

If waste is NOT 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 NA		b. Manifest Document Number FB-072615-3		c. Page 1 of 1	
d. Generator's Name and Location: FARMER BROS 105 RUMBLE AVE FARMER, WV			e. Generator's Mailing Address: 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.	Type	n. Total Quantity
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	Yue Box	1
			✓	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) C. A. - Gary Perkins	q. Signature 	r. Date
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: L. P. HARRY Trans. Co Inc	
b. Phone: 606-928-8033	
c. Driver Name (Print) L. P. HARRY	d. Signature
	e. Date 7-26-15

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

a. Disposal Facility and Site Address: Advanced Disposal 2700 Winchester Rd. FARMER, WV	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
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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) Dennis Hogg		h. Signature 	
		i. Date 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 NA		b. Manifest Document Number FB-07-29-15-1		c. Page 1 of 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:			h. Owner's Name:		
i. Owner's Phone No.: Same			j. Waste Profile #		
k. Exp. Date 6/14/2017		l. Waste Shipping Name and Description Exploration and Production Soil and Debris		m. Containers No. Type 1 VB	n. Total Quantity 1
o. Unit 25 Yds		p. Waste Profile #		q. Waste Profile #	
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.					
r. Generator Authorized Agent Name (Print) Cory Haskins			s. Signature Cory Haskins		t. Date 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) LANCE DANZELS	d. Signature Lance Daniels	e. Date 7-29-15

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:		b. Responsible Agency Name and Address:	
c. 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		j. 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.			

Denise Koen

[Signature]

7/31/15

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

Final
2

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NA		b. Manifest Document Number FB-072615-2		c. Page 1 of 1	
d. Generator's Name and Location: Fairmont Gas Co. 100 Fairmont Ave. 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. Type	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1 Yuc Box	1	20 lbs

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

a. Transporter's Name and Address:	L. A. HARRY TRAN. CO INC	
b. Phone:	606-929-8033	
c. Driver Name (Print)	d. Signature	e. Date
Jeff Pender	JEFF PENDER	11/24/2015

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

a. Disposal Facility and Site Address:	b. US EPA Number	c. Discrepancy Indication Space:
Asphalt Disposal 2700 Washington Rd. Fairmont, WV	NA	
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
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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.		
g. Operator's Name and Title (Print)	h. Signature	i. Date
NA	Chris Lee	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

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 NA		b. Manifest Document Number FB-072215-1		c. Page 1 of 1	
d. Generator's Name and Location: FARMER BEING 704 R... Farmers, WV			e. Generator's Mailing Address: Same		
f. Phone: (606) 776-9030			g. Phone:		
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.: Same		
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.	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	1	20 gal
		✓ 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
Long H... ..	[Signature]	7-22-15

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

a. Transporter's Name and Address: L... ..		
b. Phone: 606-928-8033		
c. Driver Name (Print)	d. Signature	e. Date
Kenny Newsome	[Signature]	7-22-15

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

a. Disposal Facility and Site Address: Adams Disposal 2700 ... Farmers, WV	c. US EPA Number NA	d. Discrepancy Indication Space:
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: 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.			
g. Operator's Name and Title (Print)		i. Date	
NA		7-27-15	
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.			

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 NA		b. Manifest Document Number FB-072215-2		c. Page 1 of 1	
d. Generator's Name and Location: FAIRMONT BRINE 165 APR DR FAIRMONT WV			e. Generator's Mailing Address: Same		
f. Phone: (606) 776-9030			g. Phone:		
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.: Same		
h. Owner's Name:					
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	1	24yd
			1246		

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) Cory Hoskins	q. Signature <i>[Signature]</i>	r. Date 7-22-15
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: L.R. PARZELS TRAN. CO INC	
b. Phone: ASAC... 606-928-9933	
c. Driver Name (Print) LAWREN DANKERL	d. Signature <i>[Signature]</i>
e. Date July 22-2015	

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

a. Disposal Facility and Site Address: ... Tenn, Ky	b. Phone:	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.			
NA	<i>[Signature]</i>		7-27-15
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			

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 NA		b. Manifest Document Number 8-2-15-2		c. Page 1 of 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:			i. Owner's Phone No.: Same		
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.	Type	n. Total Quantity
	6/14/2017	Exploration and Production Soil and Debris	1	VB	1
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) Cory Hoskins		q. Signature [Signature]		r. Date 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) JESS PINKERTON	d. Signature [Signature]	e. Date AUG 2 ND 2015

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	c. US EPA Number NA	d. Discrepancy Indication Space:
b. Phone: 606 928 0239		
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			
*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			

Demise/Don [Signature] 8/4/15

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 NA		b. Manifest Document Number FB-072215-3		c. Page 1 of 1		
d. Generator's Name and Location: FARMONT BRINE 108 AVE SW Farmont WV f. Phone: (606) 776-9030			e. Generator's Mailing Address: Same			
g. Phone:			i. Owner's Phone No.: Same			
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.	Type	n. Total Quantity	o. Unit Wt/Vol
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	Yucc 2/1/68	1	20 gal
			1-336			

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) Cory Heskins	q. Signature <i>Cory Heskins</i>	r. Date 7-22-15
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: LKP DAZZLS Trans Co 2u HS ALBANY, NY	
b. Phone: 606-9251-5833	
c. Driver Name (Print) Landon Dazzer	d. Signature LANDON DAZZERS
e. Date	

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

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

*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

Beth Lowery

Beth Lowery 7/24/15

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 NA		b. Manifest Document Number 8-2-15-1		c. Page 1 of 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:			h. Owner's Name:		
i. Owner's Phone No.: Same			j. Waste Profile #		
k. Exp. Date 6/14/2017		l. Waste Shipping Name and Description Exploration and Production Soil and Debris		m. Containers No. 1 Type VB	n. Total Quantity 1
				o. Unit Wt/Vol 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) Cory Hoskins			q. Signature <i>[Signature]</i>		r. Date 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) Lance Daniels	d. Signature <i>[Signature]</i>	e. Date 8-2-15

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			
☐ 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) NA		h. Signature <i>[Signature]</i>	
		i. Date 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			

Whistle

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 NA		b. Manifest Document Number 8-5-15-1		c. Page 1 of 1	
d. Generator's Name and Location: Fairmont Brine 163 AFR Dr Fairmont, WV f. Phone: (606) 776-9030			e. Generator's Mailing Address: Same		
g. Phone:			h. Owner's Name:		
i. Owner's Phone No.: Same			j. Waste Profile #		
k. Exp. Date 6/14/2017		l. Waste Shipping Name and Description Exploration and Production Soil and Debris V-112		m. Containers No. 1 Type VB	n. Total Quantity 1
				o. Unit Wt/Vol 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) Cory Haskins		q. Signature <i>[Signature]</i>		r. Date 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) BOY SKAGGS	d. Signature <i>[Signature]</i>	e. Date

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) NA		h. Signature	
i. Date		j. 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

Denise Keen *[Signature]* 8/7/15

18

DEBRIS

NON-HAZARDOUS SPECIFIC 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.

and truck

I. GENERATOR (Generator completes Ia-f)

a. Generator's US EPA ID Number NA		b. Manifest Document Number FB-07-29-18-2		c. Page 1 of 1	
d. Generator's Name and Location: Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone: (606) 778-9030			e. Generator's Mailing Address: Same		
g. Phone:			i. Owner's Phone No.: Same		
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. Type	n. Total Quantity	o. Unit Wt/Vol
	6/14/2017	Exploration and Production Soil and Debris	1 VB PRU 116 016	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) Cory Hoskins		q. Signature Cory Hoskins		r. Date 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) Jeff R. ...	d. Signature Jeff R. ...	e. Date July 29, 2015

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

a. Disposal Facility and Site Address: Blue Ridge Landfill 2700 Winchester Rd WVine, 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)		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			

Daniels LLC

7/31/15

Task 80000005

GENERATOR (Generator completes I-a-f)

Generator's US EPA ID Number: NA	Manifest Number: 08062015-1	Page 1 of 1
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J. Generator's Name and Location: Buckner Building 10000 1st St Baltimore, MD	K. Generator's mailing Address: Same
L. Phone: (301) 778-0030	M. Phone:

N. Owner's Name:	O. Owner's Phone No.: Same
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Waste Profile ID	K. Exp. Date	L. Waste Shipping Name and Description	M. Containers		N. Total Quantity	O. Unit Wt/Vol
			No.	Type		
74002151	8/14/2017	Exploration and Production Soil and Debris	1	One Box	1	2 bags

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): Long Heston	Q. Signature: 	R. Date:
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TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

S. Transporter's Name and Address: Smyth Trucking Truck 1	T. Phone:	
U. Driver Name (Print):	V. Signature: 	W. Date: 8/7/15

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

X. Disposal Facility and Site Address: Advanced Disposal 2300 W. Main St. Baltimore, MD	Y. US EPA Number: NA	Z. Discrepancy Indication Space:
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herby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

AA. Name of Authorized Agent (Print):	AB. Signature: 	AC. Date:
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V. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

AD. Operator's Name and Address:	AE. Responsible Agency Name and Address:
AF. Phone:	AG. Phone:

Special Handling Instructions and Additional Information:

HA. ☐ Friable ☐ Non-Friable ☐ Both	HB. % Friable	HC. % Non-Friable
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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.

HD. Operator's Name and Title (Print): Denise Keen	HE. Signature: 	HF. Date: 8/7/15
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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

Waste generators must complete Sections I, II, III and IV
 Transporters must complete Sections II and III
 Destinations must complete Sections III and IV

I. GENERATOR (Generator completes Ia-f)

a. Generator's US EPA ID Number NA		b. Manifest Document Number SAL 08-11-15-2		c. Page 1 of 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:			i. Owner's Phone No.: Same		
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.	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) Cory Hoke	q. Signature Cory Hoke	r. Date 7-28-15
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: SAHEL BRAND TRANSPORT		
c. Driver Name (Print) Donald Lowry	d. Signature Donald Lowry	e. Date 8-11-15

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: 606-628-0239	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		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			

Donal Lowry 8-11-15

Waste Truck

Waste is generated under the following Sections: I, II and IV
 Asbestos is generated under the following Sections: I and II

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NA		b. Manifest Document Number 542 - 08-11-15-1		c. Page 1 of 1	
d. Generator's Name and Location: Fairmont Brine 168 AFR Dr Fairmont, WV Phone: (606) 776-9030			e. Generator's Mailing Address: 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.	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) Cory Haskin	q. Signature Cory Haskin	r. Date 7-28-15
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Salix Beach Towing Salixville Ky		
b. Driver Name (Print) Robey Smith	c. Signature Robey Smith	d. Date 8/11/15

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 Phone: 606 929 0239	b. US EPA Number NA	c. Discrepancy Indication Space:
d. 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. 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	
g. 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.	
h. Operator's Name and Title (Print)	i. Signature
j. Date	k. 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.

8/11/15 ACOW [Signature] 8/11/15

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NA		b. Manifest Document Number 541 08-12-15-11		c. Page 1 of 1	
d. Generator's Name and Location: Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone: (806) 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.	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) Craig Hoshino	q. Signature [Signature]	r. Date 7-28-15
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Salveus Branch Transport Trailer - 162		
c. Driver Name (Print) Rodney Smith	d. Signature [Signature]	e. Date 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) NA		h. Signature [Signature]	
i. Date 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 III, IV and V.
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 NA		b. Manifest Document Number 544-08-12-15-2		c. Page 1 of 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		
If owner of the generating facility differs from the generator, provide:			g. Phone:		
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.	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) Craig Horkum		q. Signature [Signature]		r. Date 7-28-15	

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

a. Transporter's Name and Address: Safar Branch Transport TRUCK 54115 TRAILOR 54168		
b. Driver Name (Print) Donald Love IV	c. Signature [Signature]	d. Date 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:	b. 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) NA	h. Signature [Signature]
i. Date 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 NA		b. Manifest Document Number SAI 8-10-15-2		c. Page 1 of 1	
d. Generator's Name and Location: Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone: (806) 776-9030		e. Generator's Mailing Address: Same			
g. Phone:		i. Owner's Phone No.: Same			
h. Owner's Name:		j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description
		Y 4002151		6/14/2017	Exploration and Production Soil and Debris
m. Containers No. Type					
1 VB					
n. Total Quantity					
1					
o. Unit Wt/Vol					
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) Cory Hiskens		q. Signature Cory Hiskens		r. Date 7-28-15	

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

a. Transporter's Name and Address: SAHER BRANCH TRANSPORT + TRUCKS #115 RA, Box 51168	
b. Phone:	c. Driver Name (Print) Donald Love IV
d. Signature Donald Love IV	e. Date 8-14-15

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		c. US EPA Number NA	d. Discrepancy Indication Space:
b. Phone: 606 928 0239			
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
*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 Hixon 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 NA		b. Manifest Document Number SAI 8-11-15-1		c. Page 1 of 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:			i. Owner's Phone No.: Same		
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.	Type	n. Total Quantity
7-4002151	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) Cory Hiskins		g. Signature [Signature]		r. Date 7-28-15	

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

a. Transporter's Name and Address: SAHCE Branch Transport TRUCK 87115 Trailers 1162		
b. Phone:		
c. Driver Name (Print) Donald Lovely	d. Signature [Signature]	e. Date 8-14-15

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) NA	i. Date 8-14-15
h. Signature [Signature]	
*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.	

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NA		b. Manifest Document Number 8-11-153		c. Page 1 of 1	
d. Generator's Name and Location: Fairmont Brine 168 AFR Dr Fairmont, WV f. Phone: (806) 776-9030			e. Generator's Mailing Address: Same		
g. Phone:			i. Owner's Phone No.: Same		
h. Owner's Name:			j. Waste Profile #		
k. Exp. Date 6/14/2017			l. Waste Shipping Name and Description Exploration and Production Soil and Debris		m. Containers No. Type
					n. Total Quantity 1
					o. Unit Wt/Vol 25 Yds

Y4062151

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.

q. Signature *[Signature]* r. Date 7-28-15

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

a. Transporter's Name and Address:		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: 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 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

Greentruck

If waste is asbestos waste, complete Sections III, IIII 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 NA		b. Manifest Document Number SAL 08-10-15-1		c. Page 1 of 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:			i. Owner's Phone No.: Same		
h. Owner's Name			If owner of the generating facility differs from the generator, provide:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	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) Cory Haskins		q. Signature Cory Haskins		r. Date 7-28-15	

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

a. Transporter's Name and Address: SALYER BRANCH TRANSPORT		
b. Driver Name (Print) Donald Loveley	c. Signature Donald Loveley	d. Date 8-10-15

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: 606 926 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:	b. Phone:	c. Responsible Agency Name and Address:
d. Special Handling Instructions and Additional Information: NA	e. Phone:	
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		

Denise Koon

[Signature]

8/11/15

White truck

A REPUBLIC

NONHAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

Waste is described under appropriate Sections I, II and IV
 of the manifest and is described under appropriate Sections I, II and IV

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NA		b. Manifest Document Number SAL 08-10-15-2		c. Page 1 of 1	
d. Generator's Name and Location: Fairmont Brine 166 AFR Dr Fairmont, WV f. Phone: (606) 776-9030			e. Generator's Mailing Address: Same		
g. Phone:			h. Owner's Name:		
i. Owner's Phone No.: Same			j. Waste Profile #		
k. Exp. Date 6/14/2017		l. Waste Shipping Name and Description Exploration and Production Soil and Debris		m. Containers No. Type 1 VB	n. Total Quantity 1
o. Unit 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) Cory Hoskins	q. Signature <i>[Signature]</i>	r. Date 7-28-15
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Salvors Beach Trucking		
b. Driver Name (Print) Rodney Smith	c. Signature <i>[Signature]</i>	d. Date 8/11/15

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 9239	c. US EPA Number NA	d. Discrepancy Indication Space:
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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
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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		j. 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.

Demusclom

[Signature]

8/11/15

TANK BOTTOMS

GENERATOR (Generator completes Ia-f)

a. Generator's US EPA ID Number: NA
 b. Manifest No.: TB-08-14-15-1
 c. Page 1 of 1

d. Generator's Name and Location:

FAIRMONT BRIDGE
 100 RICHMOND AVE. N.
 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. Type

n. Total Quantity

o. Unit Wt/Vol

Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	Van Box	1	20 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.

Generator Authorized Agent Name (Print): Gary Beckwith
 q. Signature: [Signature]
 r. Date: 11/8/15

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

i. Transporter's Name and Address:

Salyer Trucking

j. Phone:

Driver Name (Print): Rodley Orrin
 d. Signature: [Signature]
 e. Date: 11/8/15

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

Disposal Facility and Site Address:

Advanced Disposal
 2700 Winchester Rd.
 Irvine, KY

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.

Name of Authorized Agent (Print)

f. Signature

g. Date

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

Operator's Name and Address:

c. Responsible Agency Name and Address:

Phone:

d. Phone:

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.

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

Beth Lowery

Blowers 8/18/15

Blue Truck

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NA		b. Manifest Document Number 41 8-19-15-2		c. Page 1 of 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:			i. Owner's Phone No.: Same		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		k. Exp. Date		i. Waste Shipping Name and Description	
j. Waste Profile #		6/14/2017		Exploration and Production Soil and Debris	
4002151				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) Craig Haskins			q. Signature [Signature]		r. Date 7-28-15

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

a. Transporter's Name and Address: Sulfor Branch Transport		
b. Phone: 57115 57162		
c. Driver Name (Print) Donnell	d. Signature [Signature]	e. Date 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 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.			
NA		i. Date	
g. Operator's Name and Title (Print)		h. Signature	
*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			

Beth Lowery

Blowery 8/24/15

white truck

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NA		b. Manifest Document Number 8-18-15-1		c. Page 1 of 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:			i. Owner's Phone No.: Same		
h. Owner's Name:			j. Waste Profile #		
k. Exp. Date 6/14/2017		l. Waste Shipping Name and Description Exploration and Production Soil and Debris		m. Containers No. Type 1 VB	n. Total Quantity 1
o. Unit 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) C. Hisk			q. Signature [Signature]		r. Date 7-28-15

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

a. Transporter's Name and Address: SPYKES BEACH TRANSPORT			b. Trailer #1		
c. Driver Name (Print) Robert Smith			d. Signature [Signature]		e. Date 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 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			
*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			

Beth Lowery

Blowing

8/24/15

Blue Truck

GENERATOR INFORMATION

a. Generator's US EPA ID Number: NA

b. Manifest Document Number: 118-21-15-1341

c. Page 1 of 1

d. Generator's Name and Location:
Fairmont Brine
188 APR Dr
Fairmont, WV
Phone: (800) 778-2030

e. Generator's Mailing Address:
Same

f. Phone:
Same

g. 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.	n. Type	o. Total Quantity	p. Unit Wt/Vol
44002151	8/14/2017	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.

q. Signature: [Signature] r. Date: 7-28-15

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

a. Transporter's Name and Address: 501 Gen Branch Transport TRUCK 5+15 TRAILER 170

b. Phone: Donald Lowery

c. Driver Name (Print): Donald Lowery

d. Signature: [Signature] e. Date: 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 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: [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): Beth Lowery

h. Signature: [Signature] i. Date: 8/24/15

*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