NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

Truck 1

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	FB-072615-3	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 105 Rockwell Dr Fairmont, WV	Same
f. Phone:(606) 776-9030	g. Phone:
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	Vac Box	1	26 yd
			V	191		

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Greg Perkins		

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

a. Transporter's Name and Address:		
L. A. Perry Trans. Co Inc		
b. Phone: 606-928-8833		
c. Driver Name (Print)	d. Signature	e. Date
Landon Dennis		7-26-15

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

a. Disposal Facility and Site Address:	b. US EPA Number	d. Discrepancy Indication Space:
Advanced Disposal 2700 Wilkinson Blvd. Ashland, KY	NA	
b. Phone:		

I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

NA		
g. Operator's Name and Title (Print)	h. Signature	i. Date
Denise Hoc		7-28-15

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	FB-07-29-15-1	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name.	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y400 2151	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds
			VS35			

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Gary Hosken		7-28-15

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

a. Transporter's Name and Address:
LR Daniels
12020 Paul Coffey Rd
Ashland, Ky
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
LANDEN DANIELS		7-29-15

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 926 0239	NA	

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Denise Teen 7/31/15

SERVICES, INC.

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

2

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	FB-072615-2	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Gathering 108 Fairmont Gathering Dr. Fairmont, WV	Same
f. Phone: (606) 776-9030	g. Phone:
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	Vac Box	1	26 yd
			VBU15			

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Gary Perkins		

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

a. Transporter's Name and Address: L & P Hauling Trans. & Exc.

b. Phone: 606-928-8833

c. Driver Name (Print)	d. Signature	e. Date
Jeff Pendleton	Jeff - Pikeville	7/28/2015

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Apex Disposal 220 Industrial Rd. Ashland, KY	NA	
b. Phone:		

I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA Christian		7/28/15

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

(2)

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	FB-072215-i	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairchild Gang 704 Kanawha AFR Dr. Fairmont, WV	Same
f. Phone:(606) 776-9030	g. Phone:
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	Vac Bx	1	26 Yd
		V	511			

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Gary Perkins		7-22-15

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

a. Transporter's Name and Address: L.A. Hurley Trans. Co Inc

b. Phone: 606-928-9830

c. Driver Name (Print)	d. Signature	e. Date
Kenny Newsome		7-22-15

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

a. Disposal Facility and Site Address: Advanced Disposal 3200 Wayne Rd. Ironton, KY	c. US EPA Number NA	d. Discrepancy Indication Space:
b. Phone:		

I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

NA		
g. Operator's Name and Title (Print)	h. Signature	i. Date
		7-27-15

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

REPUBLIC SERVICES, INC.

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	FB-072215-2	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 1685 Mer Dr Fairmont WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	Vac Box	1	24yd
			0246			

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Cory Hoskins		7-22-15

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

a. Transporter's Name and Address: L R Parsons Trans. Co Inc

b. Phone: Ashland, Ky 606-928-8833

c. Driver Name (Print)	d. Signature	e. Date
Edward Parker		7-22-2015

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Apex Environmental Irvine, Ky b. Phone:	NA	

I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA Denise Cook		7-27-15

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

PERMIAN SERVICES, INC.

HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

#2

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	8-2-15-2	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds
			V-017			

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Greg Hosken		7-28-15

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

a. Transporter's Name and Address:
LR Daniels
12020 Paul Coffey Rd
Ashland, Ky
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Jeff Pinkerton		Aug 2nd 2015

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	NA	

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

Denise Woo 8/4/15

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	FB-072215-3	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 108 Arr Dr Fairmont WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	Vac	1	20 yd
			V-336			

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Cory Hoskins		7-22-15

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

a. Transporter's Name and Address: LKD Barrels Trans Co Inc
HS Alum Ky

b. Phone: 606-925-8033

c. Driver Name (Print)	d. Signature	e. Date
Landen Davis	Landen Daniels	

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

a. Disposal Facility and Site Address: b. Phone:	c. US EPA Number NA	d. Discrepancy Indication Space:

I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address: b. Phone:	c. Responsible Agency Name and Address: d. Phone:
e. Special Handling Instructions and Additional Information: NA	

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

NA		
g. Operator's Name and Title (Print)	h. Signature	i. Date

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Both Towers

Both Towers 7/24/15

AMERIGAS — NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	8-2-15-1	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds
			VB	1062		

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Gary Hosken		7-28-15

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

a. Transporter's Name and Address:
LR Daniels
12020 Paul Coffey Rd
Ashland, Ky
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Lawrence Daniels		8-2-15

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	NA	

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		8-4-15

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

REPUBLIC NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

Whole Trash

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	8-5-15-1	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
	6/14/2017	Exploration and Production Soil and Debris V-112	1	VB	1	25 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Gary Hosken		7-28-15

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

a. Transporter's Name and Address:
LR Daniels
12020 Paul Coffey Rd
Ashland, Ky
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
ROY SKAGGS		

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	NA	

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

Denise Keen 8/7/15

NON-HAZARDOUS OILFIELD WASTE & ASBESTOS MANIFEST

2nd truck

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	FB-07-29-15-2	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name.	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
	6/14/2017	Exploration and Production Soil and Debris	1 PRJ	VB RQ16 016	1	25 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Craig Hoskins		7-28-15

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

a. Transporter's Name and Address:
LR Daniels
12020 Paul Coffey Rd
Ashland, Ky
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Jeff Pinkerton		July 29th 2015

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	NA	

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

Dennis Icon 7/31/15

Tank Bottoms

I. GENERATOR

a. Generator's US EPA ID Number: NA	b. Manifest Document Number: 08062015-1	c. Page 1 of 1

d. Generator's Name and Location:	e. Generator's Mailing Address: Same
Phone: (606) 278-9000	f. Phone:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
400 2151	2/1/2017	Exploration and Production Soil and Debris	1	Vac Box	1	26 gal

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Corey Dolan		

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

a. Transporter's Name and Address: Smyrna Trucking — Tank 1		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date

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

a. Disposal Facility and Site Address: Advanced Disposal 2300 Wilkesboro Rd. Jonesboro, KY	b. US EPA Number NA	c. Discrepancy Indication Space:
d. Phone:		

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

f. Operator's Name and Title (Print)	h. Signature	i. Date
Denise Keen		8/7/15

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

REPUBLIC — NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	SAL 08-11-15-2	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 166 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y 4002151	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
C. Hisk[illegible]	[signature]	7-28-15

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

a. Transporter's Name and Address:

SAHCH BRANCH TRANSPORT

c. Driver Name (Print)	d. Signature	e. Date
Donald Lowly	[signature]	8-11-15

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	NA	

I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both   % Friable   % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

[signature] 8-11-15

REPUBLIC NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST dirt truck

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	SAL - 08-11-15- 1	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y 4002151	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Gary Hosky		7-28-15

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

a. Transporter's Name and Address:

Salyer Beaver Transport Salyersville Ky

c. Driver Name (Print)	d. Signature	e. Date
Rodney Smith	Rodney Smith	8/11/15

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 628 0339	NA	

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

8/11/15

White

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	SAL 08-12-15-01	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y 4002151	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Gary Haskins		7-28-15

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

a. Transporter's Name and Address: Salyers Branch Transport — Trailer - 162

c. Driver Name (Print)	d. Signature	e. Date
Rodney Smith	Rodney Smith	8-12-15

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	NA	

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

Blue Truck

REPUBLIC NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	SAL-08-12-15-(2)	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y 4002151	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Gary Hasken		7-28-15

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

a. Transporter's Name and Address:		
Slather Branch Transport Truck 5+115 Trailor 5+168		
c. Driver Name (Print)	d. Signature	e. Date
Donald Lovely	Donald Lovely	8-12-15

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

a. Disposal Facility and Site Address: Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	c. US EPA Number NA	d. Discrepancy Indication Space:

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		8/12/15

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	5A1 8-10-15-2	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y 400251	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Cory Hoskins		7-28-15

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

a. Transporter's Name and Address: Salyer Branch Transport + TRUCKS # 115 TRAILERS # 168

b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Donald Love IV	Donald Love IV	8-14-15

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	NA	

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

Donald Love 8-14-15

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	SAL 8-11-15-1	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 166 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y-4DD2151	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Cory Hoskins		7-28-15

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

a. Transporter's Name and Address: Sahlee Branch TRANSPORT tank 87115 Trailors 1162

b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Donald Lovett	Donald Lovett	8-14-15

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 926 0239	NA	

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information: NA	

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		8-14-15

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.

If waste is NOT asbestos waste complete Section [illegible]

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	8-11-15 3	1

d. Generator's Name and Location:
Fairmont Brine
168 AFR Dr
Fairmont, WV
f. Phone:(606) 776-9030

e. Generator's Mailing Address:
Same

g. Phone:

If owner of the generating facility differs from the generator, provide:

h. Owner's Name:

i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Cory Hoskins	[signature]	7-28-15

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

a. Transporter's Name and Address:
[illegible]
[illegible], Ky
b. Phone:

c. Driver Name (Print)	d. Signature	e. Date

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	NA	

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:

b. Phone:

c. Responsible Agency Name and Address:

d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA [signature]	[signature]	8/14/15

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

REPUBLIC NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

Green truck

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	SAL 08-10-15-1	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y 4002151	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Corey Hoskins		7-28-15

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

a. Transporter's Name and Address:
SALYER BRANCH TRANSPORT

c. Driver Name (Print)	d. Signature	e. Date
Donald Lovely	Donald Lovely	8-10-15

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 926 0233	NA	

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

Denise Hoon 8/11/15

White truck

REPUBLIC

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

[illegible]

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	SAL 08-10-15-2	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 166 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:

If owner of the generating facility differs from the generator, provide:

h. Owner's Name.	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y 400215	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Cory Hosken	[signature]	7-28-15

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

a. Transporter's Name and Address:

Sayers Beach Trucking

c. Driver Name (Print)	d. Signature	e. Date
Rodney Smith	[signature]	8/10/15

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	NA	

I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

Denise Dean [signature] 8/11/15

TANK BOTTOMS

I. GENERATOR (Generator completes Ia-f)

a. Generator's US EPA ID Number	b. Manifest Doc. Number	c. Page 1 of
NA	TB-08-14-15-1	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 108 Recovery Rd. Fairmont, WV	Same
f. Phone: (606) 776-9030	g. Phone:
If owner of the generating facility differs from the generator, provide:	
h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	Vac Box	1	26 BBL

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Gary Perkins		

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

s. Transporter's Name and Address:
Salyer Trucking

t. Phone:

#162

u. Driver Name (Print)	d. Signature	e. Date
Rodney Smith	Rodney A Smith	8/18/15

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Advanced Disposal 2700 Winchester Rd. Irvine, Ky	NA	
b. Phone:		

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
A

☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

A		
Operator's Name and Title (Print)	h. Signature	i. Date

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

Both towers Blowers 8/18/15

Blue Mch

If waste is NOT asbestos waste, complete Sections I-III

I. **GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number NA	b. Manifest Document Number SA 8-19-15-2	c. Page 1 of 1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:

If owner of the generating facility differs from the generator, provide:

h. Owner's Name: i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds

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p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Gary Hisken	[signature]	7-28-15

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

a. Transporter's Name and Address: SA/ for Branch Transport ST115 ST162

b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Don Lollwell	Donald Sovel	8-24-15

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	NA	

I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

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g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

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Beth Lowery Blowery 8/24/15

White truck

Waste is NOT asbestos waste or Refuse Service

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number	b. Manifest Document Number	c. Page 1 of
NA	8-18-15-1	1

d. Generator's Name and Location:	e. Generator's Mailing Address:
Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone:(606) 776-9030	Same g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	VB	1	25 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Cory Hosken		7-28-15

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

a. Transporter's Name and Address: #1

Spykers Branch Transport Tetlec 168

b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Rodney Smith	Rodney Smith	8/24/15

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

a. Disposal Facility and Site Address:	c. US EPA Number	d. Discrepancy Indication Space:
Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	NA	

I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

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g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

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Beth Lowery Blowery 8/24/15

Blue Ridge

a. Generator's US EPA ID Number NA	b. Manifest Document Number 718-31-15-1241	c. Page 1 of 1

d. Generator's Name and Location: Fairmont Brine 158 AFR Dr Fairmont, WV f. Phone: (606) 776-3030	e. Generator's Mailing Address: Same g. Phone:
If owner of the generating facility differs from the generator, provide: h. Owner's Name:	i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	m. Containers Type	n. Total Quantity	o. Unit Wt/Vol
Y 4002151	8/14/2017	Exploration and Production Soil and Debris	1	VB	1	26 Yds

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print)	q. Signature	r. Date
Cory Hoskins		7-28-15

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

a. Transporter's Name and Address: Sowder Branch Transport Truck 5+15 TRA. West 170

b. Phone:

c. Driver Name (Print)	d. Signature	e. Date
Donald Lovely	Donald Lovely	8-24-15

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

a. Disposal Facility and Site Address: Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 928 0239	c. US EPA Number NA	d. Discrepancy Indication Space:

I herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

e. Name of Authorized Agent (Print)	f. Signature	g. Date

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

a. Operator's Name and Address: b. Phone:	c. Responsible Agency Name and Address: d. Phone:

e. Special Handling Instructions and Additional Information:
NA

f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

g. Operator's Name and Title (Print)	h. Signature	i. Date
NA		

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Beth Lowery Blowery 8/24/15