBESA
MADISON, WI 53704
Generator's Phone: (808) 770-9401

Generator's Site Address (if different than mailing address):

6. Transporter 1 Company Name: US BUIK TRANSPORT, INC. U.S. EPA ID Number: PAD 987347515

7. Transporter 2 Company Name: U.S. EPA ID Number:

8. Designated Facility Name and Site Address: WAYNE DISPOSAL, INC. SITE #2 LANDFILL
49350 N I-94 SERVICE DRIVE
BELLEVILLE, MI 48111
Facility's Phone: (800) 592-5489

U.S. EPA ID Number: MID 048 090 633

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
		No.	Type				
X 1.	RD, UN3432, Polychlorinated biphenyls, solid, mixture, 9, PGIII, (PCB), ERG #171	001	DT	22,000 KG	K	PCB1	
2.							
3.							
4.							

14. Special Handling Instructions and Additional Information
1. E145033WD1 / PCB SOIL / Emergency Contact: Alina Walcek 518-265-7183
Storage Start Date: 6/27/14 Unique Container ID#: 125A

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: Alina Walcek
Signature: Alina Walcek
Month Day Year: 6/29/14

16. International Shipments: Import to U.S. Export from U.S.
Port of entry/exit: _____
Date leaving U.S.: _____

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: JACK ORNDORFF
Signature: Jack Orndorff
Month Day Year: 6/30/14

Transporter 2 Printed/Typed Name: _____
Signature: _____
Month Day Year: _____

18. Discrepancy

18a. Discrepancy Indication Space: Quantity Type Residue Partial Rejection Full Rejection

18b. Alternate Facility (or Generator): _____
Manifest Reference Number: actual weight: 33,000 KG PER ALINA WALLEK W/ WAYNE DISPOSAL, INC. 07102114
U.S. EPA ID Number: _____

Facility's Phone: _____

18c. Signature of Alternate Facility (or Generator): _____
Month Day Year: _____

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1. PCB 2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name: ANITA POWERS
Signature: Anita Powers
Month Day Year: 6/30/14

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 006 071 716	2. Page 1 of 1	3. Emergency Response Phone (608) 770-9401	4. Manifest Tracking Number 013274028 JJK	
5. Generator's Name and Mailing Address MADISON-KIPP CORPORATION 201 WAUBESA MADISON, WI 53704			Generator's Site Address (if different than mailing address)			
Generator's Phone: (608) 770-9401						
6. Transporter 1 Company Name U.S. Bulk Transport INC			U.S. EPA ID Number DAD 987347515			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 048 090 633			
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit WLVol.
			No.	Type		
	1. RQ, UN3432, Polychlorinated biphenyls, solid, mixture, 9, PGIII, (PCB), ERG #171		001	DT	17,000	K
13. Waste Codes PCB1						
14. Special Handling Instructions and Additional Information 1. E145033WD1 / PCB SOIL / Emergency Contact: Alina Walcek 618-265-7183 Storage Start Date: 6/27/14 Unique Container ID#: RMO7						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name Alina Walcek			Signature Alina Walcek		Month 10	Day 29
					Year 14	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Dennis L. Sauer			Signature Dennis L. Sauer		Month 10	Day 30
					Year 14	
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator)					U.S. EPA ID Number	
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator)					Month	Day
					Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. PCB		2.		3.		4.
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Tanya M. Wagar			Signature Tanya M. Wagar		Month 07	Day 01
					Year 14	

GENERATOR

INTL

TRANSPORTER

DESIGNATED FACILITY

US BULK 538

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 008 071 718	2. Page 1 of 1	3. Emergency Response Phone (808) 770-8401	4. Manifest Tracking Number 013274023 JJK		
5. Generator's Name and Mailing Address 201 WAUBESA MADISON, WI 53704			Generator's Site Address (if different than mailing address)				
Generator's Phone: (808) 770-8401							
6. Transporter 1 Company Name US BULK TRANSPORT, INC			U.S. EPA ID Number PAD 987347515				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 048 090 633				
Facility's Phone: (800) 592-5489							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1.	RQ, UN3432, Polychlorinated biphenyls, solid, mixture, 9, PGIII, (PCB), ERG #171	No. 001	Type DT	21,000	K	PCB1
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information E145033WD1 / PCB SOIL / Emergency Contact: Alina Walcek 518-265-7183 Storage Start Date: 01/27/14 Unique Container ID#: 9802							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name Alina Walcek			Signature Alina Walcek		Month Day Year 16 29 14		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Stephan Straszheim			Signature Stephan Straszheim		Month Day Year 07 02 14		
Transporter 2 Printed/Typed Name			Signature		Month Day Year		
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number							
18b Alternate Facility (or Generator)					U.S. EPA ID Number		
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)					Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. PCB		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a							
Printed/Typed Name Dan Straszheim			Signature Dan Straszheim		Month Day Year 7 3 14		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

1443
1-3040

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 006 071 716	2. Page 1 of 1	3. Emergency Response Phone (608) 770-9401	4. Manifest Tracking Number 013274024 JJK				
5. Generator's Name and Mailing Address 201 WAUBESA MADISON, WI 53704		MADISON-KIPP CORPORATION			Generator's Site Address (if different than mailing address)				
Generator's Phone: (608) 770-9401									
6. Transporter 1 Company Name U.S. Bulk Transport Inc		U.S. EPA ID Number PA-AH0408							
7. Transporter 2 Company Name		U.S. EPA ID Number							
8. Designated Facility Name and Site Address 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		WAYNE DISPOSAL, INC. SITE #2 LANDFILL			U.S. EPA ID Number MID 048 080 633				
Facility's Phone: (800) 592-5489									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
	X 1.	RC, UN3432, Polychlorinated biphenyls, solid, mixture, 8, PGIII, (PCB), ERG #171		No. 001	Type DT	10,000	K	PCB1	
	2.								
	3.								
	4.								
14. Special Handling Instructions and Additional Information 1. E145033WDI / PCB SOIL / Emergency Contact: Alina Walcek 518-285-7183 Storage Start Date: 10/27/14 Unique Container ID#: _____									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 261.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offlor's Printed/Typed Name Alina Walcek		Signature Alina Walcek		Month 10		Day 29		Year 14	
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit:		Date leaving U.S.:				
	Transporter signature (for exports only):								
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name David Shope U.S. Bulk		Signature David Shope U.S. Bulk		Month 10		Day 2		Year 14
Transporter 2 Printed/Typed Name		Signature		Month		Day		Year	
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____								
	Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. PCB		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name DAN S...		Signature DAN S...		Month 10		Day 31		Year 14	

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WID 008 071 716	2. Page 1 of 1	3. Emergency Response Phone (808) 770-9401	4. Manifest Tracking Number 013274022 JJK
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5. Generator's Name and Mailing Address MADISON-KIPP CORPORATION 201 WAUBESA MADISON, WI 53704	Generator's Site Address (if different than mailing address)
Generator's Phone: (608) 770-9401	

6. Transporter 1 Company Name US BULK TRANSPORT, INC	U.S. EPA ID Number DAD 987347515
7. Transporter 2 Company Name	

8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111	U.S. EPA ID Number MID 048 090 633
Facility's Phone: (800) 592-5489	

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes		
		No.	Type					
X 1	RD, UN3432, Polychlorinated biphenyls, solid, mixture, 9, PGIII, (PCB), ERG #171	001	DT	EST 23000	K	PCB1		
2								
3								
4								

14. Special Handling Instructions and Additional Information
1. E145033WD1 / PCB SOIL / Emergency Contact: Alina Walcek 518-205-7183
Storage Start Date: 012714 Unique Container ID#:

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offorer's Printed/Typed Name Alina Walcek	Signature <i>Alina Walcek</i>	Month Day Year 10 17 14
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16. International Shipments	<input type="checkbox"/> Import to U.S.	<input type="checkbox"/> Export from U.S.	Port of entry/exit: Date leaving U.S.:
Transporter signature (for exports only):			

17. Transporter Acknowledgment of Receipt of Materials			
Transporter 1 Printed/Typed Name John Shutez	Signature <i>John Shutez</i>	Month Day Year 10 17 14	
Transporter 2 Printed/Typed Name	Signature	Month Day Year	

18. Discrepancy					
18a. Discrepancy Indication Space	<input type="checkbox"/> Quantity	<input type="checkbox"/> Type	<input type="checkbox"/> Residue	<input type="checkbox"/> Partial Rejection	<input type="checkbox"/> Full Rejection
Manifest Reference Number:					

18b. Alternate Facility (or Generator)	U.S. EPA ID Number
Facility's Phone:	

18c. Signature of Alternate Facility (or Generator)	Month Day Year
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19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)			
1. PCB	2.	3.	4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 19a		
Printed/Typed Name Alina Walcek	Signature <i>Alina Walcek</i>	Month Day Year 10 17 14

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 006 071 716	2. Page 1 of 1	3. Emergency Response Phone (608) 770-9401	4. Manifest Tracking Number 013274020 JJK
5. Generator's Name and Mailing Address MADISON-KIPP CORPORATION 201 WAUBESA MADISON, WI 53704			Generator's Site Address (if different than mailing address)		
Generator's Phone: (608) 770-9401					
6. Transporter 1 Company Name U.S. Bulk Transport Inc				U.S. EPA ID Number DAN987347515	
7. Transporter 2 Company Name				U.S. EPA ID Number	
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 048 090 833		
Facility's Phone: (800) 592-5489					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.
		No.	Type		
	1. RQ, UN3432, Polychlorinated biphenyls, solid, molten, W, PGIII, (PCB), ERG1 #171	001	DT	30000 EST	K
	2.				
	3.				
	4.				
14. Special Handling Instructions and Additional Information 1. E145033W/D1 / PCB SOLI / Emergency Contact: Alma Walcek 518-205-7183 Storage Start Date: 6/27/14 Unique Container ID#: 135A					
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.					
Generator's/Offoror's Printed/Typed Name Alma Walcek				Signature <i>Alma Walcek</i>	
				Month Day Year 6 29 14	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____					
17. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Caro Geidel				Signature <i>Caro Geidel</i>	
				Month Day Year 08 1 14	
Transporter 2 Printed/Typed Name				Signature	
				Month Day Year	
18. Discrepancy					
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
Manifest Reference Number: _____					
18b. Alternate Facility (or Generator)				U.S. EPA ID Number	
Facility's Phone: _____					
18c. Signature of Alternate Facility (or Generator)				Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. PCB		2.		3.	
				4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name DAN STANLEY				Signature <i>Dan Stanley</i>	
				Month Day Year 7 2 14	

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number WID 006 071 716	2. Page 1 of 1	3. Emergency Response Phone (808) 770-9401	4. Manifest Tracking Number 013274027 JJK
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5. Generator's Name and Mailing Address: **MADISON-KIPP CORPORATION**
201 WAUBESA MADISON, WI 53704
 Generator's Site Address (if different than mailing address):
 Generator's Phone: **(608) 770-9401**

6. Transporter 1 Company Name: **U.S. BANK Transport Inc** U.S. EPA ID Number: **PAD 987 347 515**
 7. Transporter 2 Company Name: _____ U.S. EPA ID Number: _____

8. Designated Facility Name and Site Address: **WAYNE DISPOSAL, INC. SITE #2 LANDFILL**
49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111
 Facility's Phone: **(800) 592-5489** U.S. EPA ID Number: **MID 048 090 633**

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WLVol.	13. Waste Codes	
		No.	Type				
1	HC UN332, Polychlorinated biphenyls, solid, mixture, 9, PGIII, (PCB), ERG #171	001	DT	22,000 EST	K	PCB1	
2.							
3.							
4.							

14. Special Handling Instructions and Additional Information
1. E145033WDI / PCB SOIL / Emergency Contact: Alina Walcek 518-285-7183
 Storage Start Date: **01/27/14** Unique Container ID#: **14YA**

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offorer's Printed/Typed Name: **Alina Walcek** Signature: *Alina Walcek* Month: **1** Day: **01** Year: **2014**

16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____
 Transporter signature (for exports only): _____

17. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: **Anthony Carter** Signature: *Anthony Carter* Month: **1** Day: **30** Year: **14**
 Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____

18. Discrepancy
 18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection
 Manifest Reference Number: _____

18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number: _____
 Facility's Phone: _____

18c. Signature of Alternate Facility (or Generator) _____ Month: _____ Day: _____ Year: _____

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
 1. **PCB** 2. _____ 3. _____ 4. _____

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
 Printed Name: **Tanya Nowgar** Signature: *Tanya Nowgar* Month: **7** Day: **14** Year: **14**

20-944

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 006 071 718	2. Page 1 of 1	3. Emergency Response Phone (518) 265-7183 <i>Alina Walcek</i>	4. Manifest Tracking Number 013404220 JJK		
5. Generator's Name and Mailing Address MADISON-KIPP CORPORATION 201 WAUBESA MADISON, WI 53704				Generator's Site Address (if different than mailing address)			
Generator's Phone: (608) 770-9401							
6. Transporter 1 Company Name First Choice				U.S. EPA ID Number 140000149146			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 048 090 633			
Facility's Phone: (800) 592-5489							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1. RQ, UN3432, Polychlorinated biphenyls, solid, indure, 9, PGIII, (PCB), ERG #171	001	CM	19	Y _{mf}	PCB1	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. E145033WD1 / PCB SOIL and DEBRIS / Emergency Contact: Alina Walcek 518-265-7183 Storage Start Date: 8/11/14							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name <i>Alina Walcek</i>				Signature <i>Alina Walcek</i>		Month Day Year 18 15 14	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: <i>Michael Pokojec</i> Signature: <i>[Signature]</i> Month Day Year: 08 22 14 Transporter 2 Printed/Typed Name: <i>Michael Pokojec</i> Signature: <i>[Signature]</i> Month Day Year: 08 25 14							
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection <i>actual weight 1540k per Alina Walcek w/ Madison Kipp</i> Manifest Reference Number: <i>ck-eb-8-26-14</i>							
18b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)				Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. <i>PCB</i>		2.		3.		4.	
20. Designated Facility Owner or Operator, Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a Printed/Typed Name: <i>Zack Listman</i> Signature: <i>[Signature]</i> Month Day Year: 18 05 14							

TRIAD B 615 - 77660

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 006 071 716	2. Page 1 of 1	3. Emergency Response Phone (518) 265-7183 Alina Walcek	4. Manifest Tracking Number 013404225 JJK				
5. Generator's Name and Mailing Address MADISON-KIPP CORPORATION 201 WAUBESA MADISON, WI 53704				Generator's Site Address (if different than mailing address)					
Generator's Phone: (808) 770-9401				U.S. EPA ID Number 1LR000149146					
6. Transporter 1 Company Name FIRST CHOICE LOGISTICS				U.S. EPA ID Number					
7. Transporter 2 Company Name				U.S. EPA ID Number					
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL 48350 N I-84 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 048 090 833					
Facility's Phone: (800) 592-5489									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit WL/Vol	13. Waste Codes	
	X	1. RQ, UN3432, Polychlorinated biphenyls, solid, mixture, 9, PGIII, (PCB), ERG #171		No. 001	Type CM	14062	K	PCB1	
		2.							
		3.							
		4.							
14. Special Handling Instructions and Additional Information E145033WDI / PCB SOIL and DEBRIS / Emergency Contact: Alina Walcek 518-265-7183 Storage Start Date: 8/12/14									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeror's Printed/Typed Name Alina Walcek				Signature Alina Walcek		Month 8	Day 13	Year 14	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
17. Transporter Acknowledgment of Receipt of Materials									
Transporter 1 Printed/Typed Name TOM SIMPSON				Signature Tom Simpson		Month 08	Day 22	Year 14	
Transporter 2 Printed/Typed Name Michael Pokorski				Signature Michael Pokorski		Month 08	Day 27	Year 14	
18. Discrepancy									
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input checked="" type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
Manifest Reference Number: _____ U.S. EPA ID Number _____									
18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____									
Facility's Phone: _____									
18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. PCB		2.		3.		4.			
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name Zack Listman				Signature Zack Listman		Month 08	Day 27	Year 14	

20-977

Please print or type. (Form designed for use on ekte (12-pitch) typewriter)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator ID Number: WID 006 071 716

2 Page 1 of 1

3 Emergency Response Phone: (518) 285-7183
Alina Walcek

4 Manifest Tracking Number: 013404337 JJK

5 Generator's Name and Mailing Address: 201 WAUBESA
MADISON, WI 53704

Generator's Site Address (if different than mailing address): MADISON-KIPP CORPORATION

Generator's Phone: (608) 770-9401

6 Transporter 1 Company Name: FIRST CHOICE LOGISTICS
U.S. EPA ID Number: HLRO00149146

7 Transporter 2 Company Name: _____
U.S. EPA ID Number: _____

8 Designated Facility Name and Site Address: WAYNE DISPOSAL, INC. SITE #2 LANDFILL
49350 N I-84 SERVICE DRIVE
BELLEVILLE, MI 48111
U.S. EPA ID Number: MID 048 090 833

Facility's Phone: (800) 592-5489

9a HM	9b U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	1 RQ, UN3432, Polychlorinated Biphenyls, mixture, 9, PGIII, PCBs	001	CM	18,000	K	PCB1
	2					
	3					
	4					

14 Special Handling Instructions and Additional Information: 1. D145888NDI / PCB CONCRETE / Storage Start Date: 8/17/14 / Emergency Contact: Alina Walcek 518-285-7183

15 GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/packaged and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name: Alina Walcek
Signature: Alina Walcek
Month Day Year: 18 12 14

16 International Shipments: Import to U.S. Export from U.S. Port of entry/ext. Date leaving U.S.

17 Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Jim Maxwell
Signature: Jim Maxwell
Month Day Year: 18 12 14

Transporter 2 Printed/Typed Name: _____
Signature: _____
Month Day Year: _____

18a Discrepancy Indication Space: Quantity Type Residue Partial Rejection Full Rejection

Actual weight 13655 kck per Alina Walcek w/ Madison KIPP
Manifest Reference Number: BK-CB 8-21-14

18b Alternate Facility (or Generator): _____
U.S. EPA ID Number: _____

Facility's Phone: _____

18c Signature of Alternate Facility (or Generator): _____
Month Day Year: _____

19 Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1 PCB

20 Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by the manifest receipt as noted in item 19a

Printed Name: Tanya Towgar
Signature: Tanya Towgar
Month Day Year: 18 12 14

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

8007 14,140

20-944

72000

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 008 071 716		2. Page 1 of 1		3. Emergency Response Phone (518) 265-7183 Alina Walcek		4. Manifest Tracking Number 013404336 JJK			
5. Generator's Name and Mailing Address 201 WAUBESA MADISON, WI 53704 Generator's Phone: (808) 770-9401						Generator's Site Address (if different than mailing address)					
6. Transporter 1 Company Name FIRST CHOICE LOGISTICS						U.S. EPA ID Number ILR000149146					
7. Transporter 2 Company Name						U.S. EPA ID Number					
8. Designated Facility Name and Site Address 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489						U.S. EPA ID Number MID 048 090 633					
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))					10. Containers		11. Total Quantity	12. Unit WL/Vol	13. Waste Codes	
X	1. RQ, UN3432, Polychlorinated Biphenyls, mixture, 9, PGIII, PCBs					001	CM	20	K	PCB1	
	2.										
	3.										
	4.										
14. Special Handling Instructions and Additional Information 1. D145008WDI / PCB CONCRETE / Storage Start Date: 8/17/14 / Emergency Contact: Alina Walcek 518-265-7183											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offeror's Printed/Typed Name Alina Walcek						Signature Alina Walcek		Month Day Year 8/12/14			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____											
17. Transporter Acknowledgment of Receipt of Materials											
Transporter 1 Printed/Typed Name Jim Mahoney						Signature Jim Mahoney		Month Day Year 8/12/14			
Transporter 2 Printed/Typed Name Dustin Eagle						Signature Dustin Eagle		Month Day Year 8/19/14			
18. Discrepancy											
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Actual weight 13,918k cl per Alina Walcek w/ Madison Kipp Manifest Reference Number: OK-CD-8-19-14											
18b. Alternate Facility (or Generator) U.S. EPA ID Number											
Facility's Phone:											
18c. Signature of Alternate Facility (or Generator) Month Day Year											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1. PCB			2.			3.			4.		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest as noted in Item 18a											
Printed/Typed Name Alina Walcek						Signature Alina Walcek		Month Day Year 8/19/14			

20-913

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 006 071 716	2. Page 1 of 1	3. Emergency Response Phone (518) 265-7183 Alina Walock	4. Manifest Tracking Number 013404341 JJK	
5. Generator's Name and Mailing Address 201 WAUBESA MADISON, WI 53704		Generator's Site Address (if different than mailing address)				
Generator's Phone: (608) 770-9401						
6. Transporter 1 Company Name FIRST CHOICE LOGISTICS		U.S. EPA ID Number ILR000149146				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111		U.S. EPA ID Number MID 048 090 833				
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
		No.	Type			
X	1. RQ, UN3432, Polychlorinated Biphenyls, mixture, 9, PGIII, PCBs	001	CM	2000	K	PCB1
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. D145098WDI / PCB CONCRETE / Storage Start Date: 8/7/14 / Emergency Contact: Alina Walock 518-265-7183						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name Alina Walock		Signature <i>Alina Walock</i>		Month Day Year 8 14 14		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Jim Maxwell		Signature <i>Jim Maxwell</i>		Month Day Year 8 15 14		
Transporter 2 Printed/Typed Name Dustin Egle		Signature <i>Dustin Egle</i>		Month Day Year 8 20 14		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. PCB		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Alina Walock		Signature <i>Alina Walock</i>		Month Day Year 8 20 14		

GENERATOR
TRANSPORTER INTL
DESIGNATED FACILITY

DESIGNATED FACILITY TO GENERATOR

20-957

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 008 071 716	2. Page 1 of 1	3. Emergency Response Phone (518) 265-7183 Alma Walcek	4. Manifest Tracking Number 013404339 JJK	
5. Generator's Name and Mailing Address 201 WAUBESA MADISON, WI 53704			Generator's Site Address (if different than mailing address)			
Generator's Phone: (808) 770-9401						
6. Transporter 1 Company Name First Choice Logistics			U.S. EPA ID Number JLR000149146			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address 48350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 048 090 633			
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit WL/Vol.
X	1. RQ, UN3432, Polychlorinated Biphenyls, mixture, 9, PGIII, PCBs		No. 001	Type CM	20	* 10
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. D145098WDI / PCB-CONCRETE / Storage Start Date: 8/7/14 / Emergency Contact: Alma Walcek 518-265-7183						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name Alma Walcek			Signature Alma Walcek		Month 8	Day 13
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Jake Bruinius			Signature Jake Bruinius		Month 09	Day 21
Transporter 2 Printed/Typed Name			Signature		Month	Day
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____						
18c. Signature of Alternate Facility (or Generator) Month: _____ Day: _____ Year: _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. PCB		2.		3.		4.
20. Designated Facility Owner or Operator; Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Zack Listman			Signature Zack Listman		Month 09	Day 14

20126

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 006 071 716	2. Page 1 of 1	3. Emergency Response Phone (518) 265-7183 <i>Alina Walcek</i>	4. Manifest Tracking Number 013404338 JJK	
5. Generator's Name and Mailing Address 201 WAUBESA MADISON, WI 53704			Generator's Site Address (if different than mailing address)			
Generator's Phone: (608) 770-8401						
6. Transporter 1 Company Name First Choice			U.S. EPA ID Number 11R2000147146			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111			U.S. EPA ID Number MID 048 090 633			
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
			No.	Type		
X	1. RQ, UN3432, Polychlorinated Biphenyls, mbture, 8, PGIII, PCBs		001	CM	19	Y ml
	2.					
	3.					
	4.					
13. Waste Codes						
PCB1						
14. Special Handling Instructions and Additional Information 1. D145096WPI / PCB CONCRETE / Storage Start Date: <u>8/7/14</u> / Emergency Contact: <u>Alina Walcek 518-265-7183</u> 20-126						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeor's Printed/Typed Name Alina Walcek			Signature <i>Alina Walcek</i>		Month	Day Year
					18	13/14
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name Michael Pokrojca			Signature <i>Michael Pokrojca</i>		Month	Day Year
					08	21/14
Transporter 2 Printed/Typed Name Michael Pokrojca			Signature <i>Michael Pokrojca</i>		Month	Day Year
					08	26/14
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Actual weight 20 y ct per Alina walcek w/ Madison KIPP ct - CD-5271						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator)					U.S. EPA ID Number	
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator)					Month	Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
PCB						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Zack Listman			Signature <i>Zack Listman</i>		Month	Day Year
					08	28/14

Please print or type. (Form designed for use on ePa (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 006 071 716	2. Page 1 of 1	3. Emergency Response Phone (608) 770-9401	4. Manifest Tracking Number 013274866 JJK
5. Generator's Name and Mailing Address MADISON-KIPP CORPORATION 201 WAUBESA MADISON, WI 53704 Generator's Phone: (808) 770-9401					
6. Transporter 1 Company Name FIRST CHOICE LOGISTICS, INC				U.S. EPA ID Number ILR000149146	
7. Transporter 2 Company Name				U.S. EPA ID Number	
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: (800) 592-5489					
U.S. EPA ID Number MID 048 090 633					
GENERATOR	No.	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity
			No.	Type	12. UN W/ Vol.
	1.	1. RQ, UN3432, Polychlorinated biphenyls, solid, mixture, 9, PGIII, (PCB), ERG #171	001	CM	20000
	2.				
	3.				
13. Waste Codes PCB					
14. Special Handling Instructions and Additional Information 1. E148033WDX / PCB SOIL / Emergency Contact: Alina Walcek 518-285-7183 Storage Start Date: <u>May 23, 2014</u> Unique Container ID#: <u>20-978</u>					
15. GENERATOR/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by its proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste mismanagement statement identified in 40 CFR 262.27(a) (1) is a large quantity generator) or (b) (1) is a small quantity generator) is true.					
Generator's Officer's Printed/Typed Name Alina Walcek					Signature <i>Alina Walcek</i>
					Month Day Year 16 4 14
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of embarkment: _____ Date leaving U.S.: _____				
	17. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name TOM SIMPSON		Signature <i>Tom Simpson</i>		Month Day Year 16 04 14
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection				
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection OK to add PCB start Date per Alina Walcek w/ Madison Kipp. 06/13/14				
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____				
	Facility's Phone: _____ Month Day Year _____				
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____					
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
1. PCB		2.		4.	
20. Designated Facility Owner or Operator Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a					
Printed/Typed Name TANYA COWARD				Signature <i>Tanya Coward</i>	
				Month Day Year 06 13 14	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 008 071 716	2. Page 1 of 1	3. Emergency Response Phone (608) 770-9401	4. Manifest Tracking Number 013274866 JJK	
5. Generator's Name and Mailing Address 201 WAUBESA MADISON, WI 53704		Generator's Site Address (if different than mailing address) MADISON-KIPP CORPORATION				
Generator's Phone: (808) 770-9401						
6. Transporter 1 Company Name				U.S. EPA ID Number		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 048 090 633		
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
		No.	Type			
1.	RC, UN3432, Polychlorinated biphenyls, solid, mixture, 9, PGIII, (PCB), ERG #171		CM		K	PCB1
2.						
3.						
4.						
14. Special Handling Instructions and Additional Information 1. E145033WDI / PCB SOIL / Emergency Contact: Alina Walcek 518-266-7183 Storage Start Date: 5/23/14 Unique Container ID#:						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offoror's Printed/Typed Name Alina Walcek				Signature <i>Alina Walcek</i>		Month Day Year 10 13 14
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name				Signature		Month Day Year
Transporter 2 Printed/Typed Name				Signature		Month Day Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator)				U.S. EPA ID Number		
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)				Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. PCB		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name				Signature		Month Day Year

CERTIFICATE OF DISPOSAL



FOR MANIFESTED PCB WASTE

This certificate is to verify the wastes identified as 16B S.L./
and specified on Manifest # 013277866 JK, Line Item 1 has been landfilled on
June 13, 2017 in accordance with all local, state and federal regulations by:

Wayne Disposal, Inc.

(EPA I.D. # MID048090633)

49350 N. I-94 Service Drive, Belleville, Michigan 48111
Telephone: 1-800-KWALITY (592-5489)
Fax: 1-800-KWALFAX (592-5329)

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy. I certify as the company official having supervisory responsibility for the persons who are acting under my direct instructions made the verification that this information is true accurate and complete.

Authorized Signature:

THE ENVIRONMENTAL QUALITY COMPANY 49350 N. I-94 SERVICE DRIVE BELLEVILLE MICHIGAN 48111

(Box 938)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number WID 006 071 716	2. Page 1 of 1	3. Emergency Response Phone (518) 265-7183	4. Manifest Tracking Number 013196390 JJK	
5. Generator's Name and Mailing Address MADISON-KIPP CORPORATION 201 WAUBESA MADISON, WI 53704				Generator's Site Address (if different than mailing address)		
Generator's Phone: (608) 770-9401						
6. Transporter 1 Company Name TRIAD Transport Inc		U.S. EPA ID Number OKD981588791				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address WAYNE DISPOSAL, INC. SITE #2 LANDFILL 49350 N I-94 SERVICE DRIVE BELLEVILLE, MI 48111				U.S. EPA ID Number MID 048 090 633		
Facility's Phone: (800) 592-5489						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type	11. Total Quantity	12. Unit Wt./Vol.
X	1. RQ, UN3432, Polychlorinated biphenyls, solid, mixture, 9, PGIII, (PCB), ERG #171			001 CM	5000 P	K
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1. EPA5033WDI / PCB SOIL / Emergency Contact: Aina Walock 518-265-7183 Storage Start Date: 12/15/14 Unique Container ID#:						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offoror's Printed/Typed Name Aina Walock				Signature <i>Aina Walock</i>	Month 15	Day 12
				Year 14		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name DAVID AYERS				Signature <i>David Ayers</i>	Month 15	Day 20
Transporter 2 Printed/Typed Name Jean Parkston				Signature <i>Jean Parkston</i>	Month 15	Day 21
Year 14						
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
actual weight 5.173K or per Aina Walock w/ Manifest Reference Number: MADISON-KIPP 071714 XH						
18b. Alternate Facility (or Generator)				U.S. EPA ID Number		
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)				Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. Pcb	2.	3.	4.			
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name JESSICA ROBERTS				Signature <i>Jessica Roberts</i>	Month 15	Day 22
				Year 14		

GENERATOR
INTL
TRANSPORTER
DESIGNATED FACILITY

04/08/2014	671075	GRL 14027	TRI 69	C-Soil/37A	20.26	tn
04/08/2014	671075	GRL 14027	TRI 69	Profiling Fee	1.00	ea
04/08/2014	671130	GRL 14027	TRI 80	C-Soil/37A	21.82	tn
					42.08	✓

04/09/2014	671222	GRL 14027	TRI 40	C-Soil/37A	24.04	tn
04/09/2014	671223	GRL 14027	TRI 147	C-Soil/37A	23.87	tn
04/09/2014	671228	GRL 14027	TRI 1950	C-Soil/37A	22.28	tn
04/09/2014	671231	GRL 14027	TRI 770	C-Soil/37A	20.65	tn
04/09/2014	671295	GRL 14027	TRI 40	C-Soil/37A	21.29	tn
04/09/2014	671299	GRL 14027	TRI 147	C-Soil/37A	22.92	tn
04/09/2014	671302	GRL 14027	TRI 1950	C-Soil/37A	23.57	tn
04/09/2014	671310	GRL 14027	TRI 770	C-Soil/37A	22.90	tn
					181.52	✓

Tickets Reported: 11

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

SITE	CELL	TICKET #	OPERATOR	
E6		671075	41758	
TRUCK		CONTAINER	LICENSE	
TRJ 69				
REFERENCE			IN	OUT
RW COLLINS - 13651B TRK 80			4/8/14 11:57 am	4/8/14 12:12 pm

INVOICE
 INBOUND

CONTRACT: GRL 14027
 BOL:

GROSS 70,220.00 LBS Scale In
 TARE 29,700.00 LBS Scale Out
 NET 40,520.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
20.26	tn	C-Soil/37A		0.00	\$15.72	\$348.27	\$666.76
1.00	ea	Profiling Fee		0.00	\$50.00	\$0.00	\$50.00

Thank you for using Veolia ES Glacier Ridge Landfill

I hereby certify that this load does not contain any unauthorized hazardous waste.

Environmental Fee
 Fuel Surcharge
 Host Fee
 WDNR Fees

Tax Total
 Total
 Paid
 Change
 Check#
 Recpt #

\$716.76
 \$0.00
 \$0.00
 0

SIGNATURE: *[Signature]*

FACILITY COPY

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Advanced Disposal

Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

4-08-14 136518

LOOP ID 80

70220 lb

4-08-14 12:12PM

LOOP ID 80

70220 lb

29700 lb

40520 lb

BILL TO: R. W. Collins Co.; Cust #9424
Tricor Transit

TRANSPORTER: _____

GENERATOR: Madison-Kipp Corporation

GENERATOR'S SIGNATURE: *[Signature]*
C-Soil/37A

WASTE DESCRIPTION: _____

PROFILE #: GRL 14027

ACCEPTED BY: *[Signature]* 04/08/14

DRIVER'S SIGNATURE: *[Signature]* 4/8/14

TRUCK NO. 80 TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

SITE	CELL	TICKET #	OPERATOR	
E6		071130	41758	
TRUCK		CONTAINER	LICENSE	
TRI 80				
REFERENCE			IN	OUT
MADISON KIPP - 136600			4/8/14 2:56 pm	4/8/14 3:08 pm

INVOICE
 INBOUND

CONTRACT: GRL 14027
 BOL:

GROSS 73,160.00 LBS Scale In
 TARE 29,520.00 LBS Scale Out
 NET 43,640.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
21.82	tn	C-Soil/37A		0.00	\$15.72	\$375.09	\$718.10

Thank you for using Veolia ES Glacier Ridge Landfill

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: *[Signature]*

Environmental Fee	\$34.30	Total	\$718.10
Fuel Surcharge	\$27.23	Paid	\$0.00
Host Fee	\$29.68	Change	\$0.00
WDNR Fees	\$283.88	Check#	
		Receipt #	0

FACILITY COPY

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

136600
 4-08-14 2:56 PM
 LDDP ID 20
 73140 lb
 4-08-14 3:08 PM
 LDDP ID 80
 73140 lb
 29520 lb
 43620 lb

BILL TO: R. W. Collins Co.; Cust #9424
Tricor Transit
 TRANSPORTER:
 GENERATOR: Madison-Kipp Corporation
 GENERATOR'S SIGNATURE: *[Signature]* 4/8/14
 WASTE DESCRIPTION: C-Soil/37A
 PROFILE #: GRL 14027
 ACCEPTED BY: *[Signature]* 04/08/14
 DRIVER'S SIGNATURE: *[Signature]* 4/8/14

TRUCK NO. 80 TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

SITE	CELL	TICKET #	OPERATOR	
E6		671222	41758	
TRUCK		CONTAINER	LICENSE	
TRI 40				
REFERENCE			IN	OUT
MADISON KIPP - 136601			4/9/14 9:01 am	4/9/14 9:12 am

INVOICE
 INBOUND

CONTRACT: GRL 14027
 BOL:

GROSS 75,700.00 LBS Scale In
 TARE 27,620.00 LBS Scale Out
 NET 48,080.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
24.04	tn	C-Soil/37A		0.00	\$15.72	\$413.25	\$791.16

Thank you for using Veolia ES Glacier Ridge Landfill

I hereby certify that this load does not contain any unauthorized hazardous waste.

Environmental Fee
 Fuel Surcharge
 Host Fee
 WDNR Fees

Tax Total
 \$37.79
 \$30.01
 \$32.69
 \$312.76

Total
 \$791.16
 Paid \$0.00
 Change \$0.00
 Check #
 Recpt # 0

SIGNATURE:

[Handwritten Signature]

FACILITY COPY

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Advanced Disposal

Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

4-09-14 9:00AM
 LOOP ID 40
 75700 lb

4-09-14 9:11AM
 LOOP ID 40
 75700 lb
 27620 lb
 48080 lb

BILL TO: R. W. Collins Co.; Cust #9424
 TRANSPORTER: Tricolor Transit
 GENERATOR: Madison-Kipp Corporation
 GENERATOR'S SIGNATURE: [Signature] 4/9/14
 WASTE DESCRIPTION: C-Soil/37A
 PROFILE #: GRL 14027
 ACCEPTED BY: [Signature] 04/09/14
 DRIVER'S SIGNATURE: [Signature] 4/9/14

TRUCK NO. 40 TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R. W. COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

SITE	CELL	TICKET #	OPERATOR	
E6		671223	41758	
TRUCK		CONTAINER	LICENSE	
TRI 147				
REFERENCE			IN	OUT
MADISON KIPP - 136602			4/9/14 9:07 am	4/9/14 9:15 am

INVOICE
 INBOUND

CONTRACT: GRL 14027
 BOL:

GROSS 75,560.00 LBS Scale In
 TARE 27,820.00 LBS Scale Out
 NET 47,740.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
23.87	tn	C-Soil/37A		0.00	\$15.72	\$410.32	\$785.56

Thank you for using Veolia ES Glacier Ridge Landfill

hereby certify that this load does not contain any unauthorized hazardous waste.

Environmental Fee
 Fuel Surcharge
 Host Fee
 WDNR Fees

Tax Total
 \$37.52
 \$29.79
 \$32.46
 \$310.55

Total
 Paid
 Change
 Check#
 Recept #

\$785.56
 \$0.00
 \$0.00
 0

SIGNATURE:

Richard Wierka

FACILITY COPY

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Advanced Disposal

Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

136602
 4-09-14 9:07 AM
 LOOP ID 147
 75560 1b

BILL TO: R. W. Collins Co.: Cust #9424

TRANSPORTER: Tricor Transit

GENERATOR: Madison-Kipp Corporation

GENERATOR'S SIGNATURE: *Theresa* 4.9.14

WASTE DESCRIPTION: C-Soil/37A

PROFILE #: GRL 14027

ACCEPTED BY: *Theresa* 04.09.14

DRIVER'S SIGNATURE: *Richard Wierka* 4.9.14

TRUCK NO. 147 TONS/YARDS

4-09-14 9:14 AM
 LOOP ID 147
 75560 1b
 27820 1b
 47740 1b

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

SITE	CELL	TICKET #	OPERATOR	
EG		671228	41758	
TRUCK		CONTAINER	LICENSE	
TRI 1950				
REFERENCE			IN	OUT
MADISON KIPP - 136603			4/9/14 9:17 am	4/9/14 9:24 am

INVOICE
 INBOUND

CONTRACT: GRL 14027
 BOL:

GROSS 72,560.00 LBS Scale In
 TARE 28,000.00 LBS Scale Out
 NET 44,560.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
22.28	tn	C-Soil/37A		0.00	\$15.72	\$382.99	\$733.23

Thank you for using Veolia ES Glacier Ridge Landfill

I hereby certify that this load does not contain any unauthorized hazardous waste.

Environmental Fee
 Fuel Surcharge
 Host Fee
 WONR Fees

Tax Total
 \$35.02
 \$27.81
 \$30.30
 \$289.86

Total
 \$733.23
 Paid \$0.00
 Change \$0.00
 Check#
 Receipt # 0

SIGNATURE: *[Signature]*

FACILITY COPY

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Advanced Disposal

Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

4-09-14 136603 9:19am

LOOP ID 1950
 72560 lb

4-09-14 9:24am
 LOOP ID 1950

72560 lb
 28000 lb
 44560 lb

BILL TO: R. W. Collins Co.; Cust #B424

TRANSPORTER: Tricor Transit

GENERATOR: Madison-Kipp Corporation

GENERATOR'S SIGNATURE: *[Signature]* 4.9.14

WASTE DESCRIPTION: C-Soil/37A

PROFILE #: GRL 14027

ACCEPTED BY: *[Signature]* 04.09.14

DRIVER'S SIGNATURE: *[Signature]* 4.9.14

TRUCK NO. 1950 TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

INVOICE
 INBOUND

SITE	CELL	TICKET #	OPERATOR	
E6		671231	41758	
TRUCK		CONTAINER	LICENSE	
TRI 770				
REFERENCE			IN	OUT
MADISON KIPP - 136604			4/9/14 9:26 am	4/9/14 9:33 am

CONTRACT: GRL 14027
 BOL:

GROSS 69,620.00 LBS Scale In
 TARE 28,320.00 LBS Scale Out
 NET 41,300.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
20.65	tn	C-Soil/37A		0.00	\$15.72	\$354.97	\$679.59

Thank you for using Veolia ES Glacier Ridge Landfill

I hereby certify that this load does not contain any unauthorized hazardous waste.

Environmental Fee
 Fuel Surcharge
 Host Fee
 WDNR Fees

Tax Total
 \$32.46
 \$25.77
 \$28.08
 \$268.66

Total
 Paid
 Change
 Check#
 Recpt #

\$679.59
 \$0.00
 \$0.00
 0

FACILITY COPY

SIGNATURE: 

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Advanced Disposal

Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

4-09-14 136604

LOOP ID 770

69620 lb

4-09-14 9:33AM

LOOP ID 770

69620 lb

28320 lb

41300 lb

BILL TO: R. W. Collins Co.: Cust #0424

TRANSPORTER: Tracor Transit

GENERATOR: Madison-Kipp Corporation

GENERATOR'S SIGNATURE:  4, 9, 14

WASTE DESCRIPTION: C-Soil/37A

PROFILE #: GRL 14027

ACCEPTED BY:  04/09/14

DRIVER'S SIGNATURE:  4, 9, 14

TRUCK NO. 770 TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

SITE	CELL	TICKET #	OPERATOR	
E6		671295	42522	
TRUCK		CONTAINER	LICENSE	
TRI 40				
REFERENCE			IN	OUT
TICKET 136605			4/9/14 12:19 pm	4/9/14 12:27 pm

INVOICE
 INBOUND

CONTRACT: GRL 14027
 BOL:

GROSS 70,160.00 LBS Scale In
 TARE 27,580.00 LBS Scale Out
 NET 42,580.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
21.29	tn	C-Soil/37A		0.00	\$15.72	\$365.97	\$700.65

Thank you for using Veolia ES Glacier Ridge Landfill

hereby certify that this load does not contain any unauthorized hazardous waste.

Environmental Fee
 Fuel Surcharge
 Host Fee
 WDNR Fees

Tax Total
 \$33.47
 \$26.57
 \$28.95
 \$276.98

Total
 Paid
 Change
 Check#
 Recpt #

\$700.65
 \$0.00
 \$0.00
 0

SIGNATURE:

[Handwritten Signature]

FACILITY COPY

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Advanced Disposal

Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

4-09-14 136605

LOOP ID 40

70160 lb

4-09-14 12:27PM

LOOP ID 40

70160 lb

27560 lb

42600 lb

BILL TO: R. W. Collins Co.; Cust #9424

TRANSPORTER: Tricor Transit

GENERATOR: Madison-Viper Corporation

GENERATOR'S SIGNATURE: [Handwritten Signature] 4, 9, 14

WASTE DESCRIPTION: C-Soil/37A

PROFILE #: GRL 14027

ACCEPTED BY: [Handwritten Signature] 4, 9, 14

DRIVER'S SIGNATURE: [Handwritten Signature] 4, 9, 14

TRUCK NO. 40 TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

INVOICE
 INBOUND

SITE	CELL	TICKET #	OPERATOR	
E6		671299	42522	
TRUCK		CONTAINER	LICENSE	
TRI 147				
REFERENCE			IN	OUT
TICKET 136606			4/9/14 12:33 pm	4/9/14 12:41 pm

CONTRACT: GRL 14027
 BOL:

GROSS 73,540.00 LBS Scale In
 TARE 27,700.00 LBS Scale Out
 NET 45,840.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
22.92	tn	C-Soil/37A		0.00	\$15.72	\$394.00	\$754.30

Thank you for using Veolia ES Glacier Ridge Landfill

herby certify that this load does not contain any unauthorized hazardous waste.

Environmental Fee
 Fuel Surcharge
 Host Fee
 WDNR Fees

Tax Total
 \$36.03
 \$28.61
 \$31.17
 \$298.19

Total
 Paid
 Change
 Check#
 Rcpt #

\$754.30
 \$0.00
 \$0.00
 0
 0

SIGNATURE:

Richard Ullrich

FACILITY COPY

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Advanced Disposal

Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

4-09-14 136606
 LOOP ID 147
 73500 lb

4-09-14 12:41PM
 LOOP ID 147
 73500 lb
 27700 lb
 45800 lb

BILL TO: R. W. Collins Co.; Cust #8424
Tracor Transit

TRANSPORTER: _____

GENERATOR: Madison-Hipp Corporation

GENERATOR'S SIGNATURE: *Mark Hipp* 4, 9, 14
C-Soil/37A

WASTE DESCRIPTION: _____

PROFILE #: GRL 14027

ACCEPTED BY: *Amanda* 4, 9, 14

DRIVER'S SIGNATURE: _____ 4, 9, 14

TRUCK NO. 147 TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

SITE	CELL	TICKET #	OPERATOR	
E6		671302	42522	
TRUCK		CONTAINER	LICENSE	
TRI 1950				
REFERENCE			IN	OUT
MADISON KIPP - 136607			4/9/14 12:41 pm	4/9/14 12:55 pm

INVOICE
 INBOUND

CONTRACT: GRL 14027
 BOL:

GROSS 75,040.00 LBS Scale In
 TARE 27,900.00 LBS Scale Out
 NET 47,140.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
23.57	tn	C-Soil/37A		0.00	\$15.72	\$405.18	\$775.70

Steve Ewins

Thank you for using Veolia ES Glacier Ridge Landfill

I hereby certify that this load does not contain any unauthorized hazardous waste.

Environmental Fee
 Fuel Surcharge
 Host Fee
 WDNR Fees

Tax Total \$775.70
 Total Paid \$0.00
 Change \$0.00
 Check#
 Recpt # 0

SIGNATURE: _____

FACILITY COPY

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Advanced Disposal

Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

4-09-14 12:54 PM

LOOP ID 1950
 75040 lb

4-09-14 12:54 PM

LOOP ID 1950
 75040 lb
 27900 lb
 47140 lb

BILL TO: R. W. Collins Co.; Cust #9424
Tricor Transit

TRANSPORTER: _____

GENERATOR: Madison-Kipp Corporation

GENERATOR'S SIGNATURE: [Signature] 4, 9, 14

WASTE DESCRIPTION: C-Soil/37A

PROFILE #: GRL 14027

ACCEPTED BY: [Signature] 04, 09, 14

DRIVER'S SIGNATURE: [Signature] 4, 9, 14

TRUCK NO. 1950 TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

SITE	CELL	TICKET #	OPERATOR	
E6		671310	41758	
TRUCK		CONTAINER	LICENSE	
TRI 770				
REFERENCE			IN	OUT
MADISON KIPP - 136608			4/9/14 1:18 pm	4/9/14 1:25 pm

INVOICE
 INBOUND

CONTRACT: GRL 14027
 BDL:

GROSS 73,980.00 LBS Scale In
 TARE 28,180.00 LBS Scale Out
 NET 45,800.00 LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
22.90	tn	C-Soil/37A		0.00	\$15.72	\$393.65	\$753.64

Thank you for using Veolia ES Glacier Ridge Landfill

hereby certify that this load does not contain any unauthorized hazardous waste.

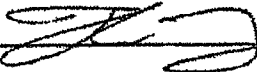
Environmental Fee
 Fuel Surcharge
 Host Fee
 WDNR Fees

Tax Total
 \$36.00
 \$28.58
 \$31.14
 \$297.93

Total
 Paid
 Change
 Check#
 Recpt #

\$753.64
 \$0.00
 \$0.00
 0

SIGNATURE: _____



FACILITY COPY

SPECIAL WASTE MANIFEST DISPOSAL TICKET



Advanced Disposal

Glacier Ridge Landfill
 N7296 Hwy V • Horicon, WI 53032
 (920) 387-0987

4-09-14 136608

LOOP ID 770
 74000 lb

4-09-14 1:24PM
 LOOP ID 770

74000 lb
 28180 lb
 45820 lb

BILL TO: R. W. Collins Co.; Cust #9424
Tricor Transit

TRANSPORTER: _____

GENERATOR: Madison-Kipp Corporation

GENERATOR'S SIGNATURE: [Signature] 4.9.14
C-Soil/37A

WASTE DESCRIPTION: _____

PROFILE #: GRL 14027

ACCEPTED BY: [Signature] 04.09.14

DRIVER'S SIGNATURE: [Signature] 4.9.14

TRUCK NO. 770 TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

Detail Customer Activity Report

May 06, 2014 to May 20, 2014

All Facilities

All Ticket Types
History and Waiting
* - Confirmed Qty Applied to Billing

Specific Customer: 9424

009424- R W COLLINS CO

Ticket Date	Facility & Ticket Number	Contract	Truck #	Container	Material	Material Rate	Billing Quantity	Material Total	Tax Total	Total
05/07/2014	I E6	675627	GRL 14027	WING_69	C-Soil/37A		15.82 tn			
05/07/2014	I E6	675629	GRL 14027	WING_71	C-Soil/37A		15.36 tn			
05/07/2014	I E6	675640	GRL 14027	WING_95	C-Soil/37A		14.00 tn			
05/07/2014	I E6	675692	GRL 14027	WING_71	C-Soil/37A		19.17 tn			
05/07/2014	I E6	675695	GRL 14027	WING_69	C-Soil/37A		19.07 tn			
05/07/2014	I E6	675699	GRL 14027	WING_95	C-Soil/37A		18.38 tn			
05/07/2014	I E6	675742	GRL 14027	WING_69	C-Soil/37A		10.15 tn			
05/07/2014	I E6	675750	GRL 14027	WING_71	C-Soil/37A		6.77 TN			

Tickets Reported: 8 Items Reported: 8

Customer Totals:

Material Summary	Weight		Volume		Count		Billing Quantity	Material Total	Tax Total	Total
	Inbound	Outbound	Inbound	Outbound	Inbound	Outbound				
C1 - C-Soil/37A	118.72	0.00 TN	8.00	0.00 YD	0.00	0.00	118.72 TN			

Tickets Reported: 8 Items Reported: 8

GLACIER RIDGE LANDFILL
 96 HIGHWAY V
 RICON, WI 53032
 13870987

19424
 W COLLINS CO
 225 WEST 66TH STREET
 CHICAGO, IL 60638

INVOICE
 INBOUND

SITE	CELL	TICKET #	OPERATOR	
E6		675627	41758	
TRUCK		CONTAINER	LICENSE	
WING_69			12429	
REFERENCE			IN	OUT
MADISON KIPP - 136609			5/7/14 8:30 am	5/7/14 8:47 am

CONTRACT: GRL 14027
 BOL:

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
15.82	tn	C-Soll/37A		0.00	15.82		

GROSS 59,980.00LBS Scale In
 TARE 28,340.00LBS Scale Out
 NET 31,640.00LBS

Total
 Paid
 Change
 Check#
 Recpt #

CUSTOMER COPY

SIGNATURE: _____

Thank you for using Veolia ES Glacier Ridge Landfill
 I hereby certify that this load does not contain any unauthorized hazardous waste.

ACIER RIDGE LANDFILL
 296 HIGHWAY V
 DRICON, WI 53032
 403870987

09424
 W COLLINS CO
 225 WEST 66TH STREET
 CHICAGO, IL 60638

INVOICE
 INBOUND

SITE	CELL	TICKET #	OPERATOR	
E6		675695	41758	
TRUCK		CONTAINER	LICENSE	
WING_69			12429	
REFERENCE			IN	OUT
MADISON KIPP - 136612			5/7/14 11:34 am	5/7/14 11:42 am

CONTRACT: GRL 14027
 BOL:

GROSS 66,500.00LBS Scale In
 TARE 28,360.00LBS Scale Out
 NET 38,140.00LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
19.07	tn	C-Soil/37A		0.00			

1907

Thank you for using Veolia ES Glacier Ridge Landfi

I hereby certify that this load does not contain any unauthorized hazardous waste.

Total
 Paid
 Change
 Check#
 Recept #

CUSTOMER COPY

SIGNATURE: _____

GLACIER RIDGE LANDFILL
 296 HIGHWAY V
 DRICON, WI 53032
 103870987

09424
 L W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

INVOICE
 INBOUND

SITE	CELL	TICKET #	OPERATOR	
E6		675742	41758	
TRUCK		CONTAINER	LICENSE	
WING_69			12429	
REFERENCE			IN	OUT
MADISON KIPP - 136614			5/7/14 2:10 pm	5/7/14 2:29 pm

CONTRACT: GRL 14027		GROSS		ORIGIN	%	RATE	TAX	TOTAL
BOL:		TARE	NET					
QTY	UNIT	DESCRIPTION						
10.15	tn	C-Sol/37A			0.00			

10/15

Thank you for using Veolia ES Glacier Ridge Landfill

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: _____

Total
 Paid
 Change
 Check #
 Receipt #

CUSTOMER COPY

GLACIER RIDGE LANDFILL
 7296 HIGHWAY V
 ORICON, WI 53032
 203870987

009424
 2 W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

INVOICE
 INBOUND

SITE		CELL	TICKET #	OPERATOR	
E6			675750	41758	
TRUCK		CONTAINER		LICENSE	
WING_71					
REFERENCE				IN	OUT
REPLACING VOIDED TICKET 675749				5/7/14 2:56 pm	5/7/14 2:56 pm

CONTRACT: GRI 14027

BOL:

GROSS 44,800.00LBS Manual In
 TARE 31,260.00LBS Manual Out
 NET 13,540.00LBS

QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
6.77	TN	C-Soil/37A		0.00			

Thank you for using Veolia ES Glacier Ridge Landfill

I hereby certify that this load does not contain any unauthorized hazardous waste.

Total
 Paid
 Change
 Check #
 Recpt #

CUSTOMER COPY

SIGNATURE: _____

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R W COLEMAN CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

INVOICE
 INBOUND

SITE	CELL	TICKET #	OPERATOR	
E6		675692	41758	
TRUCK		CONTAINER	LICENSE	
WING_71				
REFERENCE			IN	OUT
MADISON KIPP - 136599			5/7/14 11:24 am	5/7/14 11:35 am

CONTRACT: GRI 14027		GROSS 69,640.00LBS Scale In					
BOL:		TARE 31,300.00LBS Scale Out					
		NET 38,340.00LBS					
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
19.17	tn	C-Soil/37A		0.00			

Thank you for using Veolia ES Glacier Ridge Landfill

I hereby certify that this load does not contain any unauthorized hazardous waste.

Total
 Paid
 Change
 Check#
 Recpt #

CUSTOMER COPY

SIGNATURE: _____

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

INVOICE
 INBOUND

SITE		CELL	TICKET #	OPERATOR	
E6			675629	41758	
TRUCK		CONTAINER		LICENSE	
WING_71					
REFERENCE				IN	OUT
MADISON KIPP - 136610				5/7/14 8:43 am	5/7/14 8:51 am

CONTRACT: GRL 14027			GROSS	62,100.00LBS	Scale In		
BOL:			TARE	31,380.00LBS	Scale Out		
			NET	30,720.00LBS			
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
15.36	tn	C-Soil/37A		0.00			

Thank you for using Veolia ES Glacier Ridge Landfill

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: _____

Total
 Paid
 Change
 Check#
 Recept #

CUSTOMER COPY

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203670987

009424
 R W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

INVOICE
 INBOUND

SITE		CELL	TICKET #	OPERATOR	
E6			675640	41758	
TRUCK		CONTAINER		LICENSE	
WING_95					
REFERENCE				IN	OUT
MADISON KIPP - 136611				5/7/14 9:03 am	5/7/14 9:11 am

CONTRACT: GRL 14027			GROSS	58,680.00LBS	Scale In		
BOL:			TARE	30,680.00LBS	Scale Out		
			NET	28,000.00 LBS			
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL
14.00	tn	C-Soil/37A		0.00			

Thank you for using Veolia ES Glacier Ridge Landfill

I hereby certify that this load does not contain any unauthorized hazardous waste.

Total
 Paid
 Change
 Check#
 Receipt #

SIGNATURE: _____

CUSTOMER COPY

GLACIER RIDGE LANDFILL
 N7296 HIGHWAY V
 HORICON, WI 53032
 9203870987

009424
 R W COLLINS CO
 7225 WEST 66TH STREET
 CHICAGO, IL 60638

INVOICE
 INBOUND

SITE	CELL	TICKET #	OPERATOR	
E6		675699	41758	
TRUCK		CONTAINER	LICENSE	
WING_95				
REFERENCE			IN	OUT
MADISON KIPP - 136613			5/7/14 11:44 am	5/7/14 11:55 am

CONTRACT: GRL 14027			GROSS	67,280.00LBS	Scale In			
BOL:			TARE	30,520.00LBS	Scale Out			
			NET	36,760.00 LBS				
QTY	UNIT	DESCRIPTION	ORIGIN	%	RATE	TAX	TOTAL	
18.38	tn	C-Soil/37A		0.00				

Thank you for using Veolia ES Glacier Ridge Landfi

I hereby certify that this load does not contain any unauthorized hazardous waste.

SIGNATURE: _____

Total
 Paid
 Change
 Check#
 Recpt #

CUSTOMER COPY

Detail Customer Activity Report
 May 28, 2014 to June 19, 2014
 Specific Customer: 9424

All Facilities

All Ticket Types
 History and Weighting
 * - Confirmed Qty Applied to Billing

009424- R W COLLINS CO

Ticket Date	Facility & Ticket Number	Contract	Truck #	Container	Material	Material Rate	Billing Quantity	Material Total	Tax Total
05/23/2014	I E6 678148	GR1 14027	TR1 74		C-Soil/37A		11.16 tn		
05/23/2014	I E6 678207	GR1 14027	TR1 74		C-Soil/37A		7.44 tn		
Tickets Reported: 2 Items Reported: 2									
Material Summary									
C1 - C-Soil/37A				Volume	Count	Billing	Material	Tax	
				Inbound	Inbound	Quantity	Total	Total	
				2.00	0.00	20.60 tn			
				Outbound	Outbound				
				0.00	0.00				
				Outbound	Outbound				
				0.00	0.00				
Customer Totals:									
Cash Totals:									
Invoice Totals:									
Report Totals:									

Tickets Reported: 2 Items Reported: 2

SPECIAL WASTE MANIFEST DISPOSAL TICKET



137247

Glacier Ridge Landfill
N7296 Hwy V • Horicon, WI 53032
(920) 387-0987

BILL TO: R.W. COLLENS CUST.# 9424

TRANSPORTER: TRI-COR

GENERATOR: MAFSON - KEPP

GENERATOR'S SIGNATURE: [Signature] 5 23, 14

WASTE DESCRIPTION: C-Soil 37A

PROFILE #: GRL 14027

ACCEPTED BY: _____ / /

DRIVER'S SIGNATURE: _____ / /

TRUCK NO. _____ TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

SPECIAL WASTE MANIFEST DISPOSAL TICKET



137247

Glacier Ridge Landfill
N7296 Hwy V • Horicon, WI 53032
(920) 387-0987

BILL TO: R.W. COLLENS CUST.# 9424

TRANSPORTER: TRI-COR

GENERATOR: MAAFSON - KEPP

GENERATOR'S SIGNATURE: Alina Walcek 5,23,14

WASTE DESCRIPTION: C-Soil 37A

PROFILE #: GRL 14027

ACCEPTED BY: _____ / / _____

DRIVER'S SIGNATURE: _____ / / _____

TRUCK NO. _____ TONS/YARDS

WHITE - DISPOSAL SITE / YELLOW - TRANSPORTER

MATERIAL/WASTE BILL OF LADING



Transporter:
Best Waste Solutions, LLC
10936 N. Port Washington Rd.
Mequon, WI 53092
Phone: 262-478-0630 • Fax 262-478-9393
www.bestwastesolutions.com

No: 0111

*Timothy 2014
wi 8*

Driver Print Name Tiff Seaver Signature [Signature] Date 5/14

Shipper/Generator: Name maxima corp

Address 24 WABER ST Print Name _____

City Mequon State WI Zip 53092

Phone 262-478-2331 Date 5/14

Material / Waste Name CANARY Profile # _____

Quantity 620 LBS

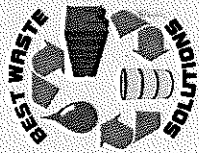
Ship To: PORT WASHINGTON STATE

Address _____

City _____ State _____ Zip _____

Distribution
Transporter-WHITE/CANARY
Receiving Facility-PINK
Shipper/Generator-GOLDEN

MATERIAL/WASTE BILL OF LADING



Transporter:

Best Waste Solutions, LLC

10936 N. Port Washington Rd.

Mequon, WI 53092

Phone: 262-478-0630 • Fax 262-478-9393

www.bestwastesolutions.com

No: 0115

7100001205
62825

Driver Print Name _____

Signature _____

Date _____

Shipper/Generator: Name _____

Address _____

City _____

State _____

Zip _____

Print Name _____

Phone _____

608 244-3511

Date _____

5 / 5 / 14

Material / Waste Name _____

Profile # _____

Quantity _____

5500

Ship To: _____

Address _____

City _____

State _____

Zip _____

Distribution

Transporter-WHITE/CANARY
Receiving Facility-PINK
Shipper/Generator-GOLDEN

UNIFORM STRAIGHT BILL OF LADING
Original — Not Negotiable
TRIAD TRANSPORT, INC.
 P. O. Box 818 — McAlester, OK 74502

456155

TEL: 918-426-4751 800-364-1139 FAX: 918-426-2865
 SPLIT: YES NO EPA ID#: OKD981588791

P. O. # _____ MANF#: _____ LOAD #: 1299927 PRO #: _____ TRUCK #: 1425
 TRAILER #: 224/B938

ORIGIN: <u>Lake Station, In.</u> SHIPPER: <u>Triad Transport</u> STREET: _____ CY/ST: <u>Gary, In.</u> ZIP: _____	DESTINATION: <u>Gary, In.</u> CONSIGNEE: <u>Madison Kipp</u> STREET: _____ CY/ST: <u>Madison, W.</u> ZIP: _____
--	--

NO. SHIPPING UNITS	H M	KIND OF PACKAGES DESCRIPTION OF ARTICLES (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I. D. NUMBER	PACKING GROUP	TYPE OF CONTAINER	WEIGHT SUBJECT TO CORRECTION
1		Spot Lined & Boxed Box # Customer Box # B938					
		Spot Live Load Reppal For Customer					

Subject to Section 7 of Conditions of Applicable Bill of Lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

Where the applicable tariff provisions specify a limitation of the carrier's liability (NMFC Item 172), if there is no release or value declaration by the shipper, and the shipper does not declare a value or release the carrier's liability, that liability shall be limited to the extent provided by NMFC Item 172. California intrastate shipments must comply with NMFC Item 173.

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".
 NOTE—To obtain greater coverage for this shipment in excess of that afforded by the carrier's tariff, in addition to the requirements for obtaining excess coverage in such tariff, the shipper must enter the value of the shipment and check the box electing excess coverage.

Per _____ VALUE: _____ CHECK HERE FOR EXCESS COVERAGE:

EMERGENCY CONTACT: _____	YES	NO
COMMENTS: _____	PLACARDS REQUIRED	<input checked="" type="checkbox"/>
	PLACARDS SUPPLIED BY SHIPPER	<input checked="" type="checkbox"/>
	TRIAD PLACARDS	<input type="checkbox"/>

The property received in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or lawfully filed tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or lawfully filed tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

LINERS FURNISHED BY: <input checked="" type="checkbox"/> TRIAD	VEHICLE FURNISHED BUT NOT USED: <input type="checkbox"/> YES <input type="checkbox"/> NO
LOADING	UNLOADING
DATE & APPOINTMENT TIME	DATE & APPOINTMENT TIME
ACTUAL ARRIVAL DATE & TIME	ACTUAL ARRIVAL DATE & TIME
DETENTION END TIME	DETENTION END TIME

REMINDER

Wear P.P.E. when needed, be sure Trailer is Clean; Observe Facility Rules; Observe Loading/Unloading & Make Accurate Count; Be sure Manifest is Accurate & Complete; Check Compatibility of Hazardous Materials-DO NOT HAUL INCOMPATIBLE MATERIALS; Secure and Weigh Load-Check Axle Weights—DO NOT HAUL OVERWEIGHT.

LOADING OF TRIAD EQUIPMENT IS ACKNOWLEDGEMENT OF THE ACCEPTANCE BY THE CUSTOMER OF THE TERMS AND CONDITIONS PROVIDED ON THE SHIPMENT CONFIRMATION.

Equipment Condition: _____

Shipper per _____ Date _____ Consignee per _____ Date _____

Carrier per Donnie Brown Date 05/06/14 Print Name: _____

Work requested outside scope of Standard Operating Procedure: _____

Person Requesting Work: (SIGNATURE) _____ Date _____