47 BROADWAY #31

NYDEC 1A-371

NYDCA 483056

Asbestos Transportation Co., Inc.

P.O. BOX 1044
HAMPTON BAYS, N.Y. 11946

TOLL FREE
1-800-755-ØATC
"EMERGENCY NUMBER"

PHONE 631-924-5050
FAX 631-924-5085

Waste Manifest #	Job #	Floor or Location	Cust #
36391			122

1. Work Site Name and Mailing Address	Owner's Name, Address, Phone Number
23 TRINITY PL. NEW YORK.N.Y.	D.E.P. 5817 JUNCTION BLVD. CORONA.N.Y.
Contractor's Name, Address	**Waste Disposal Site**
TRIO 14-20 129TH STREET COLLEGE POINT. NY	MEADOWFILL LANDFILL RT. #2. BOX 68 BRIDGEPORT. WV. 26330

Name and Address of Responsible NESHAPS Agency Other ☐ _____

U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007

Description of Materials	Bags -	Cubic Yds. - 4
☐ RQ Waste Asbestos, Class 9, NA2212, PGIII ☐ Other _____	Drums or Tons -	OTHER -
☐ RQ Waste White Asbestos, Class 9, UN2590, PGIII		

Special Handling Instructions and Additional Information

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 government regulations.

Printed/Typed Name	Title	X Signature	Date (MM/DD/YY)
[illegible]	supervisor		6/19

Transporter 1 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: [signature] Printed Name: Richard Johnson Title: **DRIVER**	**631-924-5050** Date 6/13/02

Transporter 2 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: [signature] Printed Name: [illegible] Title: **DRIVER**	**631-924-5050** Date 6-22-02

Discrepancy Indication Space:

MEADOWFILL LANDFILL
1(304)S-2-2784

Company Name and Address

Waste Disposal Site Owner or Operator's Certification (Receipt of Above Waste Accepted)

Signature:	Telephone No.
Printed Name:	Date
Title:	6-24-02

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NYDEC 1A-371

NYDCA 483056

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Waste Manifest #	Job #	Floor or Location	Cust #
36391C			122

1. Work Site Name and Mailing Address	Owner's Name, Address, Phone Number
47 BROADWAY NEW YORK, N.Y.	D.E.P. 5817 JUNCTION BLVD. CORONA, N.Y.
Contractor's Name, Address	**Waste Disposal Site**
TRIO 14-20 129TH STREET COLLEGE POINT, NY	MEADOWFILL LANDFILL RT. #2, BOX 68 BRIDGEPORT, WV. 26330

Name and Address of Responsible NESHAPS Agency Other ☐ _____

U.S. EPA REGION II, 290 BROADWAY, NEW YORK, NY 10007

Description of Materials	Bags -	Cubic Yds. - 8
☐ RQ Waste Asbestos, Class 9, NA2212, PGIII ☐ Other _____	Drums or Tons -	OTHER -
☐ RQ Waste White Asbestos, Class 9, UN2590, PGIII		

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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 government regulations.

JAN WOLKOWICK SUPERVISOR X [signature] 6/18
Printed/Typed Name Title Signature Date (M/DD/YY)

Transporter 1 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: [signature] Printed Name: Richard Johnson Title: **DRIVER**	**631-924-5050** Date 6/18/02

Transporter 2 (Acknowledgement of Receipt of Materials)

Company Name and Address		Telephone No.
ASBESTOS TRANSPORTATION CO., INC. **P.O. BOX 1044** **HAMPTON BAYS, NY 11946**	Signature: [signature] Printed Name: [signature] Title: **DRIVER**	**631-924-5050** Date 6-20-02

Discrepancy Indication Space:

	Waste Disposal Site Owner or Operator's Certification (Receipt of Above Waste Accepted)	
MEADOWFILL LANDFILL (304)842-2784	Signature: [signature]	Telephone No.
	Printed Name:	Date
Company Name and Address	Title: [signature]	6-24-02