WASTE MANAGEMENT
LOGANO
P.O. Box 144 • Portland, CT 06480
(860) 342-0667 • Fax: (860) 342-4866
Out of State 1-800-272-3867

E.P.A. AGENCY

CT, MA, RI, VT, NH, ME GENERATORS
EPA New England
1 Congress Street
Boston, MA 02114-2023
(617) 918-1111

NY GENERATORS
EPA Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
(212) 264-6770

#99 48737

EMERGENCY RESPONSE TELEPHONE
#1-800-272-3867

FB# 7536 ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number _____ P.O. # _____

Contractor FIBER CONTROL INC.

Address 3010 BURNS AVENUE

City WANTAGH State NY Zip 11793

Telephone Number (516)781-3000

Date Container Del. 07/26/02 Date of Pickup 07/25/02

Type of Container 100 YARD

VOLUME 1/16 CY Friable ☒ Non-Friable ☐

Bag ☒ Drum ☐ Wrapped ☐ Other ☐

RQ, ASBESTOS, 9, NA2212, PG III

GENERATOR/BUILDING OWNER

ESTATE OF WILLIAM STONE

Address 110 CHAMBERS STREET

City NEW YORK, NY 10007 State Zip

Phone Number

GENERATING LOCATION

Address 110 CHAMBERS STREET

City NEW YORK, NY 10007 State Zip

Phone Number INV #: F1040

I certify the above named material does not contain free liquid as defined by 40 CFR part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to NESHAP standards for asbestos waste disposal found in 40 CFR part 61.150.

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national government regulations.

AUTHORIZED SIGNATURE R. [illegible]

Transporter 1: FIBER CONTROL INC. (Name) 3010 BURNS AVENUE WANTAGH, NY 11793 (Address) 516-781-3000 (Telephone #)

Driver: Tony Costa (Signature) Registration #: NY 480 139 AR (State / #) Date: 07/24/02

Acknowledgement of receipt of materials.

Transporter 2: Waste Management N.E.E.T., Inc., PO Box 144, Portland, CT 06480 1-800-272-3867

Driver: [signature] (Signature) Registration #: 0930111 me (State / #) Date: 7/25/02

Acknowledgement of receipt of materials.

TEMPORARY STORAGE / TRANSFER FACILITY: WASTE MANAGEMENT N.E.E.T., INC. • 203 PICKERING STREET • PORTLAND, CT 06480
PHONE: (800) 272-3867 PERMIT # SW 1130223

Received By: N/A Date: _____

Certification of receipt of materials covered by this manifest.

Transporter 3: _____ (Name) _____ (Address) _____ (Telephone #)

Driver: N/A (Signature) Registration #: _____ (State / #) Date: _____

Acknowledgement of receipt of materials.

Landfill Name: Southern [illegible] Phone No: 804 79 2337

Location: [illegible] Permit # [illegible]

Approximate Volume of Asbestos Received: 1/16 CY

Discrepancy If Any: _____

Received by: Michael Mark Date: 7-26-02

Certification of receipt of materials covered by this manifest.

COPY 1 - GENERATOR