

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 RAINBOW AVE FARMER, WV			e. Generator's Mailing Address: Same		
f. Phone: (606) 776-9030			g. Phone:		
h. Owner's Name:			i. Owner's Phone No.: Same		
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		o. Unit Wt/Vol
Y4002151		6/14/2017	Exploration and Production Soil and Debris		2 bags
			✓ 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) G. A. - Gary Perkins	q. Signature 	r. Date
--	------------------	---------

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

a. Transporter's Name and Address: L. P. HARRY TRAN. CO INC		
b. Phone: 606-928-8033		
c. Driver Name (Print) LEONARD DAVIS	d. Signature 	e. Date 7-26-15

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

a. Deposal Facility and Site Address: Advanced Disposal 2700 WINDSOR RD. EVINGTON, 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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both		% Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print) Denise Hooper	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:			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
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	VB	1
			1535		
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 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 DANZELS	d. Signature <i>[Signature]</i>	e. Date 7-29-15

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

a. Disposal Facility and Site Address: Blue Ridge Landfill 2700 Winchester Rd Wine, 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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations			
g. Operator's Name and Title (Print) Denise Koehn		h. Signature <i>[Signature]</i>	
		i. Date 7/31/15	

Denise Koehn

[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: FARMER BRIDGE, 108 FARMER BRIDGE DR, FARMER, WV
 e. Generator's Mailing Address: Same
 f. Phone: (606) 776-9030
 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		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	One 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): G. A. - Gary H...
 q. Signature: [Signature]
 r. Date:

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: 606-929-9033

c. Driver Name (Print): [Signature]
 d. Signature: [Signature]
 e. Date: 7/28/15

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

a. Disposal Facility and Site Address: Annual Disposal, 2700 WINDYBROOK RD, FARMER, WV
 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:
 b. Phone:
 c. Responsible Agency Name and Address:
 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): [Signature]
 h. Signature: [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

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'S BLDG 704 RAINBOW DR 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. Type		n. Total Quantity
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	511	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.

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

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

a. Transporter's Name and Address: LAPARNEY TRAN. & INC		
b. Phone: 606-929-8033		
c. Driver Name (Print) Kenny Newsome	d. Signature	e. Date 7-22-15

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

a. Disposal Facility and Site Address: Advanced Disposal 2700 WINDYBROOK DR FARMERS, WV	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			
<input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print) Dennis Day		h. Signature	
NA		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.			

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:					
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	Uuc Ben	1
			U246		
o. Unit Wt/Vol 2.4yd					
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

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

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

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

a. Disposal Facility and Site Address: L. R. Panzols Trans. Co. Inc. Troy, 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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print) Dennis Moore		h. Signature <i>[Signature]</i>	
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			

Handwritten initials: #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 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		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
	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) <i>Cory Hoskins</i>			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) <i>JESS PINKERTON</i>	d. Signature <i>[Signature]</i>	e. Date <i>AUG 2ND 2015</i>

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declares 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	
*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/lon *[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

1

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: Fairmont Brine 108 Ave 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.:				
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	Yucc R/168	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>[Signature]</i>	r. Date 7-22-15
--	------------------------------------	--------------------

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

a. Transporter's Name and Address: L&P DANIELS Trans Co Inc HS BLVD b. Phone: 606-925-5033		c. Driver Name (Print) Landon Daniels		d. Signature <i>[Signature]</i>		e. Date	
---	--	--	--	------------------------------------	--	---------	--

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

a. Disposal Facility and Site Address:		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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations			
g. Operator's Name and Title (Print)		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

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:			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		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
	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) 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 III d-g)

a. Disposal Facility and Site Address: Blue Ridge Landfill 2700 Winchester Rd Irving, 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			
<input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print) 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			

*White
pouch*

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:			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.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
	6/14/2017	Exploration and Production Soil and Debris V-112	1	1	25 Yds
<p>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>					
p. Generator Authorized Agent Name (Print) <i>Cony Hiskins</i>		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) <i>BOY SKAGGS</i>	d. Signature <i>[Signature]</i>	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-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	
<input type="checkbox"/> Friable	<input type="checkbox"/> Non-Friable
<input type="checkbox"/> Both	<input type="checkbox"/> Both
% Friable	% Non-Friable
<p>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.</p>	
g. Operator's Name and Title (Print) NA	i. Date
<p>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.</p>	

Denise Keen [Signature] 8/7/15

8

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-07-29-15-2	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:		
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		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
	6/14/2017	Exploration and Production Soil and Debris	1	VB PRU 16 016	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 <i>Cory Hoskins</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) JEFF R. WINTER	d. Signature <i>Jeff R. Winter</i>	e. Date July 29 th 2015

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
NA		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			

Dennis Allen *[Signature]* 7/31/15

TAVIS BATTAGLIA

GENERATOR - Generator completes I(a-f)

Generator's US EPA ID Number: NA Manifest Number: 08062015-1 Page 1 of 1

Generator's Name and Location: ... Generator's mailing Address: Same

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

Table with columns: Waste Profile ID, Exp. Date, Waste Shipping Name and Description, Containers No., Type, Total Quantity, Unit Wt/Vol. Row 1: 74002151, 8/11/2017, 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.

Generator Authorized Agent Name (Print): ... Signature: ... Date:

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

Transporter's Name and Address: ... Truck 1

Driver Name (Print): ... Signature: ... Date:

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

Disposal Facility and Site Address: ... US EPA Number: MA

Name of Authorized Agent (Print): ... Signature: ... Date:

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

Operator's Name and Address: ... Responsible Agency Name and Address:

Special Handling Instructions and Additional Information:

Frangible Non-Frangible Both % Frangible % Non-Frangible

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): ... Signature: ... 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

Waste generator must complete Sections I, II, III and IV
 Transporter must complete Sections II and III

I. GENERATOR (Generator completes Ia-r)

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	i. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
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) *Greg Hoke* 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:
SALCO BRANCH TRANSPORT

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

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

*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 Lowry *[Signature]* *8-11-15*

Waste truck

Waste is generated under Sections I, II and IV
 and is transported under Sections I, II and IV

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NA		b. Manifest Document Number 5AL - 08-11-15- 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	i. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
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 Hosker	q. Signature <i>Cory Hosker</i>	r. Date 7-28-15
---	------------------------------------	--------------------

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

a. Transporter's Name and Address: Salvage Beach TANKS PORT Salvagesville Ky		
c. Driver Name (Print) Robbery Smith	d. Signature <i>Robbery Smith</i>	e. Date 8/11/15

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

*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.

LOUIS ALAN *[Signature]* 8/11/15

White

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

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number NA		b. Manifest Document Number SAI 08-12-19-11		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:			h. Owner's Name:		
i. Owner's Phone No.: Same			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	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 Hoshorn	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: Salveas Branch Transport		
c. Driver Name (Print) Rodney Smith		e. Date 8-12-15
d. Signature <i>[Signature]</i>		

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

a. Disposal Facility and Site Address: Blue Ridge Landfill 2700 Winchester Rd Irvin, 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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both	% Friable % Non-Friable
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print) NA	i. Date 8-12-15
h. Signature <i>[Signature]</i>	

*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

If waste is asbestos waste, complete Sections 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 SAL-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		
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	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 Harkin			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: SALTER Branch TRANSPORT TRUCK 57115 TRAILOR 57168		
c. Driver Name (Print) Donald Love IV	d. Signature <i>[Signature]</i>	e. Date 8-12-15

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print) NA	h. Signature <i>[Signature]</i>
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)

e. 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) 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:		k. Exp. Date		i. Waste Shipping Name and Description	
j. Waste Profile #		m. Containers No. Type		n. Total Quantity	
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 Hiskema		q. Signature <i>Cory Hiskema</i>		r. Date 7-28-15	
--	--	-------------------------------------	--	--------------------	--

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

a. Transporter's Name and Address: SALMER BRANCH TRANSPORT + TRUCKS #115 RA, TOR ST 168			
b. Phone:		e. Date	
c. Driver Name (Print) Donald Love IV		d. Signature <i>Donald Love IV</i>	
		8-14-15	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both		% Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print) Denise Loran		h. Signature <i>Denise Loran</i>	
		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

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	i. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
Y-400 2151	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 Hiskens		g. 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: SALER branch TRANSPORT TRUCK 87115 TRAILERS 1162		
b. Phone:		
c. Driver Name (Print) Donald Lovely	d. Signature <i>[Signature]</i>	e. Date 8-14-15

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print) NA	i. Date 8-14-15
h. Signature <i>[Signature]</i>	
*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) c. Page 1 of 1

a. Generator's US EPA ID Number NA		b. Manifest Document Number 8-11-153	
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	
		n. Total Quantity	
		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) <i>Greg Hoskins</i>		q. Signature <i>Greg Hoskins</i>		r. Date 7-28-15	
---	--	-------------------------------------	--	--------------------	--

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

a. Transporter's Name and Address:		e. Date	
b. Phone:		d. Signature	
c. Driver Name (Print)		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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print) <i>Denise...</i>		h. Signature <i>Denise...</i>	
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, III and IV.
If waste is RCRA hazardous waste, complete Sections I and II.

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		
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	i. Waste Shipping Name and Description	m. Containers		n. Total Quantity
			No.	Type	
Y 4002151	6/14/2017	Exploration and Production Soil and Debris	1	VB	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 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: SALYER BRANCH TRANSPORT		
b. Driver Name (Print) Donald Loveley	c. Signature <i>[Signature]</i>	d. Date 8-10-15

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

a. Disposal Facility and Site Address: Blue Ridge Landfill 2700 Winchester Rd Irvine, Ky b. Phone: 606 926 9239	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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable		
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.		
g. Operator's Name and Title (Print) NA	h. Signature <i>[Signature]</i>	i. Date 8/11/15
*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		

Denise Koon

[Signature]

8/11/15

Waste is described under appropriate Sections I, III and IV
 of 40 CFR 261.125 (a) through (d) and appropriate Sections I, III 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:			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.:			
j. Waste Profile #	k. Exp. Date	i. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
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 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:
Salvors Reach Trucking

c. Driver Name (Print) Rodney Smith	d. Signature <i>[Signature]</i>	e. Date 8/11/15
--	------------------------------------	--------------------

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print) NA	i. Date 8/11/15

*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.

[Signature] *[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, 105 RICHMOND AVE SW, 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:
h. Owner's Name:
i. Owner's Phone No.: Same

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
Y4002151	6/14/2017	Exploration and Production Soil and Debris	1	Vue 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): [Signature]
q. Signature: [Signature]
r. Date:

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

t. Transporter's Name and Address: Salyer Trucking
i. Phone: # 162
Driver Name (Print): Redley, Omar
d. Signature: [Signature]
e. Date: 11/18/15

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

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

herby 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-f)

a. Generator's US EPA ID Number NA	b. Manifest Document Number 51/ 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:
---	---	-----------

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	i. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
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 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: SVA for Branch Transport	ST 115 ST 162
--	------------------

b. Phone: 606 776 1117	c. Driver Name (Print) Donald Sorely	d. Signature <i>[Signature]</i>	e. Date 7-24-15
---------------------------	---	------------------------------------	--------------------

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

*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		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:		k. Exp. Date		o. Unit Wt/Vol	
j. Waste Profile #		l. Waste Shipping Name and Description		m. Containers No. Type	
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) C. Hiskman			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: SPIKES BEACH TRANSPORT TRAILER 168 #1		
p. Phone:		
c. Driver Name (Print) Robert Smith	d. Signature <i>[Signature]</i>	e. Date 8/24/15

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-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. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
NA		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

Blowey 8/24/15

Blue Truck

GENERATOR REPORT (Continued) Page 1 of 1
3. Manifest Document Number: 118-31-15-1341

a. Generator's US EPA ID Number: NA
d. Generator's Name and Location: Fairmont Blaine, 188 AFR Dr, Fairmont, WV, Phone: (800) 778-2050
e. Generator's Working Address: Same
f. Phone: Same

If owner of the generating facility differs from the generator, provide:
i. Owner's Name: Same
j. Owner's Phone No.: Same

k. Waste Profile #	l. Exp. Date	m. Waste Shipping Name and Description	n. Containers		o. Total Quantity	p. Unit Wt/Vol
			No.	Type		
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: Salyer Branch Transport TRUCK ST 115 TRAILER ST 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 III d-g)

a. Disposal Facility and Site Address: Blue Ridge Landfill, 2700 Winchester Rd, Irvine, Ky, 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.

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): NA h. Signature: [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 8/24/15