





North Berkeley Lake Road Site -Gwinnett Regional Distribution Center Compliance Status Report Georgia Hazardous Site Inventory No. 10844

> Prepared for: 3312 Berkeley Lake Road Investors, LLC 53 State Street 38th Floor Boston, MA 02109

> > Prepared by: **ENVIRON International Corporation**

February 2015

Project Number: 07-24851



Certification of Compliance

I certify under penalty of law that this report and all attachments were prepared under my direction in accordance with a system designated to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Based on my review of this report with respect to the risk reduction standards of the Rules for Hazardous Site Response, Rule 391-3-19-.07, I have determined that the soil at the North Berkeley Lake Road Site – Gwinnett Regional Distribution site is in compliance with Type 4 Risk Reduction Standards.

Signature: Date: 2-27-15

Name: Robert Murray

Robert V. Murray
Title: Authorized Person

Company: 3312 Berkeley Lake Road Investors, LLC

Groundwater Scientist Statement

I certify that I am a qualified groundwater scientist who has received a baccalaureate or post-graduate degree in the natural sciences or engineering, and have sufficient training and experience in groundwater hydrology and related fields, as demonstrated by state registration and completion of accredited university courses, that enable me to make sound professional judgments regarding groundwater monitoring and contaminant fate and transport. I further certify that the groundwater portions of this report were prepared by myself and appropriately qualified subordinates working under my direction.

GEORGIA REGISTER

Robert G. Patchett, P.G.

Registration No. 1639

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Acronyms and Abbreviations

amsl above mean sea level bgs below ground surface

COPC Constituent of Potential Concern

CSF Cancer Slope Factor
CSR Compliance Status Report
DPT Direct Push Technology
EC Environmental Covenant

ENVIRON ENVIRON International Corporation
ESA Environmental Site Assessment

EPD Georgia Environmental Protection Division
GRDC Gwinnett Regional Distribution Center

HSA hollow stem auger

HSI Hazardous Site Inventory
HSRA Hazardous Site Response Act
IRIS Integrated Risk Information System

kg kilogram

MCLs Maximum Contaminant Levels

mg milligram

MMP Monitoring and Maintenance Plan

NC Notification Criteria NOD Notice of Deficiency

NTU Nepholometric turbidiy units

PAH Polynuclear aromatic hydrocarbons

PCB Polychlorinated biphenyls

RAGS Risk Assessment Guidance for Superfund

RfD Reference Dose

RRS Risk Reduction Standards

SESD Science and Ecosystem Support Division
SPLP Synthetic Precipitation Leaching Procedure

SVOCs semi-volatile organic compounds

UCL upper confidence limit

USEPA United States Environmental Protection Agency

VOCs volatile organic compounds

VIRP Voluntary Investigation and Remediation Plan

VRP Voluntary Remediation Program
XRF X-Ray Fluorescence Spectrometer

1 Introduction

ENVIRON International Corporation (ENVIRON) has prepared this Compliance Status Report (CSR) for the North Berkeley Lake Road Site – Gwinnett Regional Distribution Center (GRDC) site in accordance with the Georgia Voluntary Remediation Program (VRP). The North Berkeley Lake Road Site is listed on the Georgia Environmental Protection Division (EPD) Hazardous Site Inventory (HSI) as Site No. 10844, and the GRDC, which is a sublisting of the North Berkeley Lake Road Site, is located at 3312 North Berkeley Road Northwest, Duluth, Gwinnett County, Georgia, near the intersection of Peachtree Industrial Boulevard and North Berkeley Lake Road (**Figure 1**). A Voluntary Investigation and Remediation Plan (VIRP) was submitted to the EPD in April 2011, and the site was accepted into the VRP in January 2012. As stated in the VIRP, fill materials used during site development were contaminated with arsenic, and corrective action was proposed to comply with Risk Reduction Standards (RRS),. In accordance with the approval letter, subsequent investigations were conducted and semi-annual progress reports were submitted to the EPD, with the last such report submitted on January 12, 2015.

Based on site conditions, a "Summary of Corrective Action Plans" was submitted to the EPD on February 13, 2014. This summary identified eight areas at the site to be excavated in order for the soil at the site to comply with applicable RRS. This summary was accepted by the EPD on March 24, 2014. Remediation of the site commenced in December 2014 and was completed in January 2015.

This report has been prepared on behalf of 3312 Berkeley Lake Road Investors, LLC, and summarizes the activities that have been conducted at the site since the VIRP was submitted and approved, and recommends that the site be removed from the HSI.

1.1 Site Description

The site is improved with an approximately 1,077,000 square foot single-story metal and concrete warehouse building situated over the majority of the approximately 51-acre parcel. Access to the site is from North Berkeley Lake Road along the western border of the property. Additionally, the property is serviced by four sets of railroad tracks that enter the site from the southeast. The surface of the site consists primarily of the single-story building, asphalt access drives, asphalt and concrete parking areas, and small grassy/landscaped areas, with a few small vegetated/wooded areas along the edges of the property (**Figure 2**).

The site is generally flat and graded at an elevation between 1060 and 1080 feet above mean sea level (amsl). The topographic high exists along North Berkeley Lake Road, with a moderately steep incline from the western property edge to the roadway (1080 to 1090 feet amsl). Additionally, a moderate to steep slope exists at the northeastern portion of the site and extends downward towards a topographic low (1020 to 1030 feet amsl). A retaining wall approximately 15 feet in height is at the northern boundary of the property. A site location map is presented in **Figure 1**, which has been superimposed on a topographic map. The site is bordered by commercial and business property to the north, multi-family residences to the east, commercial and light industrial property to the south, and North Berkeley Lake Road to the west (beyond which are commercial and business properties). The site is classified as a non-

residential property as defined in the Hazardous Site Response Act [HSRA] regulations [Chapter 39-3-19-.02(2)(i)].

Legal Description: Parcel ID Number: R6267 026

Property Owner: 3312 Berkeley Lake Road Investors, LLC

53 State Street, 38th Floor

Boston, MA 02109-2802

Responsible Party: 3312 Berkeley Lake Road Investors, LLC

53 State Street, 38th Floor

Boston, MA 02109-2802

1.2 Site History

Prior to the initial development in 1969, the land was reported to have been cleared for agricultural use. Initial development of the property in 1969 was limited to a warehousing and distribution center, and entailed significant grading and filling due to the natural topographic variability of the site and surrounding area. A depiction of some of the areas that would have required re-grading prior to development (based on historical topographic maps) is presented in **Figure 3**. The property has been used as a warehouse and distribution center since it was developed, and is still used for those purposes. No industrial or manufacturing operations have been reported to have been conducted on the property.

In June 2006, a HSRA Notification was submitted to EPD following a Phase II Environmental Site Assessment (ESA) conducted in March 2006. The Phase II ESA identified eight inorganic constituents in the soil, but only arsenic was detected at a concentration greater than the HSRA notification criteria (NC). In addition, arsenic, beryllium, chromium, and lead were detected in the groundwater at concentrations greater than federal maximum contaminant levels (MCLs). The EPD subsequently listed the site on the HSI and requested additional assessment.

In October 2006, Solutech performed a limited subsurface assessment, and included the data from that assessment in a request submitted to EPD in January 2007 to delist the site from the HSI. In response to the delisting request, EPD requested additional information and site assessment, and in May and June 2007 Solutech conducted additional site assessment activities. The results of the additional soil assessment confirmed the presence of arsenic in the soil at the site at levels above the NC. However, the subsequent groundwater assessments indicated that metals including arsenic, beryllium, chromium, and lead were not present in the groundwater at concentrations exceeding the MCLs. A CSR was submitted to EPD in January 2008 providing the results of the October 2006 and May/June 2007 soil and groundwater assessments. Upon reviewing the CSR, EPD issued a Notice of Deficiency (NOD) letter dated March 5, 2008.

In response to the NOD, Solutech performed additional soil and groundwater assessment activities at the site in 2008. Arsenic was again identified in the soil at the site, but arsenic,

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beryllium, chromium, and lead were not detected in the groundwater. In March 2010, at the request of EPD, one additional well was installed and subsequently sampled for arsenic only, along with the five existing onsite monitoring wells. Total arsenic was identified in the new well at a concentration greater than its MCL, but dissolved arsenic was detected at a concentration less than the MCL. Total arsenic was also identified in MW-3, but at a concentration less than its MCL.

ENVIRON was subsequently engaged to continue the soil and groundwater investigation activities at the site in 2010. ENVIRON submitted a revised CSR and Corrective Action Plan with a VIRP dated April 18, 2011, and the VIRP was approved by the EPD in a letter dated January 12, 2012. The revised CSR VIRP included groundwater sampling data that demonstrated groundwater at the site was not impacted by arsenic (or any other regulated substances). The details of these additional activities are presented in **Section 3** and **Section 4** of this report.

1.3 Release History

As described previously, the activities at the GRDC site consist of warehousing and distribution. The site was developed in 1969 for these purposes and has operated as such since that time. During this period, no environmental releases have been reported. However, the results of multiple soil investigations have identified the ubiquitous presence of arsenic in the soil at the site. Therefore, because the presence of arsenic at the site does not appear to be related to a release at the site, and development of the site in 1969 required significant cut and fill activities, it appears likely that the presence of arsenic in site soils is associated with the development activities. Given the historical use of arsenic in agricultural applications and the presence of agricultural land in the vicinity of the site during development, it appears that fill that contained arsenic was brought onsite and used when grading the property in preparation for construction of the facility.

2 Geologic Setting

2.1 Regional Geology

The site is located in the Gainesville Ridges District of the Piedmont Province (Clark and Zisa, 1976). The Gainesville Ridges District is generally characterized by series of northeast trending low, linear, parallel ridges separated by narrow valleys. The ridges generally consist of gneiss and quartzite with elevations varying from approximately 1500 to 1600 feet above mean sea level (amsl) in the northeast, gradually decreasing to approximately 700 feet in the southwest. The valleys are generally underlain by schist and phyllonite with relief varying from 100 to 200 feet in the northeast to 70 to 100 feet in the southwest. The track of the Chattahoochee River and its tributaries are controlled by the ridges as it traverses the Gainesville Ridges District.

The Piedmont Province is a region that generally consists of igneous and moderate to high-grade metamorphic rock. According to the Geologic Map of Georgia (GA DNR GGS, 1976), the site is situated in an area of the Brevard Fault Zone underlain by crystalline metamorphic rock, generally characterized as metagraywacke and mica schist. The resolution of the Geologic Map of Georgia prohibits a specific determination of which of these rock types underlies the site and immediate surrounding areas.

2.2 Local Geology/Hydrogeology

The site currently is generally flat at an elevation between 1060 and 1080 feet amsl, with the topographic high along the western portion of the site (1080 to 1090 feet amsl) and a moderate to steep slope decreasing to the topographic low in the northeastern portion of the site (1020 to 1030 feet amsl). Partially weathered rock and bedrock at the site were encountered during drilling operations at varying depths ranging from approximately 5 to 55 feet below ground surface (bgs). The bedrock is overlain by unconsolidated overburden generally consisting of an oxidized, reddish-brown and yellow-brown, micaceous, silty, fine sand saprolite. The overburden is primarily derived from in-situ chemical weathering of the parent bedrock, which according to the Geologic Map of Georgia (GA DNR GGS, 1976) consists of metagraywacke and schist (i.e., the resulting micaceous silty-sand being the likely result of preferential chemical weathering of the metagraywacke and mica-rich schist). Fill material, compositionally similar to native soil but somewhat identifiable by the presence of minor amounts of non-native materials (e.g., gravel, organic material, and/or a mixed appearance, was observed during drilling operations. Additionally, because the fill material encountered was compositionally similar to the native soil, the fill material likely originated from a location relatively close to the site.

The depth to groundwater at the site ranges from approximately 8 to 48 feet bgs (August 2008), and has been determined to flow generally to the east-northeast (**Figure 4**). The horizontal gradient varies at the site and was calculated from gauging data collected in August 2008 to range from 0.037 to 0.049 feet/foot. The hydraulic conductivity at the site was calculated from slug test data collected at MW-4 in August 2008 to be approximately 0.087 feet per day, and the lateral velocity of groundwater was calculated to be approximately 0.0125 feet/day or 4.55 feet/year.

3 Soil Assessment

3.1 Summary of Soil Assessments

Seven soil investigations were conducted at the site between March 2006 and June 2013. The initial investigation in March 2006 included analysis for multiple constituents, but based on the results of that investigation in which only arsenic was detected at a concentration greater than its NC, subsequent soil investigations have focused solely on arsenic. The analytical results for arsenic obtained during these historical soil investigations are summarized in **Table 1**. These seven historical soil investigations are summarized below, and the locations of the soil borings associated with these historical investigations are shown on **Figure 5**. The laboratory data for each soil investigation are provided in the reports listed in **Section 1.2**.

3.1.1 March 2006

As part of the Phase II ESA that was conducted in March 2006, five soil samples were collected and analyzed for priority pollutant metals, volatile organic compounds (VOCs), semi-volatile organic compounds (SVOCs), polynuclear aromatic hydrocarbons (PAHs), and polychlorinated biphenyls (PCBs). The analytical results indicated the presence of total arsenic in the soil at concentrations greater than its NC. In June 2006, a HSRA Notification Form was submitted to the EPD. The site was subsequently listed on the HSI in September 2006, and additional site assessment was requested by the EPD.

3.1.2 October 2006

Following the listing of the site on the HSI, Solutech performed additional subsurface assessment in support of a request to delist the site. The sampling undertaken at that time included the collection of soil samples at 0.5 and 2 ft bgs using hollow stem augers from three locations across the site. Total arsenic concentrations exceeded the NC in each of the 2 ft samples. The results of the sampling event were formally submitted to EPD in the January 2008 CSR.

3.1.3 May and June 2007

As part of the activities associated with preparing the January 2008 CSR, Solutech collected 40 additional soil samples from nine locations at varying depths and submitted the samples for analysis of total arsenic during May and June 2007. Soil borings were advanced using hollow stem augers (HSA) and split spoon samplers. The analytical results ranged from non-detect to 168 milligram per kilogram (mg/kg) total arsenic and provided additional information regarding the extent of the arsenic in the soil at the site. Following these investigation activities, a CSR was submitted to EPD in January 2008. Upon review of the CSR, EPD issued an NOD letter dated March 5, 2008.

3.1.4 June 2008

In response to the NOD comments, Solutech performed additional assessment activities at the site in June 2008. During the investigation, 291 soil samples from 45 soil borings at varying depths were collected and analyzed for total arsenic. Additionally, select soil samples were analyzed for their potential to leach arsenic using the synthetic precipitation leaching procedure

(SPLP). The analytical results for the soil samples provided further information regarding the extent of the arsenic in the soil at the site. However, the results of the SPLP analysis were inconclusive due to excessive flagging of the data by the laboratory and questions about the quality assurance/quality control protocols associated with sample collection and analysis.

3.1.5 June 2010

ENVIRON mobilized to the site the purpose of installing soil borings to assess the soil quality and arsenic concentrations across that site, including borings underneath the building on the property. A total of 105 soil samples were collected from 31 soil borings, as shown on Figure 5. An x-ray fluorescence spectrometer (XRF) was used to screen the soil samples. Soil samples were collected from each boring from the surface soil (specifically, 1 to 2 feet bgs) and approximately every 5 feet in the subsurface (i.e., 4 to 5 bgs, 9 to 10 bgs, 14 to 15 bgs, etc.) above the water table and bedrock. The soil samples were then analyzed for arsenic using US EPA SW-846 Method 6010. In addition, select soil samples were subsequently analyzed using SPLP in order to assess the potential for the arsenic in the soil to leach to the groundwater using US EPA SW-846 Method 1312/6010B. Specifically, 10 surface soil and 10 subsurface soil samples were selected to be representative of the full range of concentrations reported in each soil "horizon" as well as to be spatially representative. Arsenic was detected in 26 of the 31 surface soil samples collected. Arsenic was detected in 49 of the 73 subsurface soil samples collected. The results of the SPLP analysis were all non-detect (less than the detection limit of 0.010 mg/L), indicating that the arsenic in the soil at the site is not likely to impact the groundwater (Table 2).

3.1.6 September 2012

Based on comments on the VIRP provided by the EPD on January 12, 2012, vertical delineation of arsenic concentrations in the soil detected in historical locations at the site was evaluated. ENVIRON advanced 10 soil borings (SD-1 through SD-10) using direct push technology (DPT) with a track-mounted Geoprobe drill rig. The locations of the soil borings are shown on **Figure** 5. Arsenic was delineated at 30 feet bgs at SD-6 based on the detected concentration of arsenic in the soil (14.6 mg/kg), which is less than the delineation criteria of 20 mg/kg.

In addition, soil samples were collected from 19 grass-covered areas at the site. The soil borings were advanced to the water table or until refusal was encountered, whichever occurred first. Soil cores were collected on an incremental basis from the surface using a 5-foot long macro-core device complete with an acetate sleeve. The soil sample (SS-1 through SS-20; SS-11 was not collected due to the location being covered with concrete) locations are shown on **Figure 5**. Arsenic was detected in 14 of the 19 surface soil locations (0-6 inches bgs) at a concentration that exceeds the Type 4 RRS of 38 mg/kg in the surface soil, and in 10 of the 19 subsurface soil locations at concentrations greater than the Type 4 RRS of 41 mg/kg for subsurface soil (it should be noted that a revised Type 4 RRS for subsurface soil of 130 mg/kg was approved by the EPD on May 30, 2013).

Finally, GA EPD requested that potential overland runoff within the area at the southeastern property boundary be evaluated to determine whether soil had been conveyed via surface water run-off towards the unnamed tributary that exists to the southeast of the property boundary.

Two small troughs were observed under the fence line in this area. One soil sample was collected from each trough (SL-1 and SL-2), and one additional soil sample was collected from within the ditch at the base of the hill (SL-3; furthest downgradient location on the site). The samples were collected from the surface to a depth of approximately 6-inches below the surface using a stainless steel trowel. The results of the soil samples collected from the surface water run-off area indicate that the arsenic in the furthest downgradient sample was detected at a concentration that was less than the delineation criteria of 20 mg/kg indicating that surface water runoff was not a confirmed pathway. Arsenic concentrations detected in all three samples were less than the surface soil Type 4 RRS of 38 mg/kg.

3.1.7 June 2013

As requested by the GA EPD, soil samples were collected on June 12, 2013, from two grass-covered locations (SS-21 and SS-22) on the east side of the GRDC building (**Figure 5**). The samples were collected using a hand auger. Two samples were collected from each location, one surface soil sample (0.5 to 1 foot bgs) and one subsurface soil location (4 to 5 feet bgs). The soil samples were analyzed for arsenic by USEPA Method 6010.

The results of the soil samples collected from grass-covered areas indicate that arsenic was present in the surface soil (0.5 to 1 foot bgs) at both locations at concentrations exceeding the surface soil risk reduction standard of 38 mg/kg. The concentrations of arsenic detected in the subsurface soil (4 to 5 feet bgs) at both locations are less than the Type 4 subsurface soil risk reduction standard of 130 mg/kg (GA EPD Comment Reponses dated May 30, 2013).

3.2 Nature and Extent of Soil Contamination

The soil at the site has been sampled numerous of times since 2006 as part of the site investigation activities conducted in compliance with HSRA. A summary of the historic and recent arsenic concentrations detected in the soil at the site are presented in **Table 1**.

Arsenic has been detected over a range of concentrations across the site. Despite evaluating the data using a variety of statistical techniques, the arsenic impacts cannot be characterized as originating from one or more discreet sources or release events; in fact, the data indicate that the arsenic impacts are both random and ubiquitous. All available information indicates that the presence of arsenic at the site is not related to a release at the site. Because fill material was used at the site to bring topographic low areas to grade during construction and development of the facility, and soil from other areas was cut and moved around the site, the arsenic impacts are most likely associated with the development of the site. Given the historical use of arsenic in agricultural applications and the presence of agricultural land in the vicinity of the site during development, it appears that arsenic-impacted fill material was brought onsite and used when grading the property in preparation for construction of the facility. Figure 3 depicts an approximation of the areas that would have required re-grading prior to development, and other areas would also have been impacted during the re-grading activities. In addition, crosssections were derived to depict the presence of the fill material in the subsurface. The crosssection locations are shown on Figure 6, and the cross sections are presented on Figures 7 and 8.

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In summary, the soil data indicate that the arsenic impacts to the soil at the site have been delineated to the site boundaries. However, because adjacent properties are similarly very likely to have been impacted by general cut and fill activities conducted on those properties, the strict horizontal and vertical delineation of impacts to background concentrations is not possible or practical. In addition, because the source of the impacts observed at the site are related to arsenic-impacted soil that was likely used as fill material throughout the developed areas in proximity to the subject site, nearby off-site "background" concentrations are likely to be consistent with concentrations detected at the site (thereby making delineation to background concentrations impractical). Finally, the results of the SPLP analyses indicate that arsenic in soil at concentrations as high as 750 mg/kg will not leach to the groundwater at a concentration greater than the federal MCL for arsenic. Therefore, there is no evidence that the arsenic in the soil at the site is a threat to groundwater.

4 Groundwater Assessment

4.1 Summary of Groundwater Assessments

Six groundwater investigations were conducted at the site between March 2006 and April 2010. The initial investigation included analysis for multiple constituents including volatile organic compounds (VOCs), semi-volatile organic compounds (SVOCs), and priority pollutant metals. Because only arsenic, beryllium, chromium, and lead were initially detected at concentrations greater than their MCLs or Type 1/3 risk reduction standards (RRS), subsequent groundwater investigations were focused on one or more of those select metals. For quality assurance and control purposes, the laboratory produced method blanks, laboratory control spikes, matrix spikes, and matrix spike duplicates. The results of the most recent groundwater investigations are summarized on **Table 3**, and the groundwater monitoring well locations are shown on **Figure 9**. The laboratory data for each groundwater investigation are provided in the reports listed in **Section 1.2**.

4.1.1 March 2006

As part of the Phase II ESA, two groundwater samples were collected from temporary groundwater monitoring wells. The samples were analyzed for dissolved priority pollutant metals, VOCs, and SVOCs. The analytical results indicated the presence of arsenic, beryllium, chromium, and lead in the groundwater at concentrations greater than federal MCLs. In June 2006, a HSRA Notification Form was submitted to the EPD. The site was subsequently listed on the HSI in September 2006, and additional site assessment was requested by the EPD.

4.1.2 October 2006

Following the listing of the site on the HSI, Solutech performed a limited subsurface assessment in support of a request to delist the site. Two Type II groundwater monitoring wells (MW-1 and MW-2) were installed to a depth of 20 ft bgs and 36 ft bgs respectively. The wells were not fully developed but were purged, sampled, and submitted for analysis of select metals. No analytes, including metals, were detected in the groundwater samples. The results of the sampling event were formally submitted to EPD in the January 2008 CSR.

4.1.3 May and June 2007

As part of the activities associated with preparing the January CSR, Solutech conducted additional groundwater assessment activities in May and June 2007. During this and the October 2006 investigations, five groundwater monitoring wells were installed (MW-1 through MW-5) and sampled for total arsenic, beryllium, chromium, and lead. The results of additional groundwater assessment indicated the presence of total chromium and lead in MW-3 and lead in MW-5 at concentrations less than MCLs. The analyses did not detect the presence of total arsenic or beryllium in the groundwater at the site. The CSR was submitted to EPD in January 2008 and included the results of the October 2006 and May/June 2007 assessment. Upon review of the CSR, EPD issued an NOD letter dated March 5, 2008.

4.1.4 June 2008

In response to the NOD, Solutech performed additional assessment activities at the site in 2008. During the investigation, the five existing groundwater monitoring wells were resampled and

analyzed for total arsenic, beryllium, chromium, and lead. In addition, a slug test was performed on MW-4, and groundwater elevations were recorded at each well. None of the target constituents (i.e., arsenic, beryllium, chromium, and lead) were detected in the groundwater. The results of the slug test suggest that the hydraulic conductivity are the site is approximately 0.087 feet per day and the groundwater elevations indicate that the groundwater flow is to the east-northeast with a horizontal gradient ranging from approximately 0.037 to 0.049 feet per foot.

4.1.5 March 2010

One additional well (MW-6) was installed at the site and sampled for total and dissolved arsenic in March 2010. In addition, the five existing monitoring wells at the site were resampled for total arsenic. Total arsenic was identified in MW-6 at a concentration that exceeded the MCL; however, dissolved arsenic concentrations in MW-6 were less than the MCL. The groundwater sampling log for MW-6 indicated very high turbidity (189 nephelometric turbidity units [NTU]). Given the high turbidity, and the decreased concentration of the filtered sample, it is probable that the elevated concentration for total arsenic was a result of the presence of suspended soil particles in the sample and, therefore, not representative of groundwater conditions.

4.1.6 April 2010

On April 15, 2010, ENVIRON redeveloped MW-6 utilizing an electric submersible pump until the turbidity decreased to less than 10 NTU and at least five well volumes had been purged from the well. On April 19, 2010, MW-6 was sampled using a low-flow technique with a peristaltic pump fitted with new, disposable tubing, following methods approved by the Region 4 US EPA, Science and Ecosystem Support Division (SESD) operating procedures. Arsenic was not detected at concentrations greater than the laboratory detection limit.

4.2 Conductivity and Groundwater Direction

4.2.1 Hydraulic Characteristics

Groundwater likely occurs in both the overburden and the partially weathered bedrock under unconfined conditions at the site. Saturated overburden was reported at all the monitoring well locations, which overlies partially weathered bedrock, overlying competent crystalline bedrock. The surficial aquifer consists of these saturated portions of the overburden and the shallow underlying partially weathered rock and fractured bedrock. Groundwater flow in the surficial aquifer is primarily within the granular overburden and partially weathered rock, as well as along fractures present in the uppermost portion of the bedrock. As such, the principal water-bearing conduits at the subject site are the overburden and partially weathered bedrock at the soil/bedrock interface. Based on the hydraulic conductivity test performed by Solutech in 2008, the hydraulic conductivity at the site was calculated to be approximately 0.087 feet per day.

4.2.2 Groundwater Flow Rate and Direction

Water level measurements were recorded by Solutech in five monitoring wells (MW-1 through MW-5) in 2008. An electronic water-level meter was used to measure the depth to groundwater in the well from a marked reference point located on the top of the PVC riser pipe. These

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measurements, in conjunction with the elevation of each monitoring well's reference point, was used to calculate the elevation of the water table at each monitoring well.

A groundwater potentiometric map was prepared from the groundwater elevation data to estimate groundwater flow direction and horizontal hydraulic gradients for the surficial aquifer utilizing the 2008 data. Based on the potentiometric map, groundwater flow at the site is generally towards the east-northeast as shown on **Figure 4**.

The horizontal linear groundwater flow velocity can be calculated by the following variation of Darcy's Law:

 $V = Ki/n_e$

where:

V = groundwater flow velocity K = hydraulic conductivity i = hydraulic gradient n_e = effective porosity

As stated in **Section 4.2.1**, the hydraulic conductivity was determined to be 0.087 feet per day. The horizontal gradient varies at the site and was calculated from gauging event data collected in 2008 to range from 0.037 to 0.049 feet/foot. Taking the average of the horizontal gradient (0.043 feet/foot) and assuming an effective porosity of 0.30 for silty sand (McWorter and Sunada, 1977), the predominant soil type in the overburden, the lateral velocity of groundwater is calculated to be 0.0125 feet/day or 4.55 feet/year.

4.3 Results of the Groundwater Assessment

The groundwater at the site has been sampled a number of times in since 2006. The results of these assessment activities demonstrate that the groundwater at the site has not been impacted by regulated substances.

5 Risk Evaluation

Arsenic is the only constituent of potential concern (COPC) identified in the soil at the site. The detected concentrations of arsenic were compared to appropriate RRS developed in accordance with the HSRA regulations. Because the groundwater at the site is not impacted by regulated substances, only soil was assessed in the risk evaluation.

The primary objective of this risk evaluation was to compile the available analytical soil data for the site and compare that data to the applicable RRS. The maximum detected concentration for arsenic in the soil was compared to the Type 3 and Type 4 RRS for non-residential receptors. The analytical data used for the comparisons to the RRS are presented in **Table 1**. In addition, once the site was accepted into the VRP, area-averaging was conducted on the soil data and compared to the Type 4 RRS (see **Section 5.3.4**). Because the site is almost completely covered by a building, concrete, and/or asphalt, and because the site is located in an industrialized area, an ecological risk evaluation associated with potentially-impacted media within the boundaries of the site was not conducted.

This risk evaluation presents an analysis of potential human receptors, an exposure assessment, a toxicity assessment, a description of soil RRS, and a comparison of site data to the applicable RRS. A conceptual site model (CSM) presenting the potential exposure pathways is provided in **Figure 10** and **Figure 11**.

5.1 Potential Receptors

The evaluation of risks to potential receptors from exposure to regulated substances at the site was prepared after review of the available site-specific environmental reports and related information. The site has historically and is currently being used as a warehousing and distribution center for several different occupants. Future land use is not expected to change. Consequently, the potential receptors evaluated in this risk evaluation include on-site commercial/industrial workers exposed to surface soil (0 to 2 feet bgs) and a construction or utility worker exposed to subsurface soil (0 to 10 feet bgs) at the site.

5.2 Exposure Assessment

In accordance with EPD guidance, default criteria for Type 3 RRS were identified. For Type 4 RRS, exposure factor values from EPD guidance (GA EPD, 2009), USEPA guidance (USEPA, 1999), and professional judgment were used. The resultant RRS values are, therefore, considered to be conservative (i.e., protective of human health) in that exposure to the identified and/or calculated concentrations are considered unlikely to cause significant carcinogenic or noncarcinogenic effects.

5.2.1 Soil Exposure

In accordance with EPD guidance, the Type 4 RRS for carcinogenic effects from potential exposure to soil were calculated using Equation 6 from Part B of the "Risk Assessment Guidance for Superfund" (i.e., RAGS Part B) (USEPA, 1991). The Type 4 RRS for noncarcinogenic effects from potential exposure to soil were calculated using Equation 7 from RAGS Part B. In addition, the concentrations of the COPC in the soil must not cause contamination in the groundwater that exceeds the higher of the Type 3 or Type 4 groundwater

concentration criteria. For each COPC, the Type 4 RRS was calculated as the lowest RRS from Equation 6 from RAGS, Equation 7 from RAGS, and a concentration was developed using SPLP analysis that would not cause contamination in the groundwater. The development of this concentration is discussed in **Section 5.2.2**. The equations and parameter values used to calculate the RRS for each receptor exposed to soil are presented in **Table 4** and **Table 5**.

Commercial/Industrial worker exposure factors (**Table 4**) were used to calculate the surface soil (0 to 2 feet bgs) Type 4 RRS. Construction worker and utility worker exposure factors (**Table 5**) were used to calculate the "all" soil (0 to 10 feet bgs) Type 4 RRS for arsenic. The exposure factors used to calculate Type 4 RRS included:

- A body weight of 70 kilogram (kg) body weight;
- An exposure duration of 25 years of for the commercial/industrial worker and utility worker;
- An exposure duration of 1 year for a construction worker;
- An exposure frequency of 250 days per year for a commercial/industrial worker (assumes workers would be at work for 8 hours per day, 5 days per week, for 50 weeks per year, presuming that an individual gets a 2-week vacation);
- An exposure frequency of 180 days per year for a construction worker (assumes a 6-month construction period);
- An exposure frequency of 5 days per year for a utility worker (assumes utility work will be completed within a week); and,
- An incidental soil ingestion rate of 50 mg/day for the commercial/industrial worker and 330 mg/day for the construction and utility workers.

5.2.2 Protection of Groundwater

In accordance with EPD guidance, SPLP analysis was conducted at the site to develop a site specific concentration in the soil that would be protective of groundwater (i.e., would not cause concentrations of arsenic in the groundwater that exceed either the Type 3 or Type 4 RRS for groundwater). As discussed in **Section 3.1**, 20 soil samples were collected from both the surface soil (10 samples) and subsurface soil (10 samples) and analyzed using SPLP. The SPLP results were provided in **Table 2**. As shown, arsenic was detected in 19 of the 20 soil samples ranging in concentrations from 22.6 mg/kg to 750 mg/kg, but not detected in any of the 20 SPLP samples (the detection limit was the federal MCL, which is also the Type 1 and 3 RRS [0.010 mg/L]). These results demonstrate that arsenic concentrations in soil up to at least 750 mg/kg are not expected to impact the groundwater in exceedance of the Type 1 RRS. This is consistent with the finding that the groundwater at the site has not been impacted.

5.3 Toxicity Assessment

The toxicity values used to calculate Type 2 and Type 4 RRS (i.e., cancer slope factors [CSF] and reference doses [RFD]) were obtained first from the USEPA Integrated Risk Information System (IRIS) database (IRIS, 2015) and, secondly, from the USEPA Regional Screening Level table (USEPA, 2015). The toxicity values and the sources of these values are provided in **Table 6**.

5.4 Soil Risk Reduction Standards

The calculation of RRS for soil included the integration of the exposure and toxicity assessments. If the maximum detected concentration of arsenic exceeded its Type 3 RRS, information on potential exposures and toxicity were combined to generate the Type 4 RRS, which were in turn compared to the maximum detected concentrations of arsenic in the soil at the site. Per HSRA, these evaluations were conducted separately for surface soil (0 to 2 ft bgs) and the entire soil column. The Types 3 and 4 RRS for soil were developed as described in **Section 5.2.1**, and as explained below.

5.4.1 Type 3 Risk Reduction Standards

The Type 3 RRS (default non-residential criteria) for soil concentrations were determined using the definition in Rule 391-3-19-.07(8)(d) of the HSRA guidance (GAEPD, 2003). Specifically, concentrations in the soil shall not exceed the higher of:

- Concentrations described in Item 1 of Rule 391-3-19-.07(6)(c);
- Concentrations listed in Table 2 of Appendix III; and,
- For lead, 400 mg/kg

This criterion applies to soil concentrations detected at any point above the uppermost groundwater zone that may have been affected by the release (i.e., the entire soil column). In addition, to certify compliance with Type 3 RRS, surface soil (uppermost 2 feet of soil) concentrations must meet the criteria mentioned above and the least of the carcinogenic and noncarcinogenic criteria using nonresidential (commercial/industrial) exposure parameters.

Surface Soil – The comparison of maximum detected concentrations and the source of the Type 3 RRS for surface soil for the commercial/industrial worker scenario are provided in **Table 7**. Arsenic was detected in the surface soil in 50 samples collected at the site at concentrations exceeding the Type 3 RRS (38 mg/kg). The majority of these locations is located under either concrete or asphalt cover, thus limiting exposures to the soil.

Entire Soil Column – The comparison of maximum detected soil concentrations and the source of the Type 3 RRS for the entire soil column for the commercial/industrial workers scenario are provided in **Table 8**. Arsenic was detected in 79 samples collected at the site in the entire soil column at concentrations exceeding the Type 3 RRS (41 mg/kg).

5.4.2 Type 4 Risk Reduction Standards

The equation and input parameters used to calculate site-specific Type 4 RRS for the commercial/industrial worker, construction worker, and utility worker exposure scenarios for arsenic in the soil are presented in **Table 4** and **Table 5**. The least of the three values (the RAGS equations for a commercial/industrial worker and the value protective of groundwater) was identified as the Type 4 RRS for surface soil. In its comment letter on the January 12, 2013 Semi-Annual Progress Report, EPD approved a Type 4 RRS for the entire soil column 130 mg/kg for the site based on the calculated RRS for the utility worker (it was the lesser of the RRS calculated for the utility or construction worker and deemed protective of the groundwater).

Surface Soil – The comparison of the maximum detected concentrations and the source of the Type 4 RRS for surface soil for the commercial/industrial worker scenario are provided in **Table 7**. Arsenic was detected in the surface soil at a concentration exceeding the surface soil Type 4 RRS (38 mg/kg) in 50 of the 112 samples collected at the site.

Entire Soil Column – The comparison of maximum detected concentrations and the source of the Type 4 RRS for the entire soil column for the utility worker scenario are provided in **Table 8**. Arsenic was detected in the soil at a concentration exceeding the Type 4 RRS for the entire soil column (130 mg/kg) in 30 of the 330 samples collected from a depth of 0 to 10 ft bgs at the site.

5.4.3 Comparison of Representative Exposure Concentrations To Type 4 Risk Reduction Standards

Under the VRP, area-averaged concentrations are acceptable as representative exposure concentrations across an exposure domain. Therefore, area-averaging of the surface soil (0 to 2 ft bgs) and subsurface soil (0 to 10 ft bgs) was conducted to estimate the quantity of soil that would need to be removed from the site in order to meet the RRS. Specifically, area-averaging was conducted by calculating 95 percent upper confidence limits (UCL) for the surface soil and subsurface soil. The UCLs were calculated using the USEPA's ProUCL software (http://www.epa.gov/osp/hstl/tsc/software.htm). The surface soil data set did not include samples collected from areas beneath pavement, beneath the building, or adjacent to the railroad tracks. Similarly, the subsurface soil data set did not include samples collected from beneath the building or adjacent to the railroad tracks.

Based on the comparison of the UCLs with the surface soil RRS of 38 mg/kg and the subsurface soil RRS of 130 mg/kg, ENVIRON identified eight locations at the site where soils will be excavated to meet the surface soil RRS (SS-1, SS-14, SS-15, SS-18, SB-C, B-22, B-47, and B-49; as shown on **Figure 12**). That is, when the data from the samples associated with these locations are removed from the dataset, the site-wide UCL meets the RRS. The UCL for the subsurface soil data set was less than the RRS of 130 mg/kg; therefore, excavation of subsurface soil at the site was not necessary.

With respect to soil beneath the pavement, the building, or adjacent to the railroad tracks, an Environmental Covenant (EC) with a Monitoring and Maintenance Plan (MMP) will be employed to prevent potential exposure to these areas. The EC is provided in **Appendix A**.

6 Corrective Action

Based on the Work Plan outlined in the VIRP application, comments provided by the Georgia Environmental Protection Division (GA EPD; May 30, 2013), and discussions with GA EPD on November 5, 2013, ENVIRON identified seven locations at the site where soils would be excavated to meet the surface soil risk reduction standard (RRS) for arsenic of 38 mg/kg. Arsenic concentrations at these locations (identified by the sample ID associated with each area: SS-1, SS-14, SS-15, SS-18, SB-C, B-22, B-47, and B-49; as shown on **Figure 5**) were identified when the site-wide dataset was used to calculate a 95 percent Upper Confidence Limit (UCL) using USEPA's ProUCL software. That is, when the data from the samples associated with these locations are removed from the dataset, the site-wide UCL meets the RRS. These areas and this methodology was reviewed and confirmed by EPD on a call on February 18, 2014. The corrective action to remediate the surface soil at the site (excavation of soil), was approved by the GA EPD in a letter dated March 24, 2014.

Each of these areas, with the exception of B-47 and B-49, are bounded on all sides by concrete, asphalt, or the existing building. For B-47 and B-49, one side of the proposed excavation area was bounded by samples that did not need to be excavated based on the 95 percent UCL calculation. Therefore, the southernmost boundary of area 2 was delineated by sample SB-D and the northernmost boundary of area 1 was delineated by sample SB-E. The boundaries of the excavations for each of the seven areas are presented on **Figure 12**.

6.1 Soil Excavation Activity

Soil remedial activities began on December 1, 2014, and were completed by January 16, 2015. Prior to beginning the excavation work, underground utilities were located, and silt fencing was installed per the Erosion, Sedimentation and Pollution Control Plan (ESPCP) developed for the site at each of the seven areas identified for surface soil removal. Trees and shrubs were removed from the areas when present.

At each area the soil was excavated to a depth of two feet below grade. Soil was loaded directly into dump trucks and transported to a Subtitle D landfill (Richland Creek Landfill, Buford). Each area was then filled with clean backfill. Upon completion of the excavation and backfill, each area was compacted, graded, and re-vegetated (i.e., trees, sod, and shrubs). A total of 2,898 cubic yards (3,390 tons) of surface soil was removed from the site. The amount of soil removed from each area is presented below:

- Area 1 756 cubic yards (824 tons)
- Area 2 542 cubic yards (768 tons)
- Area 3 218 cubic yards (250 tons)
- Area 4 395 cubic yards (404 tons)
- Area 5 340 cubic yards (342 tons)
- Area 6 138 cubic yards (172 tons)
- Area 7 509 cubic yards (630 tons)

Soil disposal manifest are presented in **Appendix B**.

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6.2 Summary and Conclusions

Based on the available data and the corrective action that have been completed at the site, the site now complies with the Type 4 risk reduction standards. Therefore, North Berkeley Lake Road Site – Gwinnett Regional Distribution Center complies with the requirements set forth in the VRP and should be delisted from the HSI.

7 References

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REFERENCES 18 ENVIRON

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Tables

Sample ID	Min Depth	Max Depth	Arsenic
Sample 1D	(ft bgs)	(ft bgs)	(mg/kg)
Historic Samples (Solu	tech: May & June	2007)	
	0.5		4.48
	2		1.04
B-1A	5		2.54
	10		3.49
	15		4.34
	0.5		25.4
	2		3.79
B-2A	5		0.95
D-2A	10		0.86
	15		0.003
	20		0.003
	0.5		22.9
	2		17.9
B-3	5		38.9
כ-ם	10		1.21
	15		50
	20		17
	0.5		1.43
B-3A	2		0.003
	5		0.003
	0.5		0.003
	2		0.91
B-4	10		0.003
	15		1.22
	20		1.31
	0.5		0.3
B-4A	2		0.003
D-4A	5		0.003
	10		0.003
	0.5		20.5
B-5	2		168
כ-ט	5		7.45
	10		0.46
	0.5		17.9
B-5A	2		2.79
	5		2.22
	0.5		10.9
B-6A	2		17.8
	5		43.5

Table 1 - Summary of Arsenic Data in Soil Gwinnett Regional Distribution Center HSI No. 10844

Commis ID	Min Depth	Max Depth	Arsenic
Sample ID	(ft bgs)	(ft bgs)	(mg/kg)
Historic Samples (So	lutech: June 2008)		
·	0.5		0.97
	2		0.98
B-7	5		0.82
	10		0.96
	15		0.96
	0.5		1.68
	2		43.3
D 0	5		6.32
B-8	10		19.6
	15		4.62
	20		7.02
	0.5		27.3
	2		41
D 0	5		69.2
B-9	10		1.3
	15		15.4
	20		44.9
	0.5		78.9
	2		41.3
D 10	5		40.1
B-10	10		16.6
	15		12.6
	20		6.38
	0.5		163
	2		102
B-11	5		58
	10		320
	15		121
	0.5		1.36
B-12	2		10.7
	5		1.93
	0.5		1.43
	2		2.65
D 42	5		2.17
B-13	10		4.55
	15		36.2
	20		39.5

Commis ID	Min Depth	Max Depth	Arsenic
Sample ID	(ft bgs)	(ft bgs)	(mg/kg)
	0.5		9.53
	2		10.5
B-14	5		18.7
D-14	10		43.8
	15		7.74
	20		37.7
	0.5		30.6
	2		29.9
B-15	5		17.2
P-12	10		27.2
	15		22.1
	20		17.2
	0.5		10
	2		4.62
B-16	5		32.2
B-10	10		53.4
	15		70.8
	20		165
	0.5		24.6
	2		24.8
D 17	5		42.1
B-17	10		33.3
	15		41.4
	20		66
	0.5		26.8
B-18	2		74.8
B-19	5		43.6
	10		48.9
	0.5		59.2
	2		42
D 10	5		24.2
B-19	10		25.3
	15		71.7
	20		120
	0.5		43.3
	2		13.4
B-20	5		8.48
	10		3.68
	15		39.5

Sample ID	Min Depth	Max Depth	Arsenic
	(ft bgs)	(ft bgs)	(mg/kg)
	0.5		57.7
	2		68.3
B-21	5		212
	10		56.5
	15		14.3
	0.5		196
B-22	2		47.1
	5	-	11.6
	0.5	-	28.3
	2	1	3.52
B-23	5	-	47.7
D-23	10	-	41.2
	15	-	60.7
	20	1	37.9
	0.5	-	27.9
	2	1	41.1
B-24	5		36.8
B-24	10		35.2
	15	1	67.6
	20	-	48
	0.5		52.4
	2	1	49.9
ם אר	5		28.8
B-25	10		23.6
	15		65.2
	20	1	75.9
	0.5		31.8
	2		16.8
B-26	5		9.97
	10		2.49
	15		6.39
	0.5		46.5
	2		16.9
D 27	5		9.88
B-27	10		4.83
	15		1.65
	20		52.2

Table 1 - Summary of Arsenic Data in Soil Gwinnett Regional Distribution Center HSI No. 10844

Sample ID	Min Depth	Max Depth	Arsenic
Sample 1D	(ft bgs)	(ft bgs)	(mg/kg)
	0.5		22.7
	2		65.3
B-28	5		31.1
D-20	10		60.4
	15		12.5
	20		0.95
	0.5		16.5
	2		53.1
B-29	5		19.8
D-29	10		10.2
	15		1.54
	20		0.97
	0.5		21.8
	2		50.2
B-30	5		24.9
D-30	10		7.1
	15		1.37
	20		1.38
	0.5		23.8
	2		8.7
B-31	5		1.38
D-21	10		2.14
	15		1.07
	20		0.35
	0.5		6.01
	2		14.5
B-32	5		15.7
D-32	10		20.1
	15		12.2
	20		1.48
	0.5		32.2
	2		1.15
B-33	5		1.68
CC-0	10		1.47
	15		1.34
	20		0.99

Camada ID	Min Depth	Max Depth	Arsenic
Sample ID	(ft bgs)	(ft bgs)	(mg/kg)
	0.5		16.6
	2		1.98
B-34	5		1.5
B-34	10		2.18
	15		0.66
	20		0.71
	0.5		3.7
	2		1.52
B-35	5		1.9
D-33	10		1.24
	15		4.05
	20		0.7
	0.5		0.2
	2		0.2
B-36	5		1.57
D-30	10		2.78
	15		0.95
	20		1.31
	0.5		0.78
	2		1.07
B-37	5		1.66
B-37	10		5.17
	15		5.54
	20		0.64
	0.5		0.7
B-38	2		0.97
	5		0.31
D 20	0.5		0.82
B-39	2		17
D 40	0.5		0.95
B-40	2		42.2
	0.5		23
B-41	2		9.98
	5		12.6
	0.5		76.2
	2		4.33
D 42	5		31.5
B-42	10		8.28
	15		3.31
	20		2.89

Table 1 - Summary of Arsenic Data in Soil Gwinnett Regional Distribution Center HSI No. 10844

Sample ID	Min Depth	Max Depth	Arsenic
Sample 1D	(ft bgs)	(ft bgs)	(mg/kg)
	0.5		89
	2		8.18
B-43	5		51.4
D-45	10		5.99
	15		327
	20		64.9
	0.5		56.9
	2		56.4
B-44	5		47.2
D-44	10		119
	15		50.1
	20		32.6
	0.5		272
	2		221
B-45	5		141
D-43	10		92.4
	15		47
	20		74.2
B-46	0.5		33.8
D-40	2		44.8
	0.5		158
B-47	2		1.77
D-47	5		51.7
	10		150
	0.5		2.32
	2		6.84
B-48	5		57.1
	10		252
	15		224
	0.5		260
	2		44.2
B-49	5		24.8
D-43	10		27.3
	15		124
	20		98.4

Table 1 - Summary of Arsenic Data in Soil Gwinnett Regional Distribution Center HSI No. 10844

Commis ID	Min Depth	Max Depth	Arsenic
Sample ID	(ft bgs)	(ft bgs)	(mg/kg)
	0.5		20.3
	2		12.1
B-50	5		33.5
D-3U	10		60.6
	15		55.5
	20		68
	0.5		105
	2		101
B-51	5		248
	10		20.2
	15		24.8
2010 Samples (ENVIR	ON: June 2010)		
	1	2	22.6
SB-A	4	5	24.7
	9	10	<4.91
	1	2	11.2
SB-B	4	5	174
	9	10	85.8
	1	2	133
CD C	4	5	142
SB-C	9	10	232
	14	15	161
CD D	1	2	60.3
SB-D	4	5	44.5
CD E	1	2	39.1
SB-E	9	10	217
CD E	1	2	<5.93
SB-F	4	5	9.54
CD C	1	2	10
SB-G	4	5	7.94
CD II	1	2	209
SB-H	4	5	750
	1	2	<5.42
SB-I	4	5	<5.75
	8.5	9.5	<4.91
	1	2	<5.47
CD I	4	5	<5.73
SB-J	9	10	<5.6
	14	15	<5.32

Table 1 - Summary of Arsenic Data in Soil Gwinnett Regional Distribution Center HSI No. 10844

Sample ID	Min Depth	Max Depth	Arsenic
Sample 1D	(ft bgs)	(ft bgs)	(mg/kg)
	1	2	25.6
	4	5	<5.61
SB-K	9	10	<5.58
	14	15	<5.83
	18.5	19.5	<6.04
	1	2	<5.12
	4	5	<5.53
SB-L	9	10	<5.44
	14	15	<5.29
	18.5	19.5	<5.4
	1	2	116
	4	5	95.1
SB-M	9	10	12.2
	14	15	<5.46
	19	20	<5.54
	1	2	160
	4	5	88
SB-N	9	10	38.6
	14	15	43.1
	18.5	19.5	<5.29
	1	2	49.7
SB-O	4	5	6.63
36-0	9	10	<6.7
	14	15	7.52
	1	2	116
	4	5	155
SB-P	9	10	15
	14	15	<5.88
	19	20	<5.81
	1	2	122
	4	5	18.3
SB-Q	9	10	74.9
	14	15	<5.27
	19	20	<5.44
	1	2	117
SB-R	4	5	79.7
	9	10	32
CD C	1	2	41.7
SB-S	4	5	34.3

Table 1 - Summary of Arsenic Data in Soil Gwinnett Regional Distribution Center HSI No. 10844

Sample ID	Min Depth	Max Depth	Arsenic
Sample 15	(ft bgs)	(ft bgs)	(mg/kg)
SB-T	1	2	49.5
3D-1	4	4.5	27.6
	1	2	<5.53
SB-U	4	5	207
30-0	9	10	122
	14	15	36.7
	1	2	127
SB-V	4	5	95.2
DD-V	9	10	96.9
	14	15	<5.35
SB-W	1	2	8.15
SD-VV	4	5	<5.6
	1	2	85.1
SB-X	4	5	113
	9	10	34.3
	1	2	24.8
SB-Y	4	5	16.6
	9	10	94.6
	1	2	91.4
SB-Z	4	5	103
3B-Z	9	10	57.4
	14	15	22.9
	1	2	158
SB-AA	4	5	95.3
SB-AA	9	10	75.7
	14	15	132
	1	2	111
CD DD	4	25	92.2
SB-BB	9	10	110
	14	15	55.3
	1	2	19.3
SB-CC	4	5	19.1
	9	10	53.5
	1	2	73.1
CD DD	4	5	100
SB-DD	9	10	75.3
	14	15	5.8
HA-01 (1-1.5)	1	1.5	64.9

Table 1 - Summary of Arsenic Data in Soil Gwinnett Regional Distribution Center HSI No. 10844

Sample ID	Min Depth	Max Depth	Arsenic
Sample 1D	(ft bgs)	(ft bgs)	(mg/kg)
2012 Samples (ENVIRO	ON: September 20	12)	
SD-1	25	26	85.6
30-1	30	31	129
SD-4	25	26	73.2
3D-4	30	31	50
SD-5	25	26	90.2
SD-6	25	26	64.6
2D-0	29	30	14.6
	0.5	0.5	166
SS-1	9	10	24.4
	19	20	<4.71
SS-2	0.5	0.5	< 3.7
	0.5	0.5	60.4
SS-3	9	10	449
	15	16	152
CC 4	0.5	0.5	88.4
SS-4	9	10	59.2
cc r	0.5	0.5	65.5
SS-5	4	5	116
CC C	0.5	0.5	73.2
SS-6	4	5	42.5
CC 7	0.5	0.5	70
SS-7	9	10	79.9
	0.5	0.5	61.5
SS-8	9	10	50.6
	23	24	107
SS-9	0.5	0.5	60.3
33-9	9	10	<9.40
SS-10	0.5	0.5	32.7
22-10	9	10	18.8
CC 42	0.5	0.5	41.9
SS-12	9	9.5	71.7
	0.5	0.5	34.7
SS-13	9	10	62.9
	13	14	63.8
	0.5	0.5	202
SS-14	9	10	102
	16	17	42.8
CC 45	0.5	0.5	117
SS-15	9	9.5	<8.90

Table 1 - Summary of Arsenic Data in Soil
Gwinnett Regional Distribution Center
HSI No. 10844

Sample ID	Min Depth (ft bgs)	Max Depth (ft bgs)	Arsenic (mg/kg)				
SS-16	0.5	0.5	< 3.8				
SS-17	0.5	0.5	96.1				
55-17	6	7	9.7				
SS-18	0.5	0.5	129				
22-10	3	4	<9.47				
SS-19	0.5	0.5	< 3.7				
SS-20	0.5	0.5	74.4				
33-20	9	10	138				
SL-1	0.5	0.5	31.8				
SL-2	0.5	0.5	3.8				
SL-3	0.5	0.5	16.8				
2013 Samples (ENVIRON: June 2013)							
SS-21	0.5	1	73.6				
33-21	4	5	34.7				
SS-22	0.5	1	139				
33-22	4	5	124				

Notes:

All units in mg/kg (milligrams per kilogram)

ft bgs feet below ground surface

-- Maximum depth was not provided

RRS - Risk Reduction Standard

The delineation standard for arsenic in soil is 20 mg/kg

Bold value indicates concentration exceeds it's respective RRS.

Surface Soil RRS = 38 mg/kg

Subsurface Soil RRS = 130 mg/kg

Table 2 - Summary of 2010 SPLP Data Gwinnett Regional Distribution Center HSI No. 10844

Sample ID	Min Depth (ft bgs)	Max Depth (ft bgs)	Total Arsenic (mg/kg)	SPLP Arsenic (mg/L)
SB-A (1-2)	1	2	22.6	<0.01
SB-AA (14-15)	14	15	132	<0.01
SB-B (9-10)	9	10	85.8	<0.01
SB-BB (1-2)	1	2	111	<0.01
SB-C (14-15)	14	15	161	<0.01
SB-D (1-2)	1	2	60.3	<0.01
SB-DD (1-2)	1	2	73.1	<0.01
SB-DD (4-5)	4	5	100	<0.01
SB-F (1-2)	1	2	<5.93	<0.01
SB-H (1-2)	1	2	209	<0.01
SB-H (4-5)	4	5	750	<0.01
SB-N (1-2)	1	2	160	<0.01
SB-N (4-5)	4	5	88	<0.01
SB-P (4-5)	4	5	155	<0.01
SB-R (9-10)	9	10	32	< 0.01
SB-T (1-2)	1	2	49.5	<0.01
SB-U (14-15)	14	15	36.7	<0.01
SB-V (1-2)	1	2	127	<0.01
SB-Z (1-2)	1	2	91.4	<0.01
SB-Z (9-10)	9	10	57.4	<0.01

Notes:

ft bgs Feet below ground surface mg/kg Milligrams per kilogram mg/L Milligrams per liter

< Analyte not detected at the laboratory PQL indicated

Table 3 - Summary of Groundwater Analytical Data Gwinnett Regional Distribution Center HSI No. 10844

Well ID	Date Sampled	Arsenic (mg/L)	Beryllium (mg/L)	Chromium (mg/L)	Lead (mg/L)	Copper (mg/L)	Nickel (mg/L)	Zinc (mg/L)	Source
B-2	3/20/2006	0.404	0.0182	0.14	0.561	0.233	0.044	0.229	IVI Phase II
B-3	3/20/2006	0.027	0.0015	0.007	0.027	0.016	0.012	0.037	(March 2006)
MW-1	10/7/2006	<0.008	<0.003	<0.002	<0.004				
	10/7/2006 *	<0.008	<0.003	<0.002	<0.004				
	6/1/2007	< 0.0004	<0.000133	<0.00002	<0.00001				
	6/19/2008	<0.0004	<0.000133	<0.00002	< 0.00001				
	3/3/2010	<0.0004				-			
MW-2	10/7/2006	<0.008	< 0.003	<0.002	<0.004				
	6/1/2007	<0.0004	<0.000133	<0.00002	<0.00001				
	6/19/2008	<0.0004	<0.000133	<0.00002	<0.00001				
	3/3/2010	<0.0004				-			Solutech, Inc.
MW-3	6/1/2007	<0.0004	<0.000133	0.013	0.011				(2006 - 2010)
	6/19/2008	<0.0004	<0.000133	<0.00002	< 0.00001				(2000 - 2010)
	3/3/2010	0.009				-			
MW-4	6/1/2007	<0.0004	<0.000133	<0.00002	0.014				
	6/19/2008	<0.0004	<0.000133	<0.00002	< 0.00001				
	3/3/2010	<0.0004				-			
MW-5	6/1/2007	<0.0004	<0.000133	<0.00002	0.009				
	6/1/2007 *	<0.0004	<0.000133	<0.00002	0.008				
	6/19/2008	<0.0004	<0.000133	<0.00002	<0.00001				
	3/2/2010	<0.0004				-			
MW-6	3/3/2010	0.0025							Solutech, Inc.
	4/19/2010	<0.01							ENVIRON 2010

Notes:

Sb, Cd, Se, Ag, Th, Hg, VOCs and SVOCs were not detected during the IVI 2006 sampling mg/L Milligrams per liter (parts per million)

- < Analyte was not detected at the laboratory PQL indicated
- * Duplicate sample

Table 4 - Example Calculation of Type 4 Risk Reduction Standards for Surface Soil Gwinnett Regional Distribution Center HSI #10844

ROUTE-SPECIFIC RRSs:						
Oral:						
	(TCR or THI) \times BW \times (AT _C or AT _{NC}) \times (10 ⁶ mg/kg)					
V - O/C OF INC	IRs x EF x ED x [SF ₀ or (1/RfD ₀)]					
toda alasta o	(() (-7 ()))					
Inhalation:	(TCD as THI) as (AT as AT) as DIM					
(RRS _i) _{C or NC} =	= $\frac{\text{(TCR or THI)} \times (AT_c \text{ or } AT_{Nc}) \times BW}{[(1/PEF)] \times IRair \times EF \times ED \times [SF_i \text{ or } (1/RfD_i)]}$					
	$[(1/PEF)] \times [Rair \times EF \times ED \times [SF_i \text{ or } (1/RfD_i)]$					
Cancer Effects RRS:						
DDC	4					
KKS _C =	1 1					
	$\frac{1}{(RRS_0)_C}$ + $\frac{1}{(RRS_1)_C}$					
	$(nn3_0)_C$ + $(nn3_1)_C$					
Non-Cancer Effects RRS:						
RRS _{NC} =	: 1					
	1 1 1 (ADS.) (ADS.)					
	$(RRS_0)_{NC}$ + $(RRS_1)_{NC}$					
Protection of Groundwate	r:					
SSL =	$= C_w \times DAF \times [K_d + (O_w + O_a \times H')/p_b]$					
Surface Soil RRS =	Minimum result of RRS _C , RRS _{NC} , and SSL					
where:						
AT _C	Averaging time for cancer effects (25,550 days).					
AT _{NC}	Averaging time for non-cancer effects; ED x 365 days/year.					
BW	Body weight (70 kg adult) (GAEPD, 2003).					
C_w	Type 3 or Type 4 groundwater RRS, whichever is greater (mg/L).					
DAF	Dilusion Attenuation Factor (20)					
ED	Exposure duration (25 years commercial/industrial) (GAEPD, 2003).					
EF	Exposure frequency (250 days/year commercial/industrial) (GAEPD, 2003).					
Foc	Fraction organic carbon in soil (0.002 unitless, EPA default).					
Н	Henry's Law Constant (atm-m³/mol); constituent specific.					
H'	Dimensionless Henry's Law Constant. Inhalation rate (20 m³/day commercial/industrial) (GAEPD, 2003).					
IR _{air}						
IR_{soil}	Incidental soil ingestion rate (50 mg/day commercial/industrial) (GAEPD 2003).					
Kas	Soil-air partition coefficient (g soil/ cm ³ air).					
Kd	Soil-water partition coefficient (cm³/g or mL/g); constituent specific. Kd is calculated as Foc x Koc.					
Koc	Organic carbon partition coefficient (cm³/g or mL/g); constituent specific.					
O_w	Water-filled soil porosity (0.3 Lwater/Lsoil).					
O _a	Air-filled soil porosity (0.13 Lair/Lsoil).					
p_b	Soil particle density (1.5 kg/L).					
PEF	Particulate emission factor (4.63 x 10 ⁹ m ³ /kg) (GAEPD, 2003).					
RfDi	Reference dose for inhalation (mg/kg/day).					
RfDo	Reference dose for ingestion (mg/kg/day).					
RRS	Risk reduction standard for soil (mg/kg); minimum of the RRS _C (based on cancer effects) and the RRS _N					
	(based on non-cancer effects), which are based on the route-specific RRSs (RRSo for the oral route and					
	RRSi for the inhalation route).					
SF	Cancer slope factor or oral (SF _o) or inhalation (SF _i) exposure (kg-day/mg).					

Target cancer risk (unitless); results presented for TCR value of 10^{-5} (10^{-4} for Class C carcinogens).

Target hazard index (unitless); results presented for THI value of 1.

TCR THI

Table 4 - Example Calculation of Type 4 Risk Reduction Standards for Surface Soil Gwinnett Regional Distribution Center HSI #10844

SAMPLE CALCULATIONS, Arsenic, Commercial/Industrial Exposure (Type 4). **CANCER EFFECTS:** Oral: $(RRS_0)_C = \frac{10^{-5} \times 70 \text{ kg} \times 25,550 \text{ days} \times 10^6 \text{ mg/kg}}{50 \text{ mg/day} \times 250 \text{ days/yr} \times 25 \text{ yrs} \times (1.5 \text{ kg-day/mg})}$ 38 mg/kg Inhalation: 10⁻⁵ x 70 kg x 25,550 days (1/4.63x10⁹ m³/kg) x 250 days/yr x 25 yrs x 20 m³/day x 15 kg-day/mg 44000 mg/kg **CANCER EFFECTS RRS:** 38 mg/kg **NON-CANCER EFFECTS:** Oral: $(RRS_1)_{NC} = \underbrace{ 1 \times 70 \text{ kg x 9,125 days x } 10^6 \text{ mg/kg} }_{50 \text{ mg/day x 250 days/yr x 25 yrs x (1/0.0003 mg/kg-day)}$ 610 mg/kg Inhalation: 1 x 70 kg x 9,125 days (1/4.63x10⁹ m³/kg) x 250 days/yr x 25 yrs x 20 m³/day x (1/0.0000043 mg/kg-day) 101,700 mg/kg NON-CANCER EFFECTS RRS: 610 mg/kg **Soil Screening Level** = $0.01 \text{ mg/L} \times 20 \times [(29 \text{ L/kg}) + (0.3)/1.5 \text{ kg/L}]$

Type 4 Surface Soil RRS = Minumum result of RRS_c (38 mg/kg), RRSNC (610 mg/kg), and SSL (5.8 mg/kg) = 5.8 mg/kg

*The Type 3 Surface Soil RRS of 38 mg/kg is greater than the Type 4 Surface Soil RRS; therefore the Type 4 RRS will default to the Type 3 RRS of 38 mg/kg

5.8 mg/kg

SSL =

Table 5 - Calculation of Type 4 Risk Reduction Standards for Soil - Construction Worker and Utility Worker Gwinnett Regional Distribution Center HSI #10844

ROUTE-SPECIFIC RRSs:

Oral:

$$(RRS_o)_{C \text{ or } NC} = \frac{(TCR \text{ or } THI) \times BW \times (AT_c \text{ or } AT_{NC}) \times (10^6 \text{ mg/kg})}{IRs \times EF \times ED \times [SF_o \text{ or } (1/RfD_o)]}$$

Inhalation:

$$(RRS_i)_{C \text{ or } NC} = \frac{(TCR \text{ or } THI) \times (AT_C \text{ or } AT_{NC}) \times BW}{[(1/PEF)] \times IRair \times EF \times ED \times [SF_i \text{ or } (1/RfD_i)]}$$

Cancer Effects RRS:

$$RRS_{C} = \frac{1}{(RRS_{O})_{C}} + \frac{1}{(RRS_{I})_{C}}$$

Non-Cancer Effects RRS:

$$RRS_{NC} = \frac{1}{1 \frac{1}{(RRS_0)_{NC}} + \frac{1}{(RRS_1)_{NC}}}$$

Surface Soil RRS

= Minimum result of RRS_C and RRS_{NC}

where:

 AT_C Averaging time for cancer effects (25,550 days).

AT_{NC} Averaging time for non-cancer effects; ED x 365 days/year.

BW Body weight (70 kg adult) (GAEPD, 2003).

ED Exposure duration (25 years utility worker; 1 year construction worker) (GAEPD, 2003).

EF Exposure frequency (5 days/year utility worker; 180 days construction) (GAEPD, 2003).

IR_{air} Inhalation rate (20 m³/day commercial/industrial) (GAEPD, 2003).

 IR_{soil} Incidental soil ingestion rate (330 mg/day) (GAEPD 2003).

PEF Particulate emission factor (4.63 x 10⁹ m³/kg) (GAEPD, 2003).

RfDi Reference dose for inhalation (mg/kg/day).

RfDo Reference dose for ingestion (mg/kg/day).

Risk reduction standard for soil (mg/kg); minimum of the RRS_C (based on cancer effects)

RRS and the RRS_{NC} (based on non-cancer effects), which are based on the route-specfic RRSs (RRSo for the oral route and RRSi for the inhalation route).

SF Cancer slope factor or oral (SF_o) or inhalation (SF_i) exposure (kg-day/mg).

TCR Target cancer risk (unitless); results presented for TCR value of 10⁻⁵ (10⁻⁴ for Class C

carcinogens).

THI Target hazard index (unitless); results presented for THI value of 1.

Table 5 - Calculation of Type 4 Risk Reduction Standards for Soil - Construction Worker and Utility Worker
Gwinnett Regional Distribution Center
HSI #10844

SAMPLE CALCULATIONS, Arsenic, Utility Worker Exposure (Type 4). **CANCER EFFECTS:** Oral: $(RRS_0)_C = \frac{10^{-5} \times 70 \text{ kg} \times 25,550 \text{ days} \times 10^6 \text{ mg/kg}}{330 \text{ mg/day} \times 5 \text{ days/yr} \times 25 \text{ yrs} \times (1.5 \text{ kg-day/mg})}$ 290 mg/kg Inhalation: 10⁻⁵ x 70 kg x 25,550 days (1/4.63x10⁹ m³/kg) x 5 days/yr x 5 yrs x 20 m³/day x 15 kg-day/mg = 2,200,000 mg/kg **CANCER EFFECTS RRS:** 290 mg/kg **NON-CANCER EFFECTS:** Oral: $(RRS_{I})_{NC} = \frac{1 \times 70 \text{ kg x 9,125 days x } 10^{6} \text{ mg/kg}}{330 \text{ mg/day x 5 days/yr x 25 yrs x (1/0.0003 mg/kg-day)}}$ 4,600 mg/kg Inhalation: 1 x 70 kg x 9,125 days (1/4.63x10⁹ m³/kg) x 5 days/yr x 25 yrs x 20 m³/day x (1/0.0000043 mg/kg-day) 5,100,000 mg/kg **NON-CANCER EFFECTS RRS:** 4,600 mg/kg

Type 4 Soil RRS (Utility

Worker) = Minumum result of RRS_C (290 mg/kg) and RRSNC (4,600 mg/kg) = 290 mg/kg

Table 5 - Calculation of Type 4 Risk Reduction Standards for Soil - Construction Worker and Utility Worker
Gwinnett Regional Distribution Center
HSI #10844

SAMPLE CALCULATIONS, Arsenic, Construction Worker Exposure (Type 4).

CANCER EFFECTS:

Oral:

$$(RRS_0)_C = \frac{10^{-5} \times 70 \text{ kg} \times 25,550 \text{ days} \times 10^6 \text{ mg/kg}}{330 \text{ mg/day} \times 180 \text{ days/yr} \times 1 \text{ yrs} \times (1.5 \text{ kg-day/mg})}$$

$$= \frac{200 \text{ mg/kg}}{200 \text{ mg/kg}}$$

Inhalation:

$$(RRS_1)_C = \frac{10^{-5} \times 70 \text{ kg} \times 25,550 \text{ days}}{(1/4.63 \times 10^9 \text{ m}^3/\text{kg}) \times 180 \text{ days/yr} \times 1 \text{ yrs} \times 20 \text{ m}^3/\text{day} \times 15 \text{ kg-day/mg}}$$

$$= 1,500,000 \text{ mg/kg}$$

CANCER EFFECTS RRS:

$$RRS_{C} = \frac{1}{200} + \frac{1}{1,500,000} = 200 \text{ mg/kg}$$

NON-CANCER EFFECTS:

Oral:

$$(RRS_{I})_{NC} = \frac{1 \times 70 \text{ kg} \times 365 \text{ days} \times 10^{6} \text{ mg/kg}}{330 \text{ mg/day} \times 180 \text{ days/yr} \times 1 \text{ yrs} \times (1/0.0003 \text{ mg/kg-day})}$$

$$= 130 \text{ mg/kg}$$

Inhalation:

$$1 \times 70 \text{ kg} \times 365 \text{ days}$$
 (1/4.63x10 9 m 3 /kg) x 180 days/yr x 1 yrs x 20 m 3 /day x (1/0.0000043 mg/kg-day)
140,000 mg/kg

NON-CANCER EFFECTS RRS:

Type 4 Soil RRS

(Construction Worker) = Minumum result of RRS_C (200 mg/kg) and RRSNC (130 mg/kg) = 130 mg/kg

Minimum result of Utility Worker (290 mg/kg) and Construction Worker (130 mg/kg)

Type 4 Soil RRS = 130 mg/kg

Table 6 - Toxicity Values Gwinnett Regional Distribution Center HSI #10844

	Cancer Slope Factors (kg-day/mg)					Reference Doses (mg/kg/day)			
Constituent	CSFo Oral	(ref)	CSFi Inhalation	(ref)	Weight of Evidence	RfDo Oral	(ref)	RfDi Inhalation	(ref)
Arsenic	1.5E+00	1	1.5E+01	1	Α	3.0E-04	1	4.3E-06	3

- 1. USEPA. Integrated Risk Information System (IRIS). On-line database.
- 2. USEPA, 1997. Health Effects Assessment Summary Tables (HEAST). FY-1997 Update. EPA 540/R-97-036. July.
- 3. USEPA, 2010. ORNL Regional Screening Levels.

Table 7 - Surface Soil Types 3 and 4 Risk Reduction Standards (0 - 2 feet below ground surface) - Commercial/Industrial Worker
Gwinnett Regional Distribution Center
HSI #10844

Detected Regulated Substance	Maximum Concentration Detected from 0-2 ft (mg/kg)	Surface Soil Type 3 RRS (mg/kg)	Source of Type 3 Standard	Surface Soil Type 4 RRS (mg/kg)	Source of Type 4 Standard
Arsenic	272	38	RAGS	38	RAGS

RAGS

Equation 6 or Equation 7 of RAGS Part B (USEPA, 1991).

HUV`Y'8'!'GifZUWY'UbX'GiVgifZUWY'Gc]`'HmdYg'' 'UbX'('F]g_'FYXiWMjcb'GHUbXUfXg'!'Utility'K cf_Yf; k]bbYthiFY[]cbU'8]ghf]Vihjcb'7YbhYf <G≐、%\$,((

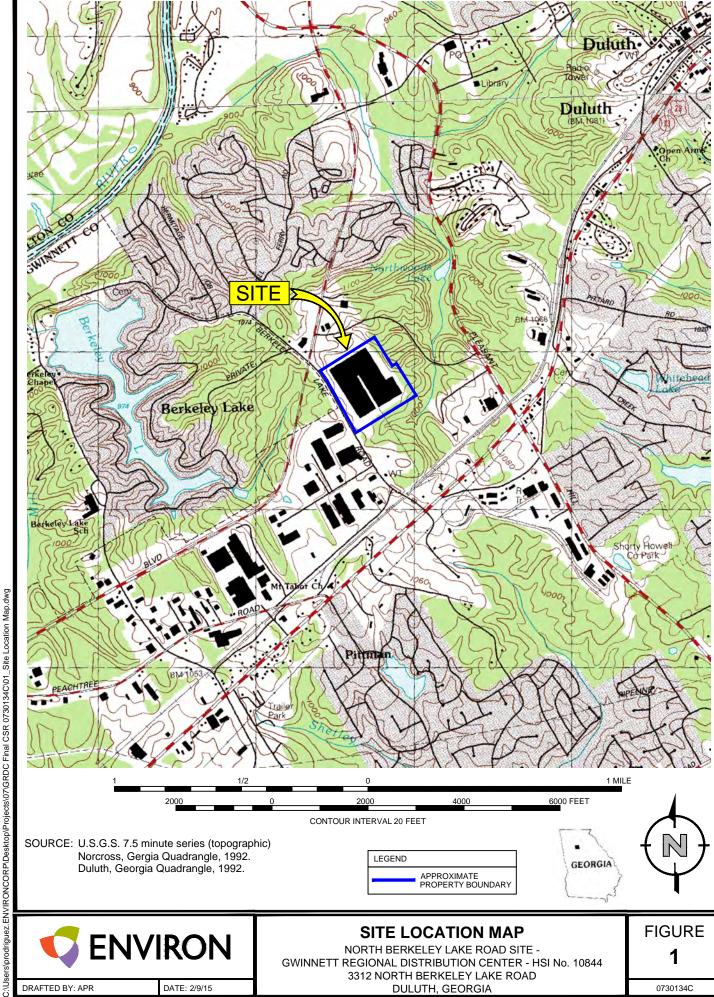
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Arsenic	750	(%	NC	130	RAGS

NC Notification Criteria.

RAGS Risk Assessment Guidance for Superfund Equations

North Berkeley Lake Road Site Gwinnett Regional Distribution Center Compliance Status Report February 2015

Figures



ENVIRON

DATE: 2/9/15

DRAFTED BY: APR

GWINNETT REGIONAL DISTRIBUTION CENTER - HSI No. 10844 3312 NORTH BERKELEY LAKE ROAD DULUTH, GEORGIA

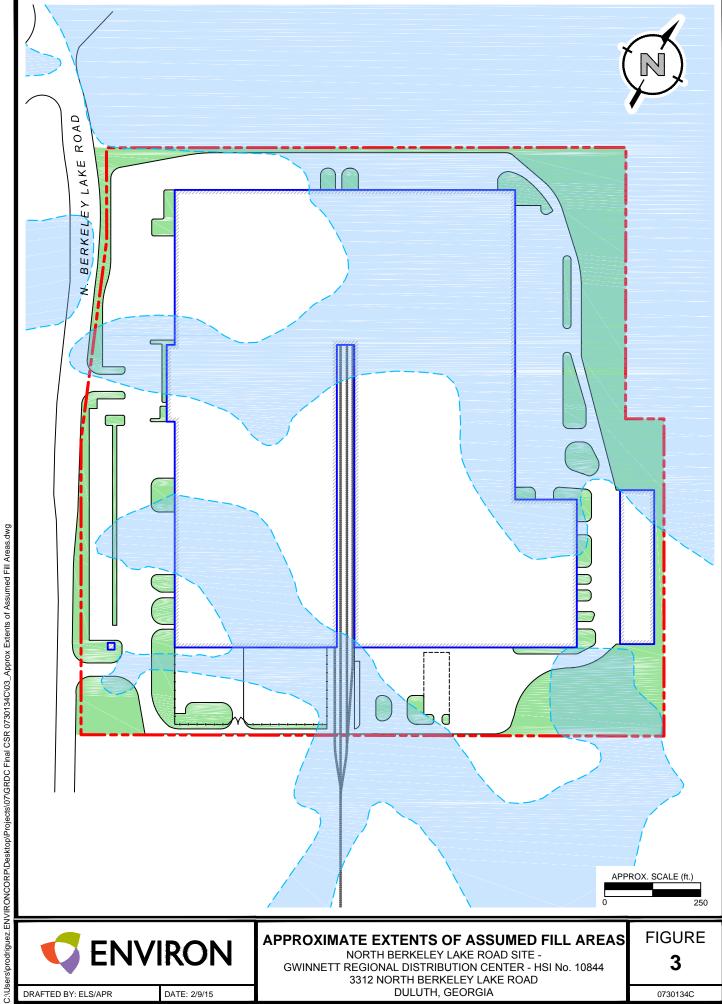




SITE LAYOUT

NORTH BERKELEY LAKE ROAD SITE -GWINNETT REGIONAL DISTRIBUTION CENTER - HSI No. 10844 3312 NORTH BERKELEY LAKE ROAD DULUTH, GEORGIA **FIGURE**

2





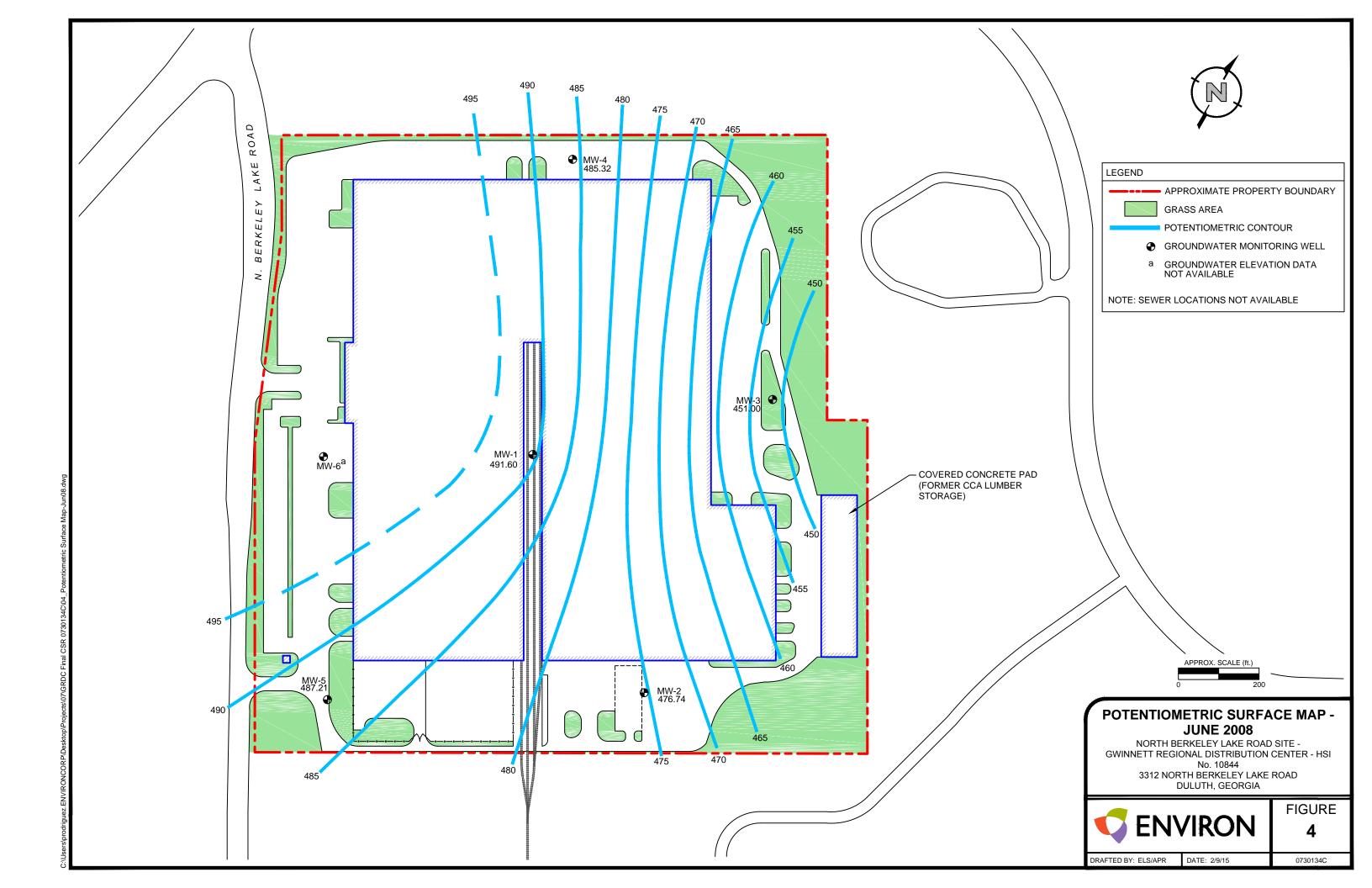
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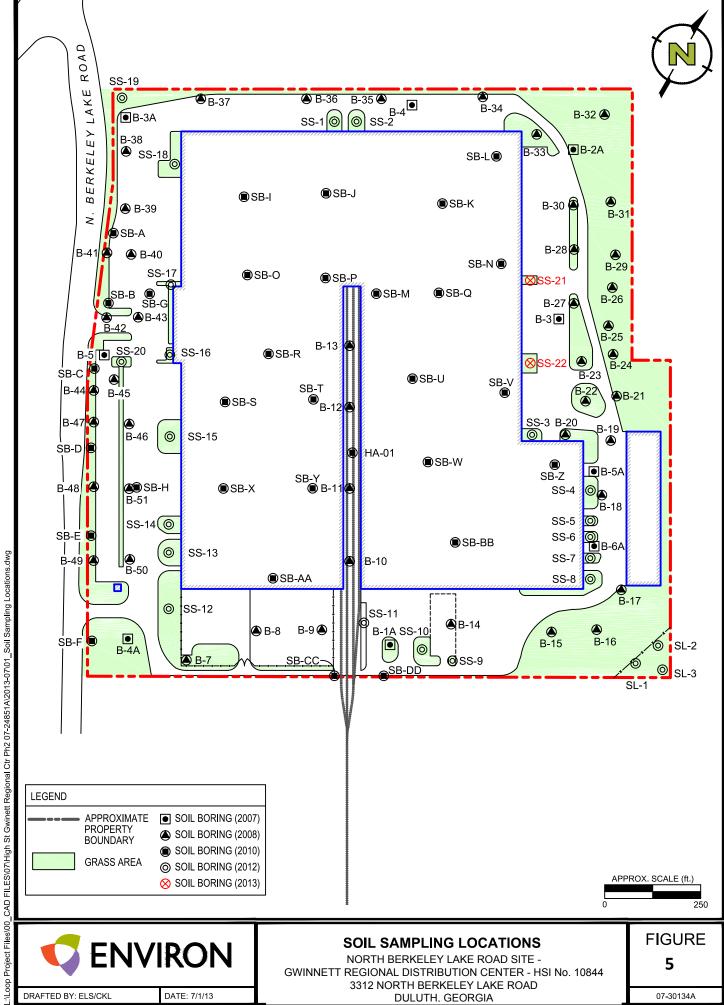
DRAFTED BY: ELS/APR

APPROXIMATE EXTENTS OF ASSUMED FILL AREAS

NORTH BERKELEY LAKE ROAD SITE -GWINNETT REGIONAL DISTRIBUTION CENTER - HSI No. 10844 3312 NORTH BERKELEY LAKE ROAD DULUTH, GEORGIA

3

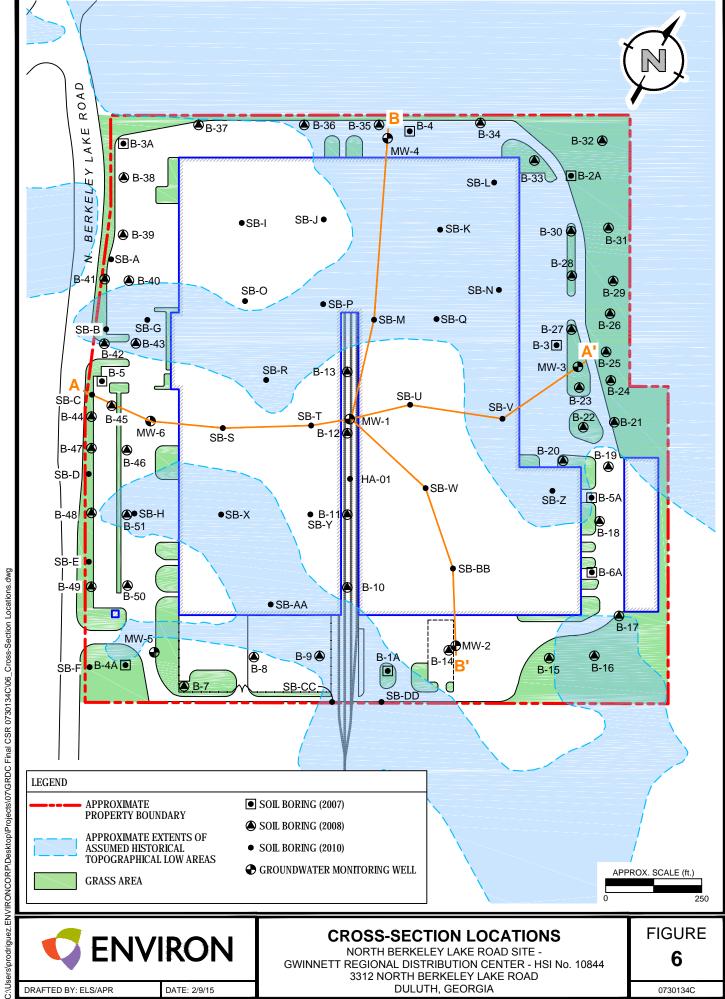




DRAFTED BY: ELS/CKL DATE: 7/1/13

3312 NORTH BERKELEY LAKE ROAD DULUTH, GEORGIA

07-30134A



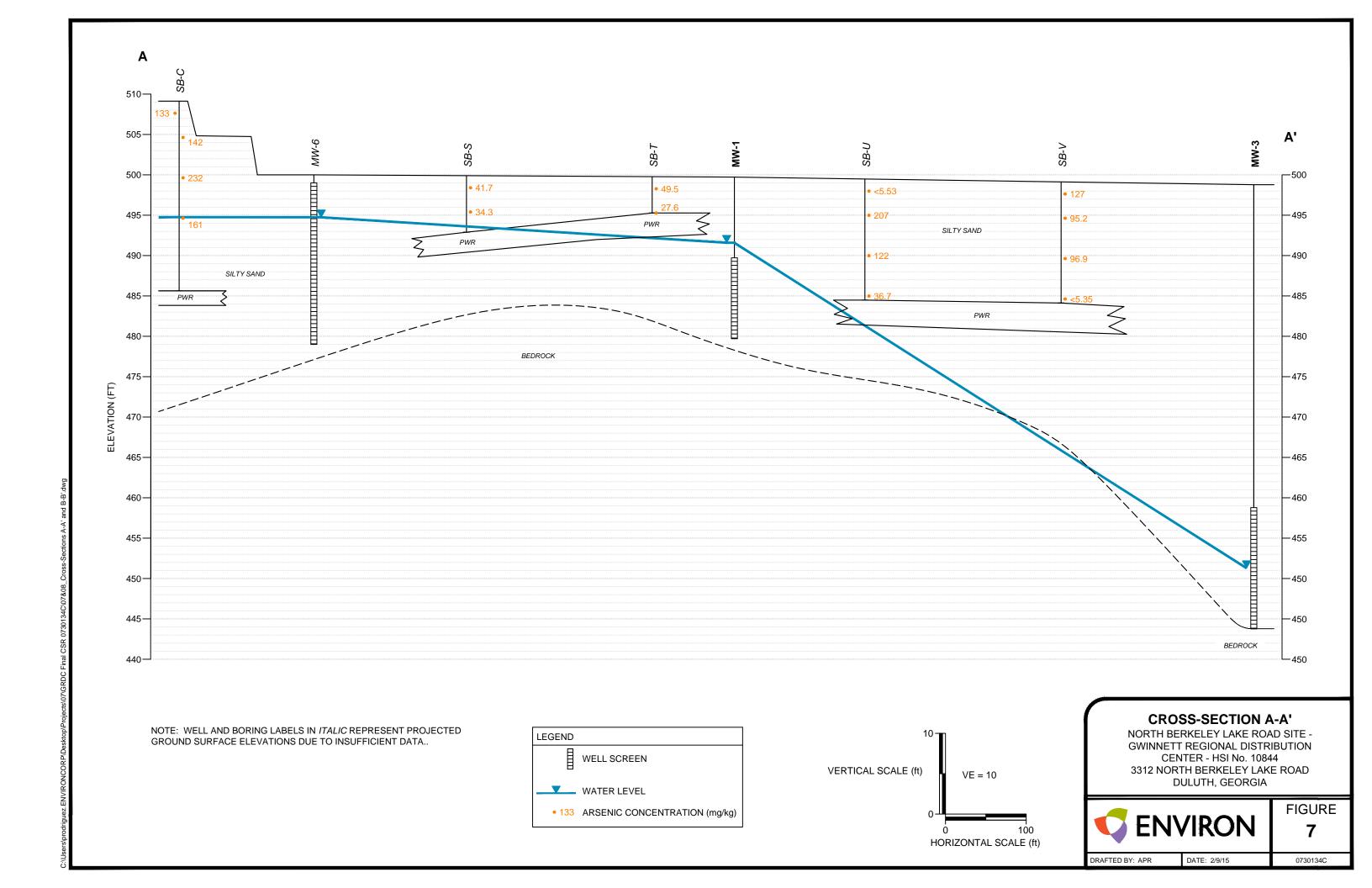


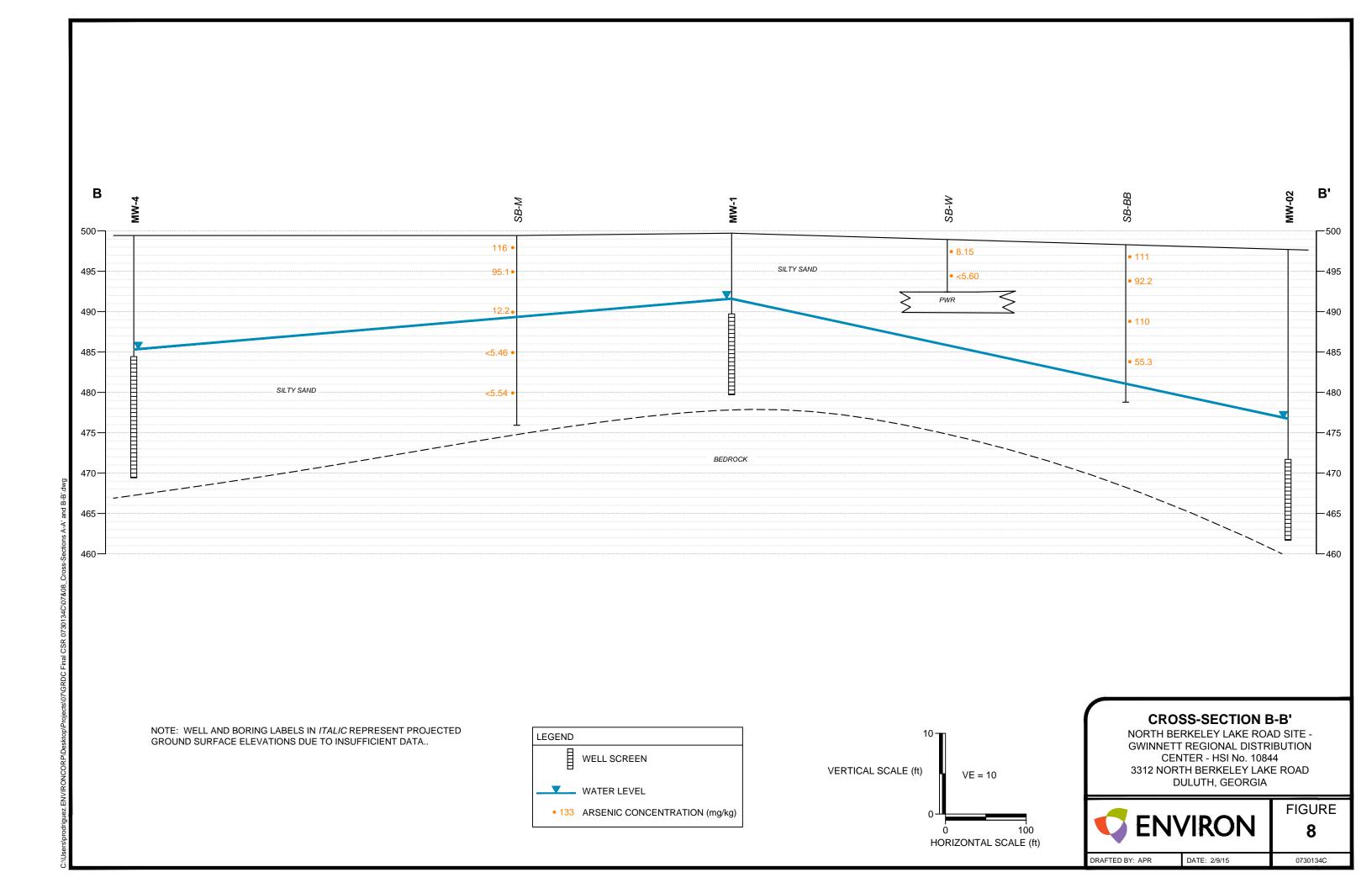
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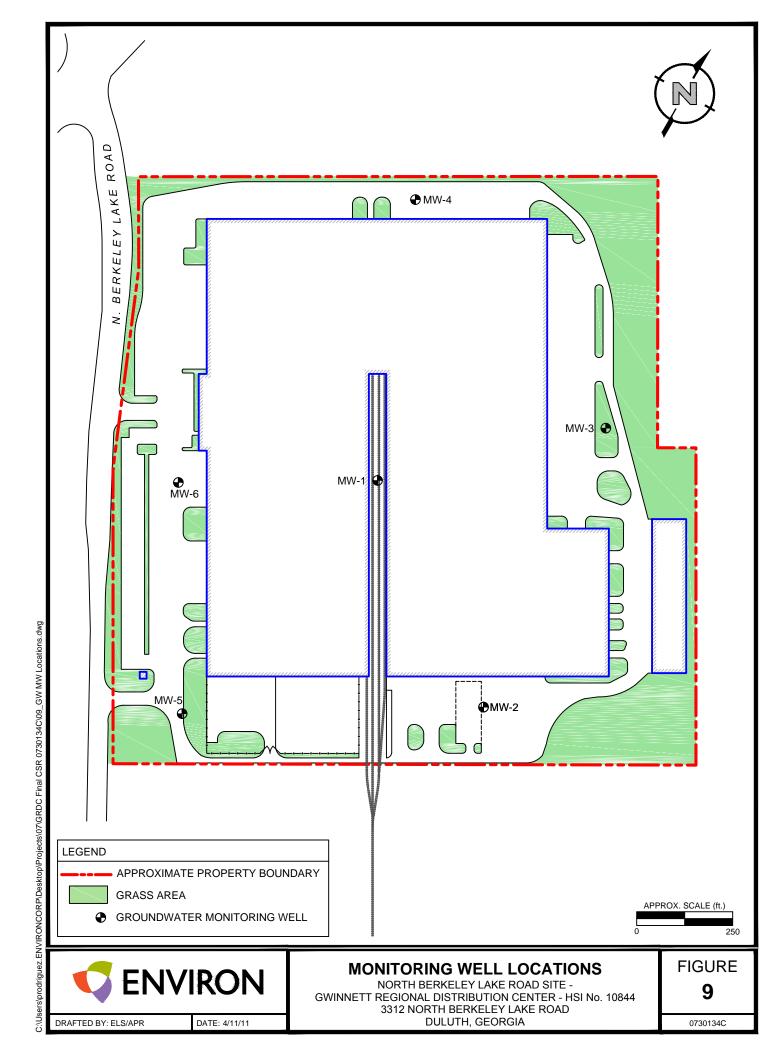
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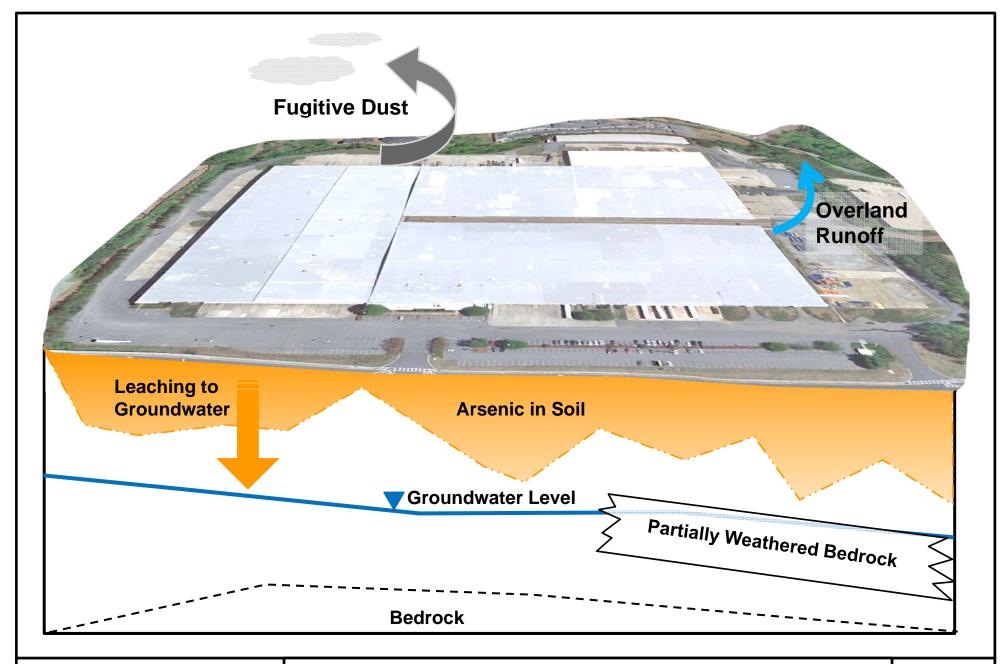
NORTH BERKELEY LAKE ROAD SITE -GWINNETT REGIONAL DISTRIBUTION CENTER - HSI No. 10844 3312 NORTH BERKELEY LAKE ROAD DULUTH, GEORGIA

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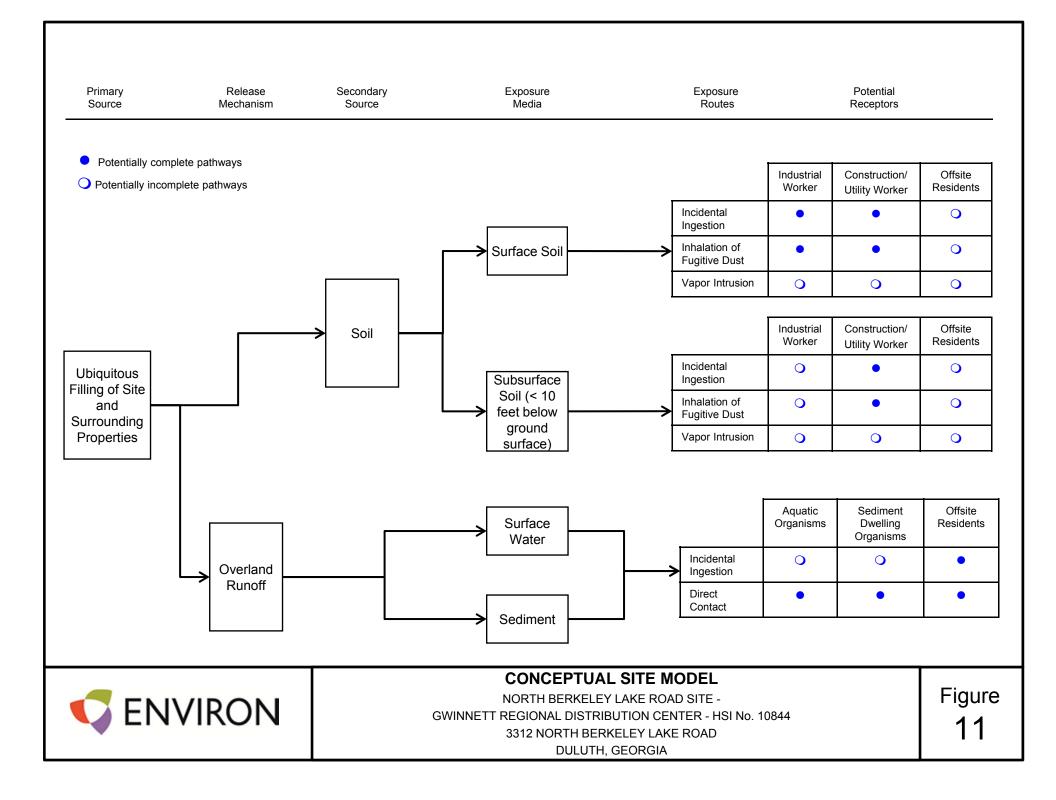






3-DIMENSIONAL CONCEPTUAL SITE MODEL

NORTH BERKELEY LAKE ROAD SITE -GWINNETT REGIONAL DISTRIBUTION CENTER - HSI No. 10844 3312 NORTH BERKELEY LAKE ROAD DULUTH, GEORGIA Figure 10





North Berkeley Lake Road Site Gwinnett Regional Distribution Center Compliance Status Report February 2015

Appendix A

Uniform Environmental Covenant and Monitoring and Maintenance Plan

After Recording Return to:

Georgia Environmental Protection Division Response and Remediation Program 2 Martin Luther King, Jr. Drive, SE Suite 1462 East Atlanta, Georgia 30334 Cross Reference to Deed Book 46375 Page 107

Environmental Covenant

This instrument is an Environmental Covenant executed pursuant to the Georgia Uniform Environmental Covenants Act, O.C.G.A. § 44-16-1 *et seq.* This Environmental Covenant subjects the Property identified below to the activity and/or use limitations specified in this document. The effective date of this Environmental Covenant shall be the date upon which the fully executed Environmental Covenant has been recorded in accordance with OCGA § 44-16-8(a).

Grantor:

3312 Berkeley Lake Road Investors, LLC 53 State Street, Floor 38

Boston, MA 02109-3000 Attn: Robert V. Murray

Grantee:

3312 Berkeley Lake Road Investors, LLC

53 State Street, Floor 38 Boston, MA 02109-3000 Attn: Robert V. Murray Entity with State of Georgia

express power to enforce:

Department of Natural Resources
Environmental Protection Division
2 Martin Luther King Jr. Drive, SE

Suite 1456 East Tower Atlanta, GA 30334

Others Parties with interest in the Property:

None

The property subject to this Environmental Covenant is the 3312 Berkeley Lake Road Investors, LLC property (hereinafter "Property"), located on 3312 Berkeley Lake Road in Duluth, Gwinnett County, Georgia. This tract of land was conveyed on December 29, 2005 by Limited Warranty Deed from First Industrial L.P. to Grantor recorded in Deed Book 45989, Page 236, Gwinnett County Records, and as corrected by that certain Corrective Limited Warranty Deed dated December 29, 2012 recorded in Deed Book 46375, Page 107, Gwinnett County Records. The Property is located in Land Lots 226, 267, and 290 of the 6th District of Gwinnett County, Georgia. The Property consists of approximately 52 acres currently developed with commercial structures. A complete legal description of the area is attached as Exhibit A and a map of the area is attached as Exhibit B.

Tax Parcel Number(s):

R6267 026 of Gwinnett County, Georgia

Name and Location of Administrative Records:

The corrective action implemented at the Property that is the subject of this Environmental Covenant is described in the documents listed in Exhibit C.

These documents are available at the following location:

Georgia Environmental Protection Division Response and Remediation Program 2 MLK Jr. Drive, SE, Suite 1462 East Tower Atlanta, GA 30334 M-F 8:00 AM to 4:30 PM excluding state holidays

Description of Contamination and Corrective Action:

1. THIS PROPERTY HAS BEEN LISTED ON THE STATE'S HAZARDOUS SITE INVENTORY AND HAS BEEN DESIGNATED AS NEEDING CORRECTIVE ACTION DUE TO THE PRESENCE OF HAZARDOUS WASTES, HAZARDOUS CONSTITUENTS, OR HAZARDOUS SUBSTANCES REGULATED UNDER STATE LAW. CONTACT THE PROPERTY OWNER OR THE GEORGIA ENVIRONMENTAL PROTECTION DIVISION FOR FURTHER INFORMATION CONCERNING THIS PROPERTY. THIS NOTICE IS

PROVIDED IN COMPLIANCE WITH THE GEORGIA HAZARDOUS SITE RESPONSE ACT AND THE VOLUNTARY REMEDIATION PROGRAM ACT.

This Environmental Covenant is made pursuant to the Georgia Uniform Environmental Covenants Act, O.C.G.A. § 44-16-1 et seq. by Grantor, its successors and assigns, Grantee, and the State of Georgia, Department of Natural Resources, Environmental Protection Division (hereinafter "EPD"), its successors and assigns. This Environmental Covenant is required because a release of arsenic resulting from historical site grading and fill activities that occurred on the Property. Arsenic is a "regulated substance" as defined under the Georgia Hazardous Site Response Act, O.C.G.A. § 12-8-90 et seq., and the rules promulgated thereunder (hereinafter "HSRA" and "Rules", respectively). The Corrective Action consists of the installation and maintenance of engineering controls and institutional controls to protect human health and the environment. The institutional controls consist of no use of groundwater on the Property, limitations on the property to non-residential activities, and utility and construction worker protection requirements regarding impacted soil and groundwater in designated areas of the Property. Engineering Controls for the property include the installation and maintenance of an engineered or appropriate soil cover over impacted soil in designated areas of the Property.

Grantor, hereby binds Grantor, its successors and assigns to the activity and use restriction(s) for the Property identified herein and grants such other rights under this Environmental Covenant in favor of the Grantee and EPD. EPD shall have full right of enforcement of the rights conveyed under this Environmental Covenant pursuant to HSRA and the Rules. Failure to timely enforce compliance with this Environmental Covenant or the use or activity limitations contained herein by any person shall not bar subsequent enforcement by such person and shall not be deemed a waiver of the person's right to take action to enforce any noncompliance. Nothing in this Environmental Covenant shall restrict EPD from excising any authority under applicable law.

Grantor makes the following declaration as to limitations, restrictions, and uses to which the Property may be put and specifies that such declarations shall constitute covenants to run with the land, pursuant to O.C.G.A. § 44-16-5(a); is perpetual, unless modified or terminated pursuant to the terms of this Covenant pursuant to O.C.G.A. § 44-16-9; and shall be binding on all parties and all persons claiming under them, including all current and future owners of any portion of or interest in the Property (hereinafter "Owner"). Should a transfer or sale of the Property occur before such time as this Environmental Covenant has been amended or revoked then said Environmental Covenant shall be binding on the transferee(s) or purchaser(s).

The Environmental Covenant shall inure to the benefit of Grantee, EPD, Grantor, and their respective successors and assigns and shall be enforceable by the Director of EPD or his agents or assigns, Grantee or its successors and assigns, Grantor or its successors and assigns, and other party(ies) as provided for in O.C.G.A. § 44-16-11 in a court of competent jurisdiction.

Activity and/or Use Limitation(s)

- 1. <u>REGISTRY.</u> PURSUANT TO O.C.G.A. § 44-16-12, THIS ENVIRONMENTAL COVENANT AND ANY AMENDMENT OR TERMINATION THEREOF, MAY BE CONTAINED IN EPD'S REGISTRY FOR ENVIRONMENTAL COVENANTS.
- 2. Notice. The Owner of the Property must give thirty (30) day advance written notice to EPD of the Owner's intent to convey any interest in the Property. No conveyance of title, easement, lease, or other interest in the Property shall be consummated by the Owner without adequate and complete provision for continued monitoring, operation, and maintenance of the Corrective Action. The Owner of the Property must also give thirty (30) day advance written notice to EPD of the Owner's intent to change the use of the Property, apply for building permit(s), or propose any site work, if these activites would affect the regulated substances addressed in the Corrective Action for the Property.
- 3. <u>Notice of Limitation in Future Conveyances.</u> Each instrument hereafter conveying an interest in the Property subject to this Environmental Covenant shall contain a notice of the activity and use limitations set forth in this Environmental Covenant and shall provide the recorded location of the Environmental Covenant.
- 4. <u>Monitoring.</u> The Owner shall monitor the Property in accordance with the EPD-approved Maintenance and Monitoring Plan.
- 5. Periodic Reporting. The Owner shall inspect the Property and applicable Property instruments at least annually to ensure compliance with this document. Within 30 days following the effective date of this Environmental Covenant, the Owner shall submit to EPD an Annual Evaluation Form as specified in the EPD-approved Maintenance and Monitoring Plan including, but not limited to documentation stating whether or not the activity and use limitations in this Environmental Covenant are being abided by. The Annual Evaluation Form shall be completed and submitted to the EPD annually thereafter as long as the Environmental Covenant is in effect.
- 6. Activity and Use Limitation(s). The Property shall be used only for non-residential purposes, as defined in Section 391-3-19-.02 of the Rules and defined in and allowed under the Gwinnett County's zoning regulations as of the date of this Environmental Covenant. Any residential use on the Property shall be prohibited. Any activity on the Property that may result in the exposure to arsenic in the soil at the Property that were contained as part of the EPD-approved Corrective Action Plan, or create a new exposure pathway associated with exceedances of the EPD-approved Type 4 Risk Reduction Standards for arsenic in soil, is prohibited. Any intrusive activities or other site work that may impact the existing protective surface cover, including soil, pavement and building foundations, must be conducted in accordance with the EPD-approved Monitoring and Maintenance Plan for the Property.
- 7. <u>Permanent Markers.</u> Permanent markers on each side of the Property shall be installed and maintained that delineate the restricted area as specified in Section 391-3-19-.07(10) of the Rules. Disturbance or removal of such markers is prohibited.

- 8. <u>Right of Access.</u> In addition to any rights already possessed by EPD and/or the Grantee, the Owner shall allow authorized representatives of EPD and/or Grantee the right to enter the Property at reasonable times for the purpose of evaluating the Corrective Action; to take samples, to inspect the Corrective Action conducted at the Property, to determine compliance with this Environmental Covenant, and to inspect records that are related to the Corrective Action.
- 9. Recording of Environmental Covenant and Proof of Notification. Within thirty (30) days after the date of the Director's signature, the Owner shall file this Environmental Covenant with the Recorders of Deeds for each County in which the Property is located, and send a file stamped copy of this Environmental Covenant to EPD within thirty (30) days of recording. Within that time period, the Owner shall also send a file-stamped copy to each of the following: (1) Grantee, (2) each person holding a recorded interest in the Property subject to the covenant, (3) each person in possession of the real property subject to the covenant, (4) each municipality, county, consolidated government, or other unit of local government in which real property subject to the covenant is located, and (5) each owner in fee simple whose property abuts the property subject to the Environmental Covenant.
- 10. <u>Termination or Modification.</u> The Environmental Covenant shall remain in full force and effect in accordance with O.C.G.A. § 44-5-60, unless and until the Director of EPD determines that the Property is in compliance with the Type 1, 2, 3, or 4 Risk Reduction Standards, as defined in Section 391-3-19-.07 of the Rules and removes the Property from the Hazardous Site Inventory, whereupon the Environmental Covenant may be amended or revoked in accordance with Section 391-3-19-08(7) of the Rules and O.C.G.A. § 44-16-1 *et seq.*
- 11. <u>Severability</u>. If any provision of this Environmental Covenant is found to be unenforceable in any respect, the validity, legality, and enforceability of the remaining provisions shall not in any way be affected or impaired.
- 12. <u>No Property Interest Created in EPD</u>. This Environmental Covenant does not in any way create any interest by EPD in the Property that is subject to the Environmental Covenant. Furthermore, the act of approving this Environmental Covenant does not in any way create any interest by EPD in the Property in accordance with O.C.G.A. § 44-16-3(b).

Representations and Warranties.

Grantor hereby represents and warrants to the other signatories hereto:

- a) That the Grantor has the power and authority to enter into this Environmental Covenant, to grant the rights and interests herein provided and to carry out all obligations hereunder;
- b) That the Grantor is the sole owner of the Property and holds fee simple title which is free, clear and unencumbered:
- c) That the Grantor has identified all other parties that hold any interest (e.g., encumbrance) in the Property and notified such parties of the Grantor's intention to enter into this Environmental Covenant;
- d) That this Environmental Covenant will not materially violate, contravene, or constitute a material default under any other agreement, document or instrument to which Grantor is a party, by which Grantor may be bound or affected;

- e) That the Grantor will serve each of the people or entities referenced in Activity 10 above with an identical copy of this Environmental Covenant in accordance with O.C.G.A. § 44-16-4(d).
- f) That to Grantor's knowledge this Environmental Covenant will not materially violate or contravene any zoning law or other law regulating use of the Property; and
- g) That to Grantor knowledge this Environmental Covenant does not authorize a use of the Property that is otherwise prohibited by a recorded instrument that has priority over the Environmental Covenant.

Notices.

Any document or communication required to be sent pursuant to the terms of this Environmental Covenant shall be sent to the following persons:

For Grantor amd Grantee: 3312 Berkeley Lake Road Investors, LLC 53 State Street, Floor 38 Boston, MA 02109-3000 Attn: Robert V. Murray

For EPD:
Georgia Environmental Protection Division
Branch Chief
Land Protection Branch
2 Martin Luther King Jr. Drive SE
Suite 1154 East Tower
Atlanta, GA 30334

Signed, sealed, and delivered in the presence of:	For the Grantor:
Unofficial Witness (Signature)	Name of Grantor (Print)
Unofficial Witness Name (Print)	Grantor's Authorized Representative (Signature)
Unofficial Witness (Signature)	Authorized Representative Name (Print)
Unofficial Witness Address (Print)	Title of Authorized Representative (Print)
	Dated:
Notary Public (Signature)	(NOTARY SEAL)
Total y T dolle (signature)	(NOTAKT SEAL)
•	(NOTAKT SEAL)
My Commission Expires: Signed, sealed, and delivered in the presence	For the Grantee:
My Commission Expires: Signed, sealed, and delivered in the presence of:	
My Commission Expires: Signed, sealed, and delivered in the presence of: Unofficial Witness (Signature)	For the Grantee:
My Commission Expires: Signed, sealed, and delivered in the presence of: Unofficial Witness (Signature) Unofficial Witness Name (Print)	For the Grantee: Name of Grantee (Print) Grantee's Authorized Representative
My Commission Expires: Signed, sealed, and delivered in the presence of: Unofficial Witness (Signature) Unofficial Witness Name (Print) Unofficial Witness (Signature)	For the Grantee: Name of Grantee (Print) Grantee's Authorized Representative (Signature)
My Commission Expires: Signed, sealed, and delivered in the presence of: Unofficial Witness (Signature) Unofficial Witness Name (Print) Unofficial Witness (Signature) Unofficial Witness (Signature) Notary Public (Signature)	For the Grantee: Name of Grantee (Print) Grantee's Authorized Representative (Signature) Authorized Representative Name (Print)

Signed, sealed, and delivered in the presence of:	For the State of Georgia Environmental Protection Division:
Unofficial Witness (Signature)	(Signature)
Unofficial Witness Name (Print)	Judson H. Turner Director
Unofficial Witness (Signature)	Dated:
Unofficial Witness Address (Print)	(NOTARY SEAL)
Notary Public (Signature)	
My Commission Expires:	

Exhibit A Legal Description

All that tract or parcel of land lying and being in Land Lot 266, 267 and 290 of the 6th Land District of Gwinnett County, Georgia and being more particularly described as follows:

Begin at the corner common to Land Lots 266, 267, 290 and 291 of the 6th Land District of Gwinnett County, Georgia, and from said corner proceed thence North 57 degrees 15 minutes East along the Southeast land lot line of Land Lot 291 a distance of 92.0 feet to an iron pin; proceed thence South 31 degrees 29 minutes East a distance of 782.5 feet to an iron pin; proceed thence South 58 degrees 31 minutes West a distance of 1,537.1 feet to an iron pin located on the northeasternmost right-of-way line of McGee Road North (a 60 foot right-of-way at this point); proceed thence along the aforesaid northeasternmost right-of-way the following bearings and distances:

North 30 degrees 01 minute West a distance of 600 feet to a point; North 29 degrees 02 minutes West a distance of 300 feet to a point; North 26 degrees 59 minutes West a distance of 180 feet to a point; North 24 degrees 52 minutes West a distance of 125.0 feet to a point; North 27 degrees 12 minutes West a distance of 47.3 foot to a point;

Proceed thence in a northwesterly direction along the aforesaid northeasternmost right-of-way line following the curvature thereof an arc distance of 110.15 feet to a point, said arc being subtended by a chord 110.11 feet in length and bearing North 25 degrees 51 minutes West; proceed thence in an offset along the aforesaid northeasternmost right-of-way line North 60 degrees 06 minutes East a distance of 10 feet to a point; proceed thence in a northwesterly direction along the aforesaid northeasternmost right-of-way line following in the curvature thereof an arc distance of 206.12 feet to an iron pin, said arc being subtended by a chord 205.91 feet in length and bearing North 34 degrees 24 minutes West; proceed thence North 59 degrees 14 minutes East a distance of 1,367.8 feet to an iron pin located on the easternmost land lot line of Land Lot 290; proceed thence along the aforesaid easternmost land lot line of Land Lot 290 South 32 degrees 00 minutes East a distance of 767.7 feet to a point marking the corner common to Land Lots 266, 267, 290 and 291 which common corner is the Point of Beginning, said tract or parcel of land containing 52.105 acres and being more particularly shown on that survey for Skymount Investment Company Number Two N.V., et al, prepared by Bates-Long & Associates dated February 6, 1980, which survey is incorporated herein by this reference.

Less and Except those parts thereof conveyed to Gwinnett County by deeds recorded on July 12, 2000 in Deed Book 20879, Page 81 and on August 15, 2005 in Deed Book 44011, Page 168.

Said tract is also described as:

All that tract or parcel of land lying and being in Land Lots 266, 267 & 290 of the 6th District of Gwinnett County, Georgia and being more particularly described as follows:

Beginning at a rock found at the northeast corner of Land Lot 267 (said corner being the common corner of Land Lots 266, 267, 290 & 291) from the Point of Beginning thus established, proceed thence North 57 degrees 06 minutes 41 seconds East along the northwest line of Land Lot 266 a distance of 92.00 feet to an iron pin found (1/2 inch re-bar); running thence South 31 degrees 41 minutes 58 seconds East, and departing the northwest line of Land Lot 266, a distance of 782.45 feet to an iron pin found (1/2 inch re-bar); running thence South 58 degrees 27 minutes 03 seconds West a distance of 1520.56 feet to a point on the northeasterly right-of-way of North Berkeley Lake Road (variable right-of-way); running thence northwesterly along the northeasterly right-of-way of North Berkeley Lake Road (variable right-of-way) the following courses and distances: 1) 1.84 feet along the arc of a curve to the right, said curve having a

radius of 22,868.31 feet and being subtended by a chord of North 29 degrees 57 minutes 31 seconds West, 1.84 feet to a point; 2) thence North 29 degrees 57 minutes 23 seconds West a distance of 740.30 feet to a point; 3) thence 288.12 feet along the arc of a curve to the right, said curve having a radius of 2814.79 feet and being subtended by a chord of North 27 degrees 01 minutes 26 seconds West, 287.99 feet to a point; 4) thence North 24 degrees 05 minutes 30 seconds West a distance of 49.30 feet to a point; 5) thence North 65 degrees 54 minutes 30 seconds East a distance of 11.00 feet to a point; 6) thence North 24 degrees 05 minutes 30 seconds West a distance of 162,30 feet to a point; 7) thence 92.23 feet along the arc of a curve to the left, said curve having a radius of 1240.27 feet and being subtended by a chord of North 26 degrees 13 minutes 19 seconds West, 92.21 feet to a point; 8) thence South 61 degrees 38 minutes 51 seconds West a distance of 11.00 feet to a point; 9) thence 236.38 feet along the arc of a curve to the left, said curve having a radius of 1229.27 feet and being subtended by a chord of North 33 degrees 51 minutes 41 seconds West, 236.02 feet to a point; thence North 59 degrees 13 minutes 40 seconds East, and departing said northeasterly right-of-way North Berkeley Lake Road, a distance of 1350.84 feet to an iron pin found (3/4 inch solid rod) on the northeast line of Land Lot 290; running thence South 32 degrees 00 minutes 00 seconds East along the northeast line of Land Lot 290 a distance of 767.00 feet to the northeast corner of Land Lot 267 and the Point of Beginning; said property containing 51,30836 acres or 2,234,992 square feet, and being more particularly shown on that survey prepared by Watts & Browning Engineers, Inc., dated September 25, 1995, which survey is incorporated herein by this reference.

Together with:

(a) all of Grantor's right, title and interest in, to and under that Easement Agreement between Space Leasing Associates and W. F. Sledge and recorded in Book 1962, Page 100 in the records of the Office of the Clerk of the Superior Court of Gwinnett County, Georgia with respect to the following tracts or parcels of land:

All that piece or parcel of land situated, lying and being in Land Lot 267, Gwinnett County, Georgia, and being more particularly described as follows; to wit:

The place or point of beginning is a point in the westerly right-of-way line of the Southern Railway Company, 87 feet West of the center line of the No. 2 main track as measured at right angles thereto. Said point being 2154.3 feet Northeasterly of M.P. 615 as measured along the center line of No. 2 main track, and also being 10 feet Westerly of the center line of the spur track of Southeastern Land & Leasing Corporation; thence, along the arc of a curve to the left, having a radius of 431.68 feet and being at all point 10 feet westerly of the center line of said spur track for a distance of 350.89 feet, more or less to a point said curve having a long chord with a bearing of North 8 degrees, 1 minute West and a length of 341.31 feet; thence, North 31 degrees, 18 minutes West along a line that is parallel to and at all points 10 feet westerly of the center line of the above said spur track, for a distance of 931.24 feet, more or less to a point; thence, North 58 degrees, 42 minutes East along a line that crosses the above said spur track, for a distance of 20 feet more or less to a point said point being 10 feet easterly of and at right angles to said spur track; thence, South 31 degrees, 18 minutes East along a line that is parallel to and at all points 10 feet easterly of the center line of the above said spur track, for a distance of 931.24 feet to a point; thence, along the arc of a curve to the right having a radius of 451.68 feet and being at all points 10 feet southeasterly of the center line of the above said spur track, for a distance of 337.99 feet, more or less to a point, said curve having a long chord with a bearing of South 9 degrees, 52 minutes East and a length of 330.16 feet, said point also being in the westerly right-of-way line of the Southern Railway Company and being 87 feet from the center line of the No. 2 main track as measured at right angles thereto; thence, South 48 degrees, 27 minutes West along the westerly right-of-way line of the Southern Railway Company a distance of 34.82 feet to the point of beginning.

Said piece or parcel of land containing 0.586 acres, more or less, and, being substantially as shown delineated, in red on print of Dwg. No. 2-659, dated February 26, 1969, revised October 29, 1970, and being the same spur track easement as shown on that survey for Skymount Investment Company Number Two N.V., et al, prepared by Bates-Long & Associates, dated February 6, 1980. Said land to include such additional width as may be required to accommodate cut slopes, fill slopes and drainage structures.

Together with an exclusive easement or right-of-way for railroad purposes in, on, over, through, under and across a strip of land lying 20 feet equidistance on each side of the following described center line:

To find the point of beginning of said center line begin at a point formed by the intersection of the easternmost right-of-way line of McGee Road North (an 80-foot right-of-way at this point) with the northernmost right-of-way line of the Southern Railway Company and proceed thence along the aforesaid northernmost right-of-way line North 49 degrees, 7 minutes East a distance of 393.3 feet to a point formed by the intersection of the center line of the spur track described hereinabove with the aforesaid northernmost right-of-way line; proceed thence North 9 degrees, 15 minutes East, a distance of 78.6 feet to a point; proceed thence 2 degrees 43 minutes West, a distance of 100 feet to a point; proceed thence North 15 degrees, 45 minutes West, a distance of 100 feet to a point; proceed thence North 24 degrees, 45 minutes West, a distance of 65.3 feet to a point; proceed thence along the center line of the aforesaid spur track North 30 degrees, 54 minutes West a distance of 931.24 feet to a point which is the Point of Beginning of said center line.

From the point of beginning of said center line thus established, proceed thence North 30 degrees 54 minutes West, a distance of 183.56 feet to a point located on the southernmost boundary line of that property conveyed to Sussex Associates by Space Leasing Associates by Warranty Deed dated June 16, 1980 which point is the Point of Termination of said center line, said center line being more particularly shown on that survey for Skymount Investment Company Number Two N.V., et al., prepared by Bates-Long Associates and dated February 6, 1980 which survey is incorporated herein by this reference.

- (b) All easements, rights of ways, appurtenances and other rights and benefits thereunto belonging;
- (c) All buildings and other improvements now located, erected or constructed thereon; and
- (d) All right, title and interest, if any, of the Grantor in and to any strips and gores adjoining and adjacent to the said property and in and to any land lying in the bed of any street, road, avenue, way, or boulevard, open or proposed, in front of or adjoining said property.

Exhibit B

Area Map





SITE LAYOUT

NORTH BERKELEY LAKE ROAD SITE -GWINNETT REGIONAL DISTRIBUTION CENTER - HSI No. 10844 3312 NORTH BERKELEY LAKE ROAD DULUTH, GEORGIA **FIGURE**

0730134C

DATE: 2/9/15

Exhibit C

Administrative Record Documents

- 1. HSRA Response Notification, IVI Environmental, Inc., June 5, 2006.
- 2. Compliance Status Report, Solutech, Inc., January 7, 2008.
- 3. Revised Compliance Status Report and Corrective Action Plan with the Voluntary Investigation and Remediation Plan Application, ENVIRON, Inc., April 2011.
- 4. Semi-Annual Progress Report, ENVIRON, Inc., July 2012
- 5. Semi-Annual Progress Report, ENVIRON, Inc., January 2013
- 6. Semi-Annual Progress Report, ENVIRON, Inc., July 2013
- 7. Semi-Annual Progress Report, ENVIRON, Inc., January 2014
- 8. Semi-Annual Progress Report, ENVIRON, Inc., July 2014
- 9. Semi-Annual Progress Report, ENVIRON, Inc., January 2015







Maintenance and Monitoring Plan North Berkeley Lake Road Site – Gwinnett Regional Distribution Center Georgia Hazardous Site Inventory No. 10844

Prepared for: 3312 Berkeley Lake Road Investors, LLC

Prepared by: ENVIRON International Corporation Atlanta, Georgia

February 2015

07-24851



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List of Attachments

Attachment A: Property Layout

Attachment B: Annual Evaluation Form and Non-Scheduled Maintenance Form

Contents i ENVIRON

Acronyms and Abbreviations

CAP Corrective Action Plan

COPC Constituent of Potential Concern

EPD Georgia Environmental Protection Division

HSRA Hazardous Site Response Act

MMP Monitoring and Maintenance Plan

RRS Risk Reduction Standards

1 Introduction

The approximately 51-acre parcel owned by 3312 Berkeley Lake Road Investors, LLC (Tax Parcel No. R6267 026 of Gwinnett County, Georgia; the "Property") has been the subject of multiple soil and groundwater investigation and remediation activities since 2006, as discussed in the 2015 Compliance Status Report (CSR). As a result, arsenic-impacted soil associated with fill material used for grading the parcel during the original development of the site (Attachment A) was remediated in various locations across the site that are not covered by pavement, beneath the warehouse building, or adjacent to the railroad tracks, so that soil across the site meets Type 4 risk reduction standards (RRS).

Exposure to arsenic in the soil at the Property will be further mitigated through the use of engineering and institutional controls. Specifically, the engineering controls will consist of a protective surface cover to minimize exposure to arsenic-impacted soil, and the institutional controls will consist of an Environmental Covenant for the site that includes this Maintenance and Monitoring Plan (MMP). Per the Environmental Covenant, the Property shall be used only for non-residential purposes, as defined in Section 391-3-19-.02 of the Rules.

The remainder of this MMP presents the:

- Engineering controls for the Property (Section 2);
- Land use and disturbance plan, including the associated monitoring activities and control systems (Section 3);
- Planned land use of the Property (Section 4); and,
- Reporting associated with the Property (Section 5).

Introduction 1 ENVIRON

2 Engineering Controls

To maintain compliance with Type 4 RRS for arsenic in soil at the Property, a protective surface cover must remain in place to minimize exposure to arsenic-impacted soils. The Property is currently covered by pavement and building structures. In addition, permanent markers will be used to delineate the Property as a restricted area (**Attachment A**). The markers will be installed within 90 days of EPD's approval of the Environmental Covenant.

3 Land Use and Disturbance Plan

The Property shall be used only for non-residential purposes, as defined in Section 391-3-19-.02 of the HSRA Rules, and defined in and allowed under the Gwinnett County's zoning regulations as of the date of the Environmental Covenant. Any residential use of the Property shall be prohibited, unless approved in advance by the Director of the EPD.

Any activity on the Property that may result in exposure to arsenic in the soil at the Property that were contained as part of the EPD-approved Corrective Action Plan, or create a new exposure pathway associated with exceedances of the EPD-approved site-specific Type 4 RRS for arsenic in soil, is prohibited. Any intrusive activities or other site work that may impact the existing protective surface cover, including soil, pavement, and building foundations ("intrusive activities"), must be conducted in accordance with this plan. Intrusive activities include, but are not limited to, drilling; digging; placement of any objects or use of any equipment which deforms or stresses the surface beyond its load bearing capability; piercing the surface with a rod, spike or similar item; bulldozing; or earthwork.

All intrusive activities must be evaluated before implementation to determine applicable health and safety requirements, and waste management and disposal requirements. During implementation of intrusive activities, hardscape and softscape materials will be properly characterized and appropriately managed on-site, and if necessary, disposed of at an offsite disposal facility. Any excavations that are undertaken will be backfilled with clean soil or fill material (analyzed by a certified laboratory to confirm that concentrations are less than background and/or the HSRA Notification Criteria), and the surface will be restored with material that is comparable to the existing protective surface cover. All intrusive activities will be conducted in compliance with applicable Occupational Health and Safety Administration requirements.

3.1 Maintenance and Inspection

The methods, procedures, and processes that must be used to inspect and maintain the engineering controls and other fixtures are discussed below. Inspections will be performed at least annually, and will be documented using the Annual Evaluation Form provided in **Attachment B**.

3.1.1 Protective Surface Cover

The protective surface cover at the site consists of two components, hardscape (asphalt, concrete, and buildings) and softscape (trees, shrubs, grass). Both components will be maintained to prevent exposure to soil exceeding the Type 4 RRS for arsenic. Specifically, the hardscape protective surface cover at the Property will be maintained to prevent cracks, movement, or damage that leads to soil exposure. The softscape protective surface cover at the Property will be maintained to prevent soil erosion. The integrity of the protective surface cover will be inspected annually and the results of the inspection will be recorded using the Annual Evaluation Form provided in **Attachment B**.

Any maintenance performed on the protective surface cover will be documented using the Maintenance Log Form provided in **Attachment B**. Any significant damage to the protective surface cover will be repaired within 60 days of discovery, and any less significant damage will

North Berkeley Lake Road Site – Gwinnett Regional Distribution Center (GA HSI No. 10844) Duluth, Gwinnett County, Georgia

be repaired within 90 days of discovery. The repairs will be made in accordance with good engineering practices, and will be conducted by qualified personnel. If maintenance of the cover is required, documentation of the activities, including a description of the protective surface cover conditions, the severity of the observed damage, a description of the repairs, the dates that repairs were initiated and completed, and the name of the inspector, will be included on the Maintenance Log Form provided in **Attachment B**.

Any significant changes to the protective surface cover observed during the inspection will be noted in the Annual Evaluation Form provided in **Attachment B**.

3.1.2 Permanent Markers

The Environmental Covenant mandates that permanent markers be installed and maintained on the Property to delineate the restricted area as specified in Section 391-3-19-.07(10) of the Rules. The locations of the markers are illustrated in **Attachment A**. Disturbance or removal of the markers is prohibited.

The structural integrity of the markers will be inspected annually and maintained to avoid being crushed, broken, or defaced in a manner that makes the markers unreadable or removable. The results of the inspection will be recorded using the Annual Evaluation Form provided in **Attachment B**.

Any maintenance performed on the permanent markers will be documented using the Maintenance Log Form provided in **Attachment B**. Any significant damage to the permanent markers will be repaired within 60 days of discovery, and any less significant damage will be repaired within 90 days of discovery. The repairs will be made in accordance with good engineering practices, and will be conducted by qualified personnel. If maintenance of the permanent markers is required, documentation of the activities, including a description of the protective surface cover conditions, the severity of the observed damage, a description of the repairs, the dates that repairs were initiated and completed, and the name of the inspector, will be included on the Maintenance Log Form provided in **Attachment B**.

Any significant changes to the permanent markers observed during the inspection will be noted in the Annual Evaluation Form provided in **Attachment B**.

4 Planned Uses of the Property

The annual inspection must verify the use of the Property by owners, tenants, and other occupants to be consistent with non-residential use. In addition, all lease agreements and other agreements concerning the use of the Property must be reviewed to ensure the language is consistent with non-residential use of the Property.

The results of the inspection must be summarized in the Annual Evaluation Form provided in **Attachment B**.

Advance notice to EPD must be provided for any planned future changes in the use of the Property that will significantly change the condition of the protective surface cover or otherwise significantly impact the engineering controls.

This MMP will be reviewed and revised as appropriate. If such revisions are necessary, the revised MMP will be submitted to EPD for review and approval within 60 days.

Maintenance and Monitoring Plan February 2015

5 Reporting

The property owner shall complete and submit the Annual Evaluation Form provided in **Attachment B** to EPD annually by December 31. The cover letter for the Annual Evaluation Form shall include the name, mailing address, telephone number, facsimile number, and email of the person that EPD should contact regarding the requirements associated with the Property.

Attachment A Property Layout

Appendix A ENVIRON





SITE LAYOUT

NORTH BERKELEY LAKE ROAD SITE -GWINNETT REGIONAL DISTRIBUTION CENTER - HSI No. 10844 3312 NORTH BERKELEY LAKE ROAD DULUTH, GEORGIA **FIGURE**

0730134C

DATE: 2/9/15

Attachment B

Annual Evaluation Form and Non-Scheduled Maintenance Log Form

Attachment B ENVIRON

ANNUAL EVALUATION FORM

North Berkeley Lake Road Site - Gwinnett Regional Distribution Center 3312 North Berkeley Road Northwest, Duluth, Gwinnett County, Georgia

TYPE	No.	CRITERIA RESPONSE	YES	NO
Land Use	1	Does this Property meet the definition of non-residential property as defined in HSRA Rule 391-3-19.02(2)?		
		"Non-residential property means any property or portion of a property not currently being used for human habitation or for other purposes		
		with a similar potential for human exposure, at which activities have been or are being conducted that can be categorized in one of the 1987 Standard Industrial Classification major group"		
	1a	Has the use of the property changed or has construction occurred on the property?		
	1b	If no to 1 or yes to 1a, provide a written explanation to EPD with the subject Evaluation form.		
Exposure	2	Has there been any significant change in condition of the protective surface cover not previously identified to EPD?		
		If yes, are corrective measures being taken? Provide a written explanation to the EPD with the subject Evaluation Form.		
Erosion	3	Is there evidence of soil erosion on the Property?		
	3a	If yes to 3, are corrective measures being taken? Provide a written explanation to the EPD with the subject Evaluation Form.		
Property Instruments/Markers	4a	Do all leases or other property instruments for the site have the applicable deed notice language inserted into them? (i.e. HSRA Rule 391-3-19-8 and O.C.G.A. 44.5-48.)		
	4b	Are permanent markers in place?		
	4c	If no to 4a or 4b, provide a written explanation (attached) to the EPD with the subject Evaluation Form.		
Inspection	5	Date of inspection:		
	5a	Name of inspector:		
	5b	Photographs with explanation showing current land use (attached):		

Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (Please print or type)	Title
Signature	

NON-SCHEDULED MAINTENANCE FORM*

North Berkeley Lake Road Site - Gwinnett Regional Distribution Center 3312 North Berkeley Road Northwest, Duluth, Gwinnett County, Georgia

Date Issue Identified:	
Name of Inspector:	
Issue:	
Protective Surface Cover:	Permanent Marker:
Description of the Protective Surface Cover or Perman	ent Marker Condition:
Severity of Observed Damage:	
Start Date of Repair:	End Date of Repair:
Description of the Repairs:	

^{*}Non-Scheduled Maintenance Form to be used for documenting observations and maintenance activities that are not included in the Annual Evaluation. This form, and any other supporting materials, should be submitted to the EPD with the Annual Evaluation Form on December 31 of each calendar year.

North Berkeley Lake Road Site Gwinnett Regional Distribution Center Compliance Status Report February 2015

Appendix B

Soil Disposal Manifests

Provided on CD



2167835

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (General	or completes							
a. Generator's US EPA ID Number		b. Manifest Docu	ument Number c. Page 1 of					
d. Generator's Name and Location:			e. Generator's Mailing Add	dress:				
High Street Equity Ac								
Gwinnatt Reg. Dist.					14.			
f Phone: 3312 N Berkley Lake			g. Phone:					
f. Phone: If owner of the generating facility differs from	om the generate	or, provide:	g. i flotto.					
in owner or the generating facility differs the	om the generate	n, provido.	36					
h. Owner's Name:	w		i. Owner's Phone No.;			VIII		
j. Waste Profile #	k. Exp. Date		pping Name and	m. Con		n. Total	o. Unit	
		Description		No.	Туре	Quantity	Wt/Vol	
	Y	Non Regulator	Arsenic Impacted Soil			200		
50871420359	11/21/20		The state of the s			18 tous		
WOOD ETECTOR	THETTEL	· M						
_ ACCOUNT # 100563							-1-1	
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OF MEDIATORIO OF STITION AND AND AND AND AND AND AND AND AND AN	1		and all the season as the second second	a co defin	d by 40.0	ED 261 c= any ==	plicable	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	ne above named mat	eriai is not a nazardous wast	e as define	a by 40 C	cable regulations:	AND if this	
waste is a treatment residue of a previous	sly restricted haz	zardous waste subied	et to the Land Disposal Restr	ictions. I ce	rtify and w	arrant that the wa	aste has	
been treated in accordance with the requi	rements of 40 C	FR 268 and is no lor	nger a hazardous waste as d	efined by 4	0 ĆFR 26	1.		
A. T. Harriston	San Harl	- Ffeeten 4	1 Start 2			2/11/2/	1	
Malen Prima Malen Male	0		CHEST CHA	135038680 (450				
p. Generator Authorized Agent Name (Pri		q. Signature		r. Date				
II. TRANSPORTER (Gene	rator comple	tes IIa-b and Tra	insporter completes llc-	-e)				
a. Transporter's Name and Address:			The Table		- 6			
b. Phone:		A			1			
DELEV TURAL	7	A (A)\		12/	1/301	4		
Peace Colonia	1			o Dáte	UIN	W.		
c. Driver Name (Print)		gnature Dootin	ation City and I to III	e. Dáte				
III. DESTINATION (General					4 20	4		
a. Disposal Facility and Site Address:	71-3575	c. US EPA Nu	mber d. Discrepancy Indic	ation Space	e:			
6991 Sth Richland Cleak Hd								
/Buford, GA 30513								
b.								
I hereby certify that the above named ma	terial has been a	accepted and to the b	pest of my knowledge the for	egoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)	f Cin	nature		g. Date		-		
			r complete IV/a iV	T g. Date				
IV. ASBESTOS (Generator	completes 1V	ra-i and Operato						
a. Operator's Name and Address:			c. Responsible Agency Na	ime and Ad	idress:			
			A.					
L'A								
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addi	tional Informatio	n:	AT THE RESERVE OF THE PARTY OF					
f. ☐ Friable ☐ Non-Friable ☐ Both	0/	Friable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that th	e contents of this cor		rately descr	ribed abov	e by the proper s	hipping name	
and are classified, packaged, marked and	l labeled/placard	ded, and are in all res	spects in proper condition for	transport	according	to applicable inter	national and	
national governmental regulations.	1000000							
					100		1	
- O 1 N 1 T 11 (D : 1)	1.0			i D-ta				
g. Operator's Name and Title (Print) *Operator refers to the company which ov	h. Si	gnature	nervises the facility being do	i. Date	r renovato	d or the demolitic	n or	
repoyation operation or both	viis, leases, ope	rates, controls, of su	pervises the facility being de	monaneu o	Tenovale	a, or the demontic	711 01	



2167834

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generato 	r completes la	3-r)						
a. Generator's US EPA ID Number		b, Manifest Docun	ument Number c. Page 1 of					
d. Generator's Name and Location: High Steed Equity Advisors Cwinnell Rea Ded. Conter S. C. N. Berkley Leke Red NW f. Phone:			e, Generator's Mailing Address: g. Phone:					
If owner of the generating facility differs from	m the generator,	provide:	Å					
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
50871420359	11/21/2015		Arsenic Impacted Soil			18 fors		
ACCOUNT # 100583								
		4-						
GENERATOR'S CERTIFICATION: I herek state law, has been properly described, cla waste is a treatment residue of a previousl been treated in accordance with the requir	assified and packa	aged, and is in prop dous waste subiect	er condition for transportation to the Land Disposal Restri	on accordin ictions. I ce	g to applice rtify and w	cable regulations; varrant that the wa	AND, if this	
August Harrison land	A 18 14	the	9 77 17		10	holow		
p. Generator Authorized Agent Name (Prin	nt) a	. Signature	2 / / 42 (FR - L)		r. Date	and the same		
II. TRANSPORTER (Gener		- Commission	sporter completes lic-	(a)				
a. Transporter's Name and Address: b. Phone:	*	1 10	7					
c. Driver Name (Print)	d. Sign	ature	<i>t</i> 5	e. Date	116,	119		
III. DESTINATION (Generate			ation Site completes III		+		~~~	
a. Disposal Facility and Site Address		c. US EPA Nun			e:			
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)	f. Signa	nture	g. Date					
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:			
b. Phone: d. Phone:								
e. Special Handling Instructions and Additi	ional Information:							
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable			and in Halles		
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this con:	signment are fully and accur	rately descr transport a	ribed abov according	e by the proper sl to applicable inter	nipping name national and	
Walter and the second s								
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date				
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	tes, controls, or sup	ervises the facility being de	molished or	renovate	d, or the demolitic	n or	



2167833

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

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. GENERALOR (General	or complete		Manifest Docu	as a set Niversham		D	1 -5		
a. Generator's US EPA ID Number		D.	ivianitest Docu	ment Number		c. Page	1 01		
d. Generator's Name and Location:				e. Generator's Mailing Address:					
High Street Equity A									
Gwinnett Reg. Dist.									
f. Phone: 3312 N Berkley Lake	LCG: MANA			g. Phone:					
If owner of the generating facility differs fr	om the gener	ator, pro	vide:	1		V	***		
						387			
h. Owner's Name:			T I Manta Chi	i. Owner's Phone No.:	I m Car	toinoro	- Total	I a Unit	
j. Waste Profile #	k, Exp. Date	•	Description	pping Name and	No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
			Doscription		1401	Туро	Quantity	*******	
		- 4	Non Regulated	Arsenic Impacted Soil			18 tons		
60871420369	11/21/	2015							
		-	-			7			
ACCOUNT # 100563									
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GENERATOR'S CERTIFICATION: Phere									
state law, has been properly described, cl									
waste is a treatment residue of a previous been treated in accordance with the requi								aste nas	
	rements of 40	1	<u> </u>	iger a nazardous waste as de	Silitica by 4	0 011(20	- 1 - 1 -	a-	
Alaran D. Hottenstein		11	g has july	A District Contract		12/10/2014			
p. Generator Authorized Agent Name (Pri	nt)	q. Sig	gnature	r. Date					
II. TRANSPORTER (Gene	rator comp	letes II	a-b and Tra	nsporter completes lic-	e)				
a. Transporter's Name and Address:									
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		17		13	Ī.				
b. Phone:		1	5	1/			/ /		
12111 SIN	0 . 8	800	. 11	Alvi		121	10/20	It	
c. Driver Name (Print)	d	Signatur	e	ary .	e. Date	recy .	720	7	
III. DESTINATION (General				ation Site completes Ille					
			c. US EPA Nui		0,	a.			
a. Disposal Facility and Site Address	71-3676	P	C. US EFA NUI	ibei d. Discrepancy muica	mon Space	34			
5691 Strittichiene Creek No									
Đượci, GA 30616		- 1							
b.	lawfal bas bas			and of my lime who does	andre is to				
I hereby certify that the above named mat	lenai nas bee	пассері	led and to the t	best of my knowledge the fore	going is it	ue and act	curate.		
e. Name of Authorized Agent (Print)	f. S	Signature)		g. Date				
IV. ASBESTOS (Generator	completes	IVa-fa	and Operator	r complete IVg-i)					
a. Operator's Name and Address:		-		c. Responsible Agency Nar	me and Ad	dress:			
				orași -					
b. Phone:	d. Phone:								
e. Special Handling Instructions and Addit	tional Informa	tion:		di l'Hono.					
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f. Friable Non-Friable Both		% Friabl		% Non-Friable	otolic deser	عاد اممان	n hu tha	hinning	
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and									
national governmental regulations.	- abolourpiac	a.uou, ai	na are in an res	posta in propor condition for	a anoport a	toooraing t	o applicable litter	national and	
g. Operator's Name and Title (Print) *Operator refers to the company which ow		Signatur		convices the facility being den	i. Date	ranovata	or the demolities	n or	
	nis, iedses, 0	perates,	controls, or su	bervises the facility being den	nollsrieu Ol	renovated	i, or the demonition	JII OI	
renovation operation or both									



2167853

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

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i. GENERATOR (Generato	Complet	es 1a-1)						
a. Generator's US EPA ID Number		t	o. Manifest Docur	ument Number c. Page 1 of					
d. Generator's Name and Location:				e. G	Senerator's Mailing Add	lress;			
High Street Equity Ad									
Gwinnett Reg. Disrt. C				1					
f. Phone: 3312 N Berkley Lake F				a. P	hone:				
If owner of the generating facility differs fro		rator, pr	ovide:	3.					
	3-11-								
h. Owner's Name:			11		wner's Phone No.:				f 11 %
j. Waste Profile #	k. Exp. Dat	e	I. Waste Ship Description	ping [Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol
			Description			140,	турс	Quantity	***************************************
			Non Regulated	Arsen	io Impacted Soil			18 tons	
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	12.00.000								
ACCOUNT # 100563									
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GENERATOR'S CERTIFICATION: I herebet state law, has been properly described, cla	by certify the	nackadi	ed and is in prop	er cor	not a nazardous waste	n accordin	a to applic	cable regulations	AND if this
waste is a treatment residue of a previousl	ly restricted	hazardo	ous waste subject	to the	e Land Disposal Restric	ctions. I ce	rtify and w	arrant that the w	aste has
been treated in accordance with the requir	ements of 4	0 CFR 2	268 and is no lon	ger a	hazardous waste as de	efined by 4	0 CFR 26	1.	
Heron D Hot Dutten Legart			1 7 - 1.9	ACCEPTED A	oflows En		7 2	2/12/201	y.,
				100					Sy
p. Generator Authorized Agent Name (Prin				1			r. Date		
II. TRANSPORTER (Gener	rator com	oletes	Ila-b and Trai	nspo	rter completes llc-	e)			
a. Transporter's Name and Address:						196			
b. Phone:			17						
Charles CURSON	7.7	h	11/			1000	-120	111	
	- 6	14	na copie	ee		to the	. 7 Q	141	
c. Driver Name (Print)		Signatu				e. Date			
III. DESTINATION (Generate	or comple	te Illa-	-c and Destina	ation	Site completes Ille	d-g)			
a. Disposal Facility and Site Address	4.9676		c. US EPA Nun	nber	d. Discrepancy Indica	ation Space	e:		
balli Saykokiand Creek Ho	The Mark M								
Bolord, G/E30616		- //		1.1					
I hereby certify that the above named mate	erial has be	en accei	nted and to the h	est of	my knowledge the fore	egoing is tr	ue and ac	curate.	
Thereby defaily that the approximation man	STOR THOS ISS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	p. 10 11 10 11 10 1	+-		3-11-3			
e. Name of Authorized Agent (Print)		Signatu				g. Date			
IV. ASBESTOS (Generator of	completes	IVa-f	and Operator	com	plete IVg-i)				
a. Operator's Name and Address:				c. Re	esponsible Agency Nar	me and Ad	dress:		
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h Dhanei				4 0	hono:				
b. Phone: d. Phone: e. Special Handling Instructions and Additional Information:									
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		11							
f. ☐ Friable ☐ Non-Friable ☐ Both	Unit of the	% Fria	ble		on-Friable				
OPERATOR'S CERTIFICATION: I hereby									
and are classified, packaged, marked and	labeled/plac	carded,	and are in all res	pects	in proper condition for	transport a	ccording	to applicable inte	rnational and
national governmental regulations.						-			-
g. Operator's Name and Title (Print)	h	Signati	ure '			i. Date			
*Operator refers to the company which ow				ervise	es the facility being den		renovate	d, or the demoliti	on or
renovation operation or both									



2167848

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la-r)							
a. Generator's US EPA ID Number	b	. Manifest Docun	ment Number c. Page 1 of						
d. Generator's Name and Location: Aligh Street Coniv A Coniversity Age 12 N Berling Date f. Phone:		e. Generator's Mailing Address: g. Phone:							
If owner of the generating facility differs from	om the generator, pro	ovidet							
h. Owner's Name:		T	i. Owner's Phone No.:	J 0	fot	7.10	I - 11-2		
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015	Non Regulated	Arsenic Impacted Soil		-x-	18 torg			
ACCOUNT # 100663									
			A						
state law, has been properly described, cl waste is a treatment residue of a previous	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.								
Account 2 Pollowers Sugar	14.41	Guera DY	tottattein		1	2/10/2019	4:		
p. Generator Authorized Agent Name (Pri II. TRANSPORTER (Gene		ignature	constar completes lie	٥)	r. Date				
a. Transporter's Name and Address: b. Phone:				l lat	11 / 14	11-1	-		
c. Driver Name (Print)	d. Signatu	ire		e. Date	7/				
III. DESTINATION (General	tor complete Illa-								
a. Disposal Facility and Site Address: 0.2 bd31 Sin Fuchland Creek Rd Butord, GA 30518 b.		c. US EPA Nun							
I hereby certify that the above named ma	terial has been accep	oted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
						W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-W-			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. Signatur		complete IVa i	g. Date		***************************************			
a. Operator's Name and Address:	completes iva-i	and Operator	c. Responsible Agency Na	me and Ac	dress:		14		
		7	d Dhana						
b. Phone: e. Special Handling Instructions and Additional Information:									
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	v declare that the cor	ntents of this con-	% Non-Friable signment are fully and accur pects in proper condition for	ately descr transport a	ribed abov according	re by the proper s to applicable inter	hipping name, mational and		
		3-				Time to			
g. Operator's Name and Title (Print) *Operator refers to the company which ov	h. Signatu	ire	ervises the facility being de	i. Date	r renovate	d, or the demolitic	on or		
renovation operation or both	viis, ieases, operates	s, controls, or sup	ervises the facility being der	nonaneu 0	Teriovale	a, or are demonde.	01		



2167838

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	ment Number c. Page 1 of					
d. Generator's Name and Location:		e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from	om the generator,	provide						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date		ping Name and	m. Con		n. Total	o. Unit	
		Description		No.	Туре	Quantity	Wt/Vol	
50871420359	11/21/2016		Arsenic Impacted Soil			14 1005		
ACCOUNT # 100683		11		#=				
			**					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	lassified and packa	aged, and is in prop dous waste subject	er condition for transportation to the Land Disposal Restr	on accordin ictions. I ce	g to applic rtify and w	able regulations arrant that the w	; AND, if this	
A millery man	1 411 6	Auren	E. GIFTED		2	a tinto	5777	
p. Generator Authorized Agent Name (Pri	nt) q.	. Signature	The state of the s		r. Date	7 7	**	
II. TRANSPORTER (Gene		s Ila-b and Tran	nsporter completes lic-	-e)				
a. Transporter's Name and Address: b. Phone:	mil 2	truck d.Bell	around go	a 3	017	<i>y</i>		
	cio l	× 1.				No.		
c. Driver Name (Print)	d. Sign	ature /	1 Den	e. Date	1511	MA		
III. DESTINATION (General			ation Site completes II	ld-g)		1. 1		
a. Disposal Facility and Site Address: 0.2 5691 Sth Righland Creek Rd Buford, GA 30518 b.	71-9575	c. US EPA Num	nber d. Discrepancy Indic	ation Spac	e:			
I hereby certify that the above named ma	terial has been acc	cepted and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.		
	The state of the s							
e. Name of Authorized Agent (Print)	f. Signa			g. Date				
IV. ASBESTOS (Generator	completes IVa	-f and Operator						
a. Operator's Name and Address:			c. Responsible Agency Na d. Phone:	ame and Ad	ldress:			
b. Phone: e. Special Handling Instructions and Addi	tional Information:		u. Filotie.					
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby		riable	% Non-Friable	rately desc	rihed abov	e by the proper	shipping pame	
and are classified, packaged, marked and national governmental regulations.	d labeled/placarded	d, and are in all resp	pects in proper condition for	r transport	according	to applicable inte	ernational and	
		30						
g. Operator's Name and Title (Print)	h. Sign	ature	ondose the facility being de	i. Date	r renovete	d or the demolit	ion or	
*Operator refers to the company which ov renovation operation or both	vns, leases, opera	tes, controls, or sup	ervises the facility being de	molished o	renovate	u, or the demolit	IOH OI	



2167839

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	completes	1a-1)					
a. Generator's US EPA ID Number		b. Manifest Docui	ment Number c. Page 1 of				
d. Generator's Name and Location:			e. Generator's Mailing Address:				
High Sheet Equity Ad							
Camput Reg Det C							
f. Phone:			g. Phone:				
If owner of the generating facility differs from	m the generato	r, provide:					
2 2			1 O marila Disasa Na 2				
h. Owner's Name:	I. Fire Data	T I Masta Shir	i. Owner's Phone No.:	m. Con	tainers	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	Description	oping Name and	No.	Type	Quantity	Wt/Vol
				110.	.,,,,,		
		Non Regulated	Arsenic Impacted Soil			18 44	
60871420359	11/21/201	6					
				1-1-1-2			
ACCOUNT # 100563							
12 2							
GENERATOR'S CERTIFICATION: I here	by certify that th	e above named mate	erial is not a hazardous wast	e as define	d by 40 C	FR 261 or any a	plicable
state law, has been properly described, cla	assified and pad	kaged, and is in property	per condition for transportation	on accordin	g to applic	cable regulations	AND, if this
waste is a treatment residue of a previous	ly restricted haz	ardous waste subjec	t to the Land Disposal Restri	ictions. I ce	rtify and w	arrant that the w	aste has
been treated in accordance with the requir	rements of 40 C	FR 200 and is no ion	iger a nazardous waste as d	elinea by 4	0 CFK 20	7 /	
Auron D. Hotensten / ager of	H 341	Suranst	The Maybear		1	2/10/201	1
p. Generator Authorized Agent Name (Prin	nt)	g. Signature			r. Date		
II. TRANSPORTER (Gener		tes Ila-h and Tra	nsporter completes lic-	-e)			
a. Transporter's Name and Address:	ator compre	too na b ana ma	noportor completed no	-		1	1100
a. Transporter o Transc and Address.			-1-				
T. H. 1 21							
b. Phone:			4.6	1			
			11 111		- W - E	-12 22	
c. Driver Name (Print)	d. Sig	gnature	The Let	e. Date	1211	0/3/1/	
III. DESTINATION (Generat			ation Site completes III	ld-a)			
a. Disposal Facility and Site Address	2 4 3	c. US EPA Nur			e:		
	(35)//3	0,00 2,7114	a. z,				
tusti Sër Footland Greek Ati Bulord, GA 30515							
I hereby certify that the above named mat	orial has been s	recented and to the h	oct of my knowledge the for	egoing is tr	ue and ac	curate	
Thereby certify that the above hamed mat	enarnas been e	accepted and to the b	cst of my knowledge the for	Cgoing io ii	do ana ao	ourato.	
e. Name of Authorized Agent (Print)	f. Sig	nature		g. Date			
IV. ASBESTOS (Generator	completes IV	a-f and Operator	r complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ac	ldress:		
S Political of talling data and a data							
h Dhanat			d Phone:				
b. Phone: e. Special Handling Instructions and Addit	tional Informatio	n·	d. Phone:	191			
e. Special Handling Histractions and Addit	aonai imormatio						
			to the same of the same of			ter in the second	
f. Friable Non-Friable Both		Friable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby	declare that the	e contents of this con	isignment are fully and accur	rately desc	ribed abov	to applicable into	shipping name
and are classified, packaged, marked and national governmental regulations.	labeled/placard	ied, and are in all res	spects in proper condition for	папѕроп а	according	то аррисавіе іпте	manorial and
madorial governmental regulations.							
and the second s							
g. Operator's Name and Title (Print)	h. Sig	gnature		i. Date			
*Operator refers to the company which ow	ns, leases, ope	rates, controls, or su	pervises the facility being de	molished o	renovate	d, or the demoliti	on or
renovation operation or both							



2167837

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator	or comple	etes la	a-r)							
a. Generator's US EPA ID Number			b. Manifest Docur	nent Number		c. Page	1 of			
d. Generator's Name and Location:				e. Generator's Mailing Add	lress:			4		
High Street county As										
Gillenett Reg. Dist. (3312 N Berkker Lake	ochic Dia alvu									
f. Phone:	20			g. Phone:						
If owner of the generating facility differs from	om the ger	nerator,	provide:	7				7.		
h. Owner's Name:				i, Owner's Phone No.:						
j. Waste Profile #	k. Exp. D	ate		ping Name and	m. Con		n, Total	o. Unit		
The state of the s			Description		No.	Туре	Quantity	Wt/Vol		
			Non Regulated	Arsenic Impacted Soil			11-05			
50871420359	11/2	11/21/2015					-44			
		-		_	-			-		
ACCOUNT # 100663										
AL										
								-		
70										
				talla and a banandana mada	define	d b 40 C	FD 261 or any ar	plicable		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify t	hat the	anove named mate	rial is not a nazardous waste ler condition for transportatio	e as denne in accordin	a by 40 C a to applic	able regulations:	AND, if this		
waste is a treatment residue of a previous	ly restricte	d hazar	rdous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the w	aste has		
been treated in accordance with the requi	rements of	40 CFI	R 268 and is no lon	ger a hazardous waste as de	efined by 4	0 CFR 26	1.			
Away D. Hot must in Report	J. H. W.	1	Allenen I	1 Stonator	12/10/2014					
p. Generator Authorized Agent Name (Pri	nt)	0	. Signature	r steffensettes		r. Date	1-1-	-/-		
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)										
a. Transporter a traine and Address.	a. Transporter's Name and Address:									
1.										
h Dhanai										
b. Phone:		M	whole ye		17	1 100	1101	-		
				The same	12/10/17					
c. Driver Name (Print)		d. Sign			e. Date					
III. DESTINATION (General		lete II								
a. Disposal Facility and Site Address:	71-3575		c. US EPA Nun	nber d. Discrepancy Indica	ation Space	e: "				
5691 9th Highland Creek Hd			3							
Buford, GA 30518										
b.										
I hereby certify that the above named mat	terial has b	een ac	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)		f. Signa	ature		g. Date		TOTAL TANK			
IV. ASBESTOS (Generator				complete IVa-i)						
a. Operator's Name and Address:				c. Responsible Agency Na	me and Ad	dress:				
a. Oporator o Hamo and Address.				s	11					
h Phone:				d. Phone:						
b. Phone: e. Special Handling Instructions and Addi	tional Infor	mation:		d. Flione.		121				
5. Special rightaling mendellons and Addi										
		67	stopper	O/ NING COLDIN						
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	/ declare #	% F	riable	% Non-Friable	ately descr	rihed ahov	e by the propers	shinning name		
and are classified, packaged, marked and	l labeled/pl	lacarde	d, and are in all res	pects in proper condition for	transport a	according	to applicable inte	rnational and		
national governmental regulations.			200							
g. Operator's Name and Title (Print)		h. Sign	ature		i. Date					
*Operator refers to the company which ov	vns, leases	, opera	ites, controls, or sur	pervises the facility being der		r renovate	d, or the demoliti	on or		
renovation operation or both		, ,,								



2167836

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes I	la-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page 1 of		
d. Generator's Name and Location:	Genier Rd NW		e. Generator's Mailing Adg.	ddress:			
f. Phone: If owner of the generating facility differs to	om the generator	r. provide:	g, Phone,				
h. Owner's Name:	Ů		i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		pping Name and		tainers	n. Total	o. Unit
		Description		No.	Type	Quantity	Wt/Vol
50871420359	11/21/201	1,100	Amenio Impactad Soli			18 Fous	
ACCOUNT # 100563							
-						, A	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pack sly restricted haza	kaged, and is in prop ardous waste subjec	per condition for transportat It to the Land Disposal Rest	ion accordin rictions. I ce	g to appli- rtify and v	cable regulations varrant that the v	; AND, if th
p. Generator Authorized Agent Name (Pri		Williadin.		r. Date	2/10/20	14/	
II. TRANSPORTER (Gene		q. Signature	nsporter completes lic	-01	I. Date	-1	-
a. Transporter's Name and Address: b. Phone: c. Driver Name (Print)	d. Sign	K		e. Date	10/2	10114	
III. DESTINATION (Genera			ation Site completes I		/		
a. Disposal Facility and Site Address 0081 San Richiano Creek Ho Belord, GA 30518 b.		c. US EPA Nur			e:		
I hereby certify that the above named ma	terial has been ac	ccepted and to the b	est of my knowledge the fo	regoing is tr	ue and ac	curate.	
100 05							
e. Name of Authorized Agent (Print)	f. Sign			g. Date			
IV. ASBESTOS (Generator	completes IVa	a-t and Operator			lalana a a		
a. Operator's Name and Address:			c. Responsible Agency N	ame and Ad	aress:		
b. Phone: e. Special Handling Instructions and Addi	tional Information	ı:	d. Phone:				
f. Friable Non-Friable Both	% F	Friable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.			signment are fully and accu				
							- 1
g. Operator's Name and Title (Print)	h. Sigi			i. Date			
*Operator refers to the company which ov renovation operation or both	vns, leases, opera	ates, controls, or sup	pervises the facility being de	emolished or	renovate	d, or the demoliti	on or

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2167840

89100431**0**6 RR <u>Connelley</u> ©2014. All rights reserved. — 0667

REV 01/14

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

!. GENERATOR (Generato	r completes la	a-r)					
a. Generator's US EPA ID Number	, completes .	b. Manifest Docui	ment Number		c. Page 1 of		
d. Generator's Name and Location: Gwinnell Reg. Dist. of the search of	Center Rd NW	neovido:	e, Generator's Mailing Adg.				
If owner of the generating facility differs from h. Owner's Name:	om the generator,	, provide:	i, Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	oping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
50871420359	11/21/2015	The second secon	Arsenic Impacted Soil			18 tons	
ACCOUNT # 100563							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and pack ly restricted haza	caged, and is in prop ordous waste subiec	per condition for transportat t to the Land Disposal Rest	ion accordin rictions, I ce	g to application of the graph o	cable regulations; varrant that the w	AND, if the
p. Generator Authorized Agent Name (Prin	of Mayle -	A Signature	Hollenden		r. Date	10/10/1	/
II. TRANSPORTER (General	- A		nsporter completes lic	:-e)		·	
a. Transporter's Name and Address: b. Phone:	7	Outo		N	, ,		
c. Driver Name (Print)	d. Sigr	ACC.	e, Date				
III. DESTINATION (Generat			ation Site completes I				*******
a. Disposal Facility and Site Address: (1) 627 Stylingers Court (2) 647 Caloni, CA 30018 b.	71-35/6	c, US EPA Nur	mber d. Discrepancy Indi	cation Space			
I hereby certify that the above named mat	erial has been ac	ccepted and to the b	est of my knowledge the fo	regoing is tr	ue and ac	ccurate.	
e. Name of Authorized Agent (Print)	f. Sign:		complete IVa iV	g. Date			
IV. ASBESTOS (Generator of a. Operator's Name and Address:	completes iva	a-r and Operator	c. Responsible Agency N	ama and Ad	droce:		
Personal III		5. A		ame and Ad	dicas.		
b. Phone: e. Special Handling Instructions and Addit	ional Information	;	d. Phone:				
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this con ed, and are in all res	% Non-Friable signment are fully and accu spects in proper condition fo	urately descr or transport a	ribed abov according	ve by the proper s to applicable inte	shipping na rnational a
V							
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date			
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ates, controls, or su	pervises the facility being de	emolished or	renovate	d, or the demoliti	on or



2167841

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r completes	ia-r)							
a. Generator's US EPA ID Number		b. Manifest Do	cument Number	ument Number c. Page 1 of					
d. Generator's Name and Location: ligh Street Equity Ad Grantet Reg. Dist. f. Phone:	Center Rd NW		e. Generator's Mailing A	e. Generator's Mailing Address: g. Phone:					
f. Phone: If owner of the generating facility differs from	m the generat	or, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp, Date	I. Waste S Descriptio	hipping Name and n	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
60871420369	11/21/20	The second second	ed Amenic Impacted Soil			18 taus			
ACCOUNT # 100663									
						-			
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.									
August Moltonstein Jugar o	Haster		1	2/10/201	4 .				
p. Generator Authorized Agent Name (Prin	nt)	q. Signature			r. Date	7 /			
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)									
a. Transporter's Name and Address: b. Phone:									
Michael Young	1	which &	on	12	12/10/14				
c. Driver Name (Print)		ignature		e. Date					
III. DESTINATION (Generat	or complete	Illa-c and Dest	ination Site completes	IIId-g)					
a. Disposal Facility and Site Address:	71-3575	c. US EPA N	lumber d. Discrepancy Ind	ication Spac	e:				
I hereby certify that the above named mat	erial has been	accepted and to the	e best of my knowledge the fo	oregoing is to	rue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sig	gnature		g. Date					
IV. ASBESTOS (Generator	completes I	Va-f and Opera	or complete IVg-i)						
a. Operator's Name and Address;			c. Responsible Agency N	Name and Ad	ddress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addit	ional Information	on:							
f. ☐ Friable ☐ Non-Friable ☐ Both		Friable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placar	ne contents of this orded, and are in all	onsignment are fully and acc respects in proper condition f	curately desc or transport	ribed abov according	re by the proper sto applicable inte	shipping name rnational and		
g. Operator's Name and Title (Print)	h. S	ignature		i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, ope	erates, controls, or	supervises the facility being d	lemolished o	r renovate	d, or the demoliti	on or		



2167842

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of			
d. Generator's Name and Location: High Sixed Equity Av Garnaed Reg. Olet. (3347 N Berkley Lake f. Phone:	Jenier Rd Nyv		e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from		provide:	girmone						
h Oumaria Nama			i. Owner's Phone No.:						
h. Owner's Name:	k. Exp. Date	I. Waste Ship	pping Name and	m. Cont	tainers	n. Total	o. Unit		
J. COURSE I TOMAC III		Description		No.	Type	Quantity	Wt/Vol		
50871420369	11/21/2015	A STATE OF THE PARTY OF THE PAR	Arsenic Impacted Soil			18 tous			
ACCOUNT # 100563									
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.									
Sugar D. Hollands a bount of the 1 Mores & Attonto							4		
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)									
a. Transporter's Name and Address: New School Trucking 30174									
b. Phone:	A.	7 %			1	7			
c. Driver Name (Print)	d. Sign	ature / V	della	e. Date	12/1	13/14			
III. DESTINATION (General			ation Site completes III	ld-g)	1	T. J.			
a. Disposal Facility and Site Address 551 Sth Facility Creek Hd Butord, GA 30518	71-3576	c. US EPA Nur	nber d. Discrepancy Indic	ation Space					
I hereby certify that the above named ma	terial has been ac	cepted and to the b	est of my knowledge the for	egoing is tru	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date					
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:	×		c. Responsible Agency Na	ime and Ad	dress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addi	45,0		: 11.1/.		×				
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this con d, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	rately descr transport a	ibed abov ccording t	e by the proper s to applicable inte	shipping name rnational and		
							The H		
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date					
*Operator refers to the company which ov renovation operation or both	vns, leases, opera	ites, controls, or sur	pervises the facility being de	molished or	renovate	d, or the demoliti	on or		



2167843

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator) 	r completes la	-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number	C	c. Page 1 of				
d. Generator's Name and Location: High Street Equity Ac			e. Generator's Mailing Add	lress:					
Gwinnett Reg. Dist. 0 3312 N Berkley Lake	Rd NW		a Phone:						
f. Phone: If owner of the generating facility differs from		provide:	g. Phone:						
	on the gonerator,	3,0,1,0,1	i. Owner's Phone No.:						
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	m. Contai					
,		Description		No.	Type Quantity	y Wt/Vol			
50871420359	11/21/2016	Non Regulated	Arsenic Impacted Soil		18 ha	rs .			
ACCOUNT # 100563									
			31 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.									
But the keyest		12/10/2014							
p. Generator Authorized Agent Name (Pri		Signature			. Date				
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)									
a. Transporter's Name and Address:									
b. Phone:				·					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F	No. of the last	V 11/1		a 1 74 /-	- 107			
	d. Signa		Much	e. Date /	21101	7614			
III. DESTINATION (General									
a. Disposal Facility and Site Address:	71-3676	c. US EPA Nun	nber d. Discrepancy Indica	ation Space:					
I hereby certify that the above named mat	terial has been acc	cepted and to the b	est of my knowledge the for	egoing is true	and accurate.				
	7								
e. Name of Authorized Agent (Print)	f, Signal	ture		g. Date		-1			
IV. ASBESTOS (Generator	completes IVa-	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Addr	ess:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addi	tional Information:		a. i monor						
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	iable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	/ declare that the of labeled/placarded	contents of this con d, and are in all res	signment are fully and accur pects in proper condition for	rately describ transport acc	ed above by the cording to applica	proper shipping name able international and			
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date		1			
*Operator refers to the company which over renovation operation or both	vns, leases, operat	tes, controls, or sup	pervises the facility being de	molished or re	enovated, or the	demolition or			



2167849

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generato 	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docun	nent Number	1	c. Page	1 of			
d. Generator's Name and Location:	idea Nation		e, Generator's Mailing Add	dress:					
If owner of the generating facility differs from	om the generator,	provide:				***************************************	N.		
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cor	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420369	Non Regulated		Arsenic Impacted Soil			12 ton			
ACCOUNT # 100563									
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.									
A To Thomas on Amous o	1 199	away I	Interster		1-,	7 /			
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)									
a. Transporter's Name and Address: b. Phone:									
103 134 1763		- M	a d Unia	2.1	772	1.7.15			
c. Driver Name (Print)	ui eigii		Zuc Zuc S	e. Date	1 /-	100 11			
III. DESTINATION (Generat		la-c and Destina							
a. Disposal Facility and Site Address:	1 3076	c. US EPA Num	nber d. Discrepancy Indica	ation Spac	e:				
I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	ldress:				
b. Phone:									
e. Special Handling Instructions and Addit	ional Information:	·							
f. Friable Non-Friable Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this cons	signment are fully and accur	rately desc transport a	ribed abov according	e by the proper s to applicable inter	hipping name national and		
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date		J H_ J. PO			
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ites, controls, or sup	ervises the facility being der	molished o	renovate	a, or the demolitic	on or		



2167850

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generato 	r completes la				T)				
a. Generator's US EPA ID Number		b. Manifest Docum			Page 1 of				
d, Generator's Name and Location: High Street Equity Ad Gwinnett Reg. Dist. C 3312 N Bordey Lake f f. Phone:	Center Rd NW	*	e. Generator's Mailing Address:						
If owner of the generating facility differs from	in the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Containe No. Ty	rs n Total rpe Quantity	o. Unit Wt/Vol			
50871420359	11/21/2016	Non Regulated	Arsenic Impacted Soit		-				
ACCOUNT # 100563						2			
		i ke		7					
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.									
Agera D. Restaurch of General I He	de That	Man D	- photosty		12/10/2014				
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)									
a. Transporter's Name and Address: b. Phone:									
DEWEY EURANKS	Illi	4 Julan		12/10/2014					
c. Driver Name (Print)	d. Signa			e. Date /					
III. DESTINATION (Generat									
a. Disposal Facility and Site Address:	74-3.676	c. US EPA Nur	nber d. Discrepancy Indica	ation Space:		nz.			
I hereby certify that the above named mat	erial has been acc	cepted and to the b	est of my knowledge the fore	egoing is true a	nd accurate.				
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date	Name of the second				
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:		1	c. Responsible Agency Na	me and Addres	s:				
b. Phone: e. Special Handling Instructions and Addit	tional Information:		d. Phone:			1011 112			
e. Special Handling Instructions and Addit	ional mormatori.								
f. Friable Non-Friable Both	% Fi	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	/ declare that the of labeled/placarded	contents of this con d, and are in all res	signment are fully and accur spects in proper condition for	rately described transport accor	above by the proper ding to applicable into	shipping name ernational and			
g. Operator's Name and Title (Print)	h. Sign	ature	nandage the facility hains do	i. Date	ovated or the domoli	ion or			
*Operator refers to the company which ow renovation operation or both	vris, leases, opera	tes, controls, or su	bervises the facility being de	nonsned or rem	ovated, or the defilon	ion of			



2167851

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

# N		The second section
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I. GENERATOR (Generator	r completes	la-r)							
a. Generator's US EPA ID Number		b.	Manifest Docum	nent Number		c. Page	1 of		
d. Generator's Name and Location: Hand Street Fourty Add Ownered Rog Dist C 3312 N Berkley Lake F f. Phone:	Senter Rá Nölf			e. Generator's Mailing Address: g. Phone:					
If owner of the generating facility differs fro		or, prov	vide:						
h. Owner's Name:				i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date		l. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol	
50871420359	11/21/2016 Non Rep		Non Regulated	n Regulated Arsenio Impacted Soil			AP Foreign		
ACCOUNT # 100583									
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.									
Adreas Adress Adress			P	110/2019					
p. Generator Authorized Agent Name (Prin	it)	q. Sig	gnature			r. Date	£ . F		
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)									
a. Transporter's Name and Address: b. Phone:									
			6	1					
c. Driver Name (Print)/				hand you	e. Date	8 4- 1 1	- 114		
ili. DESTINATION (Generate	or complete	e Illa-c	and Destina	ation Site completes Ille	d-g)				
a. Disposal Facility and Site Address:	1-3575		c. US EPA Num	nber d. Discrepancy Indica	ation Space	e:			
I hereby certify that the above named mate	erial has been	accept	ted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)		gnature			g. Date				
IV. ASBESTOS (Generator of	completes I	Va-f a	and Operator	complete IVg-i)					
a. Operator's Name and Address:				c. Responsible Agency Na	me and Ad	dress:			
b. Phone:		.11.		d. Phone:					
e. Special Handling Instructions and Additi	onal Informat	on:							
f. Friable Non-Friable Both		6 Friabl	le	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that t labeled/placa	he cont rded, ai	tents of this cons nd are in all res	signment are fully and accur pects in proper condition for	ately descr transport a	ribed abov according t	e by the proper s to applicable inte	shipping name rnational and	
g. Operator's Name and Title (Print)	h. S	Signatur	re	am lane the facility to	i. Date	- ron	d on the description	on or	
*Operator refers to the company which ow renovation operation or both	ns, leases, op	erates,	controls, or sup	ervises the facility being der	nolished of	renovate	u, or the demolition	OII OF	



2167852

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	combie	etes i	ia-1)								
a. Generator's US EPA ID Number			b. M	anifest Docum	nent N	Number		c Page	1 of		
d. Generator's Name and Location: High Street Equity Ac Gwinnelf Reg. Dist. (3312 N Berkley Lake) f. Phone:	Center Rd NW	5				Senerator's Mailing Add Phone:	lress:		B ₂		
If owner of the generating facility differs fro	m the gen	nerator,	r, provid	le:							
h. Owner's Name:						wner's Phone No.:				F	
j. Waste Profile #	k. Exp. D	ate		I. Waste Ship Description	ping	Name and	m. Con No.	Type	n, Total Quantity	o. Unit Wt/Vol	
50871420359	11/2	1/2015		n Regulated /	Arser	nic Impacted Soil			A Yest		
ACCOLINT # 100583						HII 37					
A" - Table											
764 - 1 July 1			4								
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.											
A			- 37		27				93.1		
Alama Tallanda Land		22.	10	au y	4	of the		19/10/ 1004			
p. Generator Authorized Agent Name (Prin			q. Signa					r. Date			
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)											
a. Transporter's Name and Address: b. Phone:											
	III		1)			11			^		
c. Driver Name (Print) 👃			nature	177	1	Kutl A	e. Date	15/1	12011		
III. DESTINATION (General	or comp	lete II	Illa-c a	and Destina	ation	Site completes Ille	d-g)	4	1		
a. Disposal Facility and Site Address:	73-35/6		C.	US EPA Nun	iber	d. Discrepancy Indica	ation Space				
I hereby certify that the above named mat	erial has b	een ac	ccepted	and to the be	est of	my knowledge the fore	going is tr	ue and ac	curate.		
										W	
e. Name of Authorized Agent (Print)		f. Sign	nature				g, Date				
IV. ASBESTOS (Generator	complete	es IVa	a-f and	d Operator	com	nplete IVg-i)					
a. Operator's Name and Address:	7.0	or distance			c. R	esponsible Agency Nai	me and Ad	dress:			
b. Phone:					d P	hone:		-			
e. Special Handling Instructions and Addit	ional Infor	mation	n:	1	u. i	none.					
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare the labeled/pl	nat the	Friable contened, and	nts of this cons are in all resp	sianm	lon-Friable nent are fully and accur in proper condition for	ately descr transport a	ribed abov according t	e by the proper to applicable inte	shipping name rnational and	
g. Operator's Name and Title (Print)		h. Sigr	nature				i. Date				
*Operator refers to the company which ow renovation operation or both	ıns, leases	s, opera	ates, co	ontrols, or sup	ervis	es the facility being der	nolished or	renovate	d, or the demoliti	on or	



2167844

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator 	r completes la-	-r)							
a. Generator's US EPA ID Number	1	b, Manifest Docum	ent Number		c, Page 1	of			
d. Generator's Name and Location: First Street Equity Adv Gwinnett Rep. Dist. C. 3412 N. Berkley Lake F. F. Phone:	enter		e. Generator's Mailing Ado	dress:					
If owner of the generating facility differs from	m the generator, p	provide:							
h. Owner's Name:		1 1 1444- 05:-	i. Owner's Phone No.:	m. Conta	inoro I	n. Total	- 11-4		
j. Waste Profile #	k, Exp. Date	Description	ping Name and	No.	-	Quantity	o. Unit Wt/Vol		
50871420350	11/21/2015	Non Regulated	Arsenio Impacted Soil			18 long .			
ACCOUNT # 100563									
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, cla waste is a treatment residue of a previously been treated in accordance with the require	ssified and packag restricted hazard	ged, and is in propo lous waste subject	er condition for transportation to the Land Disposal Restric	n according ctions. I certi	to applicatify and war	ble regulations; A	AND, if this		
A 17 -: /	12 / They'r	Mora 5	Lototte V		10	1012 1	100		
p. Generator Authorized Agent Name (Print	t) g	Signature	N. J. M.E. 10 MATELY		r. Date	10/1014			
II. TRANSPORTER (General			sporter completes lic-				···		
a. Transporter's Name and Address: b. Phone:									
c. Driver Name (Print)	d. Signal	fure		2/10/20 le. Date	14				
III. DESTINATION (Generate			ation Site completes Ille						
a. Disposal Facility and Site Address: 70-77 bits 1 Sin Reduced Creek Address Charles (A 30518 b.		c. US EPA Num					. 6		
I hereby certify that the above named mate	rial has been acce	epted and to the be	est of my knowledge the fore	going is true	and accu	ırate,			
e. Name of Authorized Agent (Print)	f. Signatu		THE STATE OF THE S	g. Date					
IV. ASBESTOS (Generator of	ompletes IVa-f	f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Addr	ress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addition	onal Information:								
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and I national governmental regulations.		ontents of this cons							
			-4	J.					
g. Operator's Name and Title (Print)	h. Signat	ture		i. Date					
*Operator refers to the company which owr renovation operation or both	ns, leases, operate	es, controls, or sup-	ervises the facility being den	nolished or re	enovated,	or the demolition	or or		



2167845

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{{\tt NOT}}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator	or completes	ia-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:	V 5		e. Generator's Mailing A	ddress;					
High Street Equity A									
Gwinnett Reg. Dist. 3312 N Berkley Lake									
			g. Phone:						
f. Phone: If owner of the generating facility differs from the generating facility d	om the generator	r, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I Waste Shi	oping Name and	m. Cor	tainers	n. Total	o. Unit		
j. Waste i Tolle #	K. L.Xp. Date	Description	oping rame and	No.	Туре	Quantity	Wt/Vol		
		Mary Physiolegis	Access to the second section	751					
PART MARK	4 9 90 4 900 4		Arsenic Impacted Soil			18 forts	1		
50871420359	11/21/201	0		1 1 1					
A BULL OF THE ST AND PERSON									
AGCOUNT # 100563									
-2									
GENERATOR'S CERTIFICATION: I here	hu a a with the at the	a about pared mat	raiol io not o bazardous was	ata ao define	d by 10 C	ED 261 or only on	plicable		
state law has been properly described of	assified and pac	kaged, and is in pro	per condition for transportation	tion accordin	a to applic	cable regulations:	AND. if this		
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.									
Amon D. Hollerston / Har Sweet War I Hotherston 12/10/2014 -									
p. Generator Authorized Agent Name (Pri		q. Signature	THE REPORTED		r. Date				
II. TRANSPORTER (Gene			neporter completee III	10.0	1. Date				
a. Transporter's Name and Address:	rator complet	es lia-b allu Tra	risporter completes in	5-6)					
a. Transporter 5 Name and Address.						a a			
- ec									
b. Phone:									
NA Later Lat	. 160	0.01	Section 1						
MICHOELYOUNG		eral y			, , ,				
c. Driver Name (Print)		nature V		e. Date	((dec K	0 19			
III. DESTINATION (General	tor complete l	Ilia-c and Destin							
a. Disposal Facility and Site Address	71-3675	c. US EPA Nui	mber d. Discrepancy Indi	cation Space	э:				
5591 5th Hichland Creek Rd	. 1365/151,								
Buford, GA 30518									
b.									
I hereby certify that the above named mat	terial has been a	ccepted and to the b	est of my knowledge the fo	regoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sign	nature		g. Date					
IV. ASBESTOS (Generator			complete IVa-i)	1127					
a. Operator's Name and Address:		- Operator	c. Responsible Agency N	lame and Ac	dress:				
a. Operator o Hamo and Address.		1	c. Noopanalale Agency N	and and Ac	000.				
		24							
h Dhono.			d Dhone:						
b. Phone: e. Special Handling Instructions and Additional Handling Instructions and Additional Handling Instructions and Additional Handling Instructions	tional Information)'	d. Phone:						
C. CPOOLE Flanding Household and Addit	and morniagor								
			7						
f. Friable Non-Friable Both		Friable	% Non-Friable	urotoli, de a	ibad at a	o by the preser	ninning same		
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	/ declare that the ! labeled/placard	contents of this cor	nects in proper condition for	urately desci or transport a	nccording	e by the proper si o applicable inter	npping name,		
national governmental regulations.	- abolod/placarul	out and are in air les	posto in propor condition it	transport e	.scording	apphousio intel			
g. Operator's Name and Title (Print) *Operator refers to the company which ow		nature	penvises the facility hains d	i. Date	renovato	d or the demolitic	n or		
renovation operation or both	viis, ieases, oper	ates, controls, or su	bervises the facility being of	emonsned 0	Tenovate	a, or the demonto	ii Ol		



2167846

If waste is asbestos waste, complete Sections I, II, III and IV if waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

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The same of the sa	1

I. GENERATOR (Generato	r completes la	9-1")							
a. Generator's US EPA ID Number		b. Manifest Docun	nent Number		c. Page	1 of			
d. Generator's Name and Location: High Street Equity Ad Gwinnett Reg. Dist. C 3312 N Barkley Lake I f. 'Phone:	Center Rd NW		e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from	m the generator,	provide:	× _						
h. Owner's Name:			i. Owner's Phone No.:				T . 11-2		
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015		Arsenic Impacted Soil			18 long			
ACCOUNT # 100563						*			
						100			
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.									
Anna D. Hottersten / amount of 1	1-gl Kicol	May & A	Herokeen		12/	0/2014			
p. Generator Authorized Agent Name (Prin		. Signature			r. Date	2			
II. TRANSPORTER (Gener	rator complete	s Ila-b and Trai	rsporter completes IIc-	e)					
a. Transporter's Name and Address: b. Phone:	TRUCK 1080	king	169 RI	er un-	Mi	11 24) 174		
b. Filone.	1000	- L. C	- Commercial		1 7				
c. Driver Name (Print)	d. Sign	ature /	DX 1112	e. Date	121	11/1/2			
III. DESTINATION (Generat			ation Site completes III	d-a)	1				
a. Disposal Facility and Site Address: 70.2 6891 Sth Ruchland Creek Rd Bulord, GA 30518 b.	71-3575	c. US EPA Nun	and the second s		e:				
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
	of the second	- 1			1111				
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)		200				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ac	ldress:				
b. Phone:			d. Phone:		-				
e. Special Handling Instructions and Addit	ional Information:								
f. 🗆 Friable 🔲 Non-Friable 🗀 Both % Friable % Non-Friable									
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this con d, and are in all res	signment are fully and accur pects in proper condition for	rately desc transport a	ribed abov according	re by the proper s to applicable inter	hipping name mational and		
g. Operator's Name and Title (Print)	h. Sign	nature		i. Date		d = 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ites, controls, or sup	pervises the facility being der	molished o	r renovate	a, or the demolitic	on or		



2167847

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator 	completes la	ı-r)					
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page 1 of		
d. Generator's Name and Location: (15th Sines: Equaty And Ownered Reg. Dist. C. f. Phone:	enter d NW		e. Generator's Mailing Add	dress:		2.	
If owner of the generating facility differs from	n the generator,	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Conta	Type	n. Total Quantity	o. Unit Wt/Vol
50871420358	11/21/2015	Non Regulated	Arsenic Impacted Soil		-	At leus	
ACCOUNT # 100563							
	V 1						
6.7					-		
GENERATOR'S CERTIFICATION: I hereby state law, has been properly described, clas waste is a treatment residue of a previously been treated in accordance with the require	ssified and packa restricted hazard	iged, and is in prope dous waste subject	er condition for transportation to the Land Disposal Restri	on according ctions. I certi	to applic	able regulations arrant that the w	: AND, if this
Auron D. Hatterdom Jagart of	Hight	March 5	Hollenstein .		12	10/2014	1
p. Generator Authorized Agent Name (Print)		Signature			r. Date		
II. TRANSPORTER (General a. Transporter's Name and Address:	tor completes	s Ila-b and Tran	sporter completes Ilc-	e)			
b. Phone:							
		1 /	401		7170	()1/	
c. Driver Name (Print) III. DESTINATION (Generator		ture Mostina	tion Site completes III.	e. Date /	2010	Troit	
a. Disposal Facility and Site Address:		c. US EPA Num					
5691 Sti Richkind Greek Rd Buford, GA 30518	NR/253		an Dissispanis, maiss	audit Opuso.			14
b.		11					
I hereby certify that the above named mater	ial has been acc	epted and to the be	st of my knowledge the fore	egoing is true	and acc	urate.	
e. Name of Authorized Agent (Print)	f. Signat	UFO		a Data	-		
IV. ASBESTOS (Generator co			complete IVa-i)	g. Date		1	
a. Operator's Name and Address:	inploted IVa	runa oporator	c. Responsible Agency Nar	me and Addr	ess:		
b. Phone:	11-6		d. Phone:				
e. Special Handling Instructions and Addition	nal Information:						
f. Friable Non-Friable Both	% Fri		% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby d and are classified, packaged, marked and la national governmental regulations.	eclare that the conbelled/placarded	ontents of this cons , and are in all resp	ignment are fully and accura ects in proper condition for	ately describ transport acc	ed above cording to	by the proper so applicable inter	shipping name rnational and
g. Operator's Name and Title (Print)	h. Signa	ture		i. Date			
*Operator refers to the company which owns renovation operation or both	s, leases, operate	es, controls, or supe	ervises the facility being den	nolished or re	enovated	, or the demolition	on or



2167793

If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

 GENERATOR (Generated 	or completes I	a-r)							
a. Generator's US EPA ID Number	All.	b. Manifest Docur	nent Number		c. Page	1 of			
d. Generator's Name and Location: High Street Fourly Ac Owners if Reg. Dist of	Center Rd NW		e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from	om the generator	, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2011		Arsenic Impacted Soil			18 tons			
ACCOUNT # 100563									
									
GENERATOR'S CERTIFICATION: I here's state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and pack ly restricted haza	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restri	on according	g to applice rtify and w	cable regulations; varrant that the wa	AND, if this		
Auron D. Hotterster 199	I Street	(James)	Attender.		1	2/11/2010			
p. Generator Authorized Agent Name (Prin		g Signature	1 Kathering Ass.		r. Date	11.011			
II. TRANSPORTER (Gener		es lla-b and Trar	nsporter completes lic-	e)					
a. Transporter's Name and Address: b. Phone;			4		4	¥			
Michael Gibso	00	cheet	Tall		1111	14			
c. Driver Name (Print) III. DESTINATION (Generat	d. Sign		ation Cita completes III	e. Date					
a. Disposal Facility and Site Address:		c. US EPA Num		The second second	9:				
I hereby certify that the above named mate	erial has been ac	cepted and to the be	est of my knowledge the fore	egoing is tru	ue and ac	curate.			
		,							
e. Name of Authorized Agent (Print)	f. Sign			g. Date					
IV. ASBESTOS (Generator of	completes IVa	a-f and Operator							
a. Operator's Name and Address: b. Phone:			c. Responsible Agency Na d. Phone:	me and Ad	dress:				
e. Special Handling Instructions and Additi	ional Information								
f. ☐ Friable ☐ Non-Friable ☐ Both		riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.									
			L. J. Ser.						
g. Operator's Name and Title (Print)	h. Sigr			i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ates, controls, or sup	ervises the facility being der	nolished or	renovate	d, or the demolitio	n or		



2167794

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator	or completes	1d-1)	The second second						
a. Generator's US EPA ID Number		b. Manifest Docu			c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailing Address:						
High Street Loady A									
Gwinnett Reg. Dist.			100						
f Phone: 3312 N Berkley Lake	RdNW		g. Phone:						
f. Phone: If owner of the generating facility differs fr	óm the generato	r. provide:	g. I florie.				-		
if owner of the generating facility directs in	om the generate	r, provido.							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		pping Name and		tainers	n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
		Mon Rondolar	Arsenic Impacted Soil						
COSTA ADODEO	*********		Lusping milyampo eign			18 tons			
60871420350	11/21/201	D.							
ACCOUNT # 100563									
		4. 4							
							5		
GENERATOR'S CERTIFICATION: I here	by certify that the	e above named mat	erial is not a hazardous wast	e as define	d by 40 C	FR 261 or any ap	plicable		
state law, has been properly described, cl	assified and pac	kaged, and is in pro	per condition for transportation	n accordin	g to applic	cable regulations;	AND, if this		
waste is a treatment residue of a previous	sly restricted haz	ardous waste subjec	t to the Land Disposal Restri	ctions. I ce	rtify and w	varrant that the wa	aste has		
been treated in accordance with the requi	rements of 40 Ci	PR 208 and IS NO IOI	iger a nazardous waste as di	elined by 4	U CFR 20				
Havan D. Holsonsbirl	State of	Haron,	1 Ha There to	196	2	2/11/21	3/15		
p. Generator Authorized Agent Name (Pri		q. Signature	Or from the service of		r. Date	11			
II. TRANSPORTER (Gene			neporter completes lic-	(۵					
a. Transporter's Name and Address:	rator complet	les lia-b and me	naporter completes lic-	<u>C)</u>					
a. Transporter 5 Hanse and Address.		ř							
							- 1		
	- 2 1	5		7					
b. Phone:									
The state of the s				7 10					
a Driver Name (Driet)	d Cia	matura		e. Date	-				
c. Driver Name (Print)		inature	ation City commister III						
III. DESTINATION (General									
a. Disposal Facility and Site Address:	71-3575	c. US EPA Nu	mber d. Discrepancy Indica	ation Space	e:				
fast I Sig Richten ditte alk Rei									
Buind CA 3(6)(ii									
b.									
I hereby certify that the above named ma	terial has been a	ccepted and to the t	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sigr			g. Date					
IV. ASBESTOS (Generator	completes IV	a-f and Operato	r complete IVg-i)						
a Operator's Name and Address:			c. Responsible Agency Na	me and Ad	ldress:				
h Dhana:			d Phone:						
b. Phone: e. Special Handling Instructions and Addi	tional Information	n'	d. Phone:						
C. Opecial Harlandy Matractions and Addi	lional imormation	"							
f. Friable Non-Friable Both	%	Friable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this cor	signment are fully and accur	ately desci	ribed abov	e by the proper s	hipping name		
and are classified, packaged, marked and	l labeled/placard	ed, and are in all res	spects in proper condition for	transport a	according	to applicable inter	rnational and		
national governmental regulations.									
				Je					
g. Operator's Name and Title (Print)	h Sig	ınature		i. Date					
*Operator refers to the company which ov			pervises the facility being der		renovate	d, or the demolitic	on or		
renovation operation or both	, ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,						



2167792

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docun	c. Page 1 of					
d. Generator's Name and Location: Kan Singer Fourity As General Flog Dist. 3312 N Berkky aks	Carka Rd NW		e. Generator's Mailing Add	dress:				
If owner of the generating facility differs fr	om the generator,	provide:						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
50871420359	11/21/2015	The state of the s	Araenic Impacted Soil			18 Hons		
ACCOUNT # 100563						-		
						-		
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.								
Aren D. Ho senden / Th	Ja Street	Muron 2	Halloste.		. /2/	11/2014	-	
p. Generator Authorized Agent Name (Pri	nt) q	. Signature	4		r. Date		***	
II. TRANSPORTER (Gene	rator complete	s lla-b and Tran	sporter completes Ilc-	·e)				
a. Transporter's Name and Address: b. Phone:								
IDRIT DURMISE	VIC POL	FIT LIC	11116 EVIC		11-	//		
c. Driver Name (Frint)	d. Sign		// DV 14 III	e. Date				
III. DESTINATION (General								
a. Disposal Facility and Site Address 202 5691 Sin Hichland Creek Hd Buford, GA 30518 b.			ber d. Discrepancy Indica					
I hereby certify that the above named ma	terial has been ac	cepted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.		
							27	
e. Name of Authorized Agent (Print)	f. Signa			g. Date				
IV. ASBESTOS (Generator	completes IVa	-f and Operator						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress			
h Dhone:			d Phono:					
b. Phone: e. Special Handling Instructions and Addi	tional Information		d. Phone:		19-48			
o. oposial Harlamy mondonorio and rada	dorial morridation							
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this cons d, and are in all resp	signment are fully and accur pects in proper condition for	rately descr transport a	ibed abov iccording t	e by the proper sl to applicable inter	nipping name national and	
g. Operator's Name and Title (Print)	rı. Sign	ature		i. Date				
*Operator refers to the company which ov	vns, leases, opera	tes, controls, or sup	ervises the facility being der	molished or	renovate	d, or the demolitio	n or	
renovation operation or both	Figure 19 March							



2167790

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	or completes i						
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page 1) of	
d. Generator's Name and Location:			e. Generator's Mailing Ad	ddress:			
p Esth Suce i quay Av							
Cwinnell Reg. Del.							
f. Phone:			g. Phone:				
f. Phone: If owner of the generating facility differs fr	om the generator	r, provide:					
il owner of the gorierating many							-
h. Owner's Name;		Ti Winds Ohio	i. Owner's Phone No.:	l m. Cor	tainere T	n. Total	o. Unit
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No.	Type	Quantity	Wt/Vol
		V/1 1/0					
		Non Regulated	Arsenic Impacted Soil			101	
50871420359	11/21/201	5				18 tons	1 4
ACCOUNT # 100563							
			/4/				
	- 4, N						
	1 2 2						
GENERATOR'S CERTIFICATION: I here	eby certify that the	e above named mate	rial is not a hazardous was	te as define	d by 40 CF	R 261 or any ap	oplicable
state law, has been properly described, c waste is a treatment residue of a previous	lassified and paci	kaged, and is in prop	er condition for transportat	ion accordin	ig to applic	able regulations	; and, it this
waste is a treatment residue of a previous been treated in accordance with the requ	irements of 40 CF	ardous waste subject FR 268 and is no lon	ger a hazardous waste as i	defined by 4	0 CFR 261		asio nas
been treated in accordance with the requ	A CAROLLE OF 40 OF	//	They are			1 - 1	ř.,
August D. And James of Land	451100+	Marine St. 1	S. Hopertains		1 4	111/2014	4
p. Generator Authorized Agent Name (Pr		q. Signature			r. Date		
II. TRANSPORTER (Gene	erator complet	tes Ila-b and Trai	nsporter completes lic	c-e)			
a. Transporter's Name and Address:							
			-				
		127 .					
b. Phone:		196	1	777			
THE TAX AS	4.3	I am the	1	the 1	7 1	1-14	
J.M. M. Duffl		mark,		e. Date	1 - 11		
c. Driver Name (Print)		mature /	ation Cita complete - I				
III. DESTINATION (General				nia-g)	01		
a. Disposal Facility and Site Address:	271-3575	c. US EPA Nur	nber d. Discrepancy Indi	cation Spac	e.		
5691 5th Richland Creek Rd							
Buford, GA 30518							
b.			A Carry to Company and the Carry	un mater a de d		ourata	
I hereby certify that the above named ma	iterial has been a	ccepted and to the b	est of my knowledge the fo	regoing is ti	ue and acc	curate.	
e. Name of Authorized Agent (Print)	f. Sigr	nature		g. Date			
IV. ASBESTOS (Generator			complete IVa-i)	17			
a. Operator's Name and Address:	COMPICTOR IV		c. Responsible Agency N	lame and Ad	ddress:		
a. Operator's Name and Address.			o. Acoponoible Agency 14	and and m			
			d Dhane				
b. Phone:	litianal Information	n: 1010 - 1	d. Phone:				
e. Special Handling Instructions and Add	monai mormatioi	(II.					
						11,000	
f. Friable Non-Friable Bott	1 %	Friable	% Non-Friable				-1-1
OPERATOR'S CERTIFICATION: I hereb	y declare that the	e contents of this con	signment are fully and acc	urately desc	inbed abov	e by the proper	snipping name
and are classified, packaged, marked an national governmental regulations.	d labeled/placard	ied, and are in all res	pecis in proper condition to	or transport	according t	o applicable ille	and and
national governmental regulations.							
g. Operator's Name and Title (Print)	h, Sig	gnature		i. Date		1 1 1 1 1	
*Operator refers to the company which o	wns, leases, ope	rates, controls, or su	pervises the facility being d	emolished o	r renovate	d, or the demolit	ion or
renovation operation or both							



2167791

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\tt NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator 	completes la	-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of				
d. Generator's Name and Location: heart Street County Add County	enter Id NW	7	e. Generator's Mailing Add g. Phone:	lress:	ı					
If owner of the generating facility differs from	m the generator, p	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Conta	Type	n. Total Quantity	o. Unit Wt/Vol			
60871420369	11/21/2016	Non Regulated	Arsenic Impacted Soil			18 tens				
ACCOUNT # 100563										
-9 (E. 1977)										
							14			
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, cla waste is a treatment residue of a previously been treated in accordance with the require	ssified and packa restricted hazard	iged, and is in prop dous waste subject	er condition for transportatio to the Land Disposal Restric	n according ctions. I certi	to applic fy and w	able regulations; arrant that the w	AND, if this			
Alman D. Had round and / play	1 51/88t	Musica St.	Tottusten		12	/11/2014	(
p. Generator Authorized Agent Name (Print	t) q.	Signature			r. Date		14			
II. TRANSPORTER (General	ator completes	s Ila-b and Tran	nsporter completes lic-	e)						
a. Transporter's Name and Address: b. Phone:	- 1 1	7		/5/	tu t	\				
c. Driver Name (Print)	d. Signa	ature		e. Date	11/0	LONJ				
III. DESTINATION (Generate			ation Site completes Ille	d-a)		5				
a. Disposal Facility and Site Address: 1977 2081 Sin Facility Creek Hard Creek Hard CA 30518 b.	1-3576	c. US EPA Num	nber d. Discrepancy Indica	ition Space:		1				
I hereby certify that the above named mate	rial has been acc	epted and to the be	est of my knowledge the fore	going is true	and acc	curate,				
e. Name of Authorized Agent (Print)	f. Signat	ture		g. Date			_			
IV. ASBESTOS (Generator o			complete IVa-i)	- ISM						
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Addr	ess:					
b. Phone:			d. Phone:							
e. Special Handling Instructions and Addition	onal Information:									
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	% Fri declare that the c labeled/placarded	ontents of this cons	% Non-Friable signment are fully and accurate pects in proper condition for	ately describ transport acc	ed above cording t	e by the proper so o applicable inter	hipping name, mational and			
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date		d analysis demonstra				
*Operator refers to the company which owr	is, leases, operat	es, controls, or sup	ervises the facility being den	nousned or r	enovated	i, or the demolition	וט ווכ			



2167803

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r completes							
a. Generator's US EPA ID Number		b	Manifest Docum	nent Number	FT	c. Page	1 of	
d. Generator's Name and Location: Generator's Name and Locati	Center Rd NW	tor pro	ido	e. Generator's Mailing Add	ress:			
If owner of the generating facility differs in	om the general	tor, prov	/ide:	14				
h. Owner's Name:			T I Marks Obin	i. Owner's Phone No.:	m. Con	tainere	n. Total	o. Unit
j. Waste Profile #	k, Exp. Date		Description	ping Name and	No.	Type	Quantity	Wt/Vol
60871420369	11/21/20		ion Regulated .	Arsenic Impected Soil			If tons	
ACCOUNT # 100563								
		13		la la		1140.0	ED 004	linable
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pa ly restricted ha	ackaged azardou:	d, and is in prop s waste subiect	er condition for transportation to the Land Disposal Restrict	n according ctions. I ce	g to applic rtify and w	cable regulations; varrant that the w	AND, IT THIS
Horan D. Hr make - 12 miles	-Sweet	- 1	Frank Try	Talfristein		12	11/2014	
p. Generator Authorized Agent Name (Pri			nature			r. Date	Y	
II. TRANSPORTER (Gene a. Transporter's Name and Address: b. Phone:	rator compr	A	a-b and trai	isporter completes lie	∀ /	1.1		
Dork Otryant	-	fort	- Change		10	111/14		
c. Driver Name (Print)		Signatur			e. Date			
III. DESTINATION (General	or complete							
a. Disposal Facility and Site Address:			c. US EPA Num					
I hereby certify that the above named mat	erial has been	accept	ed and to the b	est of my knowledge the fore	going is tr	ue and ac	curate.	
					1,4			
e. Name of Authorized Agent (Print)		ignature		11 07 %	g. Date			
IV. ASBESTOS (Generator	completes I	Va-f a	and Operator			I-luo		
a. Operator's Name and Address: b. Phone:				c. Responsible Agency Nar d. Phone:	me and Ad	laress:		
e. Special Handling Instructions and Addi	tional Informat	ion:		d. Filone.				
f. Friable Non-Friable Both		% Friabl	le	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	/ declare that t I labeled/placa	the cont irded, a	tents of this con nd are in all res	signment are fully and accur pects in proper condition for	ately descr transport a	ribed abov according	ve by the proper sto applicable inte	shipping name rnational and
g. Operator's Name and Title (Print)	h. S	Signatur	re	form the facility being de-	i. Date	r ronovoto	d or the demoliti	on or
*Operator refers to the company which ov	vns, leases, op	erates,	controls, or sup	pervises the racility being der	nonsnea o	renovate	a, or the demont	OII OI



2167802

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 (Generato	on complete:						- D	4 -4		
a. Generator's US EPA ID Number		b. r	Manifest Docum	nent ivi	ımber		c, Page	1 01		
				o Go	enerator's Mailing Add	lroce.				
d. Generator's Name and Location:	luisore			o, Contracts o Maning / Idan cook						
Gwinnett Reg. Dist. (
3312 N Berkley Lake				a Dhanai						
f. Phone:	2	ham mean	ilda	g. Phone:						
If owner of the generating facility differs from	om the genera	tor, prov	ride:							
h. Owner's Name:				i. Ow	ner's Phone No.:				.,	
j. Waste Profile #	k. Exp. Date		I. Waste Ship	ping N	ame and	-	tainers	n. Total	o. Unit	
The state of the s			Description			No.	Туре	Quantity	Wt/Vol	
		N	on Regulated /	Ansenio	c Impacted Soil					
50871420359	11/21/20									
shout treasure	7.104.314.6	7.141							4	
ACCOUNT # 100563										
Mooragies a mondo			1							
<u>.</u>										
GENERATOR'S CERTIFICATION: I here	by certify that	the abov	u ve named mate	rial is r	not a hazardous wast	e as define	d by 40 C	FR 261 or any a	applicable	
state law has been properly described of	lassified and no	ackaded	 and is in property 	er con	dition for transportatio	n accordir	ig to applic	cable regulation:	s; and, it this	
waste is a treatment residue of a previous	sly restricted ha	azardous	s waste subject	to the	Land Disposal Restri	ctions. I ce	ertify and w	arrant that the	waste has	
been treated in accordance with the requi	rements of 40	CFR 26	8 and is no long	ger a n	azardous waste as di	elified by 4	CFR 20	7 7		
ha - 1 1 - 1 2 1 2 1 5	61.Y -53.2.2.1.3	10	brien F. C.	1/6	or from		12	10/2014	/	
p. Generator Authorized Agent Name (Pri	int)	q. Sig	nature				r. Date	1		
II. TRANSPORTER (Gene		etes IIa	a-b and Tran	nspor	ter completes lic-	-e)				
a. Transporter's Name and Address:	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		100000000000000000000000000000000000000							

b. Phone:										
b. I none.										
-76-500 v. 1/2 V - 1/2 v. 1/2										
c. Driver Name (Print)		Signature				e. Date	W. 10 0			
III. DESTINATION (Genera										
a. Disposal Facility and Site Address:	71-3575		cyUS EPA Num	nber	d. Discrepancy Indic	ation Spac	e:			
5691 5th Richland Creek Rd		į.								
Buford, GA 30518			1.4							
b.			1							
I hereby certify that the above named ma	terial has been	accepte	ed and to the be	est of r	my knowledge the for	egoing is t	rue and ac	curate.		
					4 1					
e. Name of Authorized Agent (Print)	f S	ignature	F			g. Date	11.110	2-14		
IV. ASBESTOS (Generator				comi	plete IVa-i)					
	Compicted		ind Operator		sponsible Agency Na	me and Δ	ddraee:			
a. Operator's Name and Address:				U, Ke	Sponsible Agency Na	and All	, ai 000.			
				100	ada					
b. Phone:	itional Informat	ion:		d. Ph	ione:					
e. Special Handling Instructions and Add	monar miormat	IOII,	1							
*	242	4. 4.								
f. Friable Non-Friable Both		% Friable	0	% No	on-Friable		ath a 1 1	an have the annual	e chine in a ware	
OPERATOR'S CERTIFICATION: I hereb and are classified, packaged, marked and	y declare that t	the conti	ents of this cont	signme	ent are fully and accur	rately desc	ribed abov	e by the proper to applicable in	ternational and	
and are classified, packaged, marked and national governmental regulations.	u labeled/placa	iiueu, ar	nd are in an res	henra I	ii proper condition for	aranoport	Gooding	to apprioable III		
national governmental regulations.			- 1	-1						
				1.11				C		
g. Operator's Name and Title (Print)	h. 8	Signatur	e controle	ond-	a the facility being de	i. Date	r ranovata	d or the dome!	ition or	
*Operator refers to the company which over renovation operation or both	wns, leases, of	perates,	controls, or sup	ervise	s the racility being de	monstred C	renovate	u, or the demoi	illori oi	
Tonovation operation of both										



2167800

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	or completes	s la-r)				11	2	
a. Generator's US EPA ID Number		b. Manifest Docu						
d. Generator's Name and Location:	a Mariana		e. Generator's Mailing Ad	dress:				
y from Till of the ty								
Owinnelf Reg. Dist. 0 3312 N Berkley Lake I								
f. Phone:	//		g. Phone:					
If owner of the generating facility differs from	om the generat	tor, provide:						
h Owner of Names			i Owner's Dhone No.					
h. Owner's Name: i. Waste Profile #	k. Exp. Date	I Waste Shi	i. Owner's Phone No.:	m. Con	tainers	n. Total	o. Unit	
j. vvaste Frome #	K. Exp. Date	Description	pping Name and	No.	Type	Quantity	Wt/Vol	
					100			
A Commence of the Commence of			i Amenic Impacted Soil			10		
50871420359	11/21/20	215				12 605		
				-				
ACCOUNT # 100563								
							l	
				N 10 1			1	
				100				
GENERATOR'S CERTIFICATION: I herel	by certify that t	the above named mat	erial is not a hazardous wast	e as define	d by 40 C	FR 261 or any ap	olicable	
state law, has been properly described, cla	assified and pa	ackaged, and is in pro	per condition for transportation	on accordin	ig to applic	cable regulations;	AND, if this	
waste is a treatment residue of a previous	ly restricted ha	zardous waste subjec	ct to the Land Disposal Restr	ictions. I ce	ertify and v	varrant that the wa	iste has	
been treated in accordance with the requir	ements of 40 (CFR 268 and is no loi	nger a hazardous waste as d	efined by 4	0 CFR 26	1.		
Horon D Hot was lever 1200	1 Strand	Hurry I	140.00		. 0	2/11/2011		
p. Generator Authorized Agent Name (Prin		g. Signature	1-101-11-10-11-1		r. Date	11/10/7	5	
II. TRANSPORTER (Gener		L	insporter completes lic-	-e)				
a. Transporter's Name and Address:	ator compic	oco na b and me	insporter completes lie	0)			***************************************	
o. Transporter o Transc and Transcoo.								
b. Phone:			A					
DONALD FORESTE	119	Directed &	Oxical	22	-11.	-14		
c. Driver Name (Print)		ignature		e. Date				
III. DESTINATION (Generate	or complete	Illa-c and Destin	ation Site completes II	ld-a)				
a. Disposal Facility and Site Address		c. US EPA Nu			e:			
of Grant (Languary Cooking	F-3010		,					
Par of CA AP 10								
b. I hereby certify that the above named mate	orial has been	accented and to the	nest of my knowledge the for	ogolna je tr	ue and ac	curate		
mereby certify that the above hamed mate	chai has been	accepted and to the i	Jest of my knowledge the for	ogoing is ti	ue anu ac	ourate.		
The second second second second								
e. Name of Authorized Agent (Print)	f. Sig	gnature		g. Date				
IV. ASBESTOS (Generator of	completes I	Va-f and Operato	r complete IVg-i)					
a. Operator's Name and Address:		V	c. Responsible Agency Na	me and Ad	ldress:			
a. operator o riamo ana riamo de			o. v. sapana n. gana, v. s					
						f		
A TAIT OF THE PARTY OF THE PART						15.		
b. Phone:	ion al Informació		d. Phone:					
e. Special Handling Instructions and Additi	ionai intormatio	on:						
				11	1			
f. Friable Non-Friable Both		Friable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that th	ne contents of this cor						
and are classified, packaged, marked and	labeled/piacar	ded, and are in all re-	spects in proper condition for	transport a	according	to applicable inter	national and	
national governmental regulations.				T				
g. Operator's Name and Title (Print)	h. S	ignature		i. Date				
*Operator refers to the company which ow			pervises the facility being de		renovate	d, or the demolitio	n or	
renovation operation or both								



2167801

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generato 	r completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of	
d. Generator's Name and Location: High Street Equity Ad Gwinnett Rog. Dist. C 3312 N Berldey Lake F	Jenter Rd NW		e. Generator's Mailing Add	lress:			4 =
If owner of the generating facility differs from	m the generator.	provide:					
h. Owner's Name:			iOwner's Phone No.:				,
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Cont No.	ainers Type	n. Total Quantity	o. Unit Wt/Vol
50871420359	11/21/2015		Arsenic Impacted Soil			18 tous	
ACCOUNT # 100563							
GENERATOR'S CERTIFICATION: I heret state law, has been properly described, cla waste is a treatment residue of a previousl been treated in accordance with the requir	assified and pack by restricted haza	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restri	n according ctions. I cer	to applic tify and w	cable regulations; varrant that the wa	AND, if this
Hamis D. Hottosten / 9	4 5000	Chase L	to the witten		12	11/2014	
p. Generator Authorized Agent Name (Prin		ı. Signature			r. Date		_ X
II. TRANSPORTER (Gener	rator complete	es Ila-b and Trai	nsporter completes Ilc-	e)			
a. Transporter's Name and Address: b. Phone:				*		1	
THINKIC FATERD		Mr. Lo	1/5-	12/1	9/14	4	
c. Driver Name (Print)	d. Sign	nature		e. Date			
III. DESTINATION (Generate	or complete II	lla-c and Destina	ation Site completes III	d-g)			
a. Disposal Facility and Site Address:		c. US EPA Nun			1		
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tru	e and ac	curate.	
e. Name of Authorized Agent (Print)	f. Signa			g. Date			
IV. ASBESTOS (Generator of	completes IVa	a-f and Operator			V		
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:		
b. Phone:			d. Phone:		1.5		
e. Special Handling Instructions and Additi	ional Information					1	
f. ☐ Friable ☐ Non-Friable ☐ Both		riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this con ed, and are in all res	signment are fully and accur pects in proper condition for	ately descri transport a	bed abov cording t	e by the proper so applicable inter	hipping name, national and
					Ĭ		
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sigr ns, leases, opera	nature ates, controls, or sup	pervises the facility being der	i. Date nolished or	renovated	d, or the demolitic	on or



2167799

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes	la-r)					
a. Generator's US EPA ID Number	b. Manifest Docum	nent Number	c. P	age 1 of		
d. Generator's Name and Location: Linch Stront Equity Advisors Comment Roy Dist Center 3312 N Sensoy Like Rd NW f. Phone:		e. Generator's Mailing Add g. Phone;	ress:			
If owner of the generating facility differs from the generato	r, provide:	7.				
h. Owner's Name:		i. Owner's Phone No.;			o. Unit	
j. Waste Profile # k. Exp. Date	I. Waste Ship Description					
50871420359 11/21/201		Arsenic Impacted Soil		18 tons		
ACCOUNT # 100563						
GENERATOR'S CERTIFICATION: I hereby certify that the state law, has been properly described, classified and pactive waste is a treatment residue of a previously restricted haz been treated in accordance with the requirements of 40 C.	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restrict	n according to a ctions. I certify a	pplicable regulations; nd warrant that the w	AND, if this	
Amar D. lot wwan him hed	Moren NA	totalis.		12/11/2014	1	
p. Generator Authorized Agent Name (Print)	q. Signature		r. Da	ate		
II. TRANSPORTER (Generator complet	tes Ila-b and Trar	nsporter completes lic-	e)			
a. Transporter's Name and Address: b. Phone:	, , ,		· · · · · · · · · · · · · · · · · · ·	1		
Michael Corpson Mi	chael C	- ibsall	12/11	114		
	nature		e. Date			
III. DESTINATION (Generator complete						
a. Disposal Facility and Site Address:	c. US EPA Nun	nber d. Discrepancy Indica	uion Space:			
I hereby certify that the above named material has been a	ccepted and to the be	est of my knowledge the fore	going is true an	d accurate.		
e. Name of Authorized Agent (Print) f. Sign			g. Date			
IV. ASBESTOS (Generator completes IV	a-f and Operator					
a. Operator's Name and Address: b. Phone:		c. Responsible Agency Nar d. Phone:	ne and Address			
e. Special Handling Instructions and Additional Information	n:	d. I Hone.				
	Friable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby declare that the and are classified, packaged, marked and labeled/placard national governmental regulations.	e contents of this cons ed, and are in all resp	signment are fully and accura pects in proper condition for	ately described a transport accord	above by the proper s ling to applicable inte	hipping name rnational and	
g. Operator's Name and Title (Print) h. Sig	nature	on its a the facility being the	i. Date	untaid on the dam - 1111		
*Operator refers to the company which owns, leases, oper renovation operation or both	rates, controls, or sup	ervises the facility being den	iolished of reno	vated, or the demolition	OIT OF	



2167798

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number	2	b. Manifest Docur	ment Number		c. Page	1 of	-		
d, Generator's Name and Location: High Sheet Fourly A Common Fog Unit	Center		e. Generator's Mailing Address:						
f. Phone: If owner of the generating facility differs fr	om the generator.	. provide:	g. Phone:			-war v			
	en a general	, , , , , , , , , , , , , , , , , , , ,	i Ouwarda Dhana Na				Y		
h. Owner's Name:	k. Exp. Date	I. Waste Ship	i. Owner's Phone No.:	m. Con	tainers	n. Total	o. Unit		
ji vvasto i romo n	THE EXPENSES	Description		No.	Type	Quantity	Wt/Vol		
50871420359	11/21/2015		Arsenic Impacted Soil			18 tons	X		
ACCOUNT # 100563						Bank I	,		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pack sly restricted haza	aged, and is in prop irdous waste subject	er condition for transportation to the Land Disposal Restri	on accordin ictions. I ce	g to applice rtify and w	cable regulations; varrant that the wa	AND, if this		
Acons Tilles /Mayor	+ 01	Harmon Da	Halle Alex		7	13/11/201	1/2		
p. Generator Authorized Agent Name (Pri	int) q	q. Signature	armoportus.		r. Date	2111/201	4		
II. TRANSPORTER (Gene			nsporter completes lic-	-e)					
a. Transporter's Name and Address: b. Phone:	market probability			T.					
IDRIT DURMIST	Vic /co	10 De	MAN DEVIC	12-	110	14			
c. Driver Name (Print)	d. Sign	nature		e. Date					
III. DESTINATION (Genera									
a. Disposal Facility and Site Address:	71-3675	c. US EPA Nun	nber d. Discrepancy Indic	ation Space	9:				
I hereby certify that the above named ma	terial has been ac	ccepted and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.			
1 2 2				43					
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	a-f and Operator							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addi	tional Information:		1	/	. j				
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	v declare that the	Friable contents of this consed, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	ately descr transport a	ibed abov according	re by the proper s to applicable inter	hipping name national and		
g. Operator's Name and Title (Print)	h. Sign	nature		i. Date			*		
*Operator refers to the company which ov renovation operation or both	vns, leases, opera	ates, controls, or sup	pervises the facility being der	molished or	renovate	d, or the demolitic	on or		



2167796

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generati	or completes in	b. Manifest Docur	ment Number		c, Page	1 of	
a. Generator's US EPA ID Number		b. Marinest Docul	S. Fage 15.				
d. Generator's Name and Location:			e. Generator's Mailing Add	ress;			
High Street Egyty A							
Osimući Reg. Dist.							
f. Phone:	10		g. Phone:				
If owner of the generating facility differs for	om the generator,	, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		pping Name and		tainers	n. Total	o. Unit
Communication and the second		Description		No.	Туре	Quantity	Wt/Vol
	-	Non Regulated	Arsenic Impacted Soil			101	
50871420359	11/21/2016	A STATE OF THE PARTY OF THE PAR				18 tous	
ACCOUNT # 100563							
3 35							
						W-1-1-1-1	
AT- 8 1						1-11-11	
GENERATOR'S CERTIFICATION: I here	Leby certify that the	above named mate	erial is not a hazardous waste	as define	d by 40 C	FR 261 or any ap	plicable
state law has been properly described of	lassified and nack	caged, and is in pror	per condition for transportatio	n accordir	id to applic	cable requiations;	AND, IT this
waste is a treatment residue of a previou been treated in accordance with the requ	sly restricted haza	rdous waste subjec	t to the Land Disposal Restric	efined by 4	ertify and v 0 CFR 26	varrant that the w 1.	aste nas
been treated in accordance with the requ	incline of 40 Of	// * }	CA			21.1.	
Farmy D. Hollander 18	L. Theor	March D	4 Tullenster		/	2/11/201	4
p. Generator Authorized Agent Name (Pr		q. Signature	Market Market II		r. Date		
II. TRANSPORTER (Gene	erator complete	es lla-b and Tra	nsporter completes lic-	e)			
a. Transporter's Name and Address:							
Tale 1							
L Division in the Control of the Con		1					
b. Phone:		1	1	1 7	· ·	1 111	
Jimny 1)	21-	Char	N		2 - 1	1-14	
c. Driver Name (Print)	d. Sign		-ti Cito completes III	e. Date		Name and the same	*******
III. DESTINATION (General		lia-c and Destin	mber d. Discrepancy Indica	u-y)	0.1		
a. Disposal Facility and Site Address:	271-3575	c. US EPA Nui	mber d. Discrepancy indica	ation Spac	€.		
5691 Sth Richland Creek Rd							
Buford, GA 30518		1					
b. I hereby certify that the above named ma	aterial has been ad	ccepted and to the b	pest of my knowledge the fore	egoing is t	rue and ac	curate.	
a Name of Authorized Agent (Brist)	f. Sign	ature		g. Date			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator			r complete (Va-i)	g. Date			
a. Operator's Name and Address:	Compietes IV	a rana Operato	c. Responsible Agency Na	me and A	ddress:	*********	
a. Operator's Ivame and Address:			o. reapolisiolo Agency Na	o and A	2. 300.		
The state of the s							
b. Phone:			d. Phone:				
e. Special Handling Instructions and Add	litional Information	n;	± 1				
f. Friable Non-Friable Bot	n % F	Friable	% Non-Friable			13391 - 130	
OPERATOR'S CERTIFICATION: I hereb	y declare that the	contents of this cor	signment are fully and accur	ately desc	ribed abo	ve by the proper	shipping name
and are classified, packaged, marked an	d labeled/placarde	ed, and are in all res	spects in proper condition for	transport	according	to applicable inte	rnational and
national governmental regulations.		And American		<u> </u>			
g. Operator's Name and Title (Print) *Operator refers to the company which of	h. Sig	nature	ward - the facility being day	i. Date	r renovete	d or the demoliti	on or



2167797

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes is	d-1)					
a. Generator's US EPA ID Number		b. Manifest Docun	nent Number		c. Page	1 of	
d. Generator's Name and Location: High Street Equity Ac Ovinnet Rep Dist (3312 N Bardey Lake) f. Phone:	Center Rd NW	-	e. Generator's Mailing Adgression of the Generator of the Genera	ddress:			
f. Phone: If owner of the generating facility differs from	om the generator.	provide:				W- 11-11	
h. Owner's Name:			i. Owner's Phone No.;				
j. Waste Profile #	k. Exp. Date		ping Name and	m. Con		n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
60871420359	11/21/2016		Americ Impacled Soil			18 tens	
ACCOUNT # 100583							
				t	d b 40 Cl	ED Oct or only	allantia
GENERATOR'S CERTIFICATION: I here state law, has been properly described, ci waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack	aged, and is in prop rdous waste subject	er condition for transportat to the Land Disposal Rest	tion accordin trictions, I ce	g to applic rtify and w	cable regulations; varrant that the w	AND, if this
Land Debiton was I was	Street	I loven I A	Hersten		72	111/2019	
p. Generator Authorized Agent Name (Pri		ı. Signature			r. Date		
II. TRANSPORTER (Gene			esporter completes lic	r-e)			
a. Transporter's Name and Address:	rator complete	os na b ana man	ioportor completed in				
a. Transporter e traine and traines.							
		Λ.			. 1		
b. Phone:					1 1		
TALFYFURA	AV I	M		13	111/2	0/4	
c. Driver Name (Print)	d. Sign	nature		e. Date/	7		
III. DESTINATION (General	tor complete II	la-c and Destina	ation Site completes	IIId-g)			
a. Disposal Facility and Site Address		c. US EPA Nun			e:		
The Mark Control of the Control of t	(1504) S.				1		
Daford, GA 30518 1					1		1
b.					- 1		
I hereby certify that the above named mat	terial has been ac	cepted and to the b	est of my knowledge the fo	regoing is tr	ue and ac	curate.	
M 1							
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date			
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency N	lame and Ad	ldress:		
in the same of the							
		77					
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addi	tional information						
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this con-	signment are fully and acc	urately desc or transport a	ribed abov according	e by the proper s to applicable inte	shipping name rnational and
9							
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date			
*Operator refers to the company which ov renovation operation or both	vns, leases, opera	ates, controls, or sup	pervises the facility being d		r renovate	d, or the demoliti	on or



2167813

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generato 	r comp	letes I	a-r)				- F			
a. Generator's US EPA ID Number			b. Manifes	t Docur	ment	Number		c. Page	1 of	
d. Generator's Name and Location: High Street Equity Ad Gwinnett Reg. Dist. C 3312 N Berkley Lake I f. Phone:	Center Rd NW	1			381	Generator's Mailing Add	dress:			die.
If owner of the generating facility differs from	m the ge	nerator	, provide:							
h. Owner's Name:					i. C	Owner's Phone No.:				
j. Waste Profile #	k, Exp. l	Date	I. Was Descr		ping	Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
60871420369	11/	21/2016		julated	Ame	nic impacted Soil			18 tens	PANC.
ACCOUNT # 100563			-							
								-14		
GENERATOR'S CERTIFICATION: I herel state law, has been properly described, cla waste is a treatment residue of a previousl been treated in accordance with the requir	assified a ly restrict	nd pack ed haza	kaged, and is ordous waste	in prop subject	er co	ondition for transportatione Land Disposal Restri	on accordin ctions. I ce	ng to applientify and v	cable regulations; varrant that the wa	AND, if this
Ancar D. Hollowsen /	La Sar	750	lare	cen je	15	Hollenstein		1	2/11/1014	
p. Generator Authorized Agent Name (Prin	nt)	C	q. Signature					r. Date	/	
II. TRANSPORTER (Gener		mplete	es lla-b an	d Trai	nspo	orter completes lic-	e)			
a. Transporter's Name and Address: b. Phone:	iki di		V. San	1.1		Finalian		1 /	sful con	
John Chryant		Sp	ELK	4	7		12/	11/14		
c. Driver Name (Print)		d. Sigr			_		e. Date			
III. DESTINATION (Generate		olete II	lla-c and D	Destina	atior					
a. Disposal Facility and Site Address:	1-3575		c. US E	PA Nun	nber	d. Discrepancy Indica	ation Spac	e:	· ·	
b.										
I hereby certify that the above named mate	erial has	been ac	cepted and t	to the b	est o	r my knowledge the fore	egoing is tr	ue and ac	ccurate.	
						4,			\$ II.	
e. Name of Authorized Agent (Print)		f. Signa					g. Date			
IV. ASBESTOS (Generator of	complet	es IVa	a-f and Ope	erator	cor	mplete IVg-i)				
a. Operator's Name and Address:					c. F	Responsible Agency Na	me and Ad	ldress:		
b. Phone:					d. F	Phone:				
e. Special Handling Instructions and Additi	ional Info	rmation	:							
f. ☐ Friable ☐ Non-Friable ☐ Both		% F	riable		% 1	Non-Friable			<u> </u>	
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.		hat the	contents of the		signr	ment are fully and accur				
		7		1						
g. Operator's Name and Title (Print)		h. Sigr					i. Date	100		
*Operator refers to the company which ow renovation operation or both	ns, lease	s, opera	ates, controls	, or sup	pervis	ses the facility being der	nolished o	r renovate	d, or the demolitic	on or



2167811

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

Description No. Type Quantity V Non Regulated Assente Impacted Soit ACCOUNT # 100663 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicated law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AN waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. Loretty and warrant that the waste been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Description No. Type Quantity V Representations of the sequence of		ant Number				
## Phone: If owner of the generating facility differs from the generator, provide: Downer's Name: Downer's Name: Downer's Name: Downer's Phone No.:	e. Generator's Mailing Address:	ient Number	. Manifest Docur		umber	a. Generator's US EPA ID Number
h. Owner's Name: J. Waste Profile # k. Exp. Date L. Waste Shipping Name and Description No. Type Quantity // Output // Output	g. Phone:		-		eet Equity Advisors it Reg. Dist. Center lerkley Lake Rd NW	High Street Ed Gwinnett Reg 3312 N Berkley
J. Waste Profile # R. Exp. Date			ovide:	enerator, p	ility differs from the o	If owner of the generating facility d
Description No. Type Quantity V Non Regulated Assente Impacted Soit ACCOUNT # 100663 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicated law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AN waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. Loretty and warrant that the waste been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. Description No. Type Quantity V Representations of the sequence of					The same of the sa	h. Owner's Name:
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applic state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AN waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste been treated in accordance with the requirements of 40 CFR 268 and is no jonger a hazardous waste as defined by 40 CFR 261. p. Generator Authorized Agent Name (Print) q. Signature r. Date II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e) a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete llla-c and Destination Site completes llld-g) c. US EPA Number d. Discrepancy Indication Space: b. Discrepancy Indication Space:		ping Name and		Date	k. Exp	j. 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 applic state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AN waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste been treated in accordance with the requirements of 40 CFR 268 and is no jonger a hazardous waste as defined by 40 CFR 261. Described Printy	on Regulated Arsenic Impacted Soil 18 +6/15	Arsenic Impacted Soil	Non Regulated	/21/2015	1	50871420369
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AN waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste 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 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: c. US EPA Number d. Discrepancy Indication Space: b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		- 24			13	ACCOUNT # 100563
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AN waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste 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 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: c. US EPA Number d. Discrepancy Indication Space: b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.						
p. Generator Authorized Agent Name (Print) II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e) a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space: b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	and is in proper condition for transportation according to applicable regulations; AND, if this waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has	er condition for transportation to the Land Disposal Restr	ed, and is in prop ous waste subject	and packa ted hazard	described, classified of a previously restrict	state law, has been properly descri waste is a treatment residue of a p
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e) a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address: b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			11 1		THE PERMIT OF	
a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address c. US EPA Number d. Discrepancy Indication Space: b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	ature r. Date		ignature	q.	nt Name (Print)	p. Generator Authorized Agent Nar
a. Transporter's Name and Address: b. Phone: c. Driver Name (Print) d. Signature e. Date III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	-b and Transporter completes IIc-e)	sporter completes lic-	lla-b and Trai	ompletes	FR (Generator o	II TRANSPORTER (
c. Driver Name (Print) III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g) a. Disposal Facility and Site Address c. US EPA Number d. Discrepancy Indication Space: b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.						b. Phone:
a. Disposal Facility and Site Address c. US EPA Number d. Discrepancy Indication Space: b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	- Dekful 12/11/14	Jul		1 6 5	UKD	
a. Disposal Facility and Site Address: C. US EPA Number d. Discrepancy Indication Space: b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		tion City against to a III			. (0	
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.						
	US EPA Number d. Discrepancy Indication Space:	ber d. Discrepancy Indic			Address?	5691 Sth Flidskeya Creek
e. Name of Authorized Agent (Print) f. Signature g. Date						b.
e. Name of Authorized Agent (Print) If Signature Lg Date	d and to the best of my knowledge the foregoing is true and accurate.	est of my knowledge the for	oted and to the b	been acc	e named material ha	b. I hereby certify that the above name
		est of my knowledge the for				
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)	g. Date		re	f. Signat	: (Print)	e. Name of Authorized Agent (Prin
a. Operator's Name and Address: c. Responsible Agency Name and Address:	g. Date		re	f. Signat	: (Print)	e. Name of Authorized Agent (Prin
b. Phone: d. Phone:	g. Date d Operator complete IVg-i)	complete IVg-i)	re	f. Signat	(Print) Generator compl	e. Name of Authorized Agent (PrintV. ASBESTOS (Gene
e. Special Handling Instructions and Additional Information:	g. Date d Operator complete IVg-i) c. Responsible Agency Name and Address:	complete IVg-i) c. Responsible Agency Na	re	f. Signat	(Print) Generator compl	e. Name of Authorized Agent (Print IV. ASBESTOS (Genea. Operator's Name and Address:
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 the proper shippy and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international governmental regulations.	g. Date d Operator complete IVg-i) c. Responsible Agency Name and Address:	complete IVg-i) c. Responsible Agency Na	re	f. Signat	(Print) Generator compl ress:	e. Name of Authorized Agent (Print IV. ASBESTOS (Gene a. Operator's Name and Address: b. Phone:
	g. Date d Operator complete IVg-i) c. Responsible Agency Name and Address: d. Phone: % Non-Friable this of this consignment are fully and accurately described above by the proper shipping name	complete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accui	re and Operator ble ntents of this con-	f. Signatetes IVa-	Generator compleress: ons and Additional Incomplered Both ON: I hereby declared marked and labeled	e. Name of Authorized Agent (Print IV. ASBESTOS (General Asbest A
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 of	g. Date d Operator complete IVg-i) c. Responsible Agency Name and Address: d. Phone: % Non-Friable this of this consignment are fully and accurately described above by the proper shipping name	complete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accui	ne and Operator ble ntents of this consand are in all res	f. Signatetes IVa-	Generator compleress: ons and Additional Incomplered Both ON: I hereby declared marked and labeled	e. Name of Authorized Agent (Print IV. ASBESTOS (General Asbest A



2167812

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r completes							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of		
d. Generator's Name and Location: High Street Equity Ad Commell Reg. Dist. C	Denter		e. Generator's Mailing Address: g. Phone:					
If owner of the generating facility differs from	in the generato	r, provide:	9			- n		
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
50871420359	11/21/201	the state of the s	Arsenic Impacted Soil			18 tos		
ACCOUNT #-100683								
GENERATOR'S CERTIFICATION: I herel state law, has been properly described, cla waste is a treatment residue of a previousl been treated in accordance with the requir	assified and pac ly restricted haz	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restri	on according ictions. I ce	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this	
A 1316 13	eur of	Thomas F	4.8		1	2/11/2mil	,	
p. Generator Authorized Agent Name (Prin		q. Signature	21. 16. 14. 14		r. Date	1/1/11		
II. TRANSPORTER (Gener	rator complet	tes Ila-b and Trar	nsporter completes llc-	-e)				
a. Transporter's Name and Address: b. Phone:								
c. Driver Name (Print)		nature		e. Date		5.4746		
III. DESTINATION (Generate								
a. Disposal Facility and Site Address 651 Sith Fuchkand Creek Rd Buford, QA 30518 b.	1-3676	c. US EPA Nun	nber d. Discrepancy Indica	ation Space	:			
I hereby certify that the above named mate	erial has been a	ccepted and to the b	est of my knowledge the for	egoing is tru	ue and ac	curate.		
* /								
e. Name of Authorized Agent (Print)	f. Sigr			g. Date				
IV. ASBESTOS (Generator of	completes IV	a-f and Operator						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:			
b. Phone:	ianal Information		d. Phone:					
e. Special Handling Instructions and Additi								
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	Friable contents of this consequence and are in all response	% Non-Friable signment are fully and accur pects in proper condition for	rately descr transport a	ibed abov ccording	e by the proper s to applicable inter	hipping name, national and	
g. Operator's Name and Title (Print)	h. Sig	nature		i. Date		d or the demand		
*Operator refers to the company which ow renovation operation or both	ns, leases, opei	rates, controls, or sup	ervises the facility being dei	molished or	renovate	u, or the demolition	OF OF	



2167809

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 (Generato	ir completes l	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docur	Document Number c. Page 1 of					
d. Generator's Name and Location: High Street Equity Ac Gwinnett Reg. Dist. (3312 N Berdey Lake)	Center		e, Generator's Mailing Address: g. Phone:					
If owner of the generating facility differs from	om the generator	, provide:	g. Therie.					
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
50871420359	11/21/2018	The state of the s	Arsenic Impacted Soil			18 tons		
ACCOUNT # 100563								
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl. waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and pack Iv restricted haza	raged, and is in prop redous waste subject	per condition for transportation of to the Land Disposal Restri	n accordin ctions. I ce	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this	
Harris Delegandon 1 399	La Steet	Mirron &	Hollestin		,	12/0/201	4	
p. Generator Authorized Agent Name (Prin	nt) c	q. Signature			r. Date			
II. TRANSPORTER (Gene	rator complete	es Ila-b and Tra	nsporter completes lic-	e)				
a. Transporter's Name and Address: b. Phone:								
Michael Gilson			ibson	12/	111	14		
c. Driver Name (Print)	d. Sigr			e. Date				
III. DESTINATION (Generat		lla-c and Destination						
a. Disposal Facility and Site Address:	71.9575	c. US EPA Nur	nber d. Discrepancy Indica	ation Space	e:			
I hereby certify that the above named mat	erial has been ac	ccepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)	f. Sign			g. Date				
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:			
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addit								
f. Friable Non-Friable Both	% F	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this con ed, and are in all res	signment are fully and accur spects in proper condition for	ately descr transport a	ribed abov according	e by the proper s to applicable inter	hipping name rnational and	
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date		AL - 1		
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ates, controls, or sup	pervises the facility being del	nolished or	renovate	a, or the demolition	ori or	



2167810

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator 	completes I	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
a. Generator's US EPA ID Number		b. Manifest Docun	cument Number c. Page 1 of				2
d. Generator's Name and Location: High Street Equity Adv Gwinnett Reg. Dist. C 3312 N Berklay Lake R	enter.		e. Generator's Mailing Add g. Phone:	ress:			
If owner of the generating facility differs from	m the generator	, provide:					
h. Owner's Name:			i. Owner's Phone No.;				
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	ipping Name and m. Containers n. Total o. U No. Type Quantity Wt/V				
50871420359	11/21/2016		Araenic Impacted Soil			18 tons	
ACCOUNT # 100563							
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, cla waste is a treatment residue of a previously been treated in accordance with the require	ssified and pack v restricted haza	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restrict	n accordin ctions. I ce	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this
A - 11, 6	gent a-	Mum Ita	Harrie .		y	2 Inton	c.
p. Generator Authorized Agent Name (Print	t) c	g. Signature	The same states of		r. Date	7//	1
II. TRANSPORTER (General		es Ila-b and Tran	nsporter completes lic-	e)			
a. Transporter's Name and Address: b. Phone:	*						
Donald Polse	75 ds	model	10 atsens	e. Date	-11	-14	
c. Driver Name (Print)	d. Sign		otion Cita completes III	L			
III. DESTINATION (Generate	or complete i).		
a. Disposal Facility and Site Address 70.27 1691 Sin Richland Creek Rd Buford, GA 30518 b.	1-3575	c. US EPA Nun	nei d. Discrepancy indica	ation Space	z.		
I hereby certify that the above named mate	erial has been a	ccepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.	
and the second s							N
e. Name of Authorized Agent (Print)	f. Sign	ature		g. Date		We have been	
IV. ASBESTOS (Generator of	completes IV	a-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:		
h Dhana			d. Phone:				
b. Phone: e. Special Handling Instructions and Addition	onal Information	1	d. Filone.				
f. ☐ Friable ☐ Non-Friable ☐ Both	% [Friable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this con	signment are fully and accur	ately descr transport a	ribed abov according	ve by the proper s to applicable inter	hipping name national and
g. Operator's Name and Title (Print)	h. Sig	nature		i, Date			
*Operator refers to the company which own renovation operation or both	ns, leases, oper	ates, controls, or sup	pervises the facility being der	nolished of	r renovate	a, or the demolitic	on or



2167814

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r completes la	ı-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing Add	ress;			
High Street Equity Ad	lyisors						
Gwinnetl Reg. Dist. 0 3312 N Berkley Lake i							
f. Phone:	0		g. Phone:				
If owner of the generating facility differs from	om the generator,	provide:					
h. Owner's Name:			i. Owner's Phone No,:				
j. Waste Profile #	k. Exp, Date	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol
					.,,,,		
Section Section			Arsenic Impacted Soil			18 tons	
50871420359	11/21/2015						
ACCOUNT # 400000							
ACCOUNT # 100563							
A							
The second second							
N. 11- 23-7					11 40 0	ED 004	Vbl-
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cla	by certify that the assified and nack	above named mate	rial is not a hazardous waste er condition for transportatio	e as define n accordin	a by 40 C a to applic	cable regulations:	AND, if this
waste is a treatment residue of a previous	ly restricted hazar	dous waste subject	to the Land Disposal Restrict	ctions. I ce	rtify and v	varrant that the wa	ste has
been treated in accordance with the requir	rements of 40 CFF	R 268 and is no lon	ger a hazardous waste as de	efined by 4	0 CFR 26	1.	
Auron D. Harrenten / H. J.	1 5/198F	prait	Hollwaler		12	11/2014	1
p. Generator Authorized Agent Name (Prin	nt) q.	. Signature			r. Date		
II. TRANSPORTER (Gener	rator complete	s lla-b and Trai	nsporter completes lic-	e)	a	nosanni arrabas	
a. Transporter's Name and Address:					161	1.00	
b. Phone:							
	1 3.4	100 -1 1	12		1. 1.	¥	
MARKLEDFORD	d. Sign	12 byell		e. Date	1111-	£	
c. Driver Name (Print) III. DESTINATION (Generat			ation Site completes III				
a. Disposal Facility and Site Address:		c. US EPA Nun			e:		
birst Lib (tenters (129), 10	/1-3070	5. 55 2		ii iiru			
Buford, GA 33515							
b.							
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the fore	going is tr	ue and ad	curate.	
e. Name of Authorized Agent (Print)	f. Signa			g. Date			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator			complete IVg-i)	g. Date	-2453		· · · · · · · · · · · · · · · · · · ·
			complete IVg-i) c. Responsible Agency Na		dress:		
IV. ASBESTOS (Generator					dress:		
IV. ASBESTOS (Generator			c. Responsible Agency Na		dress:		
IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone:	completes IVa	-f and Operator			dress:		
IV. ASBESTOS (Generator a. Operator's Name and Address:	completes IVa	-f and Operator	c. Responsible Agency Na		dress:		
iV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit	completes IVa	-f and Operator	c. Responsible Agency Na d. Phone:		dress:		
IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit f. □ Friable □ Non-Friable □ Both	completes IVa	-f and Operator	c. Responsible Agency Na d. Phone: % Non-Friable	me and Ad		ve by the propersi	nipping name
b. Phone: e. Special Handling Instructions and Addit f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	tional Information:	riable	c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accur	me and Ad	ibed abov	ve by the proper si to applicable inter	nipping name national and
D. Phone: e. Special Handling Instructions and Additional Handling Instruction Handling Instructional Handling Instruction H	tional Information:	riable	c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accur	me and Ad	ibed abov	re by the proper si to applicable inter	nipping name national and
b. Phone: e. Special Handling Instructions and Addit f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	tional Information:	riable	c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accur	me and Ad	ibed abov	ve by the proper s to applicable inter	nipping name national and
b. Phone: e. Special Handling Instructions and Addit f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	tional Information: % Fire declare that the declared that the dec	riable contents of this cond, and are in all res	c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accur pects in proper condition for	me and Ad ately descritransport a	ibed abov	to applicable inter	national and



2167815

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes i	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location: First Street Folkly Accomment Reg. Dat. f. Phone:	Center Rd NW		e. Generator's Mailing Add	dress:					
If owner of the generating facility differs from	om the generator	r, provide:							
h. Owner's Name:			i. Owner's Phone No.:			r			
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2018	The state of the s	Arsenic Impacted Scil			18 long			
ACCOUNT # 100563	5.7								
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack bly restricted haza	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restri	on accordin ctions. I ce	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this		
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 (Pri	nt) c	q. Signature			r. Date	1			
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trar	nsporter completes lic-	e)					
a. Transporter's Name and Address: b. Phone:		, t,				727			
Donald & Parsons	Ec.		Parent	12	-11-	14			
c. Driver Name (Print)	d. Sigr		ti Cita a suculata a III	e. Date					
III. DESTINATION (General							_		
a. Disposal Facility and Site Address:	71-3575	c. US EPA Nun	neer d. Discrepancy indica	ation Space	s.				
I hereby certify that the above named ma	erial has been ac	ccepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sign	nature		g. Date					
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
b. Phone: c. Special Handling Instructions and Additional Information: d. Phone:									
f. ☐ Friable ☐ Non-Friable ☐ Both	0/ 1	Friable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	OPERATOR'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								
g. Operator's Name and Title (Print) *Operator refers to the company which over the company which is a	h. Sigi vns, leases, opera		pervises the facility being der	i, Date molished or	r renovate	d, or the demolition	on or		



2167816

If waste is asbestos waste, complete Sections I, II, III and IV if waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I, GENERATOR (Generate	or completes is	d-1)						
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of		
d. Generator's Name and Location:	4.4		e. Generator's Mailing Add	iress:				
High Street Equity Ac Gwinnett Reg. Dist. (
3312 N Berktey Lake								
f. Phone: If owner of the generating facility differs from	a the same of the	provido	g. Phone:					
if owner of the generating facility differs for	om the generator,	provide.						
h. Owner's Name:			i. Owner's Phone No.;			D. T-4-1	L a Llucia	
j. Waste Profile #	k. Exp. Date	Description	pping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol	
			4 1 2 1 1 1 1 1 1					
200W4 400000	4 4 40 4 40 0 4 7		Amenic Impacted Soil			18 FOR5		
50871420359	11/21/2016							
ACCOUNT # 100563								
ACCOUNT # 100000								
			1 6	11. 40.0	FD 004	Part Is		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the assified and pack	above named mate	erial is not a nazardous waste per condition for transportatio	e as define on accordin	a by 40 C a to applic	cable regulations:	AND. if this	
waste is a treatment residue of a previous	sly restricted haza	rdous waste subject	to the Land Disposal Restri-	ctions. I ce	rtify and w	varrant that the wa	aste 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.								
April De Halland Wall Sugar Cham & Hotton Sin 12/11/2014								
p. Generator Authorized Agent Name (Print) q. Signature r. Date								
II. TRANSPORTER (Gene	rator complete	es Ila-b and Tra	nsporter completes lic-	e)				
a. Transporter's Name and Address:								
· American								
b. Phone:								
c. Driver Name (Print)					1,3 - 11-	2000		
III. DESTINATION (General								
a. Disposal Facility and Site Address;	71-3576	c. US EPA Nur	nber d. Discrepancy Indica	ation Space	9:			
b681 Silh Richland Creek Rd								
Baroad, GA 30618							(
b. I hereby certify that the above named man	terial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.		
		1						
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date				
IV. ASBESTOS (Generator			complete IVa-i)	I g. Date				
a. Operator's Name and Address:	completes ive	Trana Operator	c. Responsible Agency Na	me and Ad	dress:			
a. Operator 3 Name and Address.		100	o, reapondible rigarity rea	ino ana ma	4,000			
b. Phone:			d. Phone:					
e. Special Handling Instructions and Additional Information:								
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this con	signment are fully and accur	ately descr	ibed abov	e by the proper s	hipping name	
and are classified, packaged, marked and national governmental regulations.	l labeled/placarde	d, and are in all res	pects in proper condition for	transport a	according	to applicable inter	national and	
Toword governmental regulations.								
O O O O O O O O O O O O O O O O O O O		atura		i Dota				
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sigr	iature ites, controls, or sur	pervises the facility being der	i. Date nolished o	renovate	d, or the demolitic	on or	
renovation operation or both	, 100,000, 00010	, 001111010, 01 04						



2167817

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or comple	etes ia	-r)							
a. Generator's US EPA ID Number			b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:				e. Generator's Mailing	Address:					
Figh Street Equity A										
Gwinnett Reg. Dist. 3312 N Berkley Lake								4 1		
f. Phone:	KSALISIFE.			g, Phone:						
f. Phone: If owner of the generating facility differs from the generating facility differs from the second	om the ger	nerator, p	provide:							
L O J. News				i. Owner's Phone No.:						
h. Owner's Name: i. Waste Profile #	k. Exp. D)ato	I Waste Sh	pping Name and	m. Cor	ntainers	n. Total	o, Unit		
j. vvaste Profile #	K. LAP. D	alc.	Description	pping ramo and	No.	Type	Quantity	Wt/Vol		
			Non Regulated	Arsenic Impacted Soil			18 1015			
60871420359	11/2	21/2015								
ACCOUNT # 100563	5. 7									
					P					
							-			
					d .					
					4-6-	1 5 40 0	ED 201 or env en	plianhla		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c	eby certify t	that the a	above named mar	erial is not a hazardous w	aste as define	ed by 40 C	cable regulations:	AND if this		
waste is a treatment residue of a previous	sly restricte	ed hazar	dous waste subie	ct to the Land Disposal Re	estrictions. I ce	ertify and v	varrant that the wa	aste has		
been treated in accordance with the requi	rements of	f 40 CFF	R 268 and is no lo	nger a hazardous waste a	s defined by 4	0 CFR 26	1.			
Maron D. Holley Stend Though Street June I Hotterater 12/11/2014										
p. Generator Authorized Agent Name (Pri				was aster completee	llo o)	1. Date	-			
II. TRANSPORTER (Gene	rator cor	npiete	s lia-b and Tra	insporter completes	110-6)					
a, Transporter's Name and Address:										
			7							
b. Phone:		11.	020	14	1-1	1.1.1				
Just Ofryant	- 6	10)	C College		61	11/14				
c. Driver Name (Print)	2	d. Signa	ature 📝		e. Date	/				
III. DESTINATION (Genera	tor comp	olete III	a-c and Destin	nation Site completes	s IIId-g)					
a. Disposal Facility and Site Address:		-	c. US EPA Nu			e:				
5691 Sth Richland Greek Rd	Z Truck o							-0		
Buford, GA 30518										
b										
I hereby certify that the above named ma	terial has b	peen acc	cepted and to the	best of my knowledge the	foregoing is t	rue and ac	curate.			
All and All and All (Date 1)		f 0/	turn		a Data					
e. Name of Authorized Agent (Print)		f. Signa		ur complete IVa iV	g. Date					
IV. ASBESTOS (Generator	complete	es IVa	-i and Operato		N	4.1				
a. Operator's Name and Address:				c, Responsible Agency	Name and A	adress:				
£1, N,										
b. Phone:				d. Phone:						
e. Special Handling Instructions and Add	e. Special Handling Instructions and Additional Information:									
f. Friable Non-Friable Both	1	% Fr	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereb	v declare t	hat the c	contents of this co	nsignment are fully and a	ccurately desc	ribed abov	ve by the proper s	hipping name		
and are classified, packaged, marked and	d labeled/p	lacarded	d, and are in all re	spects in proper condition	for transport	according	to applicable inter	national and		
national governmental regulations.	T									
g. Operator's Name and Title (Print)	*	h, Sign	ature		i. Date					
*Operator refers to the company which ov	wns, leases	s, opera	tes, controls, or si	pervises the facility being	demolished of	r renovate	d, or the demolitic	on or		
renovation operation or both	2000									



2167818

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r comp	etes								
a. Generator's US EPA ID Number			b. Manifest Do				c. Page	1 of		
d. Generator's Name and Location:				e.	Generator's Mailing Add	ress:				
High Sheet Ecoly Ad										
Cammeit Reg. Dist. C										
f. Phone: 3312 N Besidey Lake /	RE NIN			g.	Phone:					
If owner of the generating facility differs fro	m the ge	nerator,	provide:	Ť		****				
					0 1 51 11 1					
h. Owner's Name:	I. Eve 7	2-4-	I Wests 6		Owner's Phone No.: g Name and	m. Con	tainare	n. Total	o. Unit	
j. Waste Profile #	k, Exp. I	Jate	Description		y Name and	No.	Type	Quantity	Wt/Vol	
			Non Regula	led Ars	enic Impacted Soil			18 tons		
50871420359	11/	21/2015						10 1-63		
				1/2-111						
ACCOUNT # 100563										
						2 1		n de		
GENERATOR'S CERTIFICATION: I hereb	by certify	that the	above named n	naterial	is not a hazardous waste	as define	d by 40 C	FR 261 or any ap	plicable	
state law, has been properly described, cla	assified a	nd pack	aged, and is in p	proper o	condition for transportatio	n accordin	g to applic	cable regulations;	AND, if this	
waste is a treatment residue of a previousl	y restricte	ed nazai f 40 CEI	rdous waste sub R 268 and is no	Jonaer	ine Land Disposal Resini a hazardous waste as de	efined by 4	nily and w	/arrant that the wa	iste nas	
been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.										
Anna D. Matter 1 2 Store 12 / Muser D. Tollenslerer 12/11/2014										
p. Generator Authorized Agent Name (Print) q. Signature r. Date										
II. TRANSPORTER (Gener	rator co	mplete	es lla-b and 7	ransp	orter completes lic-	e)				
a. Transporter's Name and Address.										
b. Phone:		1			1					
		1	/			10	7 22	111		
James Dagres			12/12/20	/ 7	110-	10	- 11	-14		
c. Driver Name (Print)		d. Sign				e. Date				
III. DESTINATION (Generate		olete II								
a. Disposal Facility and Site Address:	118676	1	c. US EPA	Numbe	d. Discrepancy Indica	ation Space	e:			
Sola Sia Rick ad treek Ha		J.								
Dalisa (14.30548										
b.										
I hereby certify that the above named mate	erial has	been ac	cepted and to the	e best	of my knowledge the fore	going is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)	- 010	f. Signa	ature			g. Date				
IV. ASBESTOS (Generator of	complet			tor co	mnlete IVa-i)	3, 540				
	Complet	.63 170	a rand Opera			ma and Ad	droos:			
a. Operator's Name and Address:				C.	Responsible Agency Nar	ne and Ad	uress.			
				- 3						
					pe					
b. Phone:				d.	Phone:		L,			
e. Special Handling Instructions and Additional Information:										
f. ☐ Friable ☐ Non-Friable ☐ Both			riable		Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare t	hat the	contents of this	consign	ment are fully and accur	ately desci	ibed abov	e by the proper s	hipping name	
and are classified, packaged, marked and	labeled/p	olacarde	d, and are in all	respec	ts in proper condition for	transport a	ccording	to applicable inter	national and	
national governmental regulations.										
g. Operator's Name and Title (Print)		h. Sign	nature			i. Date				
*Operator refers to the company which ow	ns, lease	s, opera	ates, controls, or	superv	ises the facility being den	nolished or	renovate	d, or the demolitic	n or	
renovation operation or both	-									



2167819

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\tt NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generato 	r completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of		
d. Generator's Name and Location: Each Short Equity Ac Garinnett Reg. Dist. (3312 N Berkley Lake I	Senter Rd NW		e. Generator's Mailing Add	dress:				
If owner of the generating facility differs fro	m the generator,	provide:				₹		
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol	
50671420359	11/21/2016		Arsenio Impacted Soil			18 lins		
ACCOUNT # 100563								
	9							
GENERATOR'S CERTIFICATION: I herel state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and packa ly restricted hazar	aged, and is in prop dous waste subject	er condition for transportation to the Land Disposal Restri	on according ctions. I ce	g to applic rtify and w	able regulations; a arrant that the wa	AND, if this	
Agran D. Haldonston P. Phicyti Street Glacian Stattenstone 12/4/2014								
p. Generator Authorized Agent Name (Prin	nt) q.	. Signature			r. Date		Control Control	
II. TRANSPORTER (Gener	ator complete	s Ila-b and Trai	asporter completes lic-	e)				
a. Transporter's Name and Address:		4						
		1-4				is.		
			The same					
b. Phone:	,	Az.		- At.	y y		4. 1	
DEWEY PLRANKS	1 16	A.		121	11/2	114		
c. Driver Name (Print)	d. Signa	ature		e. Date	1		1	
III. DESTINATION (Generat			ation Site completes III	d-a)				
a. Disposal Facility and Site Address:		c. US EPA Nun			٠,			
5691 5th Richland Creek Rd Buford, QA 30518	1-3676	G. GO EI A Null	u. Discrepancy march	айон ориос	•			
I hereby certify that the above named mat	erial has been acc	cented and to the h	est of my knowledge the for	egoing is tru	e and acc	curate		
Theroby certain that the above hamed mate	SHOT HAD BOOT GO	soprou and to the p	oct of my minorinage and ter					
e. Name of Authorized Agent (Print)	f. Signa	iture		g. Date				
IV. ASBESTOS (Generator			complete IVa-i)	1 3. 2 4.0				
	completes iva	Tana Operator	c, Responsible Agency Na	me and Ad	drace:			
a. Operator's Name and Address:		100	c, Responsible Agency Na	me and Ad	uręss.			
b. Phone:	in al Information.		d. Phone:					
e. Special Handling Instructions and Addit	onai information.							
f. Friable Non-Friable Both		riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the of labeled/placarded	contents of this con d, and are in all res	signment are fully and accur pects in proper condition for	ately descr transport a	ibed abov ccording t	e by the proper shoo applicable inter	nipping name national and	
		and the state of						
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date				
*Operator refers to the company which ow renovation operation or both	ns, leases, operat	tes, controls, or sup	ervises the facility being der	molished or	renovated	d, or the demolitio	n or	



2167830

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docum	ument Number c. Page 1 of					
d. Generator's Name and Location: inch Street county Accepted to the Common Review (Accepted	Center		e. Generator's Mailing Add	lress:				
If owner of the generating facility differs from	om the generator,	provide:						
h. Owner's Name:			i. Owner's Phone No.:		1210202	+ 1-1	- 11-2	
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con	Type	n. Total Quantity	o. Unit Wt/Vol	
60871420359	11/21/2015		Arsenia Impedied Soil			18 las		
ACCOUNT # 100563								
	1 14							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packa	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restri	n according ctions. I ce	g to applic rtify and w	cable regulations; varrant that the wa	and, if this	
Accord - Hottenstown	agent of the	at Clus	In I have	06		12/11/20	14	
p. Generator Authorized Agent Name (Pri		Signature			r. Date	///		
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trai	nsporter completes IIc-	e)				
a. Transporter's Name and Address: b. Phone:	Λ.				-18-1			
TRUEY FURANT	5 1			0/	2/11/	2014		
c. Driver Name (Print)	d. Sign	ature		e. Date	~ <i>1</i> ()		^	
III. DESTINATION (General	tor complete III	la-c and Destina	ation Site completes III	d-g)				
a. Disposal Facility and Site Address 502 501 Sin Richard Creek Rd Buford, GA 30518 b.		c. US EPA Nun						
I hereby certify that the above named ma	terial has been ac	cepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)	f. Signa		A-1-1 D. D	g. Date				
IV. ASBESTOS (Generator	completes IVa	a-r and Operator						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:			
b. Phone: e. Special Handling Instructions and Addi	tional Information:		d. Phone:					
		w						
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereb and are classified, packaged, marked and national governmental regulations.	v declare that the	riable contents of this con d, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	rately descr transport a	ribed abov according	ve by the proper s to applicable inter	hipping name national and	
					1			
g. Operator's Name and Title (Print) *Operator refers to the company which over	h. Sign wns, leases, opera	nature ates, controls, or sup	pervises the facility being de	i. Date molished or	r renovate	d, or the demolitic	on or	
renovation operation or both								

REV 01/14



2167831

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator contents) 	ompletes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docun	ument Number c. Page 1 of							
d. Generator's Name and Location: Figh Street Equity Advisor Granati Reg. Def. Cont. 312 N Soudey Lake Ref.	76		e. Generator's Mailing Add	lress:						
If owner of the generating facility differs from the	he generator,	provide:	i Owned Bhana Na							
h. Owner's Name:	- 12 - 1-	I I Waste Chic	i. Owner's Phone No.: ping Narne and	m. Con	tainare	n, Total	o. Unit			
j. Waste Profile # k. Ł	Exp. Date	Description	ping Name and	Quantity	Wt/Vol					
60871420369	11/21/2016		Amenic Impacted Soil			18 tons				
ACCOUNT # 100663										
	- 1									
* 1										
GENERATOR'S CERTIFICATION: I hereby c state law, has been properly described, classif waste is a treatment residue of a previously re been treated in accordance with the requirement	fied and packa estricted hazar	aged, and is in prop dous waste subject	er condition for transportatio to the Land Disposal Restric	n according ctions. I ce	g to applic rtify and v	cable regulations; varrant that the wa	AND, if this			
Aura D. Horranders 10 H all S	tract	(Mon)	Hollerstein		12/11/2014					
p. Generator Authorized Agent Name (Print)		. Signature			r. Date					
II. TRANSPORTER (Generate	r complete	s Ila-b and Tran	sporter completes Ilc-	e)						
a. Transporter's Name and Address: b. Phone:	. 1 /-	and officers.	A Service Company of the Company of	10	-11-	124				
c. Driver Name (Print)	d. Sign	ature	e. Date							
III. DESTINATION (Generator of			ation Site completes III	d-a)						
a. Disposal Facility and Site Address:		c. US EPA Num			9:					
I hereby certify that the above named material	has been ac	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator com	npletes IVa	-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:					
b. Phone: d. Phone:										
e, Special Handling Instructions and Additiona	e, Special Handling Instructions and Additional Information;									
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby dec and are classified, packaged, marked and laborational governmental regulations.	clare that the eled/placarde	contents of this con d, and are in all res	signment are fully and accur pects in proper condition for	ately descr transport a	ribed abov	to applicable inter	nipping name national and			
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date		d 46- d				
*Operator refers to the company which owns, renovation operation or both	leases, opera	ites, controls, or sup	ervises the facility being der	noilsned of	renovate	u, or the demolition	וו סר			



2167832

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	or completes la	a-r)							
a. Generator's US EPA ID Number		nent Number	c. Page	1 of					
d. Generator's Name and Location: Figh Size (County Account) County (County Account) f. Phone:	Tenio Na MY		e. Generator's Mailing Ado	lress:					
If owner of the generating facility differs from	óm the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No,:						
j. Waste Profile #	k Exp. Date	I. Waste Ship Description	oping Name and	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol			
50871420359	11/21/2015		Amenio Impacted Soil		18 tons				
ACCOUNT # 100563			54)	1					
			4 -	*					
state law, has been properly described, cl	assified and pack	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restrict	us waste as defined by 40 CFR 261 or any applicable sportation according to applicable regulations; AND, if the al Restrictions, I certify and warrant that the waste has set as defined by 40 CFR 261.					
Agree D. Hat postain 130 1 1 1001 / horan & Atallemotion 12/11/2014									
p. Generator Authorized Agent Name (Prin	nt) q	ı. Signature		r. Date	7 7				
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trai	nsporter completes Ilc-	e)	- *				
a. Transporter's Name and Address: b. Phone: M. (a)	1/son	Michae	-1Cition	12/11	114				
c. Driver Name (Print)	d. Sign		. II. O'L. completes III	e. Date					
III. DESTINATION (Generat									
a. Disposal Facility and Site Address 1991 St. Hichiere Creek 141 Betord, GA 30518 b.	11-3578	c. US EPA Nun	nber d. Discrepancy Indica	ation Space:					
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the fore	going is true and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Address:					
b. Phone: d. Phone:									
e. Special Handling Instructions and Additional Information:									
(Dein Du ein De	0/ =		o/ Krow Fidable						
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this cond d, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	ately described abov transport according	re by the proper s to applicable inter	hipping name national and			
g. Operator's Name and Title (Print)	h. Sigr	nature	A STATE OF THE STA	i. Date		11000 N			
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ites, controls, or sup	pervises the facility being der	nolished or renovate	d, or the demolitic	on or			



2167820

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\tt NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or complet	es la-r							
a. Generator's US EPA ID Number		b.	Manifest Docur	ument Number c. Page 1 of					
d. Generator's Name and Location:	Center			e. Generator's Mailing Add	dress:			-	
f. Phone: If owner of the generating facility differs for		rator, pro	ovide:	g. Phone:					
h. Owner's Name:				i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Dat	Α	I Waste Ship	ping Name and	m. Con	tainers	n. Total	o. Unit	
j. Waste i Tome #	K. Exp. Bu		Description		No.	Туре	Quantity	Wt/Vol	
50871420359	11/21/	2016	Non Regulated	Arsenic Impacted Soil		9	18 1005		
ACCOUNT # 100563							10:		
	2								
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicat state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste here treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.									
A west D. Har noted got at 1 31 / Many & Follow From 12/1/2014									
p. Generator Authorized Agent Name (Pri	nt)	g. Si	gnature			r. Date			
II. TRANSPORTER (Gene			Manager anima	sporter completes IIc-	e)				
a. Transporter's Name and Address; b. Phone:					1				
C. Driver Name (Print)	=116	for.	rit 120	andruce	12.	-11-	14-		
c. Driver Name (Print)	d.	Signatu	re		e. Date				
III. DESTINATION (General	tor comple	te Illa-	c and Destina	ation Site completes III	d-g)				
a. Disposal Facility and Site Address (1) Suited Sold Sold Sold Sold Sold Sold Sold Sol			c. US EPA Nun					<i>A</i>	
I hereby certify that the above named ma	terial has be	en accep	ted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)	f.	Signatur	e		g. Date				
IV. ASBESTOS (Generator	completes	IVa-f	and Operator	complete IVg-i)					
a. Operator's Name and Address:				c. Responsible Agency Na	me and Ad	Idress:			
45	1								
b. Phone:				d. Phone:					
	e. Special Handling Instructions and Additional Information:								
f. Friable Non-Friable Both		% Friat		% Non-Friable	-1-1	16 - 1 ·	- b4b	la la a la cara	
OPERATOR'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 governmental regulations.								hipping name rnational and	
g. Operator's Name and Title (Print)	h.	Signatu	re	- V 169 1	i. Date	11-22-11-11-1			
*Operator refers to the company which over renovation operation or both	vns, leases,	perates	, controls, or sup	pervises the facility being der	molished or	renovate	d, or the demolitie	on or	
renovation operation of both									



2167821

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la									
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of				
d. Generator's Name and Location:	Cenie Rd Ny?	1 7 3	e. Generator's Mailing Add g. Phone:	dress						
If owner of the generating facility differs fr	om the generator,	provide:					*			
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	oping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol			
50871420359	11/21/2016	The second secon	Arsenic Impacted Soil	1		18 fams				
ACCOUNT # 100563										
2										
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 thi 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.										
Amen De Pot rendemf 18 J. Sin - Clara EAtellevales 12/21/2014										
p. Generator Authorized Agent Name (Print) q. Signature r. Date										
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trai	nsporter completes lic-	e)						
a. Transporter's Name and Address: b. Phone:	a LAA	+ / 2/	Gibson	1.1	111	Test.				
c. Driver Name (Print)	d. Sign		woods	e. Date	<u> </u>	117				
III. DESTINATION (General			ation Site completes III	d-a)						
a. Disposal Facility and Site Address:	or complete ii	c. US EPA Nur			9:					
5691 Sib Hobiand Creek Rd Buford, GA 30518 b.						1				
I hereby certify that the above named ma	terial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tri	ue and ac	curate.				
			7-4-7							
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:					
			*							
b. Phone:			d. Phone:							
e. Special Handling Instructions and Additional Information:										
(DELL DA FALL DELL WELL WELL WAS FALL.										
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the	riable contents of this con d. and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	rately descr	ibed abov	e by the proper s	hipping name			
national governmental regulations.	- Indiana de	2,3,13,2,3,11,0,1100	,,,,,							
To Openharia Name and Title (Date)	h 0:	-		i Doto						
g. Operator's Name and Title (Print) *Operator refers to the company which over renovation operation or both	h. Sigr vns, leases, opera		pervises the facility being der	i. Date molished or	renovate	d, or the demolitic	on or			
Tonovation operation of both										



2167822

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r complete	es la-r)		Mag					
a. Generator's US EPA ID Number									
d. Generator's Name and Location: High Street Equity Ac Grannell Reg. Dist. (3312 N Berkley Lake)	Center.			e. Generator's Mailing Add	iress:				
If owner of the generating facility differs fro	om the gener	ator, pro	vide:						
h. Owner's Name:			,	i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Dat	е	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
50671420359	11/21/		Non Regulated	Arsenic Impacted Soil			18 +ons		
ACCOUNT # 100583									
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applical state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.									
Anna Della + Louising Intal Brest Mayor & Hotterston 12/11/20/4									
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Gener	rator comp	eletes II	a-b and Trai	sporter completes lic-	e)				
a Transporter's Name and Address:									
								9	
b. Phone:					W				
MYRICE (FDFORD)		wh	1, 1/		12/1	1/14			
c. Driver Name (Print)		Signatur			e. Date				
III. DESTINATION (Generat									
a. Disposal Facility and Site Address:	71-3676		c. US EPA Nun	nber d. Discrepancy Indica	ation Space	e:			
I hereby certify that the above named mat	orial has hos	n accent	ted and to the h	est of my knowledge the fore	agoing is tr	ie and ac	curate	IAV-	
Thoreby defaily that the above hamed mat	CHAI HAS DEC	писоор	iod and to me b	oct of my mile medge the force	going to a	ao ana ao	out uto		
e. Name of Authorized Agent (Print)	f :	Signature	9		g. Date				
IV. ASBESTOS (Generator				complete IVa-i)		·····			
a. Operator's Name and Address:	Completed	17416	and Operator	c. Responsible Agency Na	me and Ad	dress:	-		
b. Phone:				d. Phone:					
e. Special Handling Instructions and Addit	ional Informa	ation:		G. I HOHO.					
o, oposial randing mediastic site / teas									
f. ☐ Friable ☐ Non-Friable ☐ Both		% Friabl	le	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that labeled/plac	the contarted, a	tents of this con nd are in all res	signment are fully and accur pects in proper condition for	ately descr transport a	ibed abov ccording	e by the proper s to applicable inter	hipping name, national and	
g. Operator's Name and Title (Print)	h.	Signatur	·e		i. Date				
*Operator refers to the company which ow renovation operation or both	ns, leases, d	perates,	controls, or sup	ervises the facility being der	molished or	renovate	d, or the demolition	on or	



2167804

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator 	r completes I	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of			
d. Generator's Name and Location: High Sessit Carry Adv. Generator's Name and Location: High Sessit Carry Adv. Generator's Name and Location: High Sessit Carry Lake R	enier		e. Generator's Mailing Adg.	dress:					
If owner of the generating facility differs fro	m the generator	, provide:							
h. Owner's Name:			i. Owner's Phone No.;						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2016		Arsenic Impacted Soil			18 tons			
ACCOUNT # 100563									
			e e						
state law, has been properly described, cla	ssified and pack y restricted haza	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restr	waste as defined by 40 CFR 261 or any applicable ortation according to applicable regulations; AND, if thi Restrictions. I certify and warrant that the waste has as defined by 40 CFR 261.					
de ma Della contra l'orgent de la man Del Henstern 12/11/2014									
p, Generator Authorized Agent Name (Print) q. Signature r. Da							*		
II. TRANSPORTER (General	ator complete	es Ila-b and Trai	nsporter completes lic	-e)					
a. Transporter's Name and Address:									
b. Phone:									
c. Driver Name (Print)	d. Sign	nature &		e. Date	e. Date				
III. DESTINATION (Generate	or complete I		nation Site completes IIId-g)						
a. Disposal Facility and Site Address	1-3576	c. US EPA Nun	nber d. Discrepancy Indic	ation Space	e:				
5891 Sth Richland Crack Rd Buford, GA 30518		1							
I hereby certify that the above named mate	erial has been ac	ccepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sign			g. Date					
IV. ASBESTOS (Generator o	completes IV	a-f and Operator							
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	ldress:				
b. Phone: d. Phone:									
e. Special Handling Instructions and Additional Information:									
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the								
					1		E		
g. Operator's Name and Title (Print)	h. Sigi		4 5 W. 1 3 W.	i. Date		d - 46 - 4 - 100			
*Operator refers to the company which own renovation operation or both	ns, leases, opera	ates, controls, or sup	ervises the facility being de	molished of	renovate	a, or the demolitio	n or		



2167823

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la							
a. Generator's US EPA ID Number b. Manifest Docu			nent Number c. Page 1 of					
d. Generator's Name and Location:	e. Generator's Mailing Address:							
High Street Equity A								
Gernaelt Reg. Dist. 3312 N Berkley Lake								
f. Phone: If owner of the generating facility differs from the generator, provide:			g. Phone:					
If owner of the generating facility differs fr	om the generator,	, provide:						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k, Exp. Date	I. Waste Ship	pping Name and	m. Cor	tainers	n. Total	o. Unit	
j. Wadio i romo n	Description			No.	Type	Quantity	Wt/Vol	
		Man Donalalad	Amonia Immunical Call			10 1		
COUNTY FORMER	11/21/2015		Arsenic Impacted Soil			18 ters		
60871420369	TYZVZURUR	2						
AMADUSTE # 400000								
ACCOUNT # 100563								
GENERATOR'S CERTIFICATION: I here	eby certify that the	above named mate	erial is not a hazardous was	te as define	d by 40 C	FR 261 or any ap	plicable	
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								
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted haza	irdous waste subjec	t to the Land Disposal Resti	rictions. I ce defined by 4	entity and v	warrant that the w \$1.	aste nas	
// ///	77		The state of the s	defined by a	011120	101.12	74.2 V	
Amon D. Holtenstein/ Justine Ulbron &			/ to landon 12/1/2014/					
p. Generator Authorized Agent Name (Print) q. Signature				r. Date				
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)								
a. Transporter's Name and Address:								
b. Phone:								
DODALD POISONS DECOM		malet	roll Taranza		12-11-14			
		Signature		e. Date				
III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g)								
200 ESTACE CONTRACTOR AND								
5591 Stir Richland Creek Hd			71					
Buford, GA 30518								
I hereby certify that the above named ma	terial has been ac	ccepted and to the b	est of my knowledge the fo	regoing is t	rue and a	ccurate.	- 4	
The say commy that the above taken								
				D-t-				
e. Name of Authorized Agent (Print)	f. Sign		1.1.10/1.10	g. Date				
IV. ASBESTOS (Generator	completes IVa	a-f and Operator						
a. Operator's Name and Address: c. Responsible Agency Name and Address:								
						50		
b. Phone:			d. Phone:					
e. Special Handling Instructions and Add	itional Information	ŭ,						
						4		
f. Friable Non-Friable Both % Friable % Non-Friable								
OPERATOR'S CERTIFICATION: Linereh	v declare that the	contents of this cor	nsignment are fully and accu	urately desc	ribed abo	ve by the proper s	shipping name	
and are classified, packaged, marked an	d labeled/placarde	ed, and are in all res	spects in proper condition fo	or transport	according	to applicable inte	madonal and	
national governmental regulations.								
g. Operator's Name and Title (Print)	h. Sig	nature		i. Date		and another describe	on or	
*Operator refers to the company which or	wns, leases, oper	ates, controls, or su	pervises the facility being de	emolished o	r renovate	ea, or the demoliti	on or	
renovation operation or both								



2167805

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r completes	la-r)							
a. Generator's US EPA iD Number		b. Manifest Docum	nent Number		c. Page 1	of			
d. Generator's Name and Location: High Street Equity Ad Gwinnest Reg. Dist. (3312 N Berkley Lake)	Center		e. Generator's Mailing Address:						
f. Phone:	B		g. Phone:						
If owner of the generating facility differs from	om the generato	or, provide:							
h. Owner's Name:		- F	i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Conta	Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/201		Arsenic Impacted Soil			18 tons			
ACCGUNT # 100563									
			V						
GENERATOR'S CERTIFICATION: I herel state law, has been properly described, cla waste is a treatment residue of a previous been treated in accordance with the requir	assified and pac ly restricted haz	ckaged, and is in prop ardous waste subject	er condition for transportati to the Land Disposal Restr	on according rictions. I cert	to applicatify and wa	able regulations; arrant that the wa	AND, if this		
1 -11 -11000	to Street	Hann &	Hattenstein		* /	2/11/201	4		
p. Generator Authorized Agent Name (Prin		q. Signature			r. Date	1			
II. TRANSPORTER (Gener	ator complet	tes lla-b and Tran	sporter completes lic	-e)					
a. Transporter's Name and Address: b. Phone:									
Josh O. Bryant		Of Chen	5	15/	11/14				
c. Driver Name (Print)		gnature		e. Daté	,				
III. DESTINATION (Generate									
a. Disposal Facility and Site Address	1-3675	c. US EPA Num	ber d. Discrepancy Indic	cation Space:					
I hereby certify that the above named mate	erial has been a	scepted and to the be	est of my knowledge the for	regoing is tru	e and acci	urate.			
e. Name of Authorized Agent (Print)	f. Sign	nature		g. Date	- ,-				
IV. ASBESTOS (Generator of	completes IV	'a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Add	ress:				
b. Phone:e. Special Handling Instructions and Addit	ional Information	n:	d. Phone:						
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the								
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signs, leases, oper	gnature rates, controls, or sup	ervises the facility being de	i. Date molished or	renovated,	, or the demolitio	n or		
renovation operation or both									



2167806

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	i-r)						
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of		
d. Generator's Name and Location: High Street Count Ac Comment Fig. 1 hat (e. Generator's Mailing Address: g. Phone;					
If owner of the generating facility differs from	hm the generator,	provide:						
h. Owner's Name:			i. Owner's Phone No.;					
i Waste Profile #	k, Exp. Date	I. Waste Ship	ping Name and	m. Conta	ainers	n. Total	o. Unit	
		Description		No.	Туре	Quantity	Wt/Vol	
50871420359	11/21/2016	Non Regulated	Arsenic Impacted Soil			18 tens		
ACCOUNT # 100663								
The second of the second								
	······································				7		100 TO 100	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl. waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and packa ly restricted hazar	aged, and is in prop dous waste subject	er condition for transportation to the Land Disposal Restri	on according ctions, I cert	to applic ify and w	able regulations; arrant that the wa	AND, if this	
Thereit Hetimote in to 3"	Strait	(Moren 9)	Hollanstown		1	2/11/201	4	
p. Generator Authorized Agent Name (Prin		Signature			r. Date		1	
II. TRANSPORTER (Gener	rator complete	s Ila-b and Tran	sporter completes lic-	e)				
a. Transporter's Name and Address: b. Phone:		4						
Timma Dia		Isal sure	. 1/2	12	11	2014	7	
c. Driver Name (Print)	d. Signa		12	e. Date				
III. DESTINATION (Generat	or complete III							
a. Disposel Facility and Site Address 6601 Sth Richard Creek Rd Buford, CA 30518 b.	71-3576	c. US EPA Nun	nber d. Discrepancy Indica	ation Space:				
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fore	egoing is true	e and ac	curate.		
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date				
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	ress:			
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addit	ional Information:	Tk T	d. Phone.					
f. Friable Non-Friable Both	% Fr	iable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the o	contents of this cons	signment are fully and accur	ately describ transport ac	ed abov cording t	e by the proper s to applicable inter	hipping name national and	
			No.				-1	
g. Operator's Name and Title (Print)	h. Signa	ature	ervises the facility being der	i. Date	enovate	d, or the demolitic	on or	
Operator refers to the company which ow								



2167807

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number	umber b. Manifest Document Number c. Page 1 of								
d. Generator's Name and Location: High Street Equity Ad Gwinnett Reg. Dist. f. Phone:	Genter		e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from	om the generator,	, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		ping Name and	m. Con		n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
5087142035B	11/21/2016		Amenia Impacted Soil			18 tons	· 4		
ACCOUNT # 100583				N.					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack	aged, and is in prop irdous waste subject	er condition for transportation to the Land Disposal Restri	on accordin ctions. I ce	g to applice rtify and w	cable regulations; varrant that the wa	AND, if this		
Acron D Harronse of 1981	Street	Minney Je	Hatherstown		1.	2/14/2014	-		
p. Generator Authorized Agent Name (Pri		q. Signature	7 D		r. Date	1			
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trai	nsporter completes llc-	e)					
a. Transporter's Name and Address. b. Phone:					. /				
DEWEY FURANCE	5 (Un		10	[] []	1014 1014			
c. Driver Name (Print)	d. Sigr	nature		e. Date					
III. DESTINATION (General									
a. Disposal Facility and Site Address 70.2 b691 Sth Righland Creek Rd Buford, GA 30518 b.	71-3575	c. US EPA Num	nber d. Discrepancy Indica	ation Space	2 ;				
I hereby certify that the above named mat	lerial has been ac	cepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	a-f and Operator							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
b. Phone:	tional Information		d. Phone:						
e. Special Handling Instructions and Addit	uonai inioimauon								
f. 🗆 Friable 🔲 Non-Friable 🔲 Both		riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.									
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date		4 16 1 197	7		
*Operator refers to the company which ow renovation operation or both	vns, leases, opera	ates, controls, or sup	pervises the facility being der	molished or	renovate	a, or the demolitio	n or		



2167808

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la	а-г)	The second secon						
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailing Add	iress:		×.			
liku ing si cesay a							-		
Gwinnest Reg. Dist. (3312 hi Barkley Lake							1		
f. Phone:	0		g. Phone:						
If owner of the generating facility differs for	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.;						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
		o o compaign		1101	1,7,50				
			Arsenic Impacted Soil			18 tons			
50871420359	11/21/2015					112 1642			
4.000 NT # 40000									
ACCOUNT # 100563									
* * *									
				,					
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous waste	e as define	d by 40 Cl	FR 261 or any app	olicable		
state law, has been properly described, cl waste is a treatment residue of a previous	assined and pack Iv restricted haza	aged, and is in prop rdous waste subject	to the Land Disposal Restri	ctions. I ce	g to applic	varrant that the wa	iste has		
been treated in accordance with the requi	rements of 40 CF	R 268 and is no long	ger a hazardous waste as de	efined by 4	0 ĆFR 26	1			
1 - 11 14 Jacon	+ ,04	16	91194			12/1/2	a re-		
p. Generator Authorized Agent Name (Pri	oth a	. Signature	1344 BULLET		r. Date	4/1/10	3/6/		
II. TRANSPORTER (Gene			sporter completes Ilc-	e)					
a. Transporter's Name and Address:									
		, if							
b. Phone:									
IDRITTUEMISE	was In	eres Tol	151 1051 405	12-	1101	4			
c. Driver Name (Print)	d. Sign	ature	EL DESTANT LINE	e. Date					
III. DESTINATION (General			ation Site completes III	d-a)					
a. Disposal Facility and Site Address		c. US EPA Num			ə:				
Last Talke black vek for	13-00/10								
Basional, GA 30518									
b.									
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
	1								
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
in the second					,				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addi	tional information:								
f. 🗌 Friable 🔲 Non-Friable 🗆 Both		riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the	contents of this cons	signment are fully and accur	ately descr	ibed abov	e by the proper sh	nipping name		
national governmental regulations.	rabeleu/placarde	u, and are in all res	ocota in proper condition for	u an sport a	loon unity i	о аррисаме плен	idilonar and		
	1 1				-				
a Operator's Name and Title (Drint)	h. Sign	acturo		i. Date					
g. Operator's Name and Title (Print) *Operator refers to the company which ow	ns, leases, opera	ites, controls, or sup	ervises the facility being der		renovate	d, or the demolitio	n or		
repoyation operation or both									



2167795

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	or completes la	a-r)	779						
a. Generator's US EPA ID Number		b. Manifest Docur							
d. Generator's Name and Location: Figh Street Figury Ar Comment Reg. Dist.	Center Rd NW		e. Generator's Mailing Add	lress:					
f. Phone: If owner of the generating facility differs from	om the generator,	provide:	g. Phone:						
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015		Arsenic Impacted Soil		1	18 tons			
ACCOUNT # 100563									
									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and packa by restricted hazar	aged, and is in prop dous waste subject	er condition for transportation to the Land Disposal Restri	n accordin ctions. I ce	g to applic rtify and w	able regulations; arrant that the wa	AND, if this		
Maron D. Hollarden Vir	The Street	Thron,	a Bettenstin		1.	2/11/201	4		
p. Generator Authorized Agent Name (Pri	nt) q.	. Signature			r. Date	- /			
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trai	nsporter completes lic-	e)					
a. Transporter's Name and Address; b. Phone:					1				
MARK (EDEND)	1 600	1 20102	w L	o Data	11/14				
c. Driver Name (Print)	d. Signa		-ti Oit	e. Date					
III. DESTINATION (General				a-g)					
a. Disposal Facility and Site Address:	71-3676	c. US EPA Nur	nber d. Discrepancy Indica	ation Space	e :				
I hereby certify that the above named ma	terial has been acc	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
				į					
b. Phone:			d. Phone:				<u> </u>		
e. Special Handling Instructions and Addi	tional Information:	1 6				1			
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this con	signment are fully and accur	ately descr transport a	ribed abov according	e by the proper s to applicable inter	nipping name national and		
						4			
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date	,				
*Operator refers to the company which over renovation operation or both	vns, leases, opera	ites, controls, or sup	pervises the facility being der	TIOUSNED O	renovate	a, or the demolition	n or		



2167777

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator	or completes I	a-r)					
a, Generator's US EPA ID Number		b. Manifest Docum	c. Page 1 of				
d. Generator's Name and Location: ingle Street Equity Average Control of the C	Genter Rd NW	*	e. Generator's Mailing Ado g. Phone:	iress:			
If owner of the generating facility differs fr	om the generator	, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	ping Name and	M. Cor	tainers Type	n. Total Quantity	o. Unit Wt/Vol
50871420359	11/21/2016	The state of the s	Arsenic Impacied Soil			le long	
ACCOUNT # 100583							
			"			_	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, of waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pack sly restricted haza	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restri	n accordin ctions. I ce	g to applice rtify and w	cable regulations; varrant that the wa	AND, if this
Second D. Paranana/	JE W	Milos J	Witnestern -		/	1/15/20	ch.
p. Generator Authorized Agent Name (Pri	nt) c	q. Signature			r. Date		
II. TRANSPORTER (Gene	rator complete	es Ila-b and Tran	nsporter completes Ilc-	e)			
a. Transporter's Name and Address:							
N 214			in the state of th				
o. r none.		- 4	Dr 117				
c. Driver Name (Print)	d. Sign	nature 70000 de	Day of	e. Date	12.11	2/2/14	
III. DESTINATION (General	tor complete I	lla-c and Destina	ation Site completes III	d-g)		- 4	
a. Disposal Facility and Site Address: 0.7		c. US EPA Num			e:		
5691 Sti Richland Creek Rd	A STANIA						
Bullord, GA 30618							
b. I hereby certify that the above named ma	torial has been as	poorted and to the h	act of my knowledge the for	agoing is tr	ue and ac	curate	
Thereby certify that the above harned ma	terial rias beerra	scepted and to the bi	est of my knowledge the fort	going is ti	ue and ac	ourato.	
A							
e, Name of Authorized Agent (Print)	f. Sign		1 (0) ()	g. Date			
IV. ASBESTOS (Generator	completes IV	a-f and Operator					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ac	ldress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addi	tional Information					***************************************	
f. Friable Non-Friable Both		riable	% Non-Friable		10.		
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	y declare that the d labeled/placarde	contents of this consed, and are in all res	signment are fully and accur pects in proper condition for	rately desc transport a	ribed abov according	e by the proper sto to applicable inter	nipping name national and
g. Operator's Name and Title (Print)	h. Sigi	nature	W	i. Date	TALL OF THE		
*Operator refers to the company which ov renovation operation or both	vns, leases, opera	ates, controls, or sup	pervises the facility being der	molished o	r renovate	d, or the demolitic	n or



2167776

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number	c. F	Page 1 of				
d. Generator's Name and Location: Figh Street Equity As Gwinnell Rep. Dist. 3312 N Bendey Lake f. Phone:	Center Rd NW		e. Generator's Mailing Add	dress;					
If owner of the generating facility differs fr	om the generator,	, provide.							
h. Owner's Name:			i. Owner's Phone No.;						
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	pping Name and	m. Containe No. Ty	n. Total pe Quantity	o. Unit Wt/Vol			
50871420359	11/21/2016		Arsenic Impacted Soil		18 lone				
ACCOUNT # 100563					- 1				
	1 7 %								
GENERATOR'S CERTIFICATION: I here state law, has been properly described, contact waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pack sly restricted haza	aged, and is in prop irdous waste subject	er condition for transportation to the Land Disposal Restri	on according to a ctions. I certify a	applicable regulations and warrant that the w	; AND, if this			
Ance I Vernous & Si	11. 121	Harm Do	A Hour Town		2/15/2014				
p. Generator Authorized Agent Name (Pri	nt) c	, Signature		r. D	até /				
II. TRANSPORTER (Gene	rator complete	s Ila-b and Tran	nsporter completes lic-	e)					
a. Transporter's Name and Address: b. Phone:									
c. Driver Name (Print)	d. Sign			e, Date	15/14				
III. DESTINATION (Genera			ation Site completes III						
a Diagonal English and Cita Address	tor complete ii	c. US EPA Num							
a. Disposal Facility and Site Address: 12 6601 Str. Nachiero Creek Fo Putpro GA 30618 b.	71-3676	C. OS EFA Null	ibei u. Discrepancy muic	апон орасе.					
I hereby certify that the above named ma	terial has been ac	ccepted and to the b	est of my knowledge the for	egoing is true ar	nd accurate.				
		200							
e. Name of Authorized Agent (Print)	f, Signa	ature		g. Date					
IV. ASBESTOS (Generator	completes Wa	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:	FFY, T		c. Responsible Agency Na	me and Address	3.				
a la m									
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addi	tional Information			15	0-4				
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable		N. 100				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental reg	declare that the	contents of this con-	signment are fully and		above by the proper s ding to applicable inte				
DEC.	0 3	OFF							
g. Operator's Name and Tiue (Print) *Operator refers to the company which ov	j n. oigr	nature	onvises the facility hains do	i. Date	wated or the demolish	on or			
renovation operation or both	vits, leases, opera	ates, controls, or sup	or vises the racility being de	nonsned or rent	wated, of the demolit	OTT O			



2167775

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes is	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	ment N	lumber		c. Page	1 of		
d. Generator's Name and Location: Fighth of the country Are Country	Center Rd NW .	2)	NE /	enerator's Mailing Add	ress:				
If owner of the generating facility differs from	om the generator,	, provide:							
h. Owner's Name:				wner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping 1	Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
60871420969	11/21/2016		Amen	ic Impacted Soil			18 lons		
ACCOUNT # 100563	- 1								
	-								
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack by restricted haza	aged, and is in prop rdous waste subject	er cor	ndition for transportatio e Land Disposal Restric	n accordin ctions. I ce	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this	
Alexand Followers 123	Le heit	(Swway)	1	follow tens		12	15/2013	1	
p. Generator Authorized Agent Name (Prin	nt) q	ı. Signature			***	r. Date			
II. TRANSPORTER (Gene		es Ila-b and Tra	nspo	rter completes lic-	e)				
a. Transporter's Name and Address: b. Phone:	a. Transporter's Name and Address: b. Phone:								
Josh Chryant	4	Cont			164	1-119			
c. Driver Name (Print)	d. Sign				e. Date	1			
III. DESTINATION (Generat									
a. Disposal Facility and Site Address: 12 5681 St. Richard Creek Rd Butter, QA 30518 b.		c. US EPA Nur							
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of	my knowledge the fore	going is tr	ue and ac	curate.		
				3 -					
e. Name of Authorized Agent (Print)	f. Signa	VALUE		1 (0 (0	g. Date				
IV. ASBESTOS (Generator	completes IVa	a-f and Operator							
a. Operator's Name and Address: b. Phone:				esponsible Agency Nar	me and Ad	dress:			
e. Special Handling Instructions and Addit	tional Information		u. 11	none.					
f. 🗆 Friable 🗀 Non-Friable 🗀 Both		riable	% N	on-Friable				11 1	
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this con ed, and are in all res	signm	ent are fully and accur- in proper condition for	ately desci transport a	ribed abov according t	e by the proper s to applicable inter	national and	
				- Union				3	
g. Operator's Name and Title (Print)	h. Sigr	nature		a the decition to	i. Date		d on the days - 1915		
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ates, controls, or sup	pervise	es the facility being den	понѕпед о	renovate	u, or the demolition	ori Oi	



2167778

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generato 	r completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docun	nent Number	C.	Page 1 of				
			Computanta Mailian Ada						
d. Generator's Name and Location:	Genter		e, Generator's Mailing Address:						
f. Phone: 3312 N Borkley Lake I			g, Phone:						
If owner of the generating facility differs from	om the generator,	, provide:	9, 118.10						
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	m. Contain		o. Unit			
		Description		No. T	Type Quantity	Wt/Vol			
60871420359	11/21/2016		Amenic Impacted Soil		18 lons				
ACCOUNT # 100583									
GENERATOR'S CERTIFICATION: I herel state law, has been properly described, clawaste is a treatment residue of a previous	assified and pack ly restricted haza	aged, and is in prop irdous waste subject	er condition for transportation to the Land Disposal Restri	on according to ctions, I certify	applicable regulations and warrant that the v	; AND, if this			
been treated in accordance with the requir	rements of 40 CF	R 208 and is no long	ger a nazardous waste as de	T	FR 201.				
Augus D. Hallowers n. L. I. V.	Elmit .	1 thoras D	Hollow Ein		12/15/201	4			
p. Generator Authorized Agent Name (Prin	nt) c	ղ. Signature		r.	Date / /				
II. TRANSPORTER (Gener	rator complete	es Ila-b and Tran	sporter completes IIc-	e)					
a. Transporter's Name and Address: b. Phone:)		r					
Joseph Drawit		C. Chan		12	15/14				
c. Driver Name (Print)	d. Sign			e. Date					
III. DESTINATION (Generat									
a. Disposal Facility and Site Address: (1.7) 5691 Sth Richland Creek Rd Buford, GA 30518 b.	71-3576	c. US EPA Nun	ber d. Discrepancy Indica	ation Space:					
I hereby certify that the above named mate	erial has been ac	cepted and to the be	est of my knowledge the fore	egoing is true	and accurate.				
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date					
IV. ASBESTOS (Generator			complete IVa-i)	1					
a. Operator's Name and Address:	oomploted 1ve	Tana Operaco	c. Responsible Agency Na	me and Addre	ss:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addit	ional Information								
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this consed, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	rately describe transport acco	d above by the proper ording to applicable inte	shipping name, ernational and			
						11:4-41			
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date					
*Operator refers to the company which ow	ns, leases, opera	ates, controls, or sup	ervises the facility being der	molished or rei	novated, or the demolit	ion or			



2167780

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r complete	s ia-r)				337.00			
a. Generator's US EPA ID Number		b.	. Manifest Docur	nent Number		c. Page	1 of		
d. Generator's Name and Location:				e. Generator's Mailing Address:					
High Street Equity As									
Gwinnett Reg. Diet. C									
f. Phone; 3312 N Berkley Lake I				g. Phone:					
If owner of the generating facility differs fro	om the genera	tor, pro	ovide:						
	Ü								
h. Owner's Name:			1	i. Owner's Phone No.:	T C		T = 1.0	T 11.9	
j. Waste Profile #	k. Exp. Date		Description	ping Name and	m. Cor	Type	n. Total Quantity	o. Unit Wt/Vol	
	W. C. C. C.		Description		140.	Турс	Quartity	***************************************	
			Non Regulated	Arsenic Impacted Soil			930 14		
50871420359	11/21/2	015					18 tens		
			-						
ACCOUNT # 100563									
GENERATOR'S CERTIFICATION: I herel	by certify that	the abo	ove named mate	rial is not a hazardous wast	te as define	d by 40 C	FR 261 or any ap	plicable	
state law, has been properly described, cla	assified and p	ackage	d, and is in prop	er condition for transportation	on accordin	g to applic	cable regulations;	AND, if this	
waste is a treatment residue of a previous	ly restricted h	azardou	us waste subject	to the Land Disposal Restr	ictions. I ce	rtify and w	arrant that the wa	aste has	
been treated in accordance with the requir	ements of 40	CFR 20	68 and is no long	ger a hazardous waste as d	lefined by 4	0 CFR 26	1.		
A contain the land			14 17	11511 -P.		/	2/15/2011	0	
p. Generator Authorized Agent Name (Prin	nt)	a. Si	gnature	Z ZVLISTY TAP SOVAL		r. Date	1-1-	-	
II. TRANSPORTER (Gener		-	~	enorter completes IIc	(a)				
a. Transporter's Name and Address:	ator comp	CICS I	ia-b and mai	isporter completes lie	9				
a. Transporter e Trans and Tradices.									
I. DI		1000							
b. Phone:		- Alf			1 1-1				
TEWEYFURANK	5	ΔA_{i}			1 121	15/12	1		
c. Driver Name (Print)	d, 5	ignatui	re		e. Date				
III. DESTINATION (Generate	or complet	e Illa-o	c and Destina	ation Site completes II	ld-a)				
a. Disposal Facility and Site Address:			c. US EPA Nun			 9:			
Side Shillness of Procited	F-2010								
Buford, GA 30518									
b. I hereby certify that the above named mate	orial has heer	accen	ted and to the h	est of my knowledge the for	regoing is tr	ue and ac	curate	*******	
Thereby certify that the above hamed mate	chai has beei	ассер	ted and to the b	est of my knowledge the for	T T T	do una do	ourate.		
e. Name of Authorized Agent (Print)	f. S	gnature	e		g. Date				
IV. ASBESTOS (Generator of	completes	Va-f	and Operator	complete IVg-i)					
a. Operator's Name and Address:				c. Responsible Agency Na	ame and Ad	dress:			
7 2									
b. Phone:				d. Phone:					
e. Special Handling Instructions and Additi	ional Informat	ion*		u. Priorie.					
e. Opecial Harrolling Matricellons and Additi	ional intornat	OH,							
f. Friable Non-Friable Both		% Friab		% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that	he con	tents of this cons	signment are fully and accu	rately descr	ibed abov	e by the proper sl	nipping name.	
and are classified, packaged, marked and national governmental regulations.	laneled/placa	ruea, a	ind are in all resp	pects in proper condition for	transport a	according 1	o applicable inter	national and	
noticital governmental regulations.									
and the second second									
g. Operator's Name and Title (Print)	h. 9	Signatu	re		i. Date				
*Operator refers to the company which ow	ns, leases, or	erates,	, controls, or sup	ervises the facility being de	molished or	renovate	d, or the demolitic	n or	
renovation operation or both									



2167779

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\underline{\bf NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	ı-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number	C.	Page 1 of				
d. Generator's Name and Location: Grant Barbara Date f. Phone:	Center Rd NW		e. Generator's Mailing Adg	dress:					
If owner of the generating facility differs from	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.;						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	Mo. T	ers n. Total ype Quantity	o. Unit Wt/Vol			
50871420369	11/21/2015	Non Regulated /	Arsenic Impacted Soil		18 tons				
ACCOUNT # 100563									
	n i								
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packa by restricted hazard	iged, and is in prope dous waste subject	er condition for transportation to the Land Disposal Restri	on according to ictions. I certify	applicable regulations and warrant that the	s; AND, if this			
Horris V. Homenshows / 13	J. Sleet	111 9-	Pattenston		12/15/20	14			
p. Generator Authorized Agent Name (Pri		Signature		741	Date /				
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator completes	s Ila-b and Tran	sporter completes lic-	-e)					
b. Phone:									
	21 1	- 1 - 1 -	01 111		Lista				
c. Driver Name (Print)			flub!	e. Date	1121200				
III. DESTINATION (Generat									
a. Disposal Facility and Site Address.	71-3575	c. US EPA Num	ber d. Discrepancy Indica	ation Space:					
I hereby certify that the above named mat	erial has been acc	epted and to the be	est of my knowledge the for	egoing is true a	nd accurate.				
e. Name of Authorized Agent (Print)	f. Signat			g. Date					
IV. ASBESTOS (Generator	completes IVa-	f and Operator							
a. Operator's Name and Address: b. Phone:			c. Responsible Agency Nad. Phone:	me and Addres	s:				
e. Special Handling Instructions and Addit	ional Information:		d. I none.						
f. Friable Non-Friable Both	% Fri		% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the co	ontents of this cons , and are in all resp	signment are fully and accur sects in proper condition for	ately described transport accor	above by the proper ding to applicable into	shipping name ernational and			
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa rns, leases, operate	iture es, controls, or supe	ervises the facility being der	i. Date nolished or rend	ovated, or the demolit	tion or			
renovation operation or both									



2167783

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page 1 of			
d. Generator's Name and Location: 13 gs. Street Equity Ar Gwinnell Reg. Dist. (Center	-76	e. Generator's Mailing Address:					
f. Phone: If owner of the generating facility differs from	om the generator,	provide:	g. Phone:					
h. Owner's Name:			i. Owner's Phone No.:				-	
i. Waste Profile #	k. Exp. Date	I. Waste Ship	ping Name and	m. Con	tainers	n. Total	o. Unit	
, viacio i i i i i i i i i i i i i i i i i i		Description		No.	Туре	Quantity	Wt/Vol	
50871420359	11/21/2015		Arsenic Impacted Soil		2	18 tons		
ACCCUNT # 100563								
			>			s d		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packa	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restric	n accordin ctions. I ce	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this	
Haron D. Hollenstein/ 11.	1. Stret	(Mina D	Attenstine		1.	2/15/201	4	
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date			
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trai	rsporter completes Ilc-	e)				
a. Transporter's Name and Address: b. Phone:		. 3						
O. T. Horist			21					
c. Driver Name (Print)	d. Sign	ature /	Kutt	e. Date	12/	5/21/4		
III. DESTINATION (General			ation Site completes III			1		
a. Disposal Facility and Site Address://		c. US EPA Nun			э:			
I hereby certify that the above named mal	terial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date				
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)					
a. Operator's Name and Address:		1	c. Responsible Agency Na	me and Ad	dress:			
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addi	tional Information:							
f. Friable Non-Friable Both	% F	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	/ declare that the labeled/placarde	contents of this con d, and are in all res	signment are fully and accur pects in proper condition for	ately descr transport a	ribed abov according	e by the proper sl to applicable inter	national and	
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date				
*Operator refers to the company which ov renovation operation or both	vns, leases, opera	tes, controls, or sup	pervises the facility being der	nolished or	renovate	d, or the demolitio	n or	



2167781

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator 	r completes I	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page 1 c	f			
d. Generator's Name and Location: (Figh Super Experie Action Comment Reg. Dist. Comment	lenter Id NW		e. Generator's Mailing Add	dress:					
If owner of the generating facility differs fro	m the generator	, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Cont		. Total luantity	o. Unit Wt/Vol		
60671420359	11/21/201		Arsenic Impacted Soil		18	tons			
ACCOUNT # 100563									
19									
GENERATOR'S CERTIFICATION: I herebestate law, has been properly described, clawaste is a treatment residue of a previously been treated in accordance with the require	assified and pack v restricted haza	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restri	on according ctions. I cer	g to applicab tify and war	le regulations;	AND, if this		
A arout D. Het tenstone / 123	To Strok	/ fiven of	Hollysten		12,	115/201	4		
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Gener	ator complet	es Ila-b and Tra	nsporter completes llc-	-e)					
a. Transporter's Name and Address: b. Phone:									
Jeth Olayurt	4	Cont		18/1	1/14				
c. Driver Name (Print)	∕d, Sig			e. Date					
III. DESTINATION (Generate	or complete	Illa-c and Destina	ation Site completes III	d-g)					
a. Disposal Facility and Site Address: () // in 1/1 Site Facility and Circle Rd Endord, CA 3, 018 b.	3.	c. US EPA Nur							
I hereby certify that the above named mate	erial has been a	ccepted and to the b	est of my knowledge the for	egoing is tru	ie and accur	ate.			
e. Name of Authorized Agent (Print)	f. Sigr			g. Date					
IV. ASBESTOS (Generator of	completes IV	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:				
The state of the s			2-5%						
b. Phone: d. Phone:									
e. Special Handling Instructions and Additi	ional Informatior	n:							
f. ☐ Friable ☐ Non-Friable ☐ Both	%	Friable	% Non-Friable	S. L					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placard	e contents of this con ed, and are in all res	signment are fully and accur pects in proper condition for	rately descri transport a	bed above be coording to a	by the proper s applicable inter	hipping name national and		
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Sig	nature		i. Date		41 4 11.1			
*On a set of the first of the second second set of the second	ne legene oner	ates, controls, or sur	pervises the facility being dei	molished or	renovated,	or the demolitic	ori or		



2167782

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\tt NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generato 	r completes la	-r)							
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of									
d. Generator's Name and Location: High Street Capty Ad- Operator For Dist C 3372 N Berkley Lake F f. Phone:	lenier Rd NW	- 1	e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from		provide:							
h. Owner's Name:			i. Owner's Phone No.:	m. Con					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	n. Total Quantity	o. Unit Wt/Vol				
60871420369	11/21/2016	Non Regulated	Arsenic Impacted Soil			18 long			
ACCOUNT # 100563	ACCOUNT # 100563								
		4				18	•		
GENERATOR'S CERTIFICATION: I heref state law, has been properly described, cla waste is a treatment residue of a previous been treated in accordance with the requir	assified and packa	aged, and is in prop dous waste subject	er condition for transportatio to the Land Disposal Restric	n according ctions. I ce	g to applic rtify and v	cable regulations; varrant that the wa	AND, if this		
Auron D. Hottone 187. Sunt /won I A/ 16 moter 12/15/2014									
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Gener	rator completes	s Ila-b and Trai	nsporter completes IIc-	e)					
a. Transporter's Name and Address: b. Phone:	TELMA	Va	4	/5	tiet	1			
c. Driver Name (Print)	d. Signa	ature		e. Date	//)/	7			
III. DESTINATION (Generat	or complete III	a-c and Destina	ation Site completes Ille	d-g)					
a. Disposal Facility and Site Address: 0.27 5681 5th Richland Creek Rd Buford, GA 30518	71-3575	c. US EPA Nun	nber d. Discrepancy Indica	ation Space					
I hereby certify that the above named mat-	erial has been acc	cepted and to the b	est of my knowledge the fore	going is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa-	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
b. Phone: d. Phone:									
e. Special Handling Instructions and Additional Information:									
f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable									
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the c	contents of this con	signment are fully and accur	ately descr transport a	ribed abov according	e by the proper s to applicable inter	hipping name rnational and		
		×							
g. Operator's Name and Title (Print)	h. Signa	ature	1	i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, operat	tes, controls, or sup	pervises the facility being der	molished or	renovate	ed, or the demolition	on or		



2167785

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r completes la	a-r)								
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of										
d. Generator's Name and Location:	Center Rd NW		e. Generator's Mailing Add	dress:						
If owner of the generating facility differs from		provide:								
h, Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Con No.	tainers Type	n, Total Quantity	o. Unit Wt/Vol			
50871420359	11/21/2016		Arsenio Impacted Soit			18 tons				
ACCOUNT # 100583										
	-		* *							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and pack ly restricted haza	aged, and is in prop rdous waste subject	per condition for transportation to the Land Disposal Restri	on according ctions. I cei	g to applic rtify and w	able regulations; arrant that the w	AND, if this			
Harm D. Horsten/A	21,3	Union	Materiation		1	2/15/20	14			
p. Generator Authorized Agent Name (Print) q. Signature r. Date										
II. TRANSPORTER (Gener	rator complete	s lla-b and Tra	nsporter completes llc-	e)						
a. Transporter's Name and Address: b. Phone:										
Jack OBryant	40	el Other		15/1	5/14					
c. Driver Name (Print)	∕d. Sign			e. Date	-					
III. DESTINATION (Generat			ATTENDED TO THE PERSON OF THE							
a. Disposal Facility and Site Address: , , ,	1-3575	c. US EPA Nur	nber d. Discrepancy Indica	ation Space						
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tru	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date						
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:					
h Dhone:			d. Phone:							
b. Phone: e. Special Handling Instructions and Addit	ional Information:		d. Phone:							
f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable										
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this con d, and are in all res	signment are fully and accur pects in proper condition for	ately descri transport a	ibed abov ccording t	e by the proper s o applicable inte	hipping name rnational and			
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date						
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	tes, controls, or sup	pervises the facility being der	nolished or	renovated	d, or the demolition	on or			



2167786

If waste is asbestos waste, complete Sections I, II, III and IV II waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or comple	etes la-	-r)							
a. Generator's US EPA ID Number			b. Manifest Docu	ment	Number		c. Page	1 of		
d. Generator's Name and Location:	dvisors			е. (Generator's Mailing Add	dress:			****	
Gwinnett Reg. Dist.	Center									
f. Phone: 3312 N Berkley Lake	RdNW			g. I	Phone:					
f. Phone: If owner of the generating facility differs fr	om the gen	erator, p	orovide:							
h. Owner's Name:					wner's Phone No.:					
j. Waste Profile #	k. Exp. Da	ate	I. Waste Shi Description	pping	Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
				Associ	nie Immaniael Dall	110.	Typo	Guartity	777701	
50871420359	11/2	1/2015	non regulates	MORN	nic Impacted Soil			12 tons		
- ACCOUNT # 100563										
			1							
								-	1	
GENERATOR'S CERTIFICATION: I here	by cartify th	at the a	thove named mate	rial ic	not a hazardous waste	ac define	d by 40 Cl	ED 264 or ony av	mlianhla	
state law, has been properly described, cl	assified and	d packad	ged, and is in prop	per co	ndition for transportation	n accordin	g to applic	able regulations	AND if this	
waste is a treatment residue of a previous been treated in accordance with the requi	ly restricted rements of	l hazard 40 CFR	lous waste subjec 268 and is no lon	t to th	e Land Disposal Restrich hazardous waste as de	ctions. I ce efined by 4	rtify and w 0 CFR 26	varrant that the w 1.	aste has	
1 - 11 / 195	7 14		12 8	16	411		1	stuto		
p. Generator Authorized Agent Name (Pri	nt)	q. 5	Signature	P	in (Mary Corr)		r. Date	419/20	14	
II. TRANSPORTER (Gene				nspo	rter completes lic-	e)		(
a. Transporter's Name and Address:					***************************************					
The same of										
b. Phone:								7		
The Turk On	WI	11/1	7			15	110	1111		
c. Driver Name (Print)	101	f. S i gnat	ture			e. Date	118	114		
III. DESTINATION (General				ation	Site completes Ille		-			
a. Disposal Facility and Site Address:			c. US EPA Nur		d. Discrepancy Indica	-,	21			
58.91 San Find End Check 133										
Buford, GA 30518										
I hereby certify that the above named mat	erial has be	en acce	I epted and to the b	est of	my knowledge the fore	going is tru	e and acc	curate.		
e. Name of Authorized Agent (Print)	f.	Signatu	ure			g. Date				
IV. ASBESTOS (Generator	complete	s IVa-f	f and Operator	com	plete IVg-i)					
a. Operator's Name and Address:				c. R	esponsible Agency Nar	ne and Add	dress:			
b. Phone:				d P	hone:					
e. Special Handling Instructions and Addit	ional Inform	ation:		u. ı	none.					
f. Friable Non-Friable Both		% Fria	able	% N	on-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that labeled/pla	carded,	and are in all res	signm pects	ent are fully and accura in proper condition for t	ately descri transport a	bed above ccording to	e by the proper s o applicable inter	hipping name national and	
g. Operator's Name and Title (Print)	h	. Signat	ure			i. Date				
*Operator refers to the company which ow renovation operation or both	ns, leases,	operate	s, controls, or sup	ervise	es the facility being dem	nolished or	renovated	l, or the demolitic	on or	
. c. o valion operation of both										



2167784

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

GENERATOR (Generator	completes I					198-17					
Generator's US EPA ID Number		b. Manifest Docur	nent Number	c, Pa	ge 1 of						
Generator's Name and Location: Lium Street Equity Adv Common Rog. Dist Co 3312 N Besidoy Lake R hone:	onler d NA		e. Generator's Mailing Adg	ldress:	*						
wner of the generating facility differs from	n the generator	, provide:									
Owner's Name:			i. Owner's Phone No.:								
	k. Exp. Date		ping Name and	m. Containers	2 72	o. Unit Wt/Vol					
		Description		No. Type	Quantity	770701					
60871420399	11/24/2018		Arsenic Impacted Soil		18 hars						
ACCOUNT # 100563			Nº 1								
	4 4=										
NERATOR'S CERTIFICATION: I hereb e law, has been properly described, cla ste is a treatment residue of a previously in treated in accordance with the require	ssified and pack restricted haza	kaged, and is in prop ardous waste subjec	er condition for transportat t to the Land Disposal Rest	ion according to ap rictions. I certify an	d warrant that the v	S; AND, IT THIS					
Jacon D. Haterdon /12	of they	Man D	1 Houter		2/15/2014						
Generator Authorized Agent Name (Prin TRANSPORTER (General		q. Signature	ter considers lie	r. Da	te /						
Phone:			A.			39					
	11 100		11 11 1	e. Date	10 10013						
Driver Name (Print) // DESTINATION (Generate		nature // Destin	ation Site completes I		171-011						
Disposal Facility and Site Address		c. US EPA Nur									
Sept Str Mohland Cresk Md Bulord, GA 30618	7-30/0	C. GG El Allan	a. B. S. Sapara, y mar								
ereby certify that the above named mate	erial has been a	ccepted and to the b	est of my knowledge the fo	regoing is true and	l accurate.						
Name of Authorized Agent (Print)	f. Sign	nature		g. Date							
ASBESTOS (Generator of	completes IV	a-f and Operator	r complete IVg-i)								
Operator's Name and Address:			c. Responsible Agency N	ame and Address:							
Phone: Special Handling Instructions and Additi	onal Information	า:	d. Phone:		W						
special Flanding motivations and Fladin	ond mornado										
Friable Non-Friable Both ERATOR'S CERTIFICATION: I hereby is are classified, packaged, marked and	declare that the	Friable e contents of this con led, and are in all res	% Non-Friable nsignment are fully and acceptors in proper condition for	urately described a or transport accord	bove by the propering to applicable int	shipping nam ernational and					
ional governmental regulations,											
Operator's Name and Title (Print)	h Sig	nature		i. Date	-						
perator s Name and Title (Finit)	ns leases oper	rates, controls, or su	pervises the facility being d		rated, or the demoli	tion or					

enovation operation or both



2167787

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la	a-r)				- Variety - Variety			
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location:	Center P.d.NAV		e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from		provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Conta	ainers Type	n. Total Quantity	o. Unit Wt/Vol		
. 50871420369	11/21/2015	Non Regulated	Arsenio Impacted Soit			18 tous			
ACCOUNT # 100563									
		Į.				·			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packarily restricted hazar	aged, and is in prop rdous waste subject	er condition for transportatio to the Land Disposal Restric	n according ctions. I cert	to applic ify and w	cable regulations; varrant that the wa	AND, if this		
Haron D. Hottonstein/	Weyli Free	anous	A Katherster		1	2/15/20	14		
p. Generator Authorized Agent Name (Pri		. Signature	7		r. Date	/ /			
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator complete	s lla-b and Tran	isporter completes lic-	e)	-				
b. Phone:									
b. Filotie.		1	10111			14			
c. Driver Name (Print)	1 Man d. Sign	ature Much	I Milled	e. Date	121	13/201	9		
III. DESTINATION (General			ation Site completes Ille	d-g)		- 7			
a. Disposal Facility and Site Address: 0 7	71-3575	c. US EPA Num	ber d. Discrepancy Indica	ation Space:					
b. I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledge the fore	egoing is true	e and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address: b. Phone:			c. Responsible Agency Nar d. Phone:	me and Add	ress:				
e. Special Handling Instructions and Addit	tional Information:	T)	d. Friorie,		157				
f. Friable Non-Friable Both		riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.									
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date		S-111111-0			
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	tes, controls, or sup	ervises the facility being den	molished or r	renovate	d, or the demolitio	n or		



2167788

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r complete							-				
a. Generator's US EPA ID Number		b.	Manifest Docum	nent Number		c. Page	1 of	The same of				
d. Generator's Name and Location:	1 5 61 9 3 6 1 9 7			e. Generator's Mailing Address: g. Phone:								
f. Phone: If owner of the generating facility differs fro	m the genera	ator, prov	vide:									
h. Owner's Name:				i. Owner's Phone No.:								
j. Waste Profile #	k, Exp. Date		I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n, Total Quantity	o. Unit Wt/Vol				
60671420359	11/21/2		ion Regulated /	Americ Impacted Soil			18 tons					
ACCOUNT # 100563												
				-								
GENERATOR'S CERTIFICATION: I heret state law, has been properly described, clawaste is a treatment residue of a previousl been treated in accordance with the requir	assified and p	ackaged azardou	d, and is in prop s waste subject	er condition for transportation to the Land Disposal Restri	on accordin ctions, I ce	g to applic rtify and w	able regulations; arrant that the wa	AND, if this				
Acron D. Hollowsle 1/19	Li Steart		bron &	Hottester		12	15/201	14				
p. Generator Authorized Agent Name (Prin			gnature	1		r. Date		22.365.2.22				
II. TRANSPORTER (Gener	ator comp	letes II	a-b and Trar	nsporter completes lic-	e)							
a. Transporter's Name and Address:												
41	*											
b. Phone;		1	1270			, ,						
c. Driver Name (Print)	d	Signatur	Old sy		e. Date	C / 14	n. Hassandinasi di Assa					
				ation Site completes III				7.7				
			c. US EPA Num			2"						
a. Disposal Facility and Site Address	1-3575		C. US EPA NUIT	u. Discrepancy muca	апон Эрас	5 .		-9				
I hereby certify that the above named mate	erial has bee	n accept	ed and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.					
Thoroby dorany that the above harned man												
e. Name of Authorized Agent (Print)	f. S	Signature)		g. Date							
IV. ASBESTOS (Generator of	completes	IVa-f a	and Operator	complete IVg-i)								
a. Operator's Name and Address:				c. Responsible Agency Na	me and Ad	dress:						
h Chang				d. Phone:								
b. Phone: e. Special Handling Instructions and Addit	ional Informa	tion:		d. Thone.								
1		n/ m : 11		0/ N - 51 11								
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	doolors that	% Friabl	le	% Non-Friable	rately dose	rihad share	e by the proper of	hinning name				
and are classified, packaged, marked and national governmental regulations.	labeled/plac	arded, a	nd are in all resp	pects in proper condition for	transport a	according	to applicable inter	national and				
g. Operator's Name and Title (Print)	h.	Signatur	e		i Date		d or the demotities	D 05				
*Operator refers to the company which ow	ns, leases, o	perates,	controls, or sup	ervises the facility being dei	molished o	renovate	a, or the demolitic	OF OF				



2167789

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c, Page	1 of				
d. Generator's Name and Location:		L	e. Generator's Mailing Add	dress:						
riigh Sireel Equity Ac										
Gwinnett Rag. Dist. 0 3312 N Berkley Lake I										
f. Phone:			g. Phone:							
If owner of the generating facility differs from	om the generator,	provide:								
h, Owner's Name:			i. Owner's Phone No.;							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n, Total Quantity	o. Unit Wt/Vol			
		Mon Camilalad	Arsenic Impacted Soil			7104				
50871420359	11/21/2015	The second secon	resource impostore out			18 tours				
OURS ENGAGING	T. DETERMENTS									
ACCOUNT # 100563										
						0				
7-1-1				100						
OFNEDATORIO OFRIFICATION LI	tie die die	-1	viol in mat a banavdaya yang	a aa dafina	1 by 10 C	ED 261 or ony on	plicable			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cla	assified and pack	aged, and is in prop	er condition for transportation	n according	g to applic	cable regulations;	AND, if this			
waste is a treatment residue of a previous	ly restricted haza	rdous waste subject	to the Land Disposal Restri	ctions. I cer	rtify and w	varrant that the wa	aste has			
been treated in accordance with the requir	rements of 40 CF	R 268 and is no ion	The state of the s		J CFR 26	1 1 to 1				
Haron V. Horangen	No film the	Marie 1	Holpenster		1	2/15/2	014			
p. Generator Authorized Agent Name (Prin		, Signature			r. Date					
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trai	nsporter completes lic-	e)						
a. Transporter's Name and Address:										
b. Phone:		^				,				
NEWEY FURAND		# (T)		12	1/10-	In				
c. Driver Name (Print)	d. Sign	enturo.		e. Date	1121	14				
III. DESTINATION (Generat	X		ation Site completes III							
a. Disposal Facility and Site Address:		c. US EPA Nun):					
tion i Sla Richiand Creek Rd	3-3010		,,							
Buford, QA 30518										
b.										
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the for	egoing is tru	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date						
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:					
The state of the s										
b. Phone:			d. Phone:							
e. Special Handling Instructions and Addit	ional Information:									
2 1 200										
f. Friable Non-Friable Both		riable	% Non-Friable	(.l. decem	:L - J - L		Lincin			
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the labeled/placarde	d, and are in all res	signment are fully and accul	transport a	ccordina	to applicable inter	mpping name, mational and			
national governmental regulations.	placerdo		The second secon		9					
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date		A				
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ites, controls, or sup	ervises the facility being de	molished or	renovate	d, or the demolition	on or			



2167758

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	or completes la	1-r)								
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of										
d, Generator's Name and Location:	Center Rd NW	11=	e. Generator's Mailing Address: g. Phone:							
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	Waste Ship Description	ping Name and	ing Name and m. Containers n. Total No. Type Quantity						
50871420359	11/21/2016	The second secon	Araenic Impacted Soil			15 100				
ACCOUNT # 100663					v		f			
				.7						
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and packa ly restricted hazar	aged, and is in prop dous waste subject	er condition for transportatio to the Land Disposal Restric	n accordin	g to applic rtify and w	cable regulations;	AND, if this			
4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chart.	Mercen E.	Astronoli :		/3	116/20	41			
p. Generator Authorized Agent Name (Prin		Signature			r. Date					
II. TRANSPORTER (Gener	rator complete	s Ila-b and Tran	sporter completes lic-	e)						
a. Transporter's Name and Address: b. Phone:					· · ·	7				
DEWEY FURAL	4/15 1/	11		18	1/6/	14				
c. Driver Name (Print)	d. Signa	CONTAIN THE PROPERTY OF THE PR		e. Date	7 7					
III. DESTINATION (Generat										
a. Disposal Facility and Site Address:		c. US EPA Num								
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fore	going is tre	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa		accomplate IV/a iV	g. Date						
ASBESTOS (Generator of a. Operator's Name and Address:	completes iva-	-i and Operator	c. Responsible Agency Nar	no and Ad	droce:					
a. Operator's warne and Address.			c. Responsible Agency Nai	ne and Ad	aress.					
b. Phone:		-	d. Phone:							
e. Special Handling Instructions and Addit	ional information:									
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr		% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the o	contents of this cons d, and are in all resp	signment are fully and accura sects in proper condition for	ately descr transport a	ibed abov according t	e by the proper s c applicable inter	hipping name national and			
		1 2 4								
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa		ervises the facility being den	i. Date	renovate	1 or the demolitic	on or			
renovation operation or both	na, icases, operat	iou, controls, or sup	CIVIDES the lacility being desi	ionaried of	TORIOVALE	a, or the demindial), i oi			



2167759

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of				
d. Generator's Name and Location: High Street Equity Ac Gwinnell Reg. Dist. 0 3312 N Berkley Lake f. Phone:	Center Rd NW		e. Generator's Mailing Ad	dress:						
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.;							
j. Waste Profile #	k. Exp. Date		pping Name and	m. Con		n. Total Quantity	o. Unit Wt/Vol			
		Description		INO,	Type	Quantity	VVVVOI			
Non Regulated Arsenic Impacted Soil 11/21/2015										
ACCOUNT # 100563										
	4. 3.									
	***					**				
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl. waste is a treatment residue of a previous been treated in accordance with the require	assified and pack ly restricted haza	aged, and is in prop rdous waste subject	per condition for transportation to the Land Disposal Restr	on accordin	g to applice rtify and w	cable regulations; varrant that the wa	AND, if this			
Acres D. Heternert	La CYONE	I Fa	9 219+ Ft.		12	116/201	4			
p. Generator Authorized Agent Name (Pri	nt) q	. Signature	EXISTAXE CITE		r. Date	/ /				
II. TRANSPORTER (Gene	rator complete	s lla-b and Trai	nsporter completes lic	-e)						
a. Transporter's Name and Address: b. Phone:										
John Ofryant	Le	Chan	7	161	116/1					
c. Driver Name (Print)	d. Sign			e. Daté	1					
III. DESTINATION (Generat							- I			
a. Disposal Facility and Site Address: ()	71-3676	c. US EPA Nun		ation Space	e:					
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date	×					
IV. ASBESTOS (Generator	completes IVa	-f and Operator								
a. Operator's Name and Address:			c. Responsible Agency Na	ime and Ad	dress:		1			
b. Phone:			d, Phone:							
e. Special Handling Instructions and Addit	ional Information:									
f. Friable Non-Friable Both		riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.										
24										
g. Operator's Name and Title (Print)	h. Sign		and on the facility is also at	i. Date		d or the description				
*Operator refers to the company which ow renovation operation or both	ms, leases, opera	tes, controls, or sup	pervises the facility being de	molished or	renovated	a, or the demolitio	II OF			



2167760

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

!. GENERATOR (Generate	or completes	a la-r)									
a. Generator's US EPA ID Number		b. N	lanifest Docum	cument Number c, Page 1 of							
d. Generator's Name and Location: High Street Equity A Symmetric Reg. Dist. 3312 N Burstoy Liske f. Phone:	Center Fld NW			e, Generator's Mailing Add	iress:						
If owner of the generating facility differs fr	om the generat	or, provi	de:								
h. Owner's Name:	,			i. Owner's Phone No.:				o. Unit			
j. Waste Profile #	k. Exp. Date		I. Waste Ship Description	I F S							
50871/(20359	Non Regulat 50871420359 11/21/2015						13 tong				
ACCOUNT # 100563											
			,								
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pa sly restricted ha	ckaged, zardous	and is in prope waste subject	er condition for transportatio to the Land Disposal Restric	n accordin	g to applice rtify and w	able regulations; arrant that the wa	AND, if this			
1 5/1 /	2/11	1	aren &	Q11-1-		75	Tio lens				
p. Generator Authorized Agent Name (Pri	nt)	q. Sign	ature			r. Date	/ / / / / /				
II. TRANSPORTER (Gene	rator comple	etes lla	-b and Tran	sporter completes lic-	e)						
b. Phone:	a. Transporter's Name and Address:										
Tana Die	yes 1	1 10	Muy		- 12	16	14				
c. Driver Name (Print)	d/S	ignature		1117	e. Date		11				
III. DESTINATION (General											
a. Disposal Facility and Site Address: 70-7 bt Of State Chang Creek No. Buford, CA 30518 b.	71-3676	C.	. US EPA Num	ber d. Discrepancy Indica	ation Space	9;					
I hereby certify that the above named mat	terial has been	accepted	d and to the be	est of my knowledge the fore	going is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)		gnature			g. Date		- 2 m - 1				
IV. ASBESTOS (Generator	completes I'	va-t an	d Operator								
a. Operator's Name and Address: b. Phone:				c. Responsible Agency Nar d. Phone:	me and Ad	dress:					
e. Special Handling Instructions and Addit	tional Informatio	on:		u. mone.							
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the		nts of this cons								
g. Operator's Name and Title (Print) *Operator refers to the company which ow renovation operation or both		ignature erates, co	ontrols, or supe	ervises the facility being den	i. Date nolished or	renovated	d, or the demolitic	n or			



2167761

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\tt NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator 	r completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of	t)			
d. Generator's Name and Location: ingle Street Carry Add Gwinnett Reg. Dist. 312 N Berkley Leke F f. Phone:	lenter Id NW		e. Generator's Mailing Ado	lress:						
If owner of the generating facility differs fro	m the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	oping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol			
50671420359	11/21/2015		Arsenic Impacted Soil			18 tons	1 - 1			
ACCOUNT # 100569										
4-4-7										
30 PM										
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, cla waste is a treatment residue of a previously been treated in accordance with the require	ssified and pack v restricted haza	aged, and is in prop rdous waste subjec	per condition for transportation to the Land Disposal Restri	n accordin ctions. I ce	g to applic rtify and w	able regulations; arrant that the wa	AND, if this			
Anona D. Het madenti	Sylled I	1 horas	Hottoski		1	2/16/201	4			
p. Generator Authorized Agent Name (Prin	t) q	. Signature			r. Date					
II. TRANSPORTER (General	ator complete	s lla-b and Tra	nsporter completes lic-	e) -						
a. Transporter's Name and Address: b. Phone:	- 6	Y			5/1	111				
c. Driver Name (Print)	d. Sign	eature		e. Date	d//k	114				
III. DESTINATION (Generate			ation Site completes III							
a. Disposal Facility and Site Address:		c. US EPA Nur			9.					
5671 Str Rochard Creek Rd Buterd, QA 30618 b.	3-3070					47				
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the force	egoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:					
b. Phone:			d. Phone:							
e. Special Handling Instructions and Additi	onal Information:		×							
f. Friable Non-Friable Both	% F	riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this con d, and are in all res	signment are fully and accur pects in proper condition for	ately descr transport a	ribed abov according	e by the proper sl to applicable inter	nipping name national and			
	Tr.									
g. Operator's Name and Title (Print)	h. Sigr	nature	and a share the facility built of	i. Date	ronewat-	d or the demolitie	n or			
*Operator refers to the company which own renovation operation or both	ns, leases, opera	ites, controls, or su	pervises the facility being der	nolisned of	renovate	u, or the demolitio	11 Of			



2167762

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator	completes la-	-r) b. Manifest Docum									
a. Generator's US EPA ID Number	а,	of									
d. Generator's Name and Location; Igh Street Equity Advi Gwinnett Reg. Diet. Ce f. Phone:	inter		e. Generator's Mailing Address; g. Phone;								
If owner of the generating facility differs from	the generator, p	provide;									
h. Owner's Name:			i. Owner's Phone No.;								
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Conta No.	iners Type	n. Total Quantity	o. Unit Wt/Vol				
50871420359	11/21/2015	Non Regulated	Arsenic Impacted Soil			18 tens					
ACCOUNT # 100563											
			3								
GENERATOR'S CERTIFICATION: I hereby state law, has been properly described, clas waste is a treatment residue of a previously been treated in accordance with the require	sified and packa restricted hazard	ged, and is in prop dous waste subject	er condition for transportation to the Land Disposal Restrict	n according to ctions. I certif	to applicate to applicate to the street application to the street appl	able regulations; arrant that the wa	AND, if this				
James D. Hatturds Not	The state of	1 Same	49 Thomas Con		12	14/201	4				
p. Generator Authorized Agent Name (Print)		Signature		10	r. Date						
II. TRANSPORTER (General a. Transporter's Name and Address: b. Phone:	tor completes	s na-5 and Trai	isporter completes lie								
Teda Of count	1-2	en	-	35/1	1/14						
c. Driver Name (Print)	d Şigna			e. Date							
III. DESTINATION (Generator		a-c and Destina									
a. Disposal Facility and Site Address Other Street Holes Cores Holes GA 1998 b.		c. US EPA Num									
I hereby certify that the above named mater	ial has been acc	epted and to the bo	est of my knowledge the fore	going is true	e and acc	curate.					
				1							
e. Name of Authorized Agent (Print)	f. Signat			g. Date							
IV. ASBESTOS (Generator co	ompletes IVa-	f and Operator									
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Addr	ress:						
b. Phone:	nal Information		d. Phone:								
e. Special Handling Instructions and Additio	nai information.										
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby d and are classified, packaged, marked and la national governmental regulations.	% Fri leclare that the c abeled/placarded	ontents of this cons	% Non-Friable signment are fully and accurate pects in proper condition for	ately describ transport acc	ed above cording to	e by the proper so applicable inter	hipping name, national and				
g. Operator's Name and Title (Print) *Operator refers to the company which owns	h. Signa s, leases, operat	ature es, controls, or sup	ervises the facility being den	i. Date nolished or r	enovated	I, or the demolition	on or				



2167764

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\tt NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generato 	r completes i	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number	1 of						
d, Generator's Name and Location: High Street Equity Ad Gwinnett Reg. Dist. C 3312 N Berkley Lake I	Center		e, Generator's Mailing Address: g. Phone:							
If owner of the generating facility differs from	m the generator	, provide:								
h. Owner's Name:			i. Owner's Phone No.:	m, Con						
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	pping Name and	n. Total Quantity	o. Unit Wt/Vol					
50871420359	11/21/2018		Amenic Impacted Soil			Id tons				
ACCOUNT # 100563										
**										
GENERATOR'S CERTIFICATION: I herei state law, has been properly described, cla waste is a treatment residue of a previous been treated in accordance with the requir	assified and pack ly restricted haza	caged, and is in prop ordous waste subject	er condition for transportation to the Land Disposal Restri	on accordin ctions. I ce	g to applic rtify and w	able regulations; arrant that the wa	AND, if this			
Ann & francis his	Ser Toront	(large)	Attender		12	116/2019				
p. Generator Authorized Agent Name (Prin	nt) c	, Signature			r. Date	r. Date				
II. TRANSPORTER (Gener	rator complete	es Ila-b and Trai	nsporter completes lic-	e)						
a. Transporter's Name and Address:										
				Ý						
b. Phone:				30						
Thomas Die	200	Umn	er I have	1	2.16	14				
c. Driver Name (Print)	d. Sigr			e. Date						
III. DESTINATION (Generat	or complete II	lla-c and Destina	ation Site completes III	d-a)	The same					
a. Disposal Facility and Site Address: 22 5627 Str. Rockard Creek Rd Burard, GA 30516 b.			d. Discrepancy Indica		e:					
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and acc	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date						
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:					
b. Phone:e. Special Handling Instructions and Addit	ional Information		d. Phone:							
e. Special Handling Instructions and Addit	ionai information									
f. ☐ Friable ☐ Non-Friable ☐ Both		riable	% Non-Friable			. I O				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	ed, and are in all res	signment are fully and accur pects in proper condition for	transport a	ccording t	e by the proper s o applicable inter	nipping name, national and			
				ü						
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date						
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ates, controls, or sup	pervises the facility being der	molished or	renovated	a, or the demolitic	n or			



2167765

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or comple	etes i	ia-r)				-				
a. Generator's US EPA ID Number			b. M	lanifest Docur	ment I	Number		c. Page	1 of		
d. Generator's Name and Location:					е. С	Generator's Mailing Add	lress:				
High Street Equity A	dvisors										
Gwinnell Reg. Dist.	Center										
f. Phone: 3312 N Berkley Lake					o. F	Phone:					
If owner of the generating facility differs fr	om the ger	nerator	r. provid	de:	3						
In owner or the generating reality amera in	o a.a. go.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
h. Owner's Name:						wner's Phone No.:					
j. Waste Profile #	k. Exp. D	Date		1. Waste Ship	ping	Name and	m. Con No.		n. Total	o. Unit	
				Description	_		Туре	Quantity	Wt/Vol		
			No	on Regulated	Arser	nic Impacted Soil			15 tons		
50871/20358	50871420359 11/21/2015								15 1 mil		
\$100 100 000 00											
ACCOUNT # 100563											
ACCEONT N 100000											
	100										
									- 1		
									T.		
GENERATOR'S CERTIFICATION: I here	by certify t	that the	e above	e named mate	erial is	not a hazardous waste	e as define	d by 40 Cl	R 261 or any app	plicable	
state law, has been properly described, cl waste is a treatment residue of a previous	assilieu ar dy restricte	iu pack id haza	rdous	waste subject	to th	e Land Disposal Restric	ctions: I ce	g to applic rtify and w	able regulations,	iste has	
been treated in accordance with the requi											
11 11 11 11 11 11 11 11 11 11 11 11 11	1		17 /	/	- 4	Petter 1-1		12	1111/200		
	ly Stre		££	Mary L	1	1111111 11 11 11 11		12	1 1867 5 10	<i>C</i>	
p. Generator Authorized Agent Name (Pri			q. Sign					r. Date			
II. TRANSPORTER (Gene	rator cor	mpiete	es lla-	-b and Trai	nspo	rter completes Ilc-	e)			1	
a. Transporter's Name and Address:									A Land	diam'	
									7 - 1		
b. Phone:	7 7			1111				1	1		
NEW TOTAL PROPERTY	i irs		1	11111			1	3 / 11	1111		
DENCE TELLING	4113			118				X//C	JIT		
c. Driver Name (Print)		d. Sigr					e. Date	1	<i></i>		
III. DESTINATION (General	tor comp	lete II	lla-c a	and Destina	ation	Site completes Ille	d-g)				
a. Disposal Facility and Site Address:	71.0575		C.	US EPA Nun	nber	d. Discrepancy Indica	tion Space	e:	A		
5697 Sin Richard Creak Ho	F. S. THEFFE										
Buford, GA 30518											
b.											
I hereby certify that the above named mat	terial has b	peen ac	ccepted	d and to the b	est of	my knowledge the fore	agoing is tr	ue and acc	curate.		
Thereby sering and the above harned men	ond nac	2011 40	oooptoc	3 4114 13 1110 2	001 01	, and a second					
								- 1			
e. Name of Authorized Agent (Print)		f. Signa					g. Date				
IV. ASBESTOS (Generator	complete	es IVa	a-f an	d Operator	com	nplete IVg-i)					
a. Operator's Name and Address:					c. R	esponsible Agency Nar	ne and Ad	dress:			
- T						, , ,					
b. Phone: e. Special Handling Instructions and Additional Handling Instructions and Additional Handling Instructions	tional Infor	mation			0. P	hone:					
e. Special Handling Instructions and Addit	uonai inion	mation									
f. Friable Non-Friable Both			riable			lon-Friable					
OPERATOR'S CERTIFICATION: I hereby											
and are classified, packaged, marked and	l labeled/pl	lacarde	ed, and	are in all res	pects	in proper condition for	transport a	ccording t	o applicable inter	national and	
national governmental regulations.			-								
g. Operator's Name and Title (Print)		h. Sigr	nature		-		i. Date				
*Operator refers to the company which ow	vns, leases	s, opera	ates, co	ontrols, or sup	ervis	es the facility being den		renovated	d, or the demolitio	n or	
renovation operation or both											



2167767

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator of the control of	completes la	-r)									
a. Generator's US EPA ID Number		b. Manifest Docun	fest Document Number c. Page 1 of								
d. Generator's Name and Location: High Street Equity Advise Gwinnett Reg Dist, Cen 3312 N Berkley Lake Rd	ter		e. Generator's Mailing Address: g. Phone:								
If owner of the generating facility differs from t	the generator, p	provide:									
h, Owner's Name:			i. Owner's Phone No.: I. Waste Shipping Name and m. Containers n. Total o. Unit								
j. Waste Profile # k.	Exp. Date	Waste Ship Description	ping Name and	M, Cont	Type	n. Total Quantity	o. Unit Wt/Vol				
50871420359	11/21/2015	Non Regulated	Arsenic Impacted Soil			15 fours					
ACCOUNT # 100563											
GENERATOR'S CERTIFICATION: I hereby of state law, has been properly described, classis waste is a treatment residue of a previously rebeen treated in accordance with the requirement.	ified and packa estricted hazard	ged, and is in prop dous waste subject	er condition for transportatio to the Land Disposal Restric	n according ctions. I cer	g to applic tify and w	able regulations; arrant that the wa	AND, if this				
Acces of Description States of the Contraction 12/16/2014											
p. Generator Authorized Agent Name (Print)	The second second second	Signature			r. Date						
II. TRANSPORTER (Generate	or completes	s Ila-b and Tran	sporter completes IIc-	e)							
a. Transporter's Name and Address: b. Phone:		9	1			,					
c. Driver Name (Print)	d. Signa	min	1/-	e, Date	16.	14					
III. DESTINATION (Generator			tion Site completes III								
a. Disposal Facility and Site Address. Build GA 2018		c. US EPA Num			:						
I hereby certify that the above named materia	I has been acc	epted and to the be	est of my knowledge the fore	going is tru	e and acc	curate.					
						4					
e. Name of Authorized Agent (Print)	f. Signat	ture		g. Date							
IV. ASBESTOS (Generator cor	mpletes IVa-	f and Operator	complete IVg-i)								
a. Operator's Name and Address:	1		c. Responsible Agency Nar	me and Add	iress:						
b. Phone:		11 11	d. Phone:								
e. Special Handling Instructions and Additiona	al Information:	. P W									
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby de and are classified, packaged, marked and lab national governmental regulations.		ontents of this cons									
				100		1					
g. Operator's Name and Title (Print)	h. Signa			i. Date							
*Operator refers to the company which owns, renovation operation or both			ervises the facility being den	nolished or	renovated	d, or the demolitic	n or				



2167763

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes i								
a. Generator's US EPA ID Number		b. Manifest Document Number c. Page 1 of							
d. Generator's Name and Location:	Center Rd NW		e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs for	om the generator	, provide:		N.					
h. Owner's Name:			i. Owner's Phone No						
j. Waste Profile #	k. Exp. Date	I. Waste Shi Description	oping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
59871420959	11/21/201	357	Arsenic Impacled Soil		1 4	18 tons			
ACCOUNT # 100563									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack by restricted haza	kaged, and is in prop ardous waste subjec	per condition for transport to the Land Disposal	ortation accordir Restrictions. I ce	ig to applic ertify and w	able regulations arrant that the w	; AND, if this		
Auren > 1 10 re vis North	, Theat	Thron X	Hottenster.		73	2/16/201	cy		
p. Generator Authorized Agent Name (Pri	nt)	g. Signature			r. Date	/ /			
II. TRANSPORTER (Gene		es Ila-h and Tra	nsporter complete	s IIc-e)					
a. Transporter's Name and Address: b. Phone:					<i>l</i> - <i>l</i> - <i>l</i>		×		
Josh OBryant	4	beller		15)	10/14				
c. Driver Name (Print)		nature		e. Date					
III. DESTINATION (General	tor complete	Illa-c and Destin	ation Site complet	es IIId-g)					
a. Disposal Facility and Site Address; () 2	71-3676	c. US EPA Nu	mber d. Discrepancy	Indication Spac					
I hereby certify that the above named ma	terial has been a	ccepted and to the t	est of my knowledge tr	ne foregoing is ti	rue and ac	curate.			
						7.			
e. Name of Authorized Agent (Print)	f. Sigr			g. Date					
IV. ASBESTOS (Generator	completes IV	a-f and Operato							
a. Operator's Name and Address:			c. Responsible Agen	cy Name and Ad	ddress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addi	tional Information	ni.							
f. ☐ Friable ☐ Non-Friable ☐ Both	%	Friable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	/ declare that the d labeled/placard	e contents of this cored, and are in all res	nsignment are fully and spects in proper condition	accurately desc on for transport	ribed abov according	re by the proper to applicable inte	shipping name ernational and		
g. Operator's Name and Title (Print)	h Sig	nature		i. Date		d or the days 1't	on or		
*Operator refers to the company which ov renovation operation or both	vns, leases, oper	ates, controls, or su	pervises the facility bei	ng aemolished o	r renovate	a, or the demolit	IOH OF		



2167766

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generato 	r completes la	a-r)								
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of				
d. Generator's Name and Location: High Simulations Add f. Phone:	Center Rd NW		e. Generator's Mailing Add	iress:		-1				
If owner of the generating facility differs from	om the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
50871420369	11/21/2016		Arsenic Impacted Soil			LE LOUS				
ACCOUNT # 100663										
	1 4									
GENERATOR'S CERTIFICATION: I heref state law, has been properly described, clawaste is a treatment residue of a previousl been treated in accordance with the require	assified and pack ly restricted haza	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restric	n accordin	g to applice rtify and w	able regulations; arrant that the wa	AND, if this			
Acor Della santa / 3	C Strack	Heron In	19 thing by		12	116/201	1			
p. Generator Authorized Agent Name (Prin	nt) q	. Signature	0.00		r. Date					
II. TRANSPORTER (Gener	rator complete	s lla-b and Tran	asporter completes lic-	e)						
a. Transporter's Name and Address: b. Phone:		4			, ,		1,1-			
DEWEY FURANKS	1/			12	46/	14				
c. Driver Name (Print)	d. Sigr			e. Date						
III. DESTINATION (Generate										
a. Disposal Facility and Site Address:	79-3576	c. US EPA Nun	nber d. Discrepancy Indica	ation Space	e:					
I hereby certify that the above named mate	erial has been ac	cepted and to the be	est of my knowledge the fore	going is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date						
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)							
a. Operator's Name and Address.			c. Responsible Agency Nar	me and Ad	dress:					
h Phono			d Phone:							
b. Phone:e. Special Handling Instructions and Additi	ional Information		d. Phone:		LITTLE CO.					
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the									
						R				
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date						
*Operator refers to the company which ow	ns, leases, opera	ites, controls, or sup	ervises the facility being den	nolished or	renovated	d, or the demolitic	on or			
renovation operation or both	CONTRACTOR OF THE PARTY OF THE		and the same of th		un all					



2167768

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	or complete									
a. Generator's US EPA ID Number		b.	Manifest Docum	nent N	lumber		c. Page	1 of		
d. Generator's Name and Location:				e. Generator's Mailing Address:						
Hoh Street Equity Ac										
Gwinnett Reg. Dist. (
f. Phone: 3312 N Berkley Lake				a, Pl	hone:					
If owner of the generating facility differs from	om the genera	tor, pro	vide:	-						
If owner or the generating facility amore in	om and gonore	itor, pro								
h. Owner's Name:					vner's Phone No.:					
j. Waste Profile #	k. Exp. Date		I. Waste Ship Description	pping N	lame and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol	
			Description			INO.	Туре	Quartity	770 701	
			Non Regulated	Arseni	ic impacted Soit			ne y		
60871420369	11/21/2							15 tons		
STORY ATROPOSOS	-1-21-21-21-2									
ACCOUNT # 100563										
ACCOUNT IS TOROUS.			l (
								1		
						-				
									1	
CHILD A HODIO OF DESIGNATION III	100.00	Alban alaa		ata tita	met a hazardayın yanta	no define	1 by 10 C	ED 261 or any ar	policable	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certily that	ackage	ove named mate	er cor	not a nazardous waste	n accordin	to applic	cable regulations	: AND. if this	
waste is a treatment residue of a previous	ly restricted h	azardou	us waste subject	t to the	Land Disposal Restric	ctions. I ce	tify and w	arrant that the w	aste has	
been treated in accordance with the requi	rements of 40	CFR 26	68 and is no lon	ger a l	hazardous waste as de	fined by 4	O CFR 26	1.		
- Jacia	mt 5	1	11	51	LIT P		,	2/11/1	21	
State Welster Assistant 1	1, 910		(LIVEDY	1 4	OTE SHE		r. Date	2/10/201	Υ	
p. Generator Authorized Agent Name (Pri			gnature		The state of the s		r. Date			
II. TRANSPORTER (Gene	rator comp	etes I	la-b and Trai	nspor	rter completes lic-	e)				
a. Transporter's Name and Address:										
11 44 5										
b. Phone:		-7		-						
V 1 00 1		1.1	2018	Lange March		101	in ful	1		
Doch Ollryunt			Charles Street Someth	S		e. Date	10/14			
c. Driver Name (Print)		Signatur		41	0''		- 1			
III. DESTINATION (General										
a. Disposal Facility and Site Address:	71 ((7)		c. US EPA Nun	nber	d. Discrepancy Indica	ition Space	9:			
oby). Statigada ad Greek Ad										
Papad CA Stabi		- 1								
b.										
I hereby certify that the above named ma	terial has beei	accept	ted and to the b	est of	my knowledge the fore	going is tr	ue and ac	curate.		
			7							
News of Audi at ad Audi (D.) A		imm - I				a Dota				
e. Name of Authorized Agent (Print)		ignature			mlete IV/m IV	g. Date	00 - 2 - 12 (O - 12)			
IV. ASBESTOS (Generator	completes	IVa-f a	and Operator							
a. Operator's Name and Address:	9.			c. Re	esponsible Agency Nar	me and Ad	dress:			
Manual Control										
b. Phone:				d. Pl	hone:					
e. Special Handling Instructions and Addi	tional Informa	ion:								
X 24										
(C)		0.0 FT . 1		0/ 11	on Erioble					
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	(doolars that	% Friab	torte of this ac-	% N	on-Friable	ataly dose	ihed show	e by the proper	shinning name	
operator's certification: I hereby and are classified, packaged, marked and	declare that	ine con	terits of this con	signm	in proper condition for	transport a	occording	to applicable inte	ernational and	
and are classified, packaged, marked and national governmental regulations.	i labeleu/piaca	au c u, a	ing are in air res	pecis	in proper condition for	anopur c	.oom unig	o applicable lifte		
natorial governmental regulations.			1000							
								And the second		
g. Operator's Name and Title (Print)	h.	Signatu	re	1.,		i. Date				
*Operator refers to the company which ov	vns, leases, o	perates,	, controls, or sup	pervise	es the facility being der	nolished oi	renovate	a, or the demolit	on or	
renovation operation or both										



2167769

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r completes la-	-r)									
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page 1	l of					
d. Generator's Name and Location: Lich Specification Ad Option St. Res. Dut C	Center Rd NW		e. Generator's Mailing Address: g. Phone:								
f. Phone: If owner of the generating facility differs from	m the generator, p	provide:									
h. Owner's Name:			i. Owner's Phone No.:								
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cont	ainers Type	n. Total Quantity	o. Unit Wt/Vol				
60871420359	11/21/2016		Arsenic Impacted Soil	No.	Typo	18 tons					
ACCOUNT # 100563											
A, &											
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, 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.											
HOREND HOLDERYLY		1 luner	to Morotin		/	2/16/20	14				
p. Generator Authorized Agent Name (Prin		Signature	Total II.		r. Date						
II. TRANSPORTER (Gener a. Transporter's Name and Address: b. Phone:	ator completes	, and that		,			v				
Josh Of quant	Jack	Ulys		12/	6/14						
c. Driver Name (Print)	d. Signa		ation Cita completes Ille	e. Date							
a. Disposal Facility and Site Address; 12 (1997) Standard Creek For Europe GA 30518	71-3575	c. US EPA Nun	nber d. Discrepancy Indica	ation Space							
I hereby certify that the above named mate	erial has been acc	epted and to the b	est of my knowledge the fore	egoing is tru	e and acc	curate.					
				- D-t-							
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	f. Signat		complete IVa-i)	g. Date	7						
a. Operator's Name and Address:	completes iva	Tuna Operator	c. Responsible Agency Nar	me and Ado	dress:						
b. Phone: e. Special Handling Instructions and Addit	ional Information:		d. Phone:								
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	% Fri declare that the c labeled/placarded	ontents of this con	% Non-Friable signment are fully and accur pects in proper condition for	ately descri transport a	ibed abov ccording t	e by the proper s o applicable inte	shipping name rnational and				
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa	ature	peniese the facility being dor	i. Date	renovate	d or the demoliti	on or				
*Operator refers to the company which ow renovation operation or both	nis, leases, operat	es, controls, or sur	bervises the facility being der	nonsned of	Tenovated	a, or the demont	011 01				



2167770

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes										
a. Generator's US EPA ID Number		b. Manifest Docu	Document Number			c. Page 1 of					
			Canarata's Mailing Address								
d. Generator's Name and Location:	the section		e. Generator's Mailing Address:								
Gwinnett Reg. Dist.											
3312 N Berkley Lake											
f. Phone:	M2	A	g. Phone:								
If owner of the generating facility differs from	om the generate	or, provide:									
h. Owner's Name:			i. Owner's Phone No.:								
i. Waste Profile #	k. Exp. Date	I. Waste Shi	Waste Shipping Name and m. Containers n. Total o. Unit								
j. Waste i Tulio #	K. Exp. Co.	Description									
		Non Dawdeler	Literary bounded Only								
COOR COORE	4 3 12% 6 2% N		Arsenic Impacted Soil	10		18 tons					
50971420359	11/29/20	15				ALC: THE PARTY					
A A A A A A A A A A A A A A A A A A A											
ACCOUNT # 100563											
		and ak									
			avial is not a bassadava	to an define	d by 40.0	ED 261 or one or	pplicable				
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	eby certify that the	ne apove named mat	enai is not a nazardous was ner condition for transportat	ion accordin	na to applic	cable regulations	: AND. if this				
waste is a treatment residue of a previous	sly restricted ha	zardous waste subject	ct to the Land Disposal Rest	rictions. I ce	ertify and v	varrant that the w	aste has				
been treated in accordance with the requi	rements of 40 (CFR 268 and is no lo	nger a hazardous waste as	defined by 4	0 ČFR 26	1.					
1 - 1 - 199	art of	14 9	-/101.		7.0	1. 1					
Humo 2 Hotsidan (12)	L. Silver	(/Unoye)	Franklyn Cu	110/700	4						
p. Generator Authorized Agent Name (Pri		q. Signature		- X	r. Date						
II. TRANSPORTER (Gene	rator comple	etes IIa-b and Tra	insporter completes lic	:-e)		-					
a. Transporter's Name and Address:											
b. Phone:		A A			1 1	11.7					
DELLEY ELRAND	10 1	114		13	1111	161					
c. Driver Name (Print)	d S	Ignature		e. Date	1161						
			nation Site completes Illd-g)								
		c. US EPA Nu			٥.						
a. Disposal Facility and Site Address:	91-3675	C. OS LEA NO	d. Discrepancy mar	cation opac	· .						
cost sin the despt Cross No											
Burard, GA 30518											
b.		to describe	hant of my brownlades the fo	reacing is t	cuo and ac	ourato.					
I hereby certify that the above named ma	teriai nas been	accepted and to the	best of my knowledge trie to	reguling is t	ue and ac	ourate.					
e. Name of Authorized Agent (Print)	f. Sig	gnature	W. W	g. Date							
IV. ASBESTOS (Generator	completes I'	Va-f and Operato	r complete IVg-i)								
a. Operator's Name and Address:			c. Responsible Agency N	ame and A	ddress:						
a. operator o riamo ana riamono.											
h Change			d. Phone:								
b. Phone: d. Phone: e. Special Handling Instructions and Additional Information:											
6. Special Hariding methodions and Addi	Monar monnau	OTIN									
f. Friable Non-Friable Bott	1 %	6 Friable	% Non-Friable	and the l	aib a d	in his the man	obiopina ser				
OPERATOR'S CERTIFICATION: I hereb	y declare that the	ne contents of this co	nsignment are fully and acci	urately desc	according	re by the proper to applicable inte	ernational and				
and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and											
national governmental regulations.											
national governmental regulations.											
national governmental regulations.			1.4								
g. Operator's Name and Title (Print)	h. S	ignature		i. Date							
	h. S wns, leases, op	ignature erates, controls, or su	upervises the facility being d		r renovate	d, or the demolit	ion or				



2167771

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes	s 1a-1)							
a. Generator's US EPA ID Number		b.	Manifest Docun	nent Number		c. Page	1 of		
d. Generator's Name and Location:				e. Generator's Mailing Add	dress:				
Lion Shoot Laaky A	dvisors			3,12					
Gwinnett Reg. Dist.	Center								
3312 N Berkley Lake	Rd NW			- Dhanas					
f. Phone:	10			g. Phone:					
If owner of the generating facility differs fr	om the genera	tor, pro	vide:						
h, Owner's Name:				i. Owner's Phone No.:					
j. Waste Profile #	k Exp Date		I Waste Ship	ping Name and	m. Con	tainers	n. Total	o. Unit	
j. vvaste Fiolile #	". L.Ap. Date		Description	Pg Hollio dilo	No.	Туре	Quantity	Wt/Vol	
		7							
		- 1	Non Regulated	Arsenic Impacted Soil			18 145		
60871420359	11/21/20	315					THE PERSON		
ACCOUNT # 100563	ACCOUNT # 100663								
THOUGHT IN TRANSAL									
Control Control Control									
5× T									
								-	
GENERATOR'S CERTIFICATION: I here	by certify that	the abo	ve named mate	rial is not a hazardous wast	e as define	d by 40 C	FR 261 or any ap	plicable	
state law, has been properly described, c	lassified and pa	ackage	d, and is in prop	er condition for transportation	n accordin	g to applic	cable regulations;	AND, if this	
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted ha	ezardou CED 20	is waste subject	to the Land Disposal Restri	ctions. I ce	rity and v	varrant that the w	aste nas	
been treated in accordance with the requi	rements of 40	CFR 20	oo and is no long	ger a flazardous waste as di	elliled by 4	0 01 17 20	1 1		
Share Q. Hatturday	14 2/1 240	11	Morris	17 thullow tee		1/2	116/200	4	
p. Generator Authorized Agent Name (Pri	int)	a Sic	gnature			r. Date	/ - /	-	
				concetor completes lle	اد				
	rator compi	etes II	a-b and trai	isporter completes lic-	U)				
a. Transporter's Name and Address:									
++ 12									
4		7		1					
b. Phone:		1							
1, min - 11 2 ==	/	leng	Mary of	and a	12	.16.	14		
c. Driver Name (Print)	d.S	ignatur			e. Date				
III. DESTINATION (Genera		-		ation Site completes III	-				
						21			
a. Disposal Facility and Site Address.	71-3575		c. US EPA Num	nber d. Discrepancy Indica	ation Space	J.			
b691 5th Richland Creek Rd									
Buford, GA 30518									
b.									
I hereby certify that the above named ma	terial has been	accept	ted and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)		gnature			g. Date				
IV. ASBESTOS (Generator	completes I	Va-f a	and Operator	complete IVg-i)					
a. Operator's Name and Address:			-	c. Responsible Agency Na	me and Ad	ldress:			
Politica o Hamiltonia									
b. Phone:				d. Phone:					
e. Special Handling Instructions and Addi	tional Informati	ion:							
f Friable Non Frieble Dette		% Friabl	lo	% Non-Friable					
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby					ately descri	rihed abov	e by the proper s	hipping name	
and are classified, packaged, marked and	d laheled/place	rded a	nd are in all res	nects in proper condition for	transport a	according	to applicable inte	rnational and	
national governmental regulations.	a laboled/placa	. aou, ai	aro iii aii ies	occio in propor condition for	a an opon c		Sppnosoro mito	and and	
The state of the s		-							
					4				
g. Operator's Name and Title (Print)	h, S	Signatur	re		i. Date			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
*Operator refers to the company which ov	wns, leases, op	erates,	controls, or sup	ervises the facility being der	molished o	r renovate	d, or the demoliti	on or	
renovation operation or both									



2167772

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes I	a-r)								
a, Generator's US EPA ID Number		b. Manifest Docur	lanifest Document Number c, Page 1 of							
d. Generator's Name and Location:	Center Rd NW		e. Generator's Mailing Add	dress:						
If owner of the generating facility differs from		, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k Exp. Date	Naste Ship Description	pping Name and	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol				
50871420359	11/21/2016		Regulated Amenic Impacted Soil / 8 Fon:							
ACCOUNT # 100563										
**			*							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack bly restricted haza	kaged, and is in prop ardous waste subject	per condition for transportation to the Land Disposal Restriction	n according to applications. I certify and	cable regulations; warrant that the wa	AND, if this				
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										
II. TRANSPORTER (Gene	rator complete	es Ila-b and Tra	nsporter completes lic-	e)						
a. Transporter's Name and Address: b. Phone:										
Josh OBryant	10	il the		18/110/14						
c. Driver Name (Print)	,d. Sigr			e. Date						
III. DESTINATION (General										
a. Disposal Facility and Site Address:	71 3575	c. US EPA Nur	nber d. Discrepancy Indica	ation Space:						
I hereby certify that the above named mat	erial has been ac	ccepted and to the b	est of my knowledge the fore	egoing is true and a	ccurate.					
e. Name of Authorized Agent (Print)	f. Sign			g. Date						
IV. ASBESTOS (Generator	completes IVa	a-f and Operator								
a. Operator's Name and Address:			c. Responsible Agency Na	me and Address:						
b. Phone:			d. Phone:							
e. Special Handling Instructions and Addit	tional Information									
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: i hereby and are classified, packaged, marked and national governmental regulations.	declare that the	Friable contents of this con ed, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	ately described abo transport according	ve by the proper s to applicable inter	hipping name national and				
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sigr	nature		i. Date						
				national or ranguate	or the demoditie	IT OF				



2167773

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	ı-r)								
a. Generator's US EPA ID Number		b. Manifest Docum	c. Page 1 of							
d. Generator's Name and Location: High street Curty Acceptable Control Control Gatument Res. Onc. (f. Phone:	Center Rd NW		e. Generator's Mailing Address: g. Phone:							
If owner of the generating facility differs from	orn the generator,	provide:								
h. Owner's Name:			i. Owner's Phone No.;							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
50871420359	11/21/2016	Non Regulated	Arsenic Impacted Soit			18 tons				
ACCOUNT # 100563										
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and packa ly restricted hazard	iged, and is in prop	er condition for transportation to the Land Disposal Restriction	n according	g to applicatify and w	cable regulations;	AND, if this			
Husen D. Holmer for 128 Sheet levion & Fotonstone 12/16/14										
p. Generator Authorized Agent Name (Pri		Signature			r. Date					
II. TRANSPORTER (Gene	rator completes	s Ila-b and Trar	nsporter completes IIc-	e)						
a. Transporter's Name and Address: b. Phone:										
	- 8- 3	many.	4.)		1. 16	-14				
c. Driver Name (Print)	d. Signa		w _	e. Date						
III. DESTINATION (Generat										
a. Disposal Facility and Site Address:	rt-3676	c. US EPA Num	nber d. Discrepancy Indica	ation Space	9:					
I hereby certify that the above named mat	erial has been acc	epted and to the be	est of my knowledge the fore	going is tru	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f, Signat	ture		g. Date						
IV. ASBESTOS (Generator	completes IVa-	f and Operator	complete IVg-i)							
a. Operator's Name and Address:		2	c. Responsible Agency Na	me and Ad	dress:					
b. Phone: e. Special Handling Instructions and Addit	ional Information:		d. Phone:							
f Fright Non Fright Dath	% Fri	iable	% Non-Friable				-			
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the c	ontents of this cons	signment are fully and accur	ately descr transport a	ibed abov ccording t	e by the proper s to applicable inter	hipping name national and			
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa	ature es controls or suo	ervises the facility being der	i. Date	renovate	d or the demolitic	n or			
renovation operation or both	no, loudos, operat	oo, controlo, or sup	or video and radiity being der		TOTIOVALE	a, or the demonte	01			



2167774

I. GENERATOR (Generator	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docum	c. Page 1 of					
d. Generator's Name and Location: Guino and Location: Guinout Reg. Dist. f. Phone:	Center Rd NW		e. Generator's Mailing Add g. Phone:	dress:				
If owner of the generating facility differs from	om the generator,	, provide:		-				
h. Owner's Name:			i. Owner's Phone No.:	·				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	M. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
50871420359	11/21/2015	The second secon	Arsenic Impacted Soil			18 tons		
ACCOUNT # 100663								
GENERATOR'S CERTIFICATION: ! here state law, has been properly described, cl. waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and pack ly restricted haza	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restri	on accordinations. I ce	g to applicentify and w	cable regulations; varrant that the wa	AND, if this	
Anna Dilla marten AF	Part of the second	Horan	1991 st		12	110/14		
p. Generator Authorized Agent Name (Pri	nt) q	ı. Signature	- Langer of Grant	r. Date				
II. TRANSPORTER (General	rator complete	es Ila-b and Tran	sporter completes lic-	e)			11.9"	
a. Transporter's Name and Address: b. Phone:		<u> </u>			1 1	,		
DEWEY EUBARI		<u> </u>		134	116/11	/		
c. Driver Name (Print)	d. Sign		e, Date					
III. DESTINATION (Generat								
a. Disposal Facility and Site Address: 377 0031 Start colland Cases Fo Daford, ISA 30518 b.		c. US EPA Nun				* 1.		
I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)	f. Signa			g. Date				
IV. ASBESTOS (Generator	completes IVa	a-f and Operator						
a. Operator's Name and Address: b. Phone:			c. Responsible Agency Na d. Phone:	me and Ad	Idress:			
e. Special Handling Instructions and Addit	ional Information:		u. Priorie.					
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this cons d, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	rately descr transport a	ribed abov according t	re by the proper sl to applicable inter	nipping name national and	
 g. Operator's Name and Title (Print) *Operator refers to the company which ow renovation operation or both 	h. Sign ns, leases, opera		ervises the facility being der	i. Date molished or	r renovate	d, or the demolitio	n or	
Tonovation operation or both	- 110 - 150					1100000		



2167755

	or completes I	a-1)								
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of										
707			T 6 1 1 1 1 1 1 1 1 1							
d. Generator's Name and Location:	ivisors		e. Generator's Mailing Add	aress:						
- Owinnett Reg. Dist. (Center									
3312 N Berkley Lake I			g. Phone:							
f. Phone: If owner of the generating facility differs from	om the generator	provide:	g. Frione.							
in dwiler of the generating facility differs for	om the generator	, provido.				- 20				
h. Owner's Name:		TIW LOW	i. Owner's Phone No.;	I m Can	tologra	n. Total	o. Unit			
j. Waste Profile #	k. Exp. Date	Description	pping Name and	m. Con	Type	Quantity	Wt/Vol			
					-					
and the second second	PERCENTER		Arsenic Impacted Soil			18 tons				
50871420359	11/21/201									
4.70.00 Byr. # 4.00700										
ACCOUNT # 100563										
GENERATOR'S CERTIFICATION: I here	by certify that the	ahove named mate	erial is not a hazardous wast	e as define	d by 40 C	FR 261 or any au	pplicable			
state law, has been properly described, cla	assified and pack	caged, and is in prop	per condition for transportation	on accordin	g to applic	cable regulations:	; AND, if this			
waste is a treatment residue of a previous	ly restricted haza	ardous waste subject	to the Land Disposal Restri	ictions. I ce	rtify and w	/arrant that the w	aste has			
been treated in accordance with the requir	rements of 40 CF	R 268 and is no lon	ger a hazardous waste as d	efined by 4	0 CFR 26	1. /				
Haron D. I to bus loor 1 14	1. SHOW	Ille tour	Mother Stern		13	117/20	19			
p. Generator Authorized Agent Name (Prin	nt)	g. Signature			r. Date	1				
II. TRANSPORTER (General	rator complet	es Ila-b and Trai	nsporter completes lic-	-e)		77				
a. Transporter's Name and Address:										
The state of the s										
		13								
b. Phone:		17					1			
The Are		K	()	. /	1- 1	7-17	1			
c. Driver Name (Print)	d. Sig	nature	-	e. Date						
III. DESTINATION (Generat			ation Site completes III							
a. Disposal Facility and Site Address:		c. US EPA Nun			2,					
a. Disposal Facility dilustration case.	11-30/0	C. Od LI A Null	liber d. Discrepaticy indic							
					19	10				
2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1				*	10				
Bullond, GA 30518										
b.	orial has been a	ccented and to the h	est of my knowledge the for		ue and ac	curate				
	erial has been a	ccepted and to the b	est of my knowledge the for		ue and ac	curate.				
b. I hereby certify that the above named mat			est of my knowledge the for	egoing is tr	ue and ac	curate.				
b. I hereby certify that the above named mat e. Name of Authorized Agent (Print)	f. Sign	ature			ue and ac	curate.				
b. I hereby certify that the above named mat	f. Sign	ature	complete IVg-i)	egoing is tr	7.	curate.				
b. I hereby certify that the above named mat e. Name of Authorized Agent (Print)	f. Sign	ature		egoing is tr	7.	curate.				
b. I hereby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. Sign	ature	complete IVg-i)	egoing is tr	7.	curate.				
b. I hereby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. Sign	ature	complete IVg-i)	egoing is tr	7.	curate.				
b. I hereby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. Sign	ature	complete IVg-i)	egoing is tr	7.	curate.				
b. I hereby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address:	f. Sign completes IV	ature a-f and Operator	complete IVg-i) c. Responsible Agency Na	egoing is tr	7.	curate.				
b. I hereby certify that the above named mat e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone:	f. Sign completes IV	ature a-f and Operator	complete IVg-i) c. Responsible Agency Na	egoing is tr	7.	curate.				
b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit	f. Sign completes IV	ature a-f and Operator	complete IVg-i) c. Responsible Agency Na d. Phone:	egoing is tr	7.	curate.				
b. I hereby certify that the above named mate. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit. f. Friable Non-Friable Both. OPERATOR'S CERTIFICATION: I hereby	f. Sign completes IV:	ature a-f and Operator : :: :: ::ature	complete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accur	egoing is tr	dress:	re by the propers	shipping name			
b. I hereby certify that the above named mate. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit. f. Friable Non-Friable Both. OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	f. Sign completes IV:	ature a-f and Operator : :: :: ::ature	complete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accur	egoing is tr	dress:	re by the propers	shipping name rnational and			
b. I hereby certify that the above named mate. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit. f. Friable Non-Friable Both. OPERATOR'S CERTIFICATION: I hereby	f. Sign completes IV:	ature a-f and Operator : :: :: ::ature	complete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accur	egoing is tr	dress:	re by the propers	shipping name rnational and			
b. I hereby certify that the above named mate. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit. f. Friable Non-Friable Both. OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	f. Sign completes IV:	ature a-f and Operator : :: :: ::ature	complete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accur	egoing is tr	dress:	re by the propers	shipping name,			
b. I hereby certify that the above named mate. e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit. f. Friable Non-Friable Both. OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	f. Sign completes IV	ature a-f and Operator : Friable contents of this coned, and are in all res	c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accur	g. Date g. Date ame and Ad rately descriptransport a	dress:	re by the proper s to applicable inte	rnational and			



2167756

 GENERATOR (Generato 	r completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of	
d. Generator's Name and Location: High Street County Ad- Gammett Reg. Dist. C. 3312 N Berkley Luke F. f. Phone:	Center Rd NW		e. Generator's Mailing Ado	lress:			
If owner of the generating facility differs from	m the generator,	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol
50871420359	11/21/2015		Arsenic Impacted Soil			18 tons	
ACCOUNT # 100563							
GENERATOR'S CERTIFICATION: I herel state law, has been properly described, cla waste is a treatment residue of a previous been treated in accordance with the requir	assified and packa ly restricted hazar	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restri	n accordin ctions. I ce	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this
A 100 TO 11 March 199	11/1/5/10	1 Muro	01911	Ein	12	1	0/4
p. Generator Authorized Agent Name (Prin	nt) q	. Signature			r. Date		
II. TRANSPORTER (Gener		s lla-b and Tran	asporter completes lic-	e)			
a. Transporter's Name and Address:							
a. Transportor o Transportor							
the second of the second							
b. Phone:							-
Josh Warnet	do	Cant	ملك	151	17/13	/	
c. Driver Name (Print)	d. Sign			e Daté			
III. DESTINATION (Generat	or complete III	la-c and Destina					
a. Disposal Facility and Site Address:	1-3576	c. US EPA Nun	nber d. Discrepancy Indica	ation Space	:		
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date			
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:		
h Dhana		**	d. Phone:				
b. Phone: e. Special Handling Instructions and Addit	ional Information:		d. I Hone.				
4 El Frieble El Nice Errollo El Port	0/ 5	riable	% Non-Friable				
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this con	signment are fully and accur	rately descr transport a	ribed abov according	ve by the proper s to applicable inter	hipping name national and
					V/5		
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date		1 1 1 10	
*Operator refers to the company which ow renovation operation or both	rns, leases, opera	ites, controls, or sup	pervises the facility being der	nolished of	renovate	o, or the demontion	OII OI



2167757

I. GENERATOR (Generator	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of	
d. Generator's Name and Location: I light Size it castly Accommod Reg. Dist. 3312 N Berkley Lake f. Phone:	Center Rd NW	1 5	e. Generator's Mailing Ad g. Phone:	dress:			
If owner of the generating facility differs from		, provide:					
h. Owner's Name:			i, Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Cor	tainers Type	n. Total Quantity	o. Unit Wt/Vol
60871420359	11/21/2016	Non Regulated	Arsenic Impacted Soil			18 hours	
ACCOUNT # 100563							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack ly restricted haza	kaged, and is in prop ardous waste subiec	per condition for transportation to the Land Disposal Restr	on accordin rictions. I ce	ig to applicertify and w	cable regulations; varrant that the wa	AND, if this
A over D. Hatterstan	12 15300	Haron	(// //)			12/17/20	3,84
p. Generator Authorized Agent Name (Pri	nt) c	g. Signature			r. Date		
II. TRANSPORTER (Gene			nsporter completes Ilc	-e)			
a. Transporter's Name and Address:							
b. Phone:		N			1	1	
DEWEY EUBAMS	s (Uh		12	1171	14	
c. Driver Name (Print)	d. Sigr	nature	e. Date				
III. DESTINATION (General	tor complete II	lla-c and Destin	ation Site completes II	ld-g)			
a. Disposal Facility and Site Address:	71-3675	c. US EPA Nur	nber d. Discrepancy Indic	cation Spac	e:		
I hereby certify that the above named mat	terial has been ac	cepted and to the b	est of my knowledge the for	regoing is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Sign.	ature		g. Date			
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	ldress:		¥
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addi	tional Information						74
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	Friable contents of this coned, and are in all res	% Non-Friable signment are fully and accurate in proper condition for	rately desc r transport a	ribed abov according	re by the proper s to applicable inter	hipping name national and
g. Operator's Name and Title (Print)	h. Sigi	nature		i. Date			
*Operator refers to the company which ov renovation operation or both	vns, leases, opera	ates, controls, or sup	pervises the facility being de	emolished o	r renovate	d, or the demolitic	on or



2167752

I. GENERATOR (Generato	Comple			The state of the s					
a. Generator's US EPA ID Number		b.	Manifest Docui	ment Number		c. Page	1 of		
d. Generator's Name and Location:	77			e. Generator's Mailing Add	dress:				
Fligh Street Equity Ac									
Gwinnett Reg. Dist. (
f. Phone: 3312 N Bendey Lake				g. Phone:					
If owner of the generating facility differs from	om the gen	erator, pro	ovide:						
h. Owner's Name:			T 1 W 4 OU	i. Owner's Phone No.:	T C		T. ()	11.34	
j. Waste Profile #	k. Exp. D	ate	Description	pping Name and	No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
			Description		Quantity	***************************************			
			Non Regulated	Arsenic Impacted Soil			IF Jant		
50871420359	11/2	1/2015					15 1045		
	4								
ACCOUNT # 100563									
1,100 00 111 11 10 100									
41 7									
GENERATOR'S CERTIFICATION: I here	by cortify th	nat the ahr	ove named mate	orial is not a hazardous waste	a as define	d by 40 C	FR 261 or any an	nlicable	
state law, has been properly described, cla	assified an	d package	ed, and is in prop	per condition for transportation	n accordin	g to applic	able regulations;	AND, if this	
waste is a treatment residue of a previous	ly restricted	d hazardou	us waste subjec	t to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the wa	ste has	
been treated in accordance with the requir	rements of	40 CFR 2	68 and is no lon	ger a hazardous waste as de	efined by 4	0 CFR 26	1		
1 50011 44 200 1000	# ~		11	Politica Va			2/14/10-11	11	
p. Generator Authorized Agent Name (Prin	-11	a Ci	gnature	FIELD OF	-	r. Date			
the state of the s			<u> </u>		completes lic-e)				
	rator con	ipietes i	la-b and Tra	nsporter completes lic-	e)				
a. Transporter's Name and Address:									
				1					
b. Phone:		30	1						
Tana - A		di	Salar and	1	1	2 /	7.14		
c. Driver Name (Print)	-	d. Signatur	re	/ 	e. Date				
III. DESTINATION (Generat		ALL PROPERTY OF THE PERSON NAMED IN COLUMN 1	And the second second	ation Site completes III					
		ete ilia-t	c. US EPA Nur			N.			
a. Disposal Facility and Site Address: ()	1 Walle		C. US EFA INGI	inder d. Discrepancy indica	auon Spaci	7.			
obbit bili Replandis reskirta									
Bulletti, GA 30819		- 8							
b.									
I hereby certify that the above named mat	erial has b	een accep	ted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.	- 20	
	1								
e. Name of Authorized Agent (Print)	f	Signature	e		g. Date				
IV. ASBESTOS (Generator				complete IVa-i)					
a. Operator's Name and Address:	- 2			c. Responsible Agency Nai	me and Ad	dress.			
a. Operator s Harrie and Address.				o. Tresponsible Agency Nai	nie and Au	uicoo.			
					37				
b. Phone:				d. Phone:					
e. Special Handling Instructions and Addit	ional Inforr	nation:							
f. Friable Non-Friable Both	15.	% Friab	le	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare th	at the con	tents of this con	signment are fully and accur-	ately descr	ibed abov	e by the proper sh	nipping name	
and are classified, packaged, marked and	labeled/pla	acarded, a	ind are in all res	pects in proper condition for	transport a	ccording t	o applicable inter	national and	
national governmental regulations.									
g. Operator's Name and Title (Print)		n. Signatu	re		i. Date				
*Operator refers to the company which ow	ns, leases.	operates.	controls, or sur	pervises the facility being den		renovated	d, or the demolitio	n or	
renovation operation or both				, = = = , = = = = .					



2167754

I. GENERATUR (Generate	or completes						-			
a. Generator's US EPA ID Number		b.	Manifest Docun	nent Num	ber	c. Page 1 of				
d. Generator's Name and Location:				e. Gene	erator's Mailing Add	lress:				
i ligh Sheet Follow A										
Gaernell Reg. Dist. 3312 Ni Berkley Lake										
f. Phone:				g. Phon	ne:					
If owner of the generating facility differs for		or, prov	vide:							
					de Diene Mei					
h. Owner's Name:	L. E. D.	_	I I Wasta Chin		er's Phone No.:	m Cor	ntainers	n. Total	o. Unit	
j. Waste Profile #	k. Exp. Date		I. Waste Ship Description	ping Nan	le and	No.	Type	Quantity	Wt/Vol	
				100			- 21			
	Non Regulate							15 tax		
50871420359	11/21/20	115						10 100		
ACCOUNT # 100563						1				
GENERATOR'S CERTIFICATION: I here	by certify that t	he abo	ve named mate	rial is not	a hazardous waste	as define	d by 40 C	FR 261 or any app	olicable	
state law, has been properly described, c	lassified and pa	ackaged	d, and is in prop	er conditi	on for transportatio	n accordin	g to applic	cable regulations;	AND, if this	
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted ha	zardou	s waste subject	to the La	and Disposal Restric	ctions I ce	ntify and w	arrant that the wa	iste has	
been treated in accordance with the requi	rements of 40 G	OFR 20	o and is no long	ger a naza	ardous waste as de	miled by 4	0 01 17 20	7 7		
I have D. Halverder A.V.	In Experience		Hugger of	1-14	Harten.		10	117/7014	/	
p. Generator Authorized Agent Name (Pri	int)	q. Sig	gnature	1	MOVEMENT OF THE PARTY OF THE PA		r. Date			
la skape and the		etes II	a-b and Tran	nsporter	porter completes lic-e)					
a. Transporter's Name and Address:				pa-sis-s						
									-	
b. Phone:										
b. Phone.		1	217				· ,			
Trh Otamit	//	6	Charles To			12/1	2/14			
c. Driver Name (Print)	d. S	ignatur	e /	e. Date						
III. DESTINATION (Genera	tor complete	ila-c	and Destina	ation Sit	te completes Ille	d-g)				
a. Disposal Facility and Site Address:			c. US EPA Num		Discrepancy Indica		e:			
obbi Sürkolland Geek Ho	A STANKEN									
Bullord, QA 30515		- 11								
b.										
I hereby certify that the above named ma	terial has been	accept	ed and to the be	est of my	knowledge the fore	aoina is tr	ue and ac	curate.		
The state of the s				- 111				0 11 - 00		
e. Name of Authorized Agent (Print)		gnature				g. Date				
IV. ASBESTOS (Generator	completes I'	Va-f a	ind Operator	comple	ete IVg-i)					
a. Operator's Name and Address:				c. Respo	onsible Agency Nar	me and Ac	idress:			
7 - Table 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1										
b. Phone:				d. Phon	e:					
e. Special Handling Instructions and Addi	tional Informati	on:								
(Deith Day 5:1)		/ = 1 - 1		0/ 1 1	Frieble	-				
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	y doctors that the	6 Friabl	ente of this con-	% Non-l		ately does	rihed abov	e by the proper of	ninning name	
and are classified, packaged, marked and	y deciare mat tr d labeled/placar	rded ar	nd are in all resi	pects in n	proper condition for	transport a	according	to applicable inter	national and	
national governmental regulations.	2.350.00/pisodi	, ui		, , , , , , , , , , , , , , , , , , ,				1 1		
g. Operator's Name and Title (Print)	L 0	ignotur				i Data				
*Operator refers to the company which ov	I n. S	ignatur	e controls	omiles - II	an famility hales de	i. Date	r ropovst-	d or the demails:	D OF	



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 GENERATOR (Generate 	or completes la	-r)						
a. Generator's US EPA ID Number		b. Manifest Docur	cumerit Number c. Page 1 of					
d. Generator's Name and Location: Light, Sugar Castry A. f. Phone:	Center Rd NW		e. Generator's Mailing Add	dress:				
If owner of the generating facility differs fr	om the generator, p	provide:						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Contain No. T	ers n. Total ype Quantity	o. Unit Wt/Vol		
50871420359	11/21/2016	Non Regulated	Arsenic Impected Soil		18 lens			
ACCOUNT # 100563								
			* 1					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packa	ged, and is in prop dous waste subject	er condition for transportation to the Land Disposal Restri	on according to ictions. I certify	applicable regulations and warrant that the w	; AND, if this		
Harai D. Hit kession / Elis	To Short	Moron,	I Hothenston		12/17/201	4		
p. Generator Authorized Agent Name (Pri		Signature			Date			
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator completes	s lla-b and I rai	nsporter completes lic-	·e)				
d. Fransporter 5 Name and Address.								
b Dhara					1			
b. Phone:				13/	7/11/			
c. Driver Name (Print)	d. Signa	ture		e. Date /	1417			
III. DESTINATION (General	tor complete Illa	a-c and Destina	ation Site completes III	d-g)				
a. Disposal Facility and Site Address: (1) 1 Site Formula Creek Ref Burgert, GA 30518	71-3576	c. US EPA Num	nber d. Discrepancy Indica	ation Space:				
I hereby certify that the above named mat	terial has been acc	epted and to the be	est of my knowledge the for	egoing is true a	nd accurate.			
				1				
e. Name of Authorized Agent (Print)	f. Signat		11.04.2	g. Date				
IV. ASBESTOS (Generator	completes IVa-	f and Operator						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Addres	SS:			
b. Phone:	tional Information		d. Phone:					
e. Special Handling Instructions and Addi	lional information					1 17		
f. ☐ Friable ☐ Non-Friable ☐ Both			% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the co labeled/placarded	ontents of this cons , and are in all resp	signment are fully and accur pects in proper condition for	transport acco	l above by the proper s rding to applicable inte	shipping name rnational and		
3,000								
g. Operator's Name and Title (Print)	h. Signa	ture		i. Date				
*Operator refers to the company which ow renovation operation or both	ns, leases, operate	es, controls, or sup	ervises the facility being der	molished or ren	ovated, or the demoliti	on or		



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 GENERATOR (Generate 	or completes	s la-r)						
a. Generator's US EPA ID Number		b.	Manifest Docum	nent Number		c. Page	1 of	
d. Generator's Name and Location: Generator's Name and Location: Generator Gener	Center Rd NW			e. Generator's Mailing Ado	lress:			
f. Phone: If owner of the generating facility differs from	om the general	or, prov	vide:					
h. Owner's Name:				i. Owner's Phone No.:	lu			
j. Waste Profile #	k. Exp. Date		I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
60871420369	11/21/20		ion Regulated /	Amenic Impacted Soil	3		18 tons	
ACCOUNT # 100563								
							-	I.
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and pa	ckaged zardou:	l, and is in prope s waste subject	er condition for transportatio to the Land Disposal Restric	n accordin ctions. I ce	g to applic rtify and w	able regulations; arrant that the wa	AND, if this
Alexan D. Harrison 197	In Street	1	Witness 20	1. Harolon		12	17/201	4
p. Generator Authorized Agent Name (Pri	nt)	q. Sig	ınature			r. Date	, , , , , , , , , , , , , , , , , , ,	
II. TRANSPORTER (Gene	rator comple	etes II	a-b and Tran	sporter completes lic-	e)			
a. Transporter's Name and Address: b. Phone.			V			1	1.	
LEME) ERRYN	(1)	14	M		1	3/1	7/14	
c. Driver Name (Print) III. DESTINATION (Generat		ignature		tion Site completes III	e. Date		<i>f</i>	
a. Disposal Facility and Site Address:			c. US EPA Num			o.		
bullerd, GA 30518	71-3676		C. OS EFA NUM	u. Discrepancy mulca	ation opace	.		
I hereby certify that the above named mat	erial has been	accept	ed and to the be	est of my knowledge the fore	going is tr	ue and ac	curate.	
The second second								
e. Name of Authorized Agent (Print)	f. Si	gnature			g. Date			
IV. ASBESTOS (Generator	completes l'	Va-f a	nd Operator	complete IVg-i)				
a. Operator's Name and Address:				c. Responsible Agency Nar	me and Ad	dress:		
b. Phone;				d. Phone:				
e. Special Handling Instructions and Addit	tional Informati	on:						
f. Friable Non-Friable Both		Friable		% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.								
g. Operator's Name and Title (Print)		ignatur			i. Date			
*Operator refers to the company which ow renovation operation or both	ns, leases, op	erates,	controls, or sup-	ervises the facility being der	nolished or	renovated	a, or the demolitio	n or



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 GENERATOR (Generato 	r complete					-		
a. Generator's US EPA ID Number		b.	Manifest Docun	nent Number		c. Page	1 of	
d. Generator's Name and Location: First Second Fourier Ac Community Reg. Dist 3312 N Bendey Lake f. Phone:	ieda Villay			e. Generator's Mailing Add g. Phone:	ress:			
If owner of the generating facility differs from	m the gener	ator, pro	vide:					
h. Owner's Name:				i. Owner's Phone No.:				
j. Waste Profile #	k, Exp. Date		I. Waste Ship Description	ping Name and	m, Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
50671420359	11/21/2		Non Regulated .	Arsenic Impacted Soil			18 105	
ACCOUNT # 100563								
		A						
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and placed high	oackage oazardou	d, and is in prop is waste subject	er condition for transportation to the Land Disposal Restric	n accordin ctions. I ce	g to applic rtify and w	able regulations; arrant that the wa	AND, if this
I am I Styren Condicts	Short		Januar E	- At the orter's		12	117/2018	7
p. Generator Authorized Agent Name (Prin	nt)	q. Sig	gnature		1 -2/10	r. Date	//	
II. TRANSPORTER (Gene				esporter completes lic-	e)			
a. Transporter's Name and Address:	ator comp	10100 11	a b and mai	ioportor compresso no				
		1 3						
b. Phone:			Ine		12	17	-14	
c. Driver Name (Print)	d.	Signatur			e. Date			
III. DESTINATION (General	or comple	te Illa-c	and Destina	ation Site completes Ille	d-g)			
a. Disposal Facility and Site Address 70.2 bibliocht Burnland Creek Rd Buford, CA 30518 b.	71-3576		c. US EPA Nun	nber d. Discrepancy Indica	ation Space			
I hereby certify that the above named mat	erial has bee	n accep	ted and to the b	est of my knowledge the fore	going is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. 8	Signature	e		g. Date			
IV. ASBESTOS (Generator	completes	IVa-fa	and Operator	complete IVg-i)				
a. Operator's Name and Address:	A			c. Responsible Agency Nar	me and Ad	dress:		
1.00			· i	d. Phone:				
b. Phone: e. Special Handling Instructions and Addition	tional Informa	ition:		d. Filone.				
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that	% Friab the con arded, a	tents of this con	% Non-Friable signment are fully and accur pects in proper condition for	ately descr transport a	ribed abov according	e by the proper s to applicable inter	hipping name national and
g. Operator's Name and Title (Print)	h.	Signatu	re		i. Date		WI COMMENT	
*Operator refers to the company which over renovation operation or both	vns, leases, c	perates,	, controls, or sup	pervises the facility being der	nolished o	r renovate	d, or the demolitic	on or



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I. GENERATOR (Generato	or completes	ia-r)					
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c, Page	1 of	
d. Generator's Name and Location:	la marina		e. Generator's Mailing Ado	lress:			
claración cos inst							
± 124) Exal by Lake i	RH NAV		a. Dhanai				
f. Phone:	om the generato	r provide:	g. Phone:				
if owner or the generating facility differs in	officiale generato	r, provide.					
h. Owner's Name:		· · · · · · · · · · · · · · · · · · ·	i. Owner's Phone No.;		FOR		
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	ping Name and	m. Con No,	Type	n. Total Quantity	o. Unit Wt/Vol
		Mon Developed	Arsenio Impacted Soil		,		
50871420369	11/21/201		Andrew Hallander even			Let tous	
and the same	A MATERIAL CONTRACTOR						
ACCOUNT # 100563							
The second of the second				1			
			SA				
GENERATOR'S CERTIFICATION: I here	by certify that the	e above named mate	rial is not a hazardous waste	as define	d by 40 C	FR 261 or any ap	plicable
state law, has been properly described, cla	assified and pac	kaged, and is in prop	er condition for transportatio	n accordin	g to applic	able regulations;	AND, if this
waste is a treatment residue of a previous been treated in accordance with the requir	restricted hazi	ardous waste subject FR 268 and is no lone	der a hazardous waste as de	efined by 4	0 CFR 26	arrant that the wa 1.	iste nas
Deer a cated in accordance with the requir	district of 10 of	11, 200 (11) (0.110 10)	/// estimated to the second	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110	1,-1	
	TOP COME	131200 5	TELLERICH CON			1 1 5019	- 25
p. Generator Authorized Agent Name (Prin		q. Signature			r. Date		
II. TRANSPORTER (Gener	rator complet	es Ila-b and Trai	nsporter completes lic-	e)			
a. Transporter's Name and Address:							- T
b. Phone:					, ,		
Dor h Gryant	C-1	LORF	7	12	117/0,	<i>f</i>	
c. Driver Name (Print)	d. Sig	nature		e. Date			
III. DESTINATION (Generat	or complete	Illa-c and Destina	ation Site completes Ille				
a. Disposal Facility and Site Address:		c. US EPA Nun			9:		
bit in the final track let	1,0010	5. 55 2. 711 (4.1)					
Blackd, GA WEIB							
b.							
I hereby certify that the above named mat	erial has been a	ccepted and to the b	est of my knowledge the fore	agoing is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Sigr			g. Date			
IV. ASBESTOS (Generator	completes IV	a-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Ad	dress:		
at The Section							
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addit	ional Information	ni e					
7 **							
f. ☐ Friable ☐ Non-Friable ☐ Both	%	Friable	% Non-Friable			***	
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this con-	signment are fully and accur-	ately descr	ibed abov	e by the proper sl	nipping name
and are classified, packaged, marked and	labeled/placard	ed, and are in all res	pects in proper condition for	transport a	ccording t	o applicable inter	national and
national governmental regulations.	T.						
							7
g. Operator's Name and Title (Print)	h. Sig	nature		i. Date			
*Operator refers to the company which ow	ns, leases, oper	ates, controls, or sup	ervises the facility being den	nolished or	renovate	d, or the demolitio	n or



2167746

I. GENERATOR (Generator	completes la	n-r)					
a. Generator's US EPA ID Number		b. Manifest Docun	nent Number	c. Page 1 of			
d. Generator's Name and Location: in an Size of Equaty Adv Gwinnell Rig Dist. f. Phone:	enter		e. Generator's Mailing Add	dress:			
If owner of the generating facility differs from	n the generator,	provide:	9. 1 110110.				
h. Owner's Name:			i. Owner's Phone No.:				
	k. Exp. Date	I. Waste Ship	ping Name and	m. Cor	tainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
50871420359	11/21/2015	Non Regulated i	Arsenic Impacted Soil			18 Fens	
ACCOUNT # 100563							
GENERATOR'S CERTIFICATION: I hereby state law, has been properly described, clas waste is a treatment residue of a previously been treated in accordance with the requirer	sified and packag restricted hazard	ged, and is in prope lous waste subject	er condition for transportation to the Land Disposal Restric	n accordin	g to applic	able regulations;	AND if this
Programme John St.	Charles de	Harry D.	Heren P		-35	toolow	, 11
p. Generator Authorized Agent Name (Print)	q.	Signature	PTCE/SAMEREA		r. Date	11.6/11.11	
II. TRANSPORTER (General a. Transporter's Name and Address:	tor completes	lla-b and Tran	sporter completes lic-	e)			
b. Phone:)					
Dis N (Dis)		\sim d	2	12-	17	-16	
c. Driver Name (Print) III. DESTINATION (Generator	d. Signal		tion Cita completes III.	e. Date			
Disposal Facility and Site Address: Site Hornians Creek Hornians Creek Hornians Creek Hornians Creek Hornians Creek Hornians Creek Hornians Control CA 30518	3575	c. US EPA Numb	per d. Discrepancy Indica	tion Space			
I hereby certify that the above named materia	al has been acce	epted and to the bes	st of my knowledge the fore	going is tru	e and acc	curate.	
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator co	f. Signatu			g. Date			
IV. ASBESTOS (Generator co a. Operator's Name and Address:	mpietes iva-i			1.0.1			
a. Operator's Hame and Address.			c. Responsible Agency Nan	ne and Add	iress:		
b. Phone:	77.2		d. Phone:				
e. Special Handling Instructions and Addition	al Information:						
f. Friable Non-Friable Both	% Fria	ible	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby de and are classified, packaged, marked and lat national governmental regulations.	clare that the co beled/placarded,	ntents of this consig and are in all respe	gnment are fully and accura ects in proper condition for t	tely descril ransport ac	bed above coording to	by the proper should be applicable interr	ipping name, national and
		4 44					
g. Operator's Name and Title (Print)	h. Signat	ure		i. Date			
*Operator refers to the company which owns, renovation operation or both	leases, operates	s, controls, or super	rvises the facility being dem	olished or	renovated	, or the demolition	ı or



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 GENERATOR (Generate 	or completes I	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of	
d. Generator's Name and Location: High Street Equity Accommod Reg. Dist. (3312 N Bertdey Lake f. Phone:	Center Rd NW		e. Generator's Mailing Add	dress:			
f. Phone: If owner of the generating facility differs from	om the generator	, provide:	g. I none.				
h, Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
		Non Regulated	Arsenic Impacted Soil			18 resis	
60871420359	11/21/2015	-					
ACCOUNT # 100563							
9							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl- waste is a treatment residue of a previous been treated in accordance with the requir	assified and pack ly restricted haza	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restri	on accordin ctions. I ce	g to applic rtify and w	able regulations; arrant that the wa	AND, if this
Harri Z. Harristen/113	Opt Total	Muses L	Hottenston.		1	2/17/20	14
p. Generator Authorized Agent Name (Pri	nt) c	ı. Signature			r. Date	1 1	
II. TRANSPORTER (Gene	rator complete	es Ila-b and Tran	nsporter completes Ilc-	e)			
a. Transporter's Name and Address: b. Phone:					, ,		
Joh Obryant	- Che	COBerna		6/	17/14	r	
c. Driver Name (Print)	d. Sigr			e. Daté	/		
III. DESTINATION (Generat							
a. Disposal Facility and Site Address: 2007 315 Rehistor Creek Rd 2007 CA 30576 b.	1-3575	c. US EPA Nur	nber d. Discrepancy Indica	ation Spac	e:		
I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.	
e. Name of Authorized Agent (Print)	f. Signa	******		g. Date			
IV. ASBESTOS (Generator	completes IVa	a-f and Operator					
A. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress;		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addit	ional Information		u. i nono,				
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.							
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date			
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ites, controls, or sup	ervises the facility being der	nolished or	renovated	d, or the demolitio	n or



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I. GENERATOR (General						russis and the				
a. Generator's US EPA ID Number		b. N	Manifest Docume							
d. Generator's Name and Location:				e. Generator's Mailing Ad	dress:	77.75				
Hoh Shost Equity At										
Camadi Pag Dal (
f. Phone:				g. Phone:						
If owner of the generating facility differs fr	om the genera	tor, provi		g. i Hono.	-					
If Owner of the generating latenty directs in	om ano gonore	tor, provi								
h. Owner's Name:				i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		I. Waste Shippi	ng Name and	The second second	tainers	n. Total	o. Unit Wt/Vol		
			Description	scription No. Type Quant						
		20	on Regulateri Ar	senic Impacted Soil			4 00 3	2.0		
60871420369	11/21/2		art i sagrissassa i u	denie impanetos com			18 tons			
VOULTHEXAND	1 446 448	710								
ACCOUNT # 100583										
MOCCOM1 # 100000										
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					-					
part of the second							i i			
		en 24								
GENERATOR'S CERTIFICATION: I here	by certify that	the abov	e named materia	al is not a hazardous wast	e as define	d by 40 C	FR 261 or any ap	plicable		
state law, has been properly described, cl	lassified and p	ackaged,	, and is in proper	condition for transportation	on accordir	ig to applic	cable regulations;	AND, if this		
waste is a treatment residue of a previous been treated in accordance with the requi	rements of 40	CER 268	waste subject to	r a hazardous waste as d	efined by 4	on CER 26	arrani inai ine wa 1	aste nas		
been treated in accordance with the requi	Terrients of 40	1 1 200	and is no longe	a nazardous waste as d	cililed by 4	0 01 17 20	7 7			
Francis D. Catherston L. P.	La Committee	1	Micana II	Total or Sterne		1.	2/17/201	7		
p. Generator Authorized Agent Name (Pri		q. Sigr	nature	7 7 10 7 10 10 10 10 10 10 10 10 10 10 10 10 10		r. Date				
II. TRANSPORTER (Gene		etes lla	-b and Trans	porter completes Ilc-	-e)		***************************************			
a. Transporter's Name and Address:	rator comp.	Otoo no	o dila mana	protection and				1000		
a. Transportar a trains and ridareas										
						- n -				
b. Phone:		////	2010/2010/2010				1			
DEILEY ELRAND	121 /	ĦV			12	1/17/				
c. Driver Name (Print)		ignature		e, Dáte						
III. DESTINATION (General				ion Site completes II	ld-a)	1				
a. Disposal Facility and Site Address:			US EPA Numb			0'				
	71-36/6		, US EFA NUMB	er d. Discrepancy mulo	alion opac	G.				
0891 38 Richard Creek Rd										
Buleid, GA 30518		V 1								
b.										
I hereby certify that the above named mat	terial has beer	accepte	d and to the bes	t of my knowledge the for	egoing is tr	ue and ac	curate.			
	terial has beer	accepte	d and to the bes	t of my knowledge the for	egoing is tr	ue and ac	curate.			
I hereby certify that the above named mat			d and to the bes	t of my knowledge the for		rue and ac	curate.			
I hereby certify that the above named made and e. Name of Authorized Agent (Print)	f. S	gnature			egolng is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. S	gnature	nd Operator c	omplete IVg-i)	g, Date		curate.			
I hereby certify that the above named made and e. Name of Authorized Agent (Print)	f. S	gnature	nd Operator c		g, Date		curate.			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. S	gnature	nd Operator c	omplete IVg-i)	g, Date		curate.			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. S	gnature	nd Operator c	omplete IVg-i)	g, Date		curate.			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address:	f. S	gnature	nd Operator o	omplete IVg-i) c. Responsible Agency Na	g, Date		curate.			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator	f. s completes	gnature Va-f ar	nd Operator o	omplete IVg-i)	g, Date		curate.			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone:	f. s completes	gnature Va-f ar	nd Operator o	omplete IVg-i) c. Responsible Agency Na	g, Date		curate.			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Additional Control of the Co	f. S completes	gnature Va-f ar	nd Operator o	omplete IVg-i) c. Responsible Agency Na d. Phone:	g, Date		curate.			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Address f. Friable Non-Friable Both	f. S completes	gnature Va-f ar ion:	nd Operator o	omplete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable	g. Date	Idress:		hipping name		
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Address f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	f. S completes tional Informat	gnature Va-f ar ion: % Friable he conte	nd Operator o	omplete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable gnment are fully and accu	g. Date	Idress:	e by the proper s	hipping name		
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Address f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	f. S completes tional Informat	gnature Va-f ar ion: % Friable he conte	nd Operator o	omplete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable gnment are fully and accu	g. Date	Idress:	e by the proper s	hipping name national and		
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Address f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	f. S completes tional Informat	gnature Va-f ar ion: % Friable he conte	nd Operator o	omplete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable gnment are fully and accu	g. Date	Idress:	e by the proper s	hipping name national and		
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Address f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	tional Informat	gnature Va-f ar ion: % Friable he conte rded, and	nd Operator o	omplete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable gnment are fully and accu	g. Date	Idress:	e by the proper s	hipping name		
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Address f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	tional Informat	gnature Va-f ar ion: % Friable he conte rded, and	nd Operator o	omplete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable gnment are fully and accur cets in proper condition for	g. Date	Idress: ribed abov according	e by the proper s to applicable inter	national and		



2167729

 GENERATOR (Generate 	or completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docum	est Document Number c. Page 1 of					
d. Generator's Name and Location: high Street Equity Ac Gwinnett Reg. Diet 3312 N Berkley Lake f. Phone:	Center Rd NW		e. Generator's Mailing Address: g. Phone:					
If owner of the generating facility differs from	om the generator,	provide:						
h. Owner's Name:			i. Owner's Phone No.;					
j. Waste Profile #	k, Exp. Date		ping Name and	m. Contair				
		Description		No.	Type Quan	tity Wt/Vol		
50871420359	11/21/2015		Arsenic Impacted Soil		148	t ento		
ACCOUNT # 100663								
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packally restricted hazar	aged, and is in prop dous waste subject	er condition for transportation to the Land Disposal Restri	on according to ctions. I certify	applicable re	gulations; AND, if this		
Section 1981	Now!	Freeze T	77		10/23	12014		
p. Generator Authorized Agent Name (Pri	nt) q.	. Signature		r.	Date	Track to the last to the last		
1-1)			ransporter completes lic-e)					
a. Transporter's Name and Address: b. Phone:			0		į			
Jenniter Dav.	15 1	& Liefe	helly	10/2	2/14			
c. Driver Name (Print)	d. Signa			e. Date				
III. DESTINATION (Generat	Tonicamin & Committee of the Committee o							
a, Disposal Facility and Site Address: 2. Statistical Cook Rd b.	71-3676	c. US EPA Num	nber d. Discrepancy Indica	ation Space:				
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fore	egoing is true	and accurate.			
e. Name of Authorized Agent (Print)	f. Signa			g. Date				
IV. ASBESTOS (Generator	completes IVa	-f and Operator						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Addre	ss:			
b. Phone: e. Special Handling Instructions and Addit	ional Information:		d. Phone:			V.		
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the c	contents of this cons	signment are fully and accur					
g. Operator's Name and Title (Print)	h. Signa			i. Date				
*Operator refers to the company which ow renovation operation or both	ns, leases, operat	tes, controls, or sup	ervises the facility being der	nolished or rei	novated, or the	e demolition or		



2167728

 GENERATOR (Generato 	r completes la	a-r)				
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number	c, Page	1 of	
d. Generator's Name and Location:	Center Rd NW	¥ .	e. Generator's Mailing Add g. Phone:	dress:		
If owner of the generating facility differs from	m the generator,	provide:				
h. Owner's Name:		F	i, Owner's Phone No.:		1 2 2	
j, Waste Profile #	k. Exp. Date	Description	pping Name and	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
50971420969	11/21/2016	Non Regulated	Arsenic Impacted Soil		15 tem	
ACCOUNT # 100583					*/	
GENERATOR'S CERTIFICATION: I herek state law, has been properly described, cla waste is a treatment residue of a previousl been treated in accordance with the requir	assified and packa y restricted hazar	aged, and is in prop dous waste subject	er condition for transportation to the Land Disposal Restri	on according to applications. I certify and v	cable regulations; varrant that the wa	AND, if this
Amount Downburk		Manne.	1 V. Howate.	y / 1/2	122/201	4
p. Generator Authorized Agent Name (Prin		. Signature		r. Date		1
II. TRANSPORTER (Gener	ator complete	s Ila-b and Trai	nsporter completes lic-	e)		
a. Transporter's Name and Address: b. Phone:						
c. Driver Name (Print)	d. Signs	china (Juan	e. Date	1-14	
III. DESTINATION (Generate			ation Site completes III			
Disposal Facility and Site Address: 27 State State Content Creek Ro Disposal CA 30518 b.	† 3573	c. US EPA Num	nber d, Discrepancy Indica	ation Space:	Ц,	
I hereby certify that the above named mate	erial has been acc	cepted and to the b	est of my knowledge the fore	egoing is true and ac	curate.	
						4-01
e. Name of Authorized Agent (Print)	f. Signa	~~~~	appropriate IV = "	g. Date		
IV. ASBESTOS (Generator o	completes IVa	-t and Operator		are and Address		
a. Operator's Name and Address:			c. Responsible Agency Na	me and Address:		
b. Phone:			d. Phone:			
e. Special Handling Instructions and Additi	onal Information:			W.		
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the c					
-						
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Signa		ervises the facility being den	i. Date nolished or renovate	d, or the demolitic	on or
renovation operation or both	, iodoos, operat	, ooningio, or oup	ooo and identify being der		, or ano domonde	



2167726

I. GENERATOR (Generate	or completes i	ia-r)						
a. Generator's US EPA ID Number		b. Manifest Docu	c. Page 1 of					
d. Generator's Name and Location:			e. Generator's Mailing Ad	dress:				
High Street Equay A								
Gwmaii Rea Dan								
f. Phone:			g. Phone:					
If owner of the generating facility differs fr		provide:	g. i nono.					
The state of the s		, p						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date		oping Name and		tainers	n. Total	o. Unit	
		Description		No.	Type	Quantity	Wt/Vol	
		Non Regulated	Arsenic Impacted Soil					
50871420359	11/21/2015					IE Yours		
CONTRACTOR OF THE PROPERTY OF	7,000,700,000 100							
ACCOUNT # 100563								
MOOCOURT # 1000005								
			The state of the s					
The same of the sa							900	
3								
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a hazardous wast	e as define	d by 40 C	FR 261 or any ap	olicable	
state law, has been properly described, cl waste is a treatment residue of a previous	lassified and pack	kaged, and is in prop	t to the Land Disposal Posts	on accordin	ig to applic	cable regulations;	AND, if this	
been treated in accordance with the requi	rements of 40 CF	R 268 and is no lon	der a hazardous waste as d	efined by 4	0 CFR 26	iarranii inai ine wa 1.	iste nas	
		A 4	gor a mazarasas masis as a	omiou by t	0 01 1120	/ /		
don 2 for endon/ dil	LEST TOO A	Marie D	To Constitute		- 4	2/22/2011	1	
p. Generator Authorized Agent Name (Pri	nt) c	ų. Signature			r. Date	1. /		
II. TRANSPORTER (Gene	rator complete	es Ila-b and Tra	nsporter completes lic-	-e)			2	
a. Transporter's Name and Address:				11/2 - 1 1				
b. Phone:			7					
b. Filone.		2 /-	/		1	1 /		
LEDNITE DOUS	1 11	I Auto	(LOIVE	12	100	//(/		
c. Driver Name (Print)	d. Sign	nature /		e. Date	1	1		
III. DESTINATION (General	or complete II	la-c and Destina	ation Site completes III	d-a)				
a. Disposal Facility and Site Address	24 00:20	c. US EPA Nun			۵,			
5691 SA Noben 1 Greek Ha	1-0010	C, GG El / (Nai	inser d. Bisoropanoy maio	апон орас	·.			
Buford, GA 30518								
b.	111 1						,	
I hereby certify that the above named mat	eriai nas been ac	cepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.		
1								
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date				
IV. ASBESTOS (Generator			complete IVa-i)					
a. Operator's Name and Address:	23111211111001110	and operator		me and A I	dence			
a. Operator s Marile and Address,			c. Responsible Agency Na	me and Ad	uress:			
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addit	ional Information:							
f. Friable Non-Friable Both	0/a E	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this con-	signment are fully and accur	ately descr	ibed abov	e by the proper sh	inning name	
and are classified, packaged, marked and	labeled/placarde	d, and are in all resi	pects in proper condition for	transport a	ccording 1	o applicable interr	national and	
national governmental regulations.								
- Onest de Name (Till In La								
g. Operator's Name and Title (Print)	h. Sign	ature	andon the facility being	i. Date		d = 45 = 4 122		
*Operator refers to the company which ow renovation operation or both	ris, leases, opera	nes, controls, or sup	ervises the facility being der	nousned or	renovated	a, or the demolition	ı or	



2167727

I. GENERATOR (Generate	or comple	etes la-r)	(i							
a. Generator's US EPA ID Number		b.	Manifest Docu	ment N	lumber		c. Page	1 of		
d. Generator's Name and Location: Fig. 3: 6: Equiv As Guinnett Reg. Dist. f. Phone:	Center Rd NW			e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs fr	om the gen	erator, pro	vide:					1177		
h. Owner's Name:				i Ov	vner's Phone No.:					
j. Waste Profile #	k, Exp. D	ate	I. Waste Ship	_		m. Cor	tainers	n, Total	o. Unit Wt/Vol	
			Description							
50871420359	11/2	1/2015	Non Regulated	Arseni	c Impacted Soil			18 ters		
ACCOUNT # 100563										
1000										
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and	d packaged d hazardou	d, and is in prop is waste subjec	per con	dition for transportatio Land Disposal Restric	n accordin	g to applice rtify and w	able regulations;	AND, if this	
He = 1) I I spanon //	11 7	ord V	1670119	1	Marchen.		1	2/22/20	18/	
p. Generator Authorized Agent Name (Pri	nt)	g. Sig	gnature		24-1-10-10-1		r. Date	7-1-	A	
II. TRANSPORTER (Gene				nspor	ter completes lic-	e)				
a. Transporter's Name and Address: b. Phone:	T2/	1		2						
John Oknipent	(-1006	Clays							
c. Driver Name (Print)		. Signatur	е			e. Date				
III. DESTINATION (Generat	or compl	ete Illa-c	and Destina							
a. Disposal Facility and Site Address: 0.27 5691 Sin Richland Creek Rd Buford, GA 30518 b.		×	c. US EPA Nun		d. Discrepancy Indica					
I hereby certify that the above named mat	erial has be	en accept	ed and to the b	est of r	ny knowledge the fore	going is tri	ue and acc	curate.		
e. Name of Authorized Agent (Print)		Signature		- 15		g. Date				
IV. ASBESTOS (Generator	complete	s IVa-t a	ind Operator		<u> </u>					
a. Operator's Name and Address:			1,2/4	c. Re	sponsible Agency Nar	ne and Ad	dress;			
b. Phone:	11.6			d. Ph	one					
e. Special Handling Instructions and Addit	ional Inform							-	j	
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	declare the	% Friabl			n-Friable	atoly docor	had above	a by the proper of	inning namo	
and are classified, packaged, marked and national governmental regulations.	labeled/pla	icarded, ar	nd are in all resp	pects ir	n proper condition for	transport a	ccording t	o applicable interr	national and	
					15					
g. Operator's Name and Title (Print)	r	. Signatur	e			i. Date				
*Operator refers to the company which ow renovation operation or both	ns, leases,	operates,	controls, or sup	pervises	the facility being den	nolished or	renovated	l, or the demolition	or	



2167745

I. GENERATOR (Generate	or completes	ia-r)					10000	
a. Generator's US EPA ID Number		b. Manifest Doo	cument Number c. Page 1 of					
d. Generator's Name and Location:			e. Generator's Mailing A	ddress:	-			
i kin Sie di Egwy A								
- Gwinnell Reg. Dist.								
f. Phone: 3312 N Berkley Lake		*	g. Phone:					
If owner of the generating facility differs fr	om the generate	or, provide:						
,	3	,,						
h. Owner's Name:		T	i. Owner's Phone No.:		4-1		F . 11.24	
j. Waste Profile #	k. Exp. Date	I. Waste Si Description	nipping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol	
		Description		140.	Турс	Quartity	********	
		Non Regulate	d Arsenic Impacted Soil			18 tous		
50871420359	11/21/20	16				10 100		
ACCOUNT # 100563								
GENERATOR'S CERTIFICATION: I here	by certify that th	ne above named ma	aterial is not a hazardous wa	ste as define	d by 40 C	FR 261 or any an	nlicable	
state law, has been properly described, c	assified and pa	ckaged, and is in pr	oper condition for transporta	tion accordir	ng to applie	cable regulations;	AND, if this	
waste is a treatment residue of a previous	ly restricted haz	zardous waste subje	ect to the Land Disposal Res	strictions. I ce	ertify and v	varrant that the wa	aste has	
been treated in accordance with the requi	rements of 40 C	FR 268 and is no l	onger a hazardous waste as	defined by 4	0 CFR 26	1. , ,	- 4	
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	h	James 1	all to		Va	2/22/201	4	
- Canavatay Authorized Agent Name (Dr	n4\	a Signatura	THE OFFICE A		r. Date			
p. Generator Authorized Agent Name (Pri		q, Signature	7 X 70	1	1. Date			
II. TRANSPORTER (Gene	rator comple	ites lia-b and Ti	ansporter completes ii	c-e)				
a. Transporter's Name and Address:								
b. Phone:								
Francis Claus		one C	Secien .	(一十	1-184		
c. Driver Name (Print)	d. Si	gnature	e. Date					
III. DESTINATION (Genera	tor complete	Illa-c and Dest	nation Site completes	IIId-a)				
a. Disposal Facility and Site Address:		c. US EPA N			e:			
in a first start to explor	7 2700310						1 "	
Eurora, CA 30518								
b. I hereby certify that the above named ma	torial has been	accepted and to the	host of my knowledge the f	orogoina is t	rue and ac	ourate		
Thereby certify that the above harried ma	terial rias beens	accepted and to the	best of my knowledge the r	oregoing is the	ue anu ac	curate.		
e. Name of Authorized Agent (Print)	f. Sig	ınature		g. Date				
IV. ASBESTOS (Generator	completes 1\	/a-f and Operat	or complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency	Name and Ad	ddress:			
ar operator s rvanic and rudicsor			of respension riginity i	tarrio arra 7 i				
			l Di					
b. Phone:	tional Informati		d. Phone:					
e. Special Handling Instructions and Addi	tional information	on:						
f. Friable Non-Friable Both	%	Friable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that th	e contents of this c	onsignment are fully and acc	curately desc	ribed abov	e by the proper s	hipping name	
and are classified, packaged, marked and	l labeled/placar	ded, and are in all r	espects in proper condition f	or transport	according	to applicable inter	national and	
national governmental regulations.					-			
			2 1					
g. Operator's Name and Title (Print)	h Si	gnature		i. Date				
*Operator refers to the company which ov	vns, leases, one	erates, controls, or s	upervises the facility being of		r renovate	d, or the demolitic	on or	
renovation operation or both		, 20	, , , , , , , , , , , , , , , , , , ,					



2167744

 GENERATOR (Generator) 	or completes	i la-r)						- Dr		
a. Generator's US EPA ID Number		b, Mar	nifest Docum	cument Number c. Page 1 of						
d. Generator's Name and Location:	i ede. Rdistri			e. Generator's Mailing Address: g. Phone:						
f. Phone: If owner of the generating facility differs from	om the generat	or, provide	:	g, Friorie.						
h. Owner's Name:				i. Owner's Phone No.;						
j. Waste Profile #	k. Exp. Date		Waste Shipp Description	ping Name and	m. Con	tainers Type	n, Total Quantity	o. Unit Wt/Vol		
60871420359	11/21/20		Regulated /	Arsenic Impacted Soil			18 tous			
ACCOUNT # 100683										
				w						
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl. waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and pa	ickaged, ar zardous wa	nd is in prope aste subject	er condition for transportation to the Land Disposal Restri	on accordin ictions. I ce	g to applice rtify and w	able regulations; arrant that the w	AND, if this		
		11/	5-1	11-11 -12-		1 by 40 OF R 201.				
Algorith La Albertan Maria		179	710	The Ulex addition		r. Date				
p. Generator Authorized Agent Name (Prin		q. Signat				r. Date				
II. TRANSPORTER (Gene	rator comple	etes IIa-b	and Iran	sporter completes lic-	-e)					
a. Transporter's Name and Address: b. Phone:		en.			1	7 / .		NIT.		
John Organt	4	10	1		101	25/14				
c. Driver Name (Print)		ignature			e. Date	1				
III. DESTINATION (Generation										
a. Disposal Facility and Site Address: () 2	71-3676	c. L	JS EPA Num	ber d. Discrepancy Indica	ation Spac	e:				
I hereby certify that the above named mat	terial has been	accepted a	and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
						7				
e. Name of Authorized Agent (Print)	f. Si	gnature			g. Date					
IV. ASBESTOS (Generator	completes I	Va-f and	Operator	complete IVg-i)						
a. Operator's Name and Address:				c. Responsible Agency Na	ime and Ad	ldress:	7			
L Division				d. Phone:						
b. Phone: e. Special Handling Instructions and Addit	tional Informati	on:		u. Fhone.	1					
		(= 1 - 1 - 1 -		O/ Non Erichia						
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	6 Friable ne contents rded, and a	s of this cons are in all resp	% Non-Friable signment are fully and accurate in proper condition for pects in proper condition for	rately desc transport	ribed abov according	e by the proper s to applicable inte	shipping name rnational and		
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. S vns, leases, op	ignature erates, cor	ntrols, or sup	ervises the facility being de	i. Date molished o	r renovate	d, or the demoliti	on or		



2167743

 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	cument Number c. Page 1 of						
d. Generator's Name and Location: High Shoet Equity Actions to the District Research Lake f. Phone:	Center Rd NW		e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol		
60871420359	11/21/2015		Araenia Impacted Soil			18 tans			
ACCOUNT # 100663									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packa	aged, and is in prop rdous waste subiect	er condition for transportation to the Land Disposal Restrict	n according ctions. I ce	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this		
Ameri D. Hermann Aft	310-6	Mary to	Allerston -		14	122/2014			
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date				
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trai	nsporter completes lic-	e)					
a. Transporter's Name and Address: b. Phone:	5 10	in the	Doub	121	1221	14			
c. Driver Name (Print)	d. Sign	ature	The contract of the contract o	e. Date	2	//			
III. DESTINATION (General			ation Site completes III	d-g)					
a. Disposal Facility and Site Address (1)	71-3576	c. US EPA Nun	nber d. Discrepancy Indica	ation Space					
I hereby certify that the above named ma	terial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tri	ue and ac	curate.			
01									
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addi	tional Information:								
f. Friable Non-Friable Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	y declare that the d labeled/placarde	contents of this con d, and are in all res	signment are fully and accur pects in proper condition for	rately descr transport a	ribed abov according	re by the proper s to applicable inter	hipping name national and		
g. Operator's Name and Title (Print)	h. Sign	nature		i. Date		d authoride - Pri	n or		
*Operator refers to the company which over renovation operation or both	vns, leases, opera	ites, controls, or sur	pervises the facility being der	nolished of	renovate	u, or the demolition	on or		



2167741

- Consentation LIC CDA ID Name have		etes la-r)						
a. Generator's US EPA ID Number		b.	Manifest Docur	nent Number		c. Page	1 of	
d. Generator's Name and Location:				e. Generator's Mailing	Address:	· · · · · · · · · · · · · · · · · · ·		
High Sheet Equity At								
Gwinnett Reg. Dist. C								
f Phono: 3312 N Burkley Lake I				g. Phone:				
f. Phone: If owner of the generating facility differs from	om the gen	erator pro	wide:	g, r none.				
If owner of the generating facility directs in	on the gen	iciator, pro	wide.					
h. Owner's Name:				i. Owner's Phone No.:				
j. Waste Profile #	k, Exp. Da	ate		ping Name and		tainers	n. Total	o. Unit
		1	Description		No.	Type	Quantity	Wt/Vol
			Non Regulated	Amenic Impacted Soil			2 1 1 1	
50871420359	4473	1/2015	The state of the s	r sexcutone, recipendedurar seram :			11 loves	
00011920000	146	1/2010						i i
ACCOUNT ALTONOO								
ACCOUNT # 100563								
								1
GENERATOR'S CERTIFICATION: I here	by certify the	hat the abo	ove named mate	rial is not a hazardous w	aste as define	d by 40 C	FR 261 or any a	pplicable
state law, has been properly described, cla	assified and	d package	d, and is in prop	er condition for transport	ation according	ig to applic	cable regulations	; AND, if this
waste is a treatment residue of a previous been treated in accordance with the require	rements of	a nazardol 40 CER 20	us waste subjec 68 and is no lon	, to the Land Disposal Re ner a hazardous waste a	s defined by 4	O CER 26	zarranı unat ine w 1	aste nas
A STATE OF THE PARTY OF THE PAR	Territorità Or	40 01112	Francisco Francisco	X 50 - 10	o defined by 4	0 011120	1121	
Moreon 12 1 his constitution of	14 Trees	* L 14	The seas of	Hollowdan		Total	101/101	4
p. Generator Authorized Agent Name (Prin	nt)	q. Si	gnature			r. Date	2	
II. TRANSPORTER (Gener	rator con	noletes I	la-b and Tra	nsporter completes	lic-e)			
a. Transporter's Name and Address:				A Committee of the Comm				
b. Phone:						, .		
		11.1	718-		1 25-7	(00/1)		
Joseph All against	4	1000	4		- las-	114		
c. Driver Name (Print)		d Cimmatuu	×0		- 1	1		
		d. Signatui	le .		e. Date			
				ation Site completes				
III. DESTINATION (Generat	tor compl		c and Destin		Illd-g)	e:		
III. DESTINATION (Generat a. Disposal Facility and Site Address:	tor compl				Illd-g)	e:		
a. Disposal Facility and Site Address:	tor compl		c and Destin		Illd-g)	e:		
a. Disposal Facility and Site Address: but the Richard Creak Rd But and CA 30518	tor compl		c and Destin		Illd-g)	e:		
a. Disposal Facility and Site Address: 503 1 315 12 Chiend Creak Rd b.	tor compl 71-3575	lete Illa-c	c and Destin c. US EPA Nur	nber d. Discrepancy In	Illd-g) dication Spac		curate	
a. Disposal Facility and Site Address: but the Richard Creak Rd But and CA 30518	tor compl 71-3575	lete Illa-c	c and Destin c. US EPA Nur	nber d. Discrepancy In	Illd-g) dication Spac		curate.	
a. Disposal Facility and Site Address: 503 1 315 12 Chiend Creak Rd b.	tor compl 71-3575	lete Illa-c	c and Destin c. US EPA Nur	nber d. Discrepancy In	Illd-g) dication Spac		curate.	
a. Disposal Facility and Site Address: 503 1 315 12 Chiend Creak Rd b.	tor complete to the complete t	lete Illa-c	c and Desting c. US EPA Nur ted and to the b	nber d. Discrepancy In	Illd-g) dication Spac		curate.	
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate	tor complete the c	lete Illa-c	c and Desting c. US EPA Nur ted and to the b	est of my knowledge the	s IIId-g) dication Spac foregoing is to		curate.	
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	tor complete the c	lete Illa-c	c and Desting c. US EPA Nur ted and to the b	est of my knowledge the	foregoing is to	ue and ac	curate.	
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print)	tor complete the c	lete Illa-c	c and Desting c. US EPA Nur ted and to the b	est of my knowledge the	foregoing is to	ue and ac	curate.	
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator)	tor complete the c	lete Illa-c	c and Desting c. US EPA Nur ted and to the b	est of my knowledge the	foregoing is to	ue and ac	curate.	
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address:	tor complete the c	lete Illa-c	c and Desting c. US EPA Nur ted and to the b	est of my knowledge the complete IVg-i) c. Responsible Agency	foregoing is to	ue and ac	curate.	
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone:	terial has be	een accep	c and Desting c. US EPA Nur ted and to the b	est of my knowledge the	foregoing is to	ue and ac	curate.	
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address:	terial has be	een accep	c and Desting c. US EPA Nur ted and to the b	est of my knowledge the complete IVg-i) c. Responsible Agency	foregoing is to	ue and ac	curate.	
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone:	terial has be	een accep	c and Desting c. US EPA Nur ted and to the b	est of my knowledge the complete IVg-i) c. Responsible Agency	foregoing is to	ue and ac	curate.	
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit f. Friable Non-Friable Both	terial has be forcomplete	een accep f. Signature es IVa-f a	c and Destinated and to the best and Operator	est of my knowledge the complete IVg-i) c. Responsible Agency d. Phone:	foregoing is to g. Date Name and Ad	ue and ac		
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	terial has be for complete	een accep f. Signature es IVa-f a	c and Destinated and to the best and Operator of this contents of this con	est of my knowledge the complete IVg-i) c. Responsible Agency d. Phone: % Non-Friable signment are fully and ac	foregoing is to g. Date Name and Acceptage	dress:	re by the proper s	shipping name
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	terial has be for complete	een accep f. Signature es IVa-f a	c and Destinated and to the best and Operator of this contents of this con	est of my knowledge the complete IVg-i) c. Responsible Agency d. Phone: % Non-Friable signment are fully and ac	foregoing is to g. Date Name and Acceptage	dress:	re by the proper s	shipping name
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	terial has be for complete	een accep f. Signature es IVa-f a	c and Destinated and to the best and Operator of this contents of this con	est of my knowledge the complete IVg-i) c. Responsible Agency d. Phone: % Non-Friable signment are fully and ac	foregoing is to g. Date Name and Acceptage	dress:	re by the proper s	shipping name
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	terial has be for complete	een accep f. Signature es IVa-f a	c and Destinated and to the best and Operator of this contents of this con	est of my knowledge the complete IVg-i) c. Responsible Agency d. Phone: % Non-Friable signment are fully and ac	foregoing is to g. Date Name and Acceptage	dress:	re by the proper s	shipping name rnational and
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	terial has becomplete	een accep f. Signature es IVa-f a mation: % Friab eat the con acarded, a	c and Destinate. US EPA Nurselected and to the best and Operator of the best and Operator of the best and are in all research.	est of my knowledge the complete IVg-i) c. Responsible Agency d. Phone: % Non-Friable signment are fully and ac	foregoing is to g. Date Name and Acceptately descriptions of the second	dress:	re by the proper s	shipping name rrnational and
a. Disposal Facility and Site Address: b. I hereby certify that the above named mate e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Addit f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	terial has be for complete tional Informational Informatio	een accep f. Signature es IVa-f a mation: % Friab hat the con acarded, a	c and Destinate. US EPA Nurselected and to the best and Operator of the best and Operator of the best and are in all reserved.	est of my knowledge the complete IVg-i) c. Responsible Agency d. Phone: % Non-Friable signment are fully and accepted in proper condition	foregoing is to g. Date Name and Acceptainty description for transport in the part of the	dress:	e by the proper to applicable inte	rnational and



2167742

i. GENERATOR (General	or comp	ietes ia	1-1)						
a. Generator's US EPA ID Number			b. Manifest Docu	ument N	lumber		c. Page	1 of	
d. Generator's Name and Location:	A 4			e. G	enerator's Mailing Add	dress:			
i kon She al Fe any A									
Owinnett Reg. Dist.									
f. Phone: 3312 N Berkley Lake				n P	hone:				
If owner of the generating facility differs fr		nerator	provide:	9.1	none.				
I owner of the generating facility differs in	om me ge	norator,	provide.						
h. Owner's Name:				i. Ov	wner's Phone No.:				
j. Waste Profile #	k. Exp. l	Date	I, Waste Sh	ipping N	lame and	m. Cor	tainers	n Total	o. Unit
			Description			No.	Туре	Quantity	Wt/Vol
			Nan Class John	A Common	in the second of the second				
E0074 4700E0	222	ma annivare		n taranti	ic Impacted Soil			15 fors	
50871420369	330	21/2015						10 1-13	
ACCOUNT # 100563									
8 5 mm ²									
7.0									
GENERATOR'S CERTIFICATION: I here	by certify	that the a	above named mat	terial is	not a hazardous waste	as define	d by 40 C	FR 261 or any apr	olicable
state law, has been properly described, cl	assified a	nd packa	aged, and is in pro	per con	dition for transportation	n accordin	a to applic	able regulations:	AND, if this
waste is a treatment residue of a previous	ly restricte	ed hazar	dous waste subject	ct to the	Land Disposal Restric	ctions. I ce	rtify and w	arrant that the wa	ste has
been treated in accordance with the requi	rements o	of 40 CFF	R 268 and is no lo	nger a h	nazardous waste as de	efined by 4	0 CFR 26	1	
A 15 1 16 1	pd .	5_	for one	C 11.	There			10/22/7101	14
p. Generator Authorized Agent Name (Pri	nt)	0	Signature	1-1-1-	1157 W. W. L.		r. Date	1-1-	7
					dan asserble De		1. Date		
II. TRANSPORTER (Gene	rator co	mpietes	s lia-b and Tra	inspor	ter completes lic-	e)			
a. Transporter's Name and Address:									
b. Phone:									
To contract	-	-		-()		19		TEG	
a Deliver Name (Brief)	7	2 01	muy		in		t_t_1	-14	
c. Driver Name (Print)		d. Signa			211	e. Date			
III. DESTINATION (Generat	or comp	olete IIIa			La Valla III (III) A VALLA CA VALLA C	-,			
a. Disposal Facility and Site Address; (L.	1-3575		c. US EPA Nu	mber	d. Discrepancy Indica	ition Space	e:		
6691 Sth Richland Creek Rd									
Builded, GA 30.715				1					
b				1					
I hereby certify that the above named mat	erial has l	peen acc	epted and to the b	pest of r	ny knowledge the fore	going is tr	ue and acc	curate.	
			Dalanti para da	- one.		J			
						VAV.			
e. Name of Authorized Agent (Print)		f. Signat				g. Date			
IV. ASBESTOS (Generator	complet	es IVa-	f and Operato	r comp	olete IVg-i)				
a. Operator's Name and Address:				c. Re	sponsible Agency Nan	ne and Ad	dress:		
b. Phone:				J DL					
e. Special Handling Instructions and Addit	ional Infor	mation:		d. Ph	one:		700 110000		
o. opeoid. Handling matractions and Addit	iotiai iiiioi	mation,							
f. Friable Non-Friable Both		% Fri	iable	% No	n-Friable			THE RESERVE AND THE	
OPERATOR'S CERTIFICATION: I hereby	declare the	hat the co	ontents of this cor	nsianme	ent are fully and accura	ately descr	ibed above	by the proper sh	ipping name
and are classified, packaged, marked and	labeled/p	lacarded	l, and are in all res	spects in	n proper condition for t	transport a	ccording to	o applicable intern	ational and
national governmental regulations.			The sections						
g. Operator's Name and Title (Print)		h. Signa	aturo	W. A.		i Doto		n_	
*Operator refers to the company which ow	ns. leases	s. operate	es controls or sur	nervises	s the facility being dem	i. Date	renovated	or the demolition	or
renovation operation or both		-, oporate		POLVIOGO	o the identity being deli	ionoriou or	TOTIOVALEC	, or the demontor	ı or



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 GENERATOR (Generator) 	r completes la	ı-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	cument Number c. Page 1 of						
d. Generator's Name and Location: Gwinnell Reg. Dist. 3312 N Bendey Lake f. Phone:	Center Rd NW		e. Generator's Mailing Address: g. Phone;						
If owner of the generating facility differs from		provide:							
h. Owner's Name:			i, Owner's Phone No.;						
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2016	Non Regulated	Arsenia Impacted Soil			18 1015			
ACCOUNT #100563									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and packa ly restricted hazar	aged, and is in prop dous waste subject	er condition for transportation to the Land Disposal Restri	on accordin ictions. I ce	g to applice rtify and w	cable regulations; varrant that the w	AND, if this		
Augus D. Hat Museum 112	1, 4-21	Thister F.	Alteration		12/22/2014				
p. Generator Authorized Agent Name (Prin	nt) q.	Signature			r. Date				
II. TRANSPORTER (Gener	rator complete:	s lla-b and Tran	sporter completes lic-	-e)					
a. Transporter's Name and Address: b. Phone:		B '	0	1		1.11			
c. Driver Name (Print)	d. Signa	oture	Macces	e. Date	1322	117			
III. DESTINATION (Generat			ation Site completes III						
Disposal Facility and Site Address; 0.27 b691 SR Hochland Creek Hol Buford, GA 30518 b.	1-3575	c. US EPA Num	d. Discrepancy Indica	ation Space					
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signat			g. Date					
IV. ASBESTOS (Generator of	completes IVa-	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:		7	c. Responsible Agency Na	me and Ad	dress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addit	ional Information:								
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.		contents of this cons							
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date					
*Operator refers to the company which ow renovation operation or both	ns. leases, operat	es, controls, or sup	ervises the facility being der	molished or	renovated	d, or the demolitic	n or		



2167739

 GENERATOR (Generate 	or completes	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	c. Page 1 of						
d. Generator's Name and Location: i ion Super Louis Account Reg Dist. f. Phone:	Center Rd NW		e. Generator's Mailing Adg	dress:					
If owner of the generating facility differs from	m the generator	r, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date		pping Name and	m. Con		n, Total	o. Unit		
		Description		No.	Type	Quantity	Wt/Vol		
50871420359	11/21/2010	The second secon	Arsenic Impacted Soil			18 tons			
ACCOUNT # 100563									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and pack ly restricted haza	kaged, and is in pro ardous waste subjec	per condition for transportation of the Land Disposal Restri	on according ctions. I cer	to applicatify and w	able regulations; arrant that the wa	AND, if this		
Harris Dello 1211 201 Miles	I. Treet	Three D	Attenstein		12/22/2014				
p. Generator Authorized Agent Name (Prin	nt) (q. Signature			r. Date				
II. TRANSPORTER (Gener	rator complete	es lla-b and Tra	nsporter completes llc-	e)					
a. Transporter's Name and Address: b. Phone:	er w	· · ·		,					
Haves Cura	> 1	ony (Jun	()	- 17-	14			
c. Driver Name (Print)	d. Sigi			e. Date					
III. DESTINATION (Generat									
Disposal Facility and Site Address: 0.27 5691 Sih Richkand Creek Rd Buford, GA 30518 b.	1.3575	c. US EPA Nui	mber d. Discrepancy Indica	ation Space	:				
i hereby certify that the above named mate	erial has been ad	ccepted and to the b	est of my knowledge the fore	egoing is tru	ie and acc	curate.			
		4:							
e. Name of Authorized Agent (Print)	f. Sign			g. Date					
IV. ASBESTOS (Generator of	completes IVa	a-f and Operator							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:				
		1.00							
b. Phone:			d. Phone:						
e. Special Handling Instructions and Additi	ionai information	:							
f. 🗌 Friable 🔲 Non-Friable 🔲 Both		riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the labeled/placarde	contents of this con ed, and are in all res	signment are fully and accur pects in proper condition for	ately descri transport a	bed above ccording to	e by the proper sho by applicable inter	nipping name, national and		
g. Operator's Name and Title (Print)	h. Sigr			i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ates, controls, or sup	pervises the facility being der	nolished or	renovated	I, or the demolition	n or		



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I. GENERATOR (Generator	r completes	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	nifest Document Number c. Page 1 of						
d. Generator's Name and Location: 1 190 September 1 2019 Action Common Reg. One Common Reg. O	lenter to MW		e. Generator's Mailing Add	iress:					
If owner of the generating facility differs fro	m the generator	r, provide:		-					
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/201	the state of the s	Arsenic Impacted Soil			18 tons			
ACCOUNT # 100563									
<									
GENERATOR'S CERTIFICATION: I hereby state law, has been properly described, claywaste is a treatment residue of a previously been treated in accordance with the require	assified and pacty restricted haza	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restri	n according ctions. I ce	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this		
A.a. Dilleman / II	CELENT	Morne &	4 Stewaters		1	2/22/201	4		
p. Generator Authorized Agent Name (Prin		q. Signature			r. Date	18			
II. TRANSPORTER (Gener	ator complet	es Ila-b and Trai	nsporter completes lic-	e)					
a. Transporter's Name and Address: b. Phone:					<i>C I</i>				
Jalayant	1.0	66 Den		e. Date	2/14				
c. Driver Name (Print)		nature	ation Cita samplates III						
							- 1		
a. Disposal Facility and Site Address; 6001 Site Public Creek For Bullert, GA 20018 b.	1-3576	a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space:							
I hereby certify that the above named mate	erial has been a	ccepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.			
Thereby certify that the above named mate	erial has been a	ccepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
I hereby certify that the above named mate e. Name of Authorized Agent (Print)	erial has been a		est of my knowledge the for	egoing is tr	ue and ac	curate.			
I hereby certify that the above named mate e. Name of Authorized Agent (Print)	f. Sigr	nature			ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sigr	nature		g. Date		curate.			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of	f. Sigr	nature	complete IVg-i)	g. Date		curate.			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Additional description of the content of t	f. Sigr completes IV	nature a-f and Operator	complete IVg-i) c. Responsible Agency Na d. Phone:	g. Date		curate.			
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Additional of the control o	f. Sigr completes IV	nature a-f and Operator n: Friable	complete IVg-i) c. Responsible Agency Na d. Phone:	g. Date	dress:				
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Additional description of the content of t	f. Sigrecompletes IV	nature a-f and Operator n: Friable contents of this con	complete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accur	g. Date me and Ad	dress:	e by the proper s	nipping name national and		
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Additional Company of the Instruction of	f. Sigrecompletes IV	nature a-f and Operator n: Friable contents of this con	complete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accur	g. Date me and Ad rately descr	dress:	e by the proper s	nipping name national and		
e. Name of Authorized Agent (Print) IV. ASBESTOS (Generator of a. Operator's Name and Address: b. Phone: e. Special Handling Instructions and Additional Company of the Instruction of	f. Sigrecompletes IV	nature (a-f and Operator (a-f	complete IVg-i) c. Responsible Agency Na d. Phone: % Non-Friable signment are fully and accur	g. Date me and Ad rately descriptions transport a	dress:	e by the proper s to applicable inter	national and		



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 GENERATOR (Generator 	r complete	es la-r)							
a. Generator's US EPA ID Number		b.	Manifest Docum	nent Number		c. Page	1 of		
d. Generator's Name and Location: Part Part Part	enter Rd NW			e. Generator's Mailing Add g. Phone:	lress:				
If owner of the generating facility differs fro	m the gener	ator, prov	vide:						
h. Owner's Name:				i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date		I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
60871420369	11/21/2		Non Regulated	Arsenic Impacted Soil			18 tons		
ACCOUNT # 100583									
								V	
GENERATOR'S CERTIFICATION: I hereby state law, has been properly described, claywaste is a treatment residue of a previously been treated in accordance with the require	essified and p y restricted h	ackaged azardou	d, and is in proper s waste subject	er condition for transportatio to the Land Disposal Restric	n accordin ctions. I ce	g to applic rtify and w	cable regulations; a varrant that the wa	AND, if this	
Haran D. Hortenstein/H				Hottensten		1.	2/22/201	4	
p. Generator Authorized Agent Name (Prin	it)	q. Sig	nature			r. Date	ž (
II. TRANSPORTER (Gener	ator comp	letes II	a-b and Tran	sporter completes lic-	e)				
a. Transporter's Name and Address: b. Phone;		ر ا					1		
· word Chicas		10	me	my	a Data	1-73	-14		
c. Driver Name (Print)		Signatur		tion City namenlaton III	e. Date				
III. DESTINATION (Generate									
a. Disposal Facility and Site Address.			c. US EPA Num						
I hereby certify that the above named mate	erial has bee	n accept	ed and to the be	est of my knowledge the fore	going is tr	ue and ac	curate.		
e. Name of Authorized Agent (Print)		Signature			g. Date				
IV. ASBESTOS (Generator of	completes	IVa-f a	ind Operator	complete IVg-i)			V		
a. Operator's Name and Address:				c, Responsible Agency Nar	me and Ad	dress:			
b. Phone:				d. Phone:					
e. Special Handling Instructions and Additi	onal Informa	tion:							
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that	% Friabl the conte arded, ar	ents of this cons	% Non-Friable signment are fully and accur- pects in proper condition for	ately descr transport a	ibed abov according	e by the proper sl to applicable inter	nipping name, national and	
g. Operator's Name and Title (Print)		Signatur			i. Date		1 - 4 - 1)'''		
*Operator refers to the company which own renovation operation or both	ns, leases, o	perates,	controls, or sup	ervises the facility being den	nolished or	renovate	a, or the demolitio	n or	



2167736

I. GENERATOR (Generato	or completes is	a-r)							
a. Generator's US EPA ID Number	91	b. Manifest Docun	nent Number		c. Page	1 of			
d. Generator's Name and Location: Page State Equal Action Commell Reg. Dist.	Center Rd NW		e. Generator's Mailing Add	dress:					
If owner of the generating facility differs from	om the generator	, provide:							
h. Owner's Name:			i. Owner's Phone No.:		Animone.	T-t-l	a Hais		
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2019		Arsenic Impacted Soil			18 tons			
ACCOUNT # 100663				-					
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.									
Anno D. Horneston A. P.	" West	June 1	Hollerstriv		1	2/22/20	14		
p. Generator Authorized Agent Name (Pri		q. Signature			r. Date				
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trai	nsporter completes lic	-e)	N 1				
a. Transporter's Name and Address: b. Phone:		7 000			1. /./				
c. Driver Name (Print)	d/Sign	nature		e. Date	20/14				
			ation Site completes II						
		c. US EPA Nur		etion Spac	Θ.				
a Disposal Facility and Site Address:									
I hereby certify that the above named ma	terial has been a	ccepted and to the b	est of my knowledge the for	regoing is to	rue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sign			g. Date					
IV. ASBESTOS (Generator	completes IV	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	ddress:				
b. Phone: e. Special Handling Instructions and Add	itional Information	า:	d. Phone:						
f. Friable Non-Friable Bott OPERATOR'S CERTIFICATION: I hereb and are classified, packaged, marked an national governmental regulations.	v declare that the	Friable contents of this coned, and are in all res	% Non-Friable signment are fully and accu- pects in proper condition fo	rately desc r transport	ribed aboraccording	ve by the proper s to applicable inte	shipping name rnational and		
geren geren in the regulations.									
g. Operator's Name and Title (Print)	h. Sig	nature	12 2 Ap. 6 100 hours	i. Date	r ronot	d or the demaliti	on or		
*Operator refers to the company which or renovation operation or both	wns, leases, oper	rates, controls, or su	pervises the facility being de	emolished o	or renovate	o, or the demoliti	UIT UI		



2167737

 GENERATOR (Generate 	or completes la	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of	
d. Generator's Name and Location: High Street Fig. 19 According to the Common Road Dept (Grand Road Dept	Center Rd NW		e. Generator's Mailing Add	dress;	A PARTY OF THE PAR		
f. Phone: If owner of the generating facility differs from	om the generator,	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
50871420359	11/21/2015	The second secon	Arsenic Impacted Soil			18 1005	
ACCOUNT # 100563	-lim -d-m						
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packa	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restri	n accordin ctions. I ce	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this
Harry Dillowick while	1. Stort	Mary E	Hothy Stare		₹.	-/2/20	14
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date		
II. TRANSPORTER (Gene		s Ila-b and Trai	asporter completes Ilc-	e)			
a. Transporter's Name and Address:							
			0		*		
b. Phone:	16 1		(han)	23	- 1×	7-11-1	
c. Driver Name (Print)	d. Sign	ature	Mus	e. Date	V1)	4 7 9	
III. DESTINATION (General			ation Site completes III	d-a)			
		c. US EPA Nun			a.		
a. Disposal Facility and Site Address:	7, 340	C.SS El A Null	d. Discrepancy male	апон орао	S.		
I hereby certify that the above named mat	terial has been ac	cepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.	
This oby sormy that the above hamed that							
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date			
IV. ASBESTOS (Generator			complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	ldress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addi	tional Information:	- * J				7	
f. Friable Non-Friable Both	% F	riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	y declare that the d labeled/placarde	contents of this con d, and are in all res	signment are fully and accui pects in proper condition for	rately desc transport a	ribed abov according	e by the proper s to applicable inte	hipping name rnational and
				VS.			
g. Operator's Name and Title (Print) *Operator refers to the company which over	h. Sign vns, leases, opera	nature nature natures, controls, or sup	pervises the facility being de	i. Date molished o	r renovate	d, or the demolition	on or



2167724

 GENERATOR (Generate 	or completes la	a-r)					
a. Generator's US EPA ID Number							
d. Generator's Name and Location: Common Regulation Common Regulation Garage Location F. Phone:	Conk Rd NV		e. Generator's Mailing Add	dress:			
If owner of the generating facility differs fr		provide:			اسط		-
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
60871420359	11/21/2016	The state of the s	Arsenio Impacted Soil			15 los	
ACCOUNT # 100583		11					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packa	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restri	on according	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this
4 5 5 1 4 forth / 19	y Sugar	Herry	4 95-H-16.		12	129/001	y
p. Generator Authorized Agent Name (Pri	nt) q	. Signature	CHELL POSSON !		r. Date		
II. TRANSPORTER (Gene	rator complete	s Ila-b and Tran	sporter completes Ilc-	e)			
a. Transporter's Name and Address: b. Phone:			1				*-
million Kickley	71	ich Itis	M	1:	2/2	9/2/14	
c. Driver Name (Print)	d. Sign		ti Oit	e. Date			-
III. DESTINATION (General							
a. Disposal Facility and Site Address	71-3675	c, US EPA Num	nber d. Discrepancy Indica	ation Space) :		
I hereby certify that the above named mat	terial has been ac	cepted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.	
				, J			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date			
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)	y			
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:		
			97	- 1			
b. Phone:	tional Information		d. Phone:				
e. Special Handling Instructions and Addi	lional information:						
f. ☐ Friable ☐ Non-Friable ☐ Both		riable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this cons	signment are fully and accur pects in proper condition for	ately descr transport a	ibed abov ccording	e by the proper sl to applicable inter	hipping name national and
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date			
*Operator refers to the company which ow renovation operation or both	vns, leases, opera	tes, controls, or sup	ervises the facility being der	molished or	renovate	d, or the demolitio	n or



2167723

I. GENERATOR (Generate	or completes	la-r)		Land Land		
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number	c. Pa	ge 1 of	
d. Generator's Name and Location:	Center Rd NW		e. Generator's Mailing Add	lress:		
If owner of the generating facility differs for		r, provide:				
h. Owner's Name:			i. Owner's Phone No.:			6.1
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
60871420359	11/21/201		Arsenic Impacted Soll		18 tons	
ACCOUNT # 100563						
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pac	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restri	n according to ap	plicable regulations; d warrant that the wa	AND, if this
Land D. Holly wife	13/15/24	104200,	I Tottobe		12/29/201	4
p. Generator Authorized Agent Name (Pri	Total Contract of the Contract	q. Signature		r. Dat	e / /	
II. TRANSPORTER (Gene	rator complet	tes Ila-b and Trai	nsporter completes lic-	e)		
a. Transporter's Name and Address:						
b. Phone:	- 1	1		3		
Commando p			7	12-0	29-14	
c. Driver Name (Print)	1000	nature		e. Date		
III. DESTINATION (General						
a. Disposal Facility and Site Address: 7,2 6691 5th Richland Creek Rd Buford, GA 30518	71-3676	c. US EPA Nun	nber d. Discrepancy Indica	ation Space:		
b. I hereby certify that the above named ma	terial has been a	scepted and to the b	est of my knowledge the fore	egoing is true and	accurate.	
e. Name of Authorized Agent (Print)	f. Sign	nature		g. Date		
IV. ASBESTOS (Generator	completes IV	a-f and Operator				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Address:		
					-	
b. Phone: e. Special Handling Instructions and Addi	tional Information	n:	d. Phone:			
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	% declare that the	Friable	% Non-Friable	ately described at	pove by the proper s	hipping pame
and are classified, packaged, marked and national governmental regulations.	l labeled/placard	led, and are in all res	pects in proper condition for	transport according	ng to applicable inter	national and
g. Operator's Name and Title (Print) *Operator refers to the company which ov	h. Sig	nature	penyises the facility being do	i. Date	ated or the demolitic	on or
repovation operation or both	viis, icases, ope	iaces, controls, or sup	of vises the facility being der	Honorica of Toriovi	atou, or the demont	01



2167722

 GENERATOR (Generate 	or completes la	a-r)						
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of								
d. Generator's Name and Location: (Application of the County Action of	Center Rd NW		e. Generator's Mailing Add	lress:				
If owner of the generating facility differs from	om the generator,	provide:	g. Hener)			
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol		
60871420359	11/21/2016	The state of the s	Arsenic Impacted Soil		18 tons			
ACCOUNT # 100563					40			
						E		
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack by restricted haza	aged, and is in prop rdous waste subject	er condition for transportatio to the Land Disposal Restric	n according to app ctions. I certify and	licable regulations; warrant that the wa	AND, if this		
Acres D. Harrison P.	M. Charl	1/0200	147 Host		12/27/20	14		
p. Generator Authorized Agent Name (Pri	nt) q	ı. Signature		r. Date		7		
II. TRANSPORTER (Gene	rator complete	s Ila-b and Trai	nsporter completes lic-	e)	/			
a. Transporter's Name and Address: b. Phone:								
504 4151		Syry 12	die	12	29/701	r _a		
c. Driver Name (Print)	d. Sign	nature		e. Date		1		
III. DESTINATION (General	tor complete II	la-c and Destina	ation Site completes Ille	d-g)				
a. Disposal Facility and Site Address:	71-3575	c. US EPA Nun	nber d. Discrepancy Indica	ation Space:				
I hereby certify that the above named ma	terial has been ac	cepted and to the b	est of my knowledge the fore	egoing is true and a	iccurate.			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date				
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Address:		5 ,		
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addi	tional Information					7		
f. Friable Non-Friable Both	% F	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	/ declare that the d labeled/placarde	contents of this con ed, and are in all res	signment are fully and accur pects in proper condition for	ately described ab- transport according	ove by the proper s g to applicable inter	hipping name national and		
- ' - X								
g. Operator's Name and Title (Print) *Operator refers to the company which over	h. Sigr	nature	pervises the facility being dor	i. Date	ted or the demolitic	n or		
repovation operation or both	viis, ieases, opera	ares, commons, or suf-	civiosa the racing being der	nonstice of reneva	iou, or and demonite	01		



2167721

I. GENERATOR (General	or complet						7 7			
a. Generator's US EPA ID Number			b. Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location:				e. Generator's Mailing A	ddress:					
$= i \log_2 Sic_2(1) \log_2 A$										
Commentation, Okt	Conter									
3312 N Berkley Lake				a Dhono:						
f. Phone:		rotor n	rovido:	g. Phone:						
If owner of the generating facility differs fr	om the gene	rator, p	rovide:							
h. Owner's Name:				i. Owner's Phone No.						
j. Waste Profile #	k. Exp. Dat	e	I. Waste Ship	pping Name and	m. Cor	ntainers	n. Total	o. Unit		
			Description		No.	Type	Quantity	Wt/Vol		
			Man Day dated	Assessin Immediat Oak			200 1			
MANUAL ANAMAN	44.00		MICH LANGUISHED	Arsenic Impacted Soil			13 fee.			
50871420369	11/21/	2016								
		-								
ACCOUNT # 100563										
GENERATOR'S CERTIFICATION: I here	by certify the	t the a	hove named mate	erial is not a hazardous was	ste as define	ed by 40 C	FR 261 or any an	olicable		
state law, has been properly described, c	lassified and	packad	ged, and is in prop	er condition for transporta	tion according	ng to applic	cable regulations;	AND, if this		
waste is a treatment residue of a previous	sly restricted	hazard	ous waste subject	to the Land Disposal Res	trictions. I ce	ertify and w	arrant that the wa	ste has		
been treated in accordance with the requi	irements of 4	0 CFR	268 and is no lon	ger a hazardous waste as	defined by 4	0 CFR 26	1. y /			
A 5 11 Lange 150	T. Street		1 Vines V	I State to		1	2/29/20	141		
THERE IS THE TRUE AS IN THE	BIL MAG		Olera Land	= 11010 10 1 Etc	1	n Doto	7 7	17		
p. Generator Authorized Agent Name (Pri			Signature			r. Date				
II. TRANSPORTER (Gene	rator com	oletes	lla-b and Trai	nsporter completes li	c-e)					
a. Transporter's Name and Address:										
b. Phone:				11/1						
bosol a 16 M-		19	1 112	MA	1	7/7	01201	1		
MICHAEL PERLAM		MA	and be	51/	a to	11-1	11			
c. Driver Name (Print)		Signat			e. Date					
III. DESTINATION (Genera	tor comple	te Illa	-c and Destina	ation Site completes	IIId-g)					
a. Disposal Facility and Site Address:			c. US EPA Nur			e:				
sold Surface of Greek. M	T. LUMBER									
Buford, GA 30518										
								2.		
b.	torial bas be	on cocc	ontod and to the b	act of my knowledge the fo	orogoing is t	rue and co	curate			
I hereby certify that the above named ma	terial has be	on acce	spied and to the b	est of my knowledge the it	Jegoling is ti	ue and ac	ourate.			
e. Name of Authorized Agent (Print)	f.	Signatu	ure		g. Date					
IV. ASBESTOS (Generator				complete IVa-i)			- VIIV			
	Jompiotos		and operator		Jame and A	drose:				
a. Operator's Name and Address:				c. Responsible Agency N	varne and Ad	Juless:				
45,07										
b. Phone:	OIT III THE			d. Phone:			-			
e. Special Handling Instructions and Addi	itional Inform	ation:								
€ □ Eviable □ Nov E: (1 □ E :)		0/ 17-	phlo	9/ Non Friehle						
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby		% Fria	able	% Non-Friable	urately desc	rihed abov	e by the proper s	hinning name		
and are classified, packaged, marked and	y declare tha d laheled/pla	cure co	and are in all rec	nects in proper condition for	or transport	according	to applicable inter	national and		
national governmental regulations.	a labeleu/plat	war ueu,	und alle in all 165	pooto in proper condition it	o. transport	a ocoroning	applicable intel	.attorior arto		
Je announce regulations.										
g. Operator's Name and Title (Print)										
	h	. Signat	ture		i. Date					
*Operator refers to the company which over renovation operation or both	h wns, leases,	. Signat operate	ture es, controls, or sup	pervises the facility being d		r renovate	d, or the demolitic	n or		



2167719

 GENERATOR (Generate 	or completes la	-r)					
a. Generator's US EPA ID Number		b. Manifest Docun	nent Number		c. Page	1 of	
d. Generator's Name and Location:	Center Rd NW		e. Generator's Mailing Add	dress:			
If owner of the generating facility differs fr	om the generator, p	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cont	ainers Type	n. Total Quantity	o. Unit Wt/Vol
50871420359	11/21/2016	Non Regulated	Arsenic Impacted Soil			18 1000	
ACCOUNT # 100563							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, columnster is a treatment residue of a previous been treated in accordance with the requi	lassified and package sly restricted hazard	ged, and is in properous waste subject	er condition for transportation to the Land Disposal Restri	on according	to applicatify and w	able regulations; arrant that the w	AND, if this
	ly 3 tack	- Man L	Attourter		1	1/1/2019	/
p. Generator Authorized Agent Name (Pri		Signature	Als fares en l		r. Date	1-1-	
II. TRANSPORTER (Gene		la-b and Tran	sporter completes lic-	e)			
a. Transporter's Name and Address: b. Phone:						,	
SAM WILSON	N	down re	all the	1	2/2	9/201	
c. Driver Name (Print)	d. Signa			e. Date			
III. DESTINATION (General		-					
a. Disposal Facility and Site Address: 155 6691 Sta Highland Googk Rd Baterd, GA 30518 b.		c. US EPA Num					
I hereby certify that the above named ma	terial has been acce	epted and to the be	est of my knowledge the fore	egoing is tru T	e and acc	curate.	
e. Name of Authorized Agent (Print)	f. Signati		annualata IV (n. iV	g. Date			
IV. ASBESTOS (Generator	completes IVa-	and Operator			lea a a l		
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	ress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addi							-
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the co	ontents of this cons					
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa vns, leases, operate		ervises the facility being der	i. Date nolished or	renovated	I, or the demolition	on or
renovation operation or both	-11 0000 100						



2167720

I. GENERATOR (Generato	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location:	Scharges		e. Generator's Mailing Add	lress:					
Gwinnelt Reg. Dist.	Senter								
3312 N Berkley Lake	Rd NW		g. Phone:						
f. Phone: If owner of the generating facility differs for		provide:	g. i none.						
h. Owner's Name:			i. Owner's Phone No.;						
j. Waste Profile #	k, Exp. Date		ping Name and	m. Cont	ainers	n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
		Non Regulated	Arsenic Impacted Soil	1		101 -			
50871420369	11/21/2016				- 1	le tais			
ACCOUNT # ACCOUNT									
AOGOUNT # 100563									
GENERATOR'S CERTIFICATION: I here	by antify that the	above named mate	rial is not a hazardous waste	as defined	Lby 40 CE	ER 261 or any an	nlicable		
state law, has been properly described, cl	assified and packa	aged, and is in prop	er condition for transportatio	n according	to applic	able regulations;	AND, if this		
waste is a trèatment residue of a previous been treated in accordance with the requi	ly restricted hazar	dous waste subject R 268 and is no lone	to the Land Disposal Restricter a hazardous waste as de	ctions. I cer efined by 40	tify and w CFR 261	arrant that the wa	aste has		
Deen treated in apportunite with the radar	4+ 4	///	Lift to		T.	Lat- W			
p. Generator Authorized Agent Name (Pri	60 S 6 0	. Signature	L MILLENTER		r. Date	1.4.010			
II. TRANSPORTER (Gene	The state of the s		asporter completes IIc-		1. Date				
a. Transporter's Name and Address:	ator complete								
	,	- 1 -	-						
b. Phone:			1			<u> </u>			
Janay Dupe-		mm	A	10		9-19			
c. Driver Name (Print) III. DESTINATION (General	d. Signa		ation Site completes III	e Date					
a. Disposal Facility and Site Address		c. US EPA Num							
5691 Sth Highland Creek Hd	13010	0.00 2.7119	a. Biocropanoj mana		:				
Bullord, GA 30518									
b.		1		Her Carlotta					
I hereby certify that the above named ma	terial has been acc	cepted and to the be	est of my knowledge the fore	egoing is tru	e and acc	curate.			
e. Name of Authorized Agent (Print)	f. Signa		samplete IVa i	g. Date					
IV. ASBESTOS (Generator a. Operator's Name and Address:	completes iva	-r and Operator	c. Responsible Agency Nar	ma and Add	trace.				
a. Operator's Name and Address.			c. Responsible Agency Nai	ille alla Auc	11000				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addi	tional Information:								
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby		riable	% Non-Friable	ataly dagari	had above	o by the proper s	hinning name		
and are classified, packaged, marked and national governmental regulations.	l labeled/placarded	d, and are in all resp	pects in proper condition for	transport a	ccording t	o applicable inter	national and		
national governmental regulations.									
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date					
*Operator refers to the company which ov	vns, leases, opera	tes, controls, or sup	pervises the facility being der		renovated	d, or the demolitic	on or		
renovation operation or both									



2167718

I. GENERATOR (Generato	or completes la	a-r)							
a. Generator's US EPA ID Number	b. Manifest Document Number c. Page 1 of								
d. Generator's Name and Location:			e. Generator's Mailing Add	dress:	L	100-10-10-10-10-10-10-10-10-10-10-10-10-			
filministra e diliver	visors		o. conorator o manning / las						
Gwinnett Reg. Dist. (3312 N Berkley Lake)	Jenter Ratikiwa								
f. Phone:	a .		g. Phone:						
If owner of the generating facility differs from	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:				7		
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
			All control and the second second	1.0.	.750				
60074 4700CO	24 memory	The second secon	Arsenio Impacted Soil			1.S. tons			
50871420359	11/21/2016		MI			The Thirty			
ACCOUNT # 100563									
(1000001111) 1 1000000									
Walder Control									
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 C	FR 261 or any an	plicable		
state law, has been properly described, cla	assified and packa	aged, and is in prop	er condition for transportation	on accordin	g to applic	able regulations;	AND, if this		
waste is a treatment residue of a previous been treated in accordance with the require	ly restricted hazar rements of 40 CFF	dous waste subject R 268 and is no lone	to the Land Disposal Restri der a hazardous waste as d	ctions. I ce efined by 4	rtify and w	varrant that the wa 1.	aste nas		
222// Working in addordaring with the reguli		4	//	~,	71	Falson,			
p. Generator Authorized Agent Name (Pri	nt) a	. Signature	111111111111		r. Date	7 55 7			
II. TRANSPORTER (Gene			asporter completes lic-	e)	1. Date	II. II. II. II. II. II. II. II. III. I			
a. Transporter's Name and Address:	rater complete	o na o ana mar	loportor completes lie-	-					
L.									
N 214									
b. Phone:			111						
michael to Hand	717	et 1 h	171	12	1291	2/8/			
c. Driver Name (Print)	d. Sign			e. Date	7				
III. DESTINATION (Generat									
a. Disposal Facility and Site Address:	11-3376	c. US EPA Num	nber d. Discrepancy Indica	ation Space	e:				
but Shekkata pideen He									
Bulard, GA 30518									
 I hereby certify that the above named mat 	erial has been acc	cepted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
					110				
e. Name of Authorized Agent (Print)	f. Signa	iture		g. Date					
IV. ASBESTOS (Generator			complete IVg-i)	to Maria Santa					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
b. Phone:	in all left		d. Phone:						
e. Special Handling Instructions and Addit	ional Information:								
		20.10	W. 17 - B. 17						
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby		riable contents of this cons	% Non-Friable	ately descr	ibed abov	e by the proper s	hipping name		
and are classified, packaged, marked and	labeled/placarded	d, and are in all resp	pects in proper condition for	transport a	according t	to applicable inter	national and		
national governmental regulations									
g. Operator's Name and Title (Print)	h. Sign	ature	servings the facility being de-	i. Date	ronovoto	d or the demolitie	on or		
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	tes, controls, or sup	ervises the facility being def	nonsned of	renovate	u, or the demontic	AT OF		



2167829

I. GENERATOR (Generato	r completes	іа-г)								
a. Generator's US EPA ID Number		b. Manif	fest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location: High Street Equity Ac Granted Rag. Dist. (3312 N Berkley Lake) f. Phone:	Denter Rd NW		3	e. Generator's Mailing Add	dress:					
f. Phone: If owner of the generating facility differs from	m the generate	or, provide:								
h. Owner's Name:				i. Owner's Phone No.:	10 14 14 17					
j. Waste Profile #	k, Exp. Date		Vaste Ship escription	ping Name and	m. Cor No.	tainers Type	n, Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/20		Regulated /	Arsenic Impacted Soil			18 tons			
ACCOUNT # 100683							4			
						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.										
Harris It of longbon High	That	Mari	er D	Alterator		1/2	179/201	4		
p. Generator Authorized Agent Name (Prin	nt)	q. Signatui	re			r. Date				
II. TRANSPORTER (General	rator comple	tes lla-b	and Tran	sporter completes Ilc-	e)					
b. Phone:		2 Acres	4	archi		121	79/70	19		
c. Driver Name (Print)	d. Si	gnature			e. Date					
III. DESTINATION (Generat	or complete	Illa-c and	d Destina	ation Site completes III	d-g)					
a. Disposal Facility and Site Address:			S EPA Num			e:				
böğl Sih Richland Creek Rd Buford, GA 30518 b.	1-00/0									
I hereby certify that the above named mat	erial has been	accepted ar	nd to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sic	nature			g. Date					
IV. ASBESTOS (Generator			Operator	complete IVa-i)						
a. Operator's Name and Address:				c. Responsible Agency Na	me and Ad	ldress:		ż		
b. Phone:				d. Phone:	-					
e. Special Handling Instructions and Addit	ional Informatio	on:								
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that th	Friable le contents ded, and are	of this cons e in all resp	% Non-Friable signment are fully and accur pects in proper condition for	rately desc transport	ribed abov according	ve by the proper s to applicable inter	hipping name rnational and		
g. Operator's Name and Title (Print)	h. Si	gnature			i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, ope	erates, contr	rols, or sup	pervises the facility being der	molished o	r renovate	d, or the demolition	on or		



2167828

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\underline{\tt NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes la	a-r)		4					
a. Generator's US EPA ID Number		b. Manifest Docur	ument Number c. Page 1 of						
d. Generator's Name and Location: High Street Equity Ac Gwonett Reg. Dist. 3312 N Berkley Lake f. Phone:	Center		e. Generator's Mailing Ado g. Phone:	dress:					
If owner of the generating facility differs from	orn the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:			N			
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015		Amenic Impacted Soil			18 tons			
ACCOUNT # 100563						- Me			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packa	aged, and is in prop dous waste subject	er condition for transportation to the Land Disposal Restri	n accordin ctions. I ce	g to applic rtify and w	able regulations; arrant that the wa	AND, if this		
Auson D. Houndon Ing.	L Sheet	Horas De	Hott steers		7,	1/29/201	4		
p. Generator Authorized Agent Name (Pri	nt) q	. Signature			r. Date				
II. TRANSPORTER (Gene		s Ila-b and Trai	asporter completes lic-	e)					
a. Transporter's Name and Address:	rator complete	o no b and ma	ioponior completion in	-/	*				
b. Phone:			1		£				
middel silled	-71	1.18	111	73	120	1/3/14			
c. Driver Name (Print)	d. Sign	ature		e. Date					
III. DESTINATION (General			ation Site completes III	d-a)					
		c. US EPA Nun			۵۰				
a. Disposal Facility and Site Address:	71-3676	C, GG El Allan	d. Bisolopancy males	ation opao	,				
I hereby certify that the above named mat	torial has been po	anatad and to the h	ant of my knowledge the for	ogging is tr	uo and ac	curato			
Thereby certify that the above named man	teriai rias beeri aci	cepted and to the b	est of my knowledge the lore	going is the	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date		- Workship	74 VV		
			complete IVa i)	1 9. 0010					
	completes iva	-i and Operator			4				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Au	uress.				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addit	tional Information:								
	0/ 5		0/ Non Etiphle						
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this con d, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	ately descr transport a	ibed abov according	e by the proper s to applicable inter	hipping name national and		
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date					
*Operator refers to the company which ov	vns, leases, opera	tes, controls, or sup	pervises the facility being der		renovate	d, or the demolitic	on or		
renovation operation or both									



2167824

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator	completes i	a-i)						
a. Generator's US EPA ID Number		b. Manifest Docu	ument Number c. Page 1 of					
d. Generator's Name and Location:			e. Generator's Mailing Address:					
High Shoot Lephy Ad								
Gwinnell (leg. Dist.)	44(0)						Pe	
f. Phone: 3312 N Berkley Leke F	(c) (WV)		g. Phone:					
If owner of the generating facility differs fro	m the generator	, provide:						
	ALIEU G							
h. Owner's Name:		T. W. CO.	i. Owner's Phone No.:	1 44 04	.utuauu 1		1 . 11.2	
j. Waste Profile #	k. Exp. Date	Description	pping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol	
The second secon		Description		140.	Турс	Rubinity	*********	
		Non Regulated	Arsenic Impacked Soft	1	1000	10 J.		
60871420350	11/21/2018	5				18 tais		
(2500) (400)	11.1194.71969-11							
ACCOUNT # 100563								
71000000111 IF 1000000								
								
2 237								
GENERATOR'S CERTIFICATION: I hereb	w cortifu that the	above named met	orial is not a bazardous waste	oc dofino	d by 40 Cl	ED 261 or any an	plicable	
state law, has been properly described, cla	essified and pack	caued and is in pro	per condition for transportation	n accordin	a to applic	able regulations:	AND if this	
waste is a treatment residue of a previously	v restricted haza	rdous waste subject	t to the Land Disposal Restrict	ctions. I ce	rtify and w	arrant that the wa	ste has	
been treated in accordance with the require	ements of 40 CF	R 268 and is no lor	nger a hazardous waste as de	efined by 4	0 CFR 26	1.		
11 12 11 11 11 11	Heil of the	//	9 11 11 1			alasta.	4	
Horas W. Hot WKENY	Call Shed	1/11/201	1 Matter Lay		/	2/01/101	4	
p. Generator Authorized Agent Name (Prin	q. Signature			r. Date	/_/			
II. TRANSPORTER (Gener	ator complete	es Ila-b and Tra	insporter completes lic-	e)	<u> </u>			
a. Transporter's Name and Address:								
b. Phone:		·						
The state of the s		1		1	-79	14		
c. Driver Name (Print)	d. Sigr	nature		e. Date				
III. DESTINATION (Generate			estion Site completes III					
DESTINATION (Series and	or complete	c. US EPA Nui						
a. Disposal Facility and Site Address:	1-3675	C. US EPA NUI	d. Discrepancy indica	mon space	<i>t.</i>			
5691 Sin Hichiand Creak Hd								
Fairti (A. 251a								
b.								
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the fore	going is tr	ue and acc	curate.		
2							- F	
e. Name of Authorized Agent (Print)	f. Sign	ature		g. Date				
IV. ASBESTOS (Generator o			r complete IVa-i)					
	ompiotos ive	a rana operato		ma and Ad	droco			
a. Operator's Name and Address:			c. Responsible Agency Na	ne and Ad	uress.			
b. Phone:	11-2-1-11		d. Phone:					
e. Special Handling Instructions and Addition	onal Information	:						
f. ☐ Friable ☐ Non-Friable ☐ Both	0/. E	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby				ately descr	ibed above	e by the proper sl	nipping name	
and are classified, packaged, marked and	labeled/placarde	ed, and are in all res	spects in proper condition for	transport a	ccording t	o applicable inter	national and	
national governmental regulations.		2 T	The second second					
- 0				: D-4		MIN		
g. Operator's Name and Title (Print) *Operator refers to the company which own	h. Sigr	nature	nonviene the facility hoing don	i. Date	renovator	d or the demolitic	n or	
renovation operation or both	is, icases, opera	ates, controls, or su	porvises the facility being den	nonaneu ul	TOTOVALE	a, or the demonto	01	
The state of the s								

REV 01/14



2167827

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator 	completes la	a-r)							
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of									
d. Generator's Name and Location:	enler d NW	4	e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from	n the generator,	provide:	9:						
h. Owner's Name:			i. Owner's Phone No.:	,					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cont	ainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015		Amenic Impacted Soil			18 ton :			
ACCOUNT # 100563						111			
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 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.									
Aaron O. Vid Kirsking Poll Smit Uhron Dittotherten 12/29/2019									
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)									
a. Transporter's Name and Address: b. Phone:		- 1							
SAM WILLOW	S.	bone the	liter		12/	09/201	G .		
c. Driver Name (Print)	d. Sign			e. Date					
III. DESTINATION (Generato	or complete III	la-c and Destina							
a. Disposal Facility and Site Address 20 27- 0091 Sin Richland Creek Rd Buford, GA 30518 b.	1-3575	c. US EPA Nun	nber d. Discrepancy Indica	ation Space		- 1			
I hereby certify that the above named mate	rial has been ac	cepted and to the b	est of my knowledge the for	egoing is tru	ie and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date					
IV. ASBESTOS (Generator c	ompletes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:				
L Phana			d. Phone:						
b. Phone: e. Special Handling Instructions and Addition	onal Information:		u. Priorie.						
f. ☐ Friable ☐ Non-Friable ☐ Both	f. Friable Non-Friable Both % Friable % Non-Friable								
OPERATOR'S CERTIFICATION: I hereby of and are classified, packaged, marked and I national governmental regulations.	declare that the	contents of this con-	signment are fully and accur	rately descri transport a	bed abov ccording t	e by the proper s to applicable inter	hipping name national and		
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date					
*Operator refers to the company which own renovation operation or both	is, leases, opera	ites, controls, or sup	pervises the facility being der	molished or	renovate	a, or the demolitic	on or		



2167734

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	Document Number c, Page 1 of						
d. Generator's Name and Location: High Sheet Franky Ar Gwinnett Reg. Dist. 3312 N Bernley Lake f. Phone:	Center Rd NW		e. Generator's Mailing Add	dress:					
If owner of the generating facility differs from	om the generator,	provide:	e:						
h. Owner's Name:			i. Owner's Phone No.;						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015	THE RESIDENCE OF THE PARTY OF T	Arsenic Impacted Soil			18 tons			
ACCIOUNT # 100663									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	er condition for transportation to the Land Disposal Restri	on accordin ctions. I ce	g to applice rtify and w	cable regulations; varrant that the wa	AND, if this				
Anna & Marayen 1 Porte Sour / Wing & Hottenston 12/29/2014									
p. Generator Authorized Agent Name (Pri		. Signature	1 1 20 1500		r. Date				
II. TRANSPORTER (Gene	rator complete	s Ila-b and Tran	nsporter completes lic-	e)					
a. Transporter's Name and Address: b. Phone:		1 775							
		any	X		2/1	9/201	9		
c. Driver Name (Print)	d Sign		e. Date nation Site completes IIId-g)						
a. Disposal Facility and Site Address; 0.2, b801 Site Horizot Cook Hor Burerd, CA 30518 b.	1-3676	c. US EPA Num	nber d. Discrepancy Indica	ation Space					
I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledge the fore	egoing is tro	ue and ac	curate.			
we was									
e. Name of Authorized Agent (Print)	f. Signa		complete IV/s IV	g. Date					
a. Operator's Name and Address:	completes tva	-i and Operator	c. Responsible Agency Nad	me and Ad	dress:	6			
b. Phone:e. Special Handling Instructions and Addit	ional Information:		d. Phone:						
		1				1			
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this cons d, and are in all resp	% Non-Friable signment are fully and accur pects in proper condition for	ately descr transport a	ibed abov	e by the proper sl to applicable inter	nipping name, national and		
g. Operator's Name and Title (Print)	h. Sign			i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	tes, controls, or sup	ervises the facility being der	nolished or	renovated	d, or the demolitio	n or		



2167730

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator 	r completes	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	t Document Number c. Page 1 of						
d. Generator's Name and Location: High Street Equity Adv Gwinnett Reg. Dist. f. Phone:	tenter td NW		e. Generator's Mailing Add	dress:					
If owner of the generating facility differs fro	m the generator	r, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
60671420359	11/21/201	The second secon	Arsenic Impacted Soil						
ACCOUNT # 100563	-								
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, cla waste is a treatment residue of a previousl been treated in accordance with the require	er condition for transportation to the Land Disposal Restri	on according	g to applice rtify and w	able regulations arrant that the w	AND, if this				
Rob Patchett		Rol Palit	4		12/	29/14			
p. Generator Authorized Agent Name (Prin	q. Signature	AU-		r. Date					
II. TRANSPORTER (Gener	ator complet	es Ila-b and Trai	nsporter completes IIc-	e)					
a. Transporter's Name and Address:									
b. Phone:			4						
William Anglas	7	1 / Y /	197 -	10	127	£ 151			
c. Driver Name (Print)	d. Sig	nature		e. Date					
III. DESTINATION (Generate	or complete I	Illa-c and Destina	ation Site completes III	d-q)					
a. Disposal Facility and Site Address:	1-9576	c. US EPA Nun	nber d. Discrepancy Indica	ation Space					
I hereby certify that the above named mate	erial has been a	ccepted and to the b	est of my knowledge the for	egoing is tr	ie and ac	curate.			
,1									
e. Name of Authorized Agent (Print)	f. Sign			g. Date					
IV. ASBESTOS (Generator of	completes IV	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
b. Phone: d. Phone:									
	e. Special Handling Instructions and Additional Information:								
f. ☐ Friable ☐ Non-Friable ☐ Both	%!	Friable	% Non-Friable	110 - X	7-				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this con-	signment are fully and accur pects in proper condition for	ately descr transport a	ibed abov ccording t	e by the proper so to applicable inte	shipping name, rnational and		
g. Operator's Name and Title (Print)	h. Sig	nature	A CONTRACTOR	i. Date	-4	d th_			
*Operator refers to the company which own renovation operation or both	ns, leases, oper	ates, controls, or sup	pervises the facility being der	nolished or	renovate	u, or the demoliti	UIT OF		



2167731

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes	s la-r)								
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of										
d. Generator's Name and Location:	Genter Rd NW			e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs fr	om the generat	tor, prov	ride:	2:						
h. Owner's Name:				i. Owner's Phone No.;						
j. Waste Profile #	k. Exp. Date		I. Waste Ship Description	oing Name and	m. Con No.		n. Total Quantity	o. Unit Wt/Vol		
					140.	Туре	Quantity	VVUVOI		
50871420359	11/21/20		ion Regulated /	Arsenic Impacted Soil						
ACCOUNT # 100563										
			-							
	12/4									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, c waste is a treatment residue of a previous been treated in accordance with the requi	lassified and pa	ackaged zardous	, and is in prope s waste subject	er condition for transportation to the Land Disposal Restri	on accordin ictions. I ce	g to applic rtify and w	cable regulations varrant that the w	; AND, if this		
Rob Patchett		16	LPOL	ALT-	***	121	29/14			
p. Generator Authorized Agent Name (Print) q. Signature						r. Date				
II. TRANSPORTER (Gene		etes lla	a-b and Tran	sporter completes lic-	-e)					
a. Transporter's Name and Address; b. Phone:		_/	2	5			-			
Time & Den.	-	14	in	1	10	2 - 2	9-14			
c. Driver Name (Print)		ignature		Will a	e. Date			1		
III. DESTINATION (Genera										
a. Disposal Facility and Site Address; () : 6.831 Sig Remised Greek Rd Burni, GA 30616 b.			c. US EPA Num							
I hereby certify that the above named ma	terial has been	accepte	ed and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)		gnature	nd On avatau	accomplate IV/a iV	g. Date					
IV. ASBESTOS (Generator	completes	va-i a	no Operator	c Responsible Agency Na	me and Ad	droce:				
a. Operator's Name and Address:				C. Responsible Agency Na	inie and Ad	uress.				
b. Phone:				d. Phone:						
e. Special Handling Instructions and Addi	tional Informati	on:						4 -		
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	v declare that the	6 Friable he conte rded, an	ents of this cons	% Non-Friable signment are fully and accurate to the proper condition for the proper condition	rately desci transport a	ribed abov according	e by the proper s to applicable inte	shipping name rnational and		
g. Operator's Name and Title (Print)										
*Operator refers to the company which over renovation operation or both	h. S vns, leases, op	ignature erates,	e controls, or sup	ervises the facility being de	i. Date molished o	r renovate	d, or the demoliti	on or		



2167732

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\underline{\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	I. GENERATOR (Generator completes la-r)										
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of					
d. Generator's Name and Location: Such Short Least Action Control Person Control Pers	Center Rd NW		e. Generator's Mailing Add	dress:							
If owner of the generating facility differs from		, provide:	9								
h. Owner's Name:			i. Owner's Phone No.:								
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol				
60871420359	11/21/2018	The second secon	Arsenia Impacted Soil								
ACCOUNT # 190583											
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cla waste is a treatment residue of a previous been treated in accordance with the requir	assified and pack ly restricted haza	er condition for transportation to the Land Disposal Restri	n accordinations. I ce	g to applic	cable regulations	s; AND, if this					
Rob Potchett		1	12/29/14								
p. Generator Authorized Agent Name (Prin	nt) c	ą. Signature			r. Date						
II. TRANSPORTER (Gener	rator complete	es Ila-b and Tran	nsporter completes lic-	e)							
a. Transporter's Name and Address: b. Phone:	35-0-	215	Neusona								
© Driver Name (Print)	d. Sigr			e. Date	7000						
III. DESTINATION (Generat											
a. Disposal Facility and Site Address:	11-3575	c. US EPA Nun	nber d. Discrepancy Indica	ation Space	1.						
I hereby certify that the above named mate	erial has been ac	cepted and to the be	est of my knowledge the fore	going is tru	ue and ac	curate.					
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date							
IV. ASBESTOS (Generator of	completes IVa	a-f and Operator	complete IVg-i)								
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Ad	dress:						
b. Phone: e. Special Handling Instructions and Additional Information: d. Phone:											
f. Friable Non-Friable Both		riable	% Non-Friable		had abay	- bu the manner					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.											
g. Operator's Name and Title (Print)	h. Sign		The Residence of	i, Date			1200				
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ites, controls, or sup	ervises the facility being den	nolished or	renovated	a, or the demolit	ion or				



2167733

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{\tt NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes	іа-г)							
a. Generator's US EPA ID Number	4.	b. Manifest Do	ocumen	t Number		c. Page	1 of		
d. Generator's Name and Location:		-	e,	e, Generator's Mailing Address:					
liga Skeci Equiv A	OFFICE								
Gwinnett Reg. Dist. 3312 N Berkley Lake	Genter								
f. Phone: Duluts CA 2008			g. Phone:						
If owner of the generating facility differs fr	om the generator	r, provide:							
h. Commanda Namana			i Owner's Phone No :						
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I Waste		Owner's Phone No.: g Name and	m. Con	tainers	n. Total	o. Unit	
J. Waste Frome #	K. Exp. Date	Description		y Name and	No.	Type	Quantity	Wt/Vol	
ALTERNATIVE AND DESCRIPTION			iled Ars	enic Impacted Soil			18 1ms		
50671420359	11/21/201	5					11779	1	
VODE DE LA LACE					-				
ACCOUNT # 100583									
- Daniel - Control - Cont									
1 31-7- 51								η	
T51 = 1 x_									
						11 40 0			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	by certify that the	e above named n	naterial	is not a hazardous waste	e as define	d by 40 Cl	-R 261 or any ap	plicable	
waste is a treatment residue of a previous	sly restricted haza	rdous waste sub	proper c	the Land Disposal Restric	ctions. I ce	g to applic	arrant that the wa	aste has	
been treated in accordance with the requi	rements of 40 CF	R 268 and is no	longer	a hazardous waste as de	efined by 4	0 CFR 26	1.		
A TOTAL OF A	J#1 3+	7/1-1	JT A	777		- /	a legitar	100	
Have O Forterstand With Start Manne C CT (U) willing 13/+2/20								7	
p. Generator Authorized Agent Name (Print) q. Signature r. Date II. TRANSPORTER (Generator completes Ila-b and Transporter completes IIc-e)									
	rator complete	es lia-b and l	ransp	orter completes lic-	e)				
a. Transporter's Name and Address:									
N 216									
b. Phone:		4 / 10		f			1		
Million I State and	The	Mari Think		F.	17.	25	120K1		
c. Driver Name (Print)	d. Sigi	nature			e. Date				
III. DESTINATION (General	tor complete l	lla-c and Des	tinatio	n Site completes Ille	d-g)				
a. Disposal Facility and Site Address:	74.9575	c. US EPA	Number	d. Discrepancy Indica	ation Space	e;	******		
569) Sa Nogland Crest No	1.0010							(
Buford, GA 30518									
b.									
I hereby certify that the above named man	erial has been a	ccepted and to th	ne best	of my knowledge the fore	going is tri	ue and acc	curate.		
			1						
e. Name of Authorized Agent (Print)	f Cia-	inturo			a Data		W-0		
	f. Sign		tor oo	mplete IV/a iV	g. Date				
	completes iva	a-i and Opera	_	·					
a. Operator's Name and Address:			C.	Responsible Agency Nar	ne and Ad	dress:			
			-						
b. Phone:			d.	Phone:					
e. Special Handling Instructions and Additional	tional Information	ı:							
f. Friable Non-Friable Both		riable		Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that the	contents of this	consign	ment are fully and accura					
and are classified, packaged, marked and	labeled/placarde	ed, and are in all	respect	s in proper condition for	transport a	ccording t	o applicable inter	national and	
national governmental regulations.									
g. Operator's Name and Title (Print)	h, Sigi				i. Date				
*Operator refers to the company which ow	ns, leases, opera	ates, controls, or	supervi	ses the facility being den	nolished or	renovated	I, or the demolitio	n or	



2167701

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes	la-r)								
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of										
d. Generator's Name and Location: Gwinned Acc. Dist. f. Phone:	Center Rd NW			e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from	om the generate	or, prov	vide:							
h. Owner's Name:			يكسونيك	i. Owner's Phone No.;						
j. Waste Profile #	k. Exp. Date		I. Waste Ship Description	ping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
60871420359	11/21/20		Non Regulated i	Amenic Impacted Soil			18 tons			
ACCOUNT # 100583										
			Ti di				- 77			
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 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.								AND, if this		
Alexander in accordance with the requirements of 40 of 1/200 and is no longer a nazardods waste as defined by 40 of 1/201.										
p. Generator Authorized Agent Name (Pri	nt)	g. Sig	gnature			r. Date				
II. TRANSPORTER (Gene	rator comple	tes II	a-b and Tran	sporter completes ilc-	e)					
a. Transporter's Name and Address: b. Phone.										
JAMES CLEVE		(52		Low	(7. 7	6-14			
c. Driver Name (Print)		gnature		. C O'th	e. Date					
III. DESTINATION (Generat			c. US EPA Num							
a. Disposal Facility and Site Address; 77 7 (1991 Stir Rachiand Creek Rei Buford, GA 30518 b.	1-16/6		C. OS EPA NUM	ber d. Discrepancy Indica	ation Space) .				
I hereby certify that the above named mat	erial has been	accepte	ed and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
					1					
e. Name of Authorized Agent (Print)	f. Sig	nature			g. Date					
IV. ASBESTOS (Generator	completes I\	∕a-f a	nd Operator	complete IVg-i)						
a. Operator's Name and Address:				c. Responsible Agency Na.	rne and Ad	dress:				
b. Phone:e. Special Handling Instructions and Addit	ional Informatic	n:		d. Phone:		-14				
o. operationally metrodical and reduce	ional informatio	11.								
f. Friable Non-Friable Both		Friable		% Non-Friable		.vii liev				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations:										
g. Operator's Name and Title (Print)		gnature			i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, ope	rates,	controls, or supe	ervises the facility being der	molished or	renovated	ı, or the demolitio	n or		



2167700

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\underline{\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)										
a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of										
d. Generator's Name and Location:				e.	Generator's Mailing Add	dress:				
Fligh Street Equity Ad				12.5						
Came il lea casi s				1						
f. Phone:					Phone:					
If owner of the generating facility differs from		nerator	provide:							
in owner or the generating radiity among the	in the go	morator,	provide.							
h. Owner's Name:					Owner's Phone No.;					
j. Waste Profile #	k. Exp. [Date	I. Waste Sh	ipping	Name and	m. Con		n. Total	o. Unit	
			Description			No.	Туре	Quantity	Wt/Vol	
			Non Regulated	Arse	enic Impacted Seit			5		
50871420359	50871420369 11/21/2015							18 7015		
		- 11111-111-11								
ACCOUNT # 100563										
PROPERTY IF INCOME.						1				
				-		-			-	
GENERATOR'S CERTIFICATION: I hereb										
state law, has been properly described, cla waste is a treatment residue of a previousi										
been treated in accordance with the requir	ements of	f 40 CFI	R 268 and is no lo	nger a	hazardous waste as de	efined by 4	0 CFR 261		isto nas	
A STATE OF THE STA	out to			Can	1 15 1		-1-	In land		
	A Stra		Stop.		de the state of		12	130/2014	/	
p. Generator Authorized Agent Name (Print) q. Signature r. Date										
II. TRANSPORTER (Gener	ator cor	mplete	s Ila-b and Tra	inspi	orter completes llc-	e)				
a. Transporter's Name and Address:										
					×-					
b. Phone:				ê	1				- "	
Land Land		-	and world		1 /	100	1-1	201		
JUDITER LAVIS			LAKE	4.,	MULL	12/	501,	19		
c. Driver Name (Print)		d. Sign		^		e. Date				
III. DESTINATION (Generate		lete III		115-315-5		-				
a. Disposal Facility and Site Address:	1-3575		c. US EPA Nu	mber	d. Discrepancy Indica	ation Space	9)			
till i Staffichion i Cloga (16										
Buford, QA 30518										
b.										
I hereby certify that the above named mate	erial has b	een ac	cepted and to the I	est o	f my knowledge the fore	going is tru	ue and acc	urate.		
	· ·									
No. 10 H 1 LA 1/5 LA		r 0:								
e. Name of Authorized Agent (Print)		f. Signa		TIME.		g. Date				
IV. ASBESTOS (Generator of	complete	es IVa	-f and Operato	r cor	nplete IVg-i)					
a. Operator's Name and Address:	E			c. F	Responsible Agency Nar	ne and Ad	dress:			
		0								
b. Phone:				die	Phone:					
e. Special Handling Instructions and Additi	onal Infor	mation:		J G. 1	none.					
00/05/55/505 5.14 / 100/11										
f. Friable Non-Friable Both			riable		Non-Friable					
OPERATOR'S CERTIFICATION: I hereby										
national governmental regulations.	and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and									
national governmental regulations.	induorial governmental regulations.									
g. Operator's Name and Title (Print)		h. Sign				i. Date				
*Operator refers to the company which own	ns, leases	s, opera	tes, controls, or su	pervis	ses the facility being den	nolished or	renovated	, or the demolitio	n or	
renovation operation or both										



2167717

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generato	r complete	es ia-r)								
a. Generator's US EPA ID Number	4	b.	Manifest Docun	nent Number		c. Page	1 of			
d. Generator's Name and Location:	(Access			e. Generator's Mailing Add	lress:					
High Street Equity Ad										
Gwinnell Reg. Dist. C										
f. Phone: 3312 N Berkley Lake F				g. Phone:						
If owner of the generating facility differs fro	m the gener	ator, pro	vide:							
h. Owner's Name:	1. 17 15		Tall Market Chin	i. Owner's Phone No.:	I m 0a	talaara	n Tetal	0 11-11		
j. Waste Profile #	k, Exp. Dat	е	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol		
		2 11			140.	1300	- Adding	110 101		
			Non Regulated	Arsenic Impacted Soil			Il to so			
50971420359	11/21/	2015					10 442			
	- VA - G		-							
ACCOUNT # 100563										
24-5-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		-								
GENERATOR'S CERTIFICATION: I hereb	ov certify tha	t the abo	ove named mate	rial is not a hazardous waste	as define	d by 40 Cl	FR 261 or any an	olicable		
state law, has been properly described, cla	assified and	package	d, and is in prop	er condition for transportatio	n accordin	g to applic	able regulations;	AND, if this		
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.										
- 2/30/2014										
p. Generator Authorized Agent Name (Prin	(1)	g. Sic	gnature	THE PERSONNEL OF		r. Date				
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)										
a. Transporter's Name and Address:										
a. Transporter a Hame and Address.										
* -										
b. Phone:		7-		1 1	101	1	1111			
Jenniler Inuis		C/0 1	10/4	EUUI	121	2011	14	-		
c. Driver Name (Print)	d.	Signatur	e /		e. Date					
III. DESTINATION (Generate				ation Site completes Ille	d-a)					
a. Disposal Facility and Site Address			c. US EPA Num			a:				
5681 Str Kichland Creek Hd	1-2010		CO El A Hall	a. Diooropanoy maior	-uon opaot					
Buford, GA 30518										
		41 -								
I hereby certify that the above named mate	orial han bee	n accord	ted and to the he	est of my knowledge the fore	agoing is tr	ie and acc	curate			
Thereby certify that the above harned mate	nar nas bee	ar accept	ted and to the be	sat of my knowledge trie fore	going is tri	de anu aci	Juraio.			
e. Name of Authorized Agent (Print)	f. S	Signature	e		g. Date					
IV. ASBESTOS (Generator of	completes	IVa-fa	and Operator	complete IVg-i)						
a. Operator's Name and Address:				c. Responsible Agency Nar	me and Ad	dress:				
				,						
N X A										
h Dhanai				d Dhana:						
b. Phone: e. Special Handling Instructions and Additional Information:										
6. Opecial mandling instructions and Additi	onal mionila	au Oi i								
f. ☐ Friable ☐ Non-Friable ☐ Both	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 the proper shipping name									
and are classified, packaged, marked and national governmental regulations.	and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and									
national governmental regulations.										
g. Operator's Name and Title (Print)		Signatur			i. Date					
*Operator refers to the company which own				ervises the facility being den	nolished or	renovated	d, or the demolitio	n or		
renovation operation or both										



2167715

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)										
a. Generator's US EPA ID Number		b. Manifest Docur	st Document Number c, Page 1 of							
d. Generator's Name and Location: High Street Equay Ad Carinnatt Rog. Dist. C	Center Rd NW		e. Generator's Mailing Address: g. Phone:							
If owner of the generating facility differs from	om the generator	, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
50871420359	11/21/2016		Arsenic Impacted Soil			18 Tons				
ACCOUNT # 100563										
3 - 1	CENEDATOR'S CEDITION II hereby contifu that the above period									
GENERATOR'S CERTIFICATION: I hereit state law, has been properly described, clawaste is a treatment residue of a previousl been treated in accordance with the requir	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restri	n accordin ctions. I ce	g to applice tify and w	cable regulations; varrant that the wa	AND, if this				
Miran D. Poton richtight west Miran D. Hattenstone 12/30/2014										
p. Generator Authorized Agent Name (Prin	ı. Signature			r. Date						
II. TRANSPORTER (Gener	rator complete	es Ila-b and Trai	nsporter completes lic-	e)						
a. Transporter's Name and Address: b. Phone:										
Tomes (Spices)		1 characteristic (June	100	3-3	0-14				
c. Driver Name (Print)	d. Sign		e. Date							
III. DESTINATION (Generate										
a. Disposal Facility and Site Address:	1.3875	c. US EPA Nun	nber d. Discrepancy Indica	ation Space);					
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tru	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date	14					
IV. ASBESTOS (Generator of	completes IVa	a-f and Operator								
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:					
b. Phone: d. Phone:										
e. Special Handling Instructions and Additi	ional information:		ALCOHOLOGY N							
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this con d, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	ately descr transport a	ibed abov ccording t	e by the proper sl to applicable inter	nipping name national and			
g. Operator's Name and Title (Print)	h. Sigr			i. Date		1 - 4 - 1 100				
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ites, controls, or sup	pervises the facility being der	noiished or	renovated	u, or the demolitio	n or			



2167716

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)										
a. Generator's US EPA ID Number		b.	Manifest Docum							
d. Generator's Name and Location:		- (d-1114)		e. Generator's Mailing Add	ress:					
Thick Street Equity As										
Oznacii Reg Det (
f. Phone:				g. Phone:						
If owner of the generating facility differs for	om the gene	rator pro	vide:	3.						
The owner of the generating facility different	om the gone	rator, pro	, vido.							
h. Owner's Name:				i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Da	te		ping Name and	-	tainers	n. Total	o. Unit		
			Description		No.	Туре	Quantity	Wt/Vol		
			Non Requisited .	Arsenic Impacted Soil						
50871420959	34/94	/2015	THE STORES	The same of the sa			1 6/2			
CANDE THEOLOG	1 (/6.1)	2010					- C.J			
A COOK BUT III ACCOOK										
ACCOUNT # 100563										
						3				
72										
GENERATOR'S CERTIFICATION: I here	GENERATOR'S CERTIFICATION: I hereby certify that the above named m						FR 261 or any ap	plicable		
state law, has been properly described, cl	assified and	package	d, and is in prop	er condition for transportatio	n accordir	ig to applic	cable regulations;	AND, if this		
waste is a treatment residue of a previous	ly restricted	hazardo	us waste subject	to the Land Disposal Restric	ctions, I ce	ertify and w	arrant that the wa	aste nas		
been treated in accordance with the requi	rements of 4	IO CFR 2	os and is no iong	ger a nazardous waste as de	elined by 4	0 CFR 20	·· , ,			
Alexander & American Land			Minney A.	The state of the s		7.3	130/2014			
p. Generator Authorized Agent Name (Pri	nt)	a Si	gnature	WEST STATE OF THE		r. Date	77			
			×	penarter completes llo-	۵۱			HAVE TO SEE THE SECOND		
	rator com	pietes	ia-b and mai	isporter completes lic-	<u>- </u>					
a. Transporter's Name and Address:										
b. Phone:				2 711						
Thereof (hale	us -	1 000			1	7 5	131-5			
		0:	The state of the s		e. Date		0 10			
c. Driver Name (Print)		. Signatu		II 014 I I I I III						
III. DESTINATION (General		ete IIIa-								
a. Disposal Facility and Site Address;	/1.35/5		c. US EPA Num	nber d. Discrepancy Indica	ation Spac	e:				
SSELEM Highbard Creek Rd										
Barowi GA NOTE										
b.										
I hereby certify that the above named ma	terial has be	en accep	ted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
The state of the s		· ·								
							- Value			
e. Name of Authorized Agent (Print)		Signatur			g. Date					
IV. ASBESTOS (Generator	completes	s IVa-f	and Operator	complete IVg-i)						
a. Operator's Name and Address:				c. Responsible Agency Nar	me and Ad	ddress:				
								1.1		
X				1.00						
b. Phone: d. Phone:										
e. Special Handling Instructions and Addi	tional inform	iation:								
f. Friable Non-Friable Both		% Friab	ole	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	declare that	at the con	tents of this con-	signment are fully and accur	ately desc	ribed abov	e by the proper s	hipping name		
and are classified, packaged, marked and	d labeled/pla	carded, a	and are in all resp	pects in proper condition for	transport	according	to applicable inter	national and		
national governmental regulations.										
- O 1- 1- N	A	C)	-		i Doto	-				
g. Operator's Name and Title (Print) *Operator refers to the company which ov	une legace	Signatu	controls or eur	envises the facility being der	i. Date	r renovate	d or the demolitic	on or		
repoyation operation or both	viis, leases,	operates	, controls, or sup	ervises the facility being der	nonaneo o	Tenovate	a, or the demonth) ii oi		



2167714

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or comple									
a. Generator's US EPA ID Number		b.	Manifest Docur	nent Number		c. Page	1 of			
d. Generator's Name and Location:	7.5			e. Generator's Mailing Ade	dress:					
Filgh Street Equity A										
Gwinnett Reg. Dist.										
f. Phone: 3312 N Berkley Luke				g. Phone:						
If owner of the generating facility differs fr	orn the gene	erator, pro	vide:	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	J									
h. Owner's Name:			1	i. Owner's Phone No.:		Vertice in				
j. Waste Profile #	k. Exp. Da	ate	Description	pping Name and	M. Cor	Type	n. Total Quantity	o. Unit Wt/Vol		
			Description		INO.	Type	Quantity	VVUVOI		
		1	Non Regulated	Arsenic Impacted Soil			1.70			
50671420359	11/21	/2015					18 Ports			
ACCOUNT # 100563										
1.	11.11									
4.4										
and the second of										
GENERATOR'S CERTIFICATION: I here	hy certify th	at the abo	L ve named mate	rial is not a hazardous wast	e as define	d by 40 C	FR 261 or any an	plicable		
state law, has been properly described, of										
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.										
A	D. F.	7	1	1/41-1		- 72	Pantanez.			
p. Generator Authorized Agent Name (Pri			gnature			r. Date				
				acporter completes lie	2	i. Date				
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address:										
a. Transporter 5 Name and Address.										
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				1.						
b. Phone:						7				
Jennifer DAVIS	. /	Ila.	a col	1 auc	101	12011	14			
c. Driver Name (Print)	d	l. Signatur	е /		e. Date	1	/			
III. DESTINATION (General	tor comple	ete Illa-c	and Destina	ation Site completes III	d-a)	7				
a. Disposal Facility and Site Address:		10000	c. US EPA Nun		0,	e.				
badi Ma Maniera de Ma	(150010)			and the same of th						
Buloni, GA 30518										
b. I hereby certify that the above named mat	torial has he	en accent	ed and to the h	act of my knowledge the for	agoing is tr	ue and ac	curato	-		
Thereby dertify that the above flamed man	isriai rias De	or accept	ed and to the b	est of my knowledge the fort	going is it	uc and ac	ourate.			
e. Name of Authorized Agent (Print)	f.	Signature			g. Date					
IV. ASBESTOS (Generator	complete	s IVa-fa	ind Operator	complete IVg-i)						
a. Operator's Name and Address:				c. Responsible Agency Na	me and Ad	ldress:				
				, , ,						
				< 2						
h Dhana				d Dhone:						
b. Phone: d. Phone: e. Special Handling Instructions and Additional Information;										
e. Opecial Handling Instructions and Addit	uona miori	iation.								
f. ☐ Friable ☐ Non-Friable ☐ Both		% Friabl		% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby										
	and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.									
Trational governmental regulations.										
g. Operator's Name and Title (Print)		. Signatur		··· ·· · · · · · · · · · · · · · · · ·	i. Date					
*Operator refers to the company which ow				ervises the facility being der	nolished or	renovated	d, or the demolition	n or		
renovation operation or both										



2167713

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes	s la-r)							
a. Generator's US EPA ID Number		b. N	Manifest Docum	nent Number		c. Page	1 of		
d. Generator's Name and Location:	Center Rd NW			e. Generator's Mailing Add	dress:				
If owner of the generating facility differs for	om the generat	or, prov	ide:	g. Filotie.					
h. Owner's Name:				i. Owner's Phone No.:					
i. Waste Profile #	k, Exp. Date		I. Waste Ship	ping Name and	m. Con	tainers	n. Total	o. Unit	
	E 12		Description		No.	Туре	Quantity	Wt/Vol	
50871420959	11/21/20		on Regulated /	Arsenic Impacted Soil			As tons		
ACCOUNT # 100563									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pa	ickaged, zardous	, and is in prope waste subject	er condition for transportation to the Land Disposal Restrict	n accordin	g to applice rtify and w	able regulations;	AND, if this	
Hama Dather santon / P. J.	1 Charles	1	Lun B	1211		y_2	120/2014		
p. Generator Authorized Agent Name (Pri	nt)	q. Sigr	nature	The Land Contract		r. Date	7-7		
II. TRANSPORTER (Gene	100			sporter completes IIc-	e)				
a. Transporter's Name and Address: b. Phone:		1		7.			13		
JOSE OKRYANT	4	ak	won		121	6/14			
c. Driver Name (Print)		ignature			e. Date	1			
III. DESTINATION (Generat								- 7_	
a. Disposal Facility and Site Address: 7, 500 States and Creek Ho. Burnel, QA 30512 b.	1395	C	:. US EPA Num	ber d. Discrepancy Indica	ation Space	9.			
I hereby certify that the above named mat	erial has been	accepte	d and to the be	est of my knowledge the fore	going is tr	ue and ac	curate.		
								+	
e. Name of Authorized Agent (Print)		nature			g. Date				
IV. ASBESTOS (Generator	completes I\	√a-f ar	nd Operator						
a. Operator's Name and Address:				c. Responsible Agency Nar	me and Ad	dress:			
b. Phone: e. Special Handling Instructions and Addit	ional Informatio	nn'		d. Phone:					
OPERATOR'S CERTIFICATION: I hereby	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 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 governmental regulations.								
g. Operator's Name and Title (Print)		gnature			i. Date				
*Operator refers to the company which ow renovation operation or both	ns, leases, ope	erates, c	controls, or supe	ervises the facility being den	nolished or	renovated	t, or the demolition	n or	



2167712

If waste is asbestos waste, complete Sections I, II, III and IV if waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator	or completes la	i-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location: 1 day Street Equity Ac Gammett Reg. Dist. (3312 N Bendey Lake)	Center		e. Generator's Mailing Add	lress;			W X		
f. Phone:	8		g, Phone;						
If owner of the generating facility differs from	om the generator,	provide;							
h. Owner's Name:			i. Owner's Phone No.;				PN,		
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con	Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015	Non Regulated	Arsenic Impacled Soil			18 Juns			
ACCOUNT # 100563			*			1			
						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 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.							AND, if this		
1 3 1 3 0 1 2 0 1 4 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e)									
a. Transporter's Name and Address: b. Phone:	1-1			1					
c. Driver Name (Print)	d. Signa	otrug C	Jun -	e. Date	1-50	=(4			
III. DESTINATION (Generat			ation Site completes Ille						
a. Disposal Facility and Site Address: (7) b601 Sit Produid Crock Fo Butterd, GA 30618 b.	1-3576	c. US EPA Num	ber d. Discrepancy Indica	ation Space					
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate			
e. Name of Authorized Agent (Print)	f. Signa		1.6 0.7 0	g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator							
a. Operator's Name and Address:			c. Responsible Agency Nar	ne and Ad	dress:				
b. Phone: d. Phone:									
e. Special Handling Instructions and Additional Information:									
f. Friable Non-Friable Both	% Fr		% Non-Friable		T. U.				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the clabeled/placardec	contents of this cons d, and are in all resp	signment are fully and accura pects in proper condition for	ately descr transport a	ibed abov according t	e by the proper sl o applicable inter	nipping name, national and		
					4				
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Signa	ature	envises the facility being day	i. Date	ronovato	or the demolities	n or		
renovation operation or both	na, leases, operat	les, controls, or sup	ervises the facility being den	nonsned of	renovated	i, or the demonito	11 01		



2167711

If waste is asbestos waste, complete Sections I, II, III and IV if waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generato 	r completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docur	c. Page 1 of						
d. Generator's Name and Location: i light streat county Ad- Commett Reg. Dist. C. 3312 N Berkley Loke F	lenier Rd NW	1	e. Generator's Mailing Ado g. Phone:	dress:					
If owner of the generating facility differs fro	m the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I, Waste Ship Description	pping Name and	m. Cont No.	ainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015		Arsenic Impacted Soil			15 mis			
ACCOUNT # 100563									
GENERATOR'S CERTIFICATION: I heret state law, has been properly described, cla waste is a treatment residue of a previousl been treated in accordance with the requir	assified and pack by restricted haza	aged, and is in prop rdous waste subject	per condition for transportation to the Land Disposal Restri	on according ctions. I cer	to applic tify and w	able regulations; arrant that the wa	AND, if this		
Alman D. Hattingston / 112	To Close	(lawer &	SAKHOW ton		12	130/2014			
p. Generator Authorized Agent Name (Prin	nt) q	. Signature			r. Date				
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)									
a. Transporter's Name and Address: b. Phone:				1 10	1111				
Jennier MVIS	d Olym	RUMPY C	a tes	e. Date	0/17				
c. Driver Name (Print)	d. Sign		otion Cita completes III.						
III. DESTINATION (Generate									
Disposal Facility and Site Address (0.27) 5691 Sin Ruchland Creek Rd Buford, GA 30518	1-3676	c. US EPA Nur	nber d. Discrepancy Indica	ation Space					
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tru	e and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date					
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:	***************************************			
b. Phone:									
e. Special Handling Instructions and Additi	ional Information								
f. ☐ Friable ☐ Non-Friable ☐ Both	f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable								
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this con	signment are fully and accur						
g. Operator's Name and Title (Print)	h. Sign			i. Date					
*Operator refers to the company which ow renovation operation or both			pervises the facility being der	molished or	renovated	d, or the demolition	n or		



2167710

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator	completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docun	nent Number		c. Page	1 of			
d. Generator's Name and Location: Part Part Part	ealer kiliviv		e. Generator's Mailing Address:						
f. Phone: If owner of the generating facility differs from		provide:	g. Phone:				-		
	,		: Oursele Dhara New						
h. Owner's Name: j. Waste Profile #	k, Exp. Date	I. Waste Ship	i, Owner's Phone No.: ping Name and	m. Con	tainers	n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
60871420969	11/21/2015		Arsenic Impacted Soil			18 18115			
ACCOUNT # 100583									
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, cla waste is a treatment residue of a previously been treated in accordance with the require	ssified and packa restricted hazar	aged, and is in propedous waste subject	er condition for transportation to the Land Disposal Restrict	n according ctions. I cei	g to applice rtify and w	cable regulations; varrant that the wa	AND, if this		
12 /30/2014									
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (General a. Transporter's Name and Address:	ator complete	s lla-b and I ran	sporter completes lic-	e)					
b. Phone:									
JOHNOWA	1	PAL	+	12/	0/14				
c. Driver Name (Print)	d. Signa			e. Date					
III. DESTINATION (Generate									
a. Disposal Facility and Site Address:		c. US EPA Num				H-4			
I hereby certify that the above named mate	rial has been acc	cepted and to the be	est of my knowledge the fore	going is tru	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa		1.6.194.39	g. Date					
IV. ASBESTOS (Generator c	ompletes !Va	-f and Operator		1.4.1					
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Add	dress:				
		100							
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addition	onal Information:								
f. ☐ Friable ☐ Non-Friable ☐ Both		riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and I national governmental regulations.	declare that the diabeled/placarded	contents of this cons d, and are in all resp	signment are fully and accura pects in proper condition for	ately descri transport a	ibed abov ccording t	e by the proper shoo applicable inter	nipping name national and		
		- #1124 M VIVI - 45-A							
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date	Trouve 19	7 - V. XV			
*Operator refers to the company which owr renovation operation or both	s, leases, operat	tes, controls, or sup-	ervises the facility being den	nolished or	renovated	d, or the demolitio	n or		



2167725

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)										
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c, Page	1 of				
d. Generator's Name and Location:	lenia Rajiwa A		e. Generator's Mailing Address: g. Phone:							
If owner of the generating facility differs from	om the generator,	provide;								
h. Owner's Name:			i. Owner's Phone No.:	No.	445-5-4					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Cont.	ainers Type	n. Total Quantity	o. Unit Wt/Vol			
50871420359	11/21/2015	Non Regulated	Arsenic Impacled Soil			18 tons				
ACCOUNT # 100563										
			-							
GENERATOR'S CERTIFICATION: I herei state law, has been properly described, cla waste is a treatment residue of a previousl been treated in accordance with the requir	assified and packa ly restricted hazar	aged, and is in prop dous waste subject	er condition for transportation to the Land Disposal Restri	on according ictions. I cert	to applicatify and w	able regulations;	AND if this			
Faron D. Hotendon / This + / Here - Hattooken 12/30/0014										
p. Generator Authorized Agent Name (Prin	nt) q.	. Signature			r. Date	1				
II. TRANSPORTER (Generator completes Ila-b and Transporter completes IIc-e)										
b. Phone:	a. Transporter's Name and Address: b. Phone:									
Wares Com	4	com (Vell	17	36	1-14				
c. Driver Name (Print)	d. Signa			e. Date	V					
III. DESTINATION (Generate	or complete III									
a. Disposal Facility and Site Address: 1977	1-3676	c. US EPA Num	nber d. Discrepancy Indica	ation Space:						
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the fore	going is true	e and acc	curate.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date						
IV. ASBESTOS (Generator of	completes IVa-	-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Add	ress:					
b. Phone:			d. Phone:				9			
e. Special Handling Instructions and Addition	onal Information:		d. 1 Hone.			- H-NI-P				
f. Friable Non-Friable Both % Friable % Non-Friable										
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the c	contents of this cons	ignment are fully and accur-	ately describ transport ac	ed above cording to	by the proper shop applicable interr	ipping name, national and			
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date						
*Operator refers to the company which own renovation operation or both	ns, leases, operat	es, controls, or supe	ervises the facility being den	nolished or r	enovated	, or the demolition	or			



2167702

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator contents) 	ompletes la-	-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location: Generator's Name and Locati	ter		e. Generator's Mailing Address; g. Phone;						
f. Phone: If owner of the generating facility differs from t	he generator, p	orovide:	3						
			i. Owner's Phone No.:						
h. Owner's Name: j. Waste Profile # k.	Exp. Date	I. Waste Ship	ping Name and	m. Conta		n. Total	o. Unit		
(H) =		Description		No.	Туре	Quantity	Wt/Vol		
50871420359	11/21/2015	Non Regulated	Arsenic Impacted Soil			18 tons			
ACCOUNT # 100563									
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.									
Aura To Halland A 191" -	total to	Samon B	Hottenton		1	2/3//2014	7		
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generate a. Transporter's Name and Address:	or completes	s Ila-b and Tran	nsporter completes lic-	e)					
b, Phone:		end É		12/	311	114			
c. Driver Name (Print)	d. Signa		tion Cita completes III	e. Date					
a. Disposal Facility and Site Address: 271-3 had Site Richland Creak Hid Butard, SA 30618 b.	576	c. US EPA Num	nber d. Discrepancy Indica	ation Space:					
I hereby certify that the above named materia	I has been acc	epted and to the bo	est of my knowledge the for	egoing is tru	e and ac	curate.			
		N 50							
e. Name of Authorized Agent (Print)	f. Signat		annulate IV/e iV	g. Date		X-01			
IV. ASBESTOS (Generator cor	npletes IVa-	-f and Operator			leoon.	1-1-1			
a. Operator's Name and Address:			c. Responsible Agency Na	ime and Add	iress.				
b. Phone: e. Special Handling Instructions and Additional Information:									
e. Special Handling Instructions and Additiona	ai illioittation.								
f, Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby de and are classified, packaged, marked and lab national governmental regulations.	% Fr clare that the c peled/placarded	contents of this con:	% Non-Friable signment are fully and accur pects in proper condition for	rately descril transport ac	bed abov cording	e by the proper s to applicable inter	hipping name national and		
g. Operator's Name and Title (Print) *Operator refers to the company which owns,	h. Signa leases, operat	ature tes, controls, or sup	pervises the facility being de	i. Date molished or	renovate	d, or the demolition	on or		



2167703

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or complete	es la-r)							
a. Generator's US EPA ID Number		b	. Manifest Docun							
d. Generator's Name and Location:			"	e. Generator's Mailing Add	dress:					
t keln i ni i Erméy Ar										
Gwinnell Reg. Dist.										
f. Phone: 3312 N Berkley Lake				g. Phone:						
If owner of the generating facility differs fr	om the gener	ator, pro	ovide:	9						
we will be a second of the sec										
h. Owner's Name:			True con-	i. Owner's Phone No.:	I Can	t ala ass	- T-(-)	l - Lints		
j. Waste Profile #	k. Exp. Date	9	Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol		
			Description		110.	турс	Guarity	114 101		
			Non Regulated.	Arsenic Impacted Soil			18 tom			
50871420359	11/21/2	3015					rie ringe			
ACCOUNT # 100563							-			
						4				
GENERATOR'S CERTIFICATION: I here	GENERATOR'S CERTIFICATION: I hereby certify that the above named in						FR 261 or any ap	plicable		
state law, has been properly described, c	assified and	backage	ed, and is in prop	er condition for transportation	n accordin	g to applic	able regulations;	AND, if this		
waste is a treatment residue of a previous	ly restricted I	nazardo	ous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the wa	aste has		
been treated in accordance with the requi	rements of 40	T CFR 2	268 and is no long		enned by 4	0 CFR 26	11-11-			
Harma D. Palanes - My S.	y Siver		from L	Tratteriffeen		1	4/3//20	14		
p. Generator Authorized Agent Name (Pri	nt)	q. S			r. Date	/ /				
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)										
a. Transporter's Name and Address:	rator some	10100	na p arra rrai	ioporto: completes iic						
ar managarta a managarta						30				
				0						
h Dhanad			1	1						
b. Phone:		-	4.01	M.		24	1			
0111 21113		· Z	ells	CV(5		10/0	111			
c. Driver Name (Print)	d.	Signatu	ıre		e. Date/	131	117			
III. DESTINATION (General	tor comple	te Illa-	c and Destina	ation Site completes III	d-g)	1	16			
a. Disposal Facility and Site Address.	71.3575	"	c. US EPA Num	ber d. Discrepancy Indica	ation Space	э:				
\$351 Sin Akhland Creek Ris										
Buford, GA 30518										
b.										
I hereby certify that the above named ma	terial has bee	n accer	pted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
		I control of						-		
e. Name of Authorized Agent (Print)		Signatui		1 (1) (1)	g. Date					
IV. ASBESTOS (Generator	completes	IVa-t	and Operator	complete IVg-I)						
a. Operator's Name and Address:			*	c. Responsible Agency Na	me and Ad	dress:				
b. Phone: d. Phone:										
e. Special Handling Instructions and Addi	tional Informa	tion:								
4 D Estable D No. 5 11 D D III		0/ Falsa	blo	9/ Non Erichlo		No.				
 f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby 	declare that	% Frial	otents of this con-	% Non-Friable	ately desc	ibed abov	e by the proper s	hipping name		
and are classified, packaged, marked and	l labeled/plac	arded.	and are in all resi	pects in proper condition for	transport a	according	to applicable inter	national and		
national governmental regulations.										
g. Operator's Name and Title (Print) *Operator refers to the company which over	h.	Signatu	ure controls or sun	envises the facility being dor	i. Date	renovate	d or the demolitic	n or		
repovation operation or both	viis, leases, C	perates	s, controls, or sup	ervises the facility being der	nonsileu 0	Tenovale	a, or the demolitic	,		



2167704

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)											
a. Generator's US EPA ID Number		b. Manifest Docum	est Document Number c. Page 1 of								
d. Generator's Name and Location:	Center Rd NW	.4	e, Generator's Mailing Address: g. Phone:								
If owner of the generating facility differs from		provide:									
h. Owner's Name:			i. Owner's Phone No.:								
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con	tainers Type	n. Total Quantity	o. Unit Wt/Vol				
50871420369	11/21/2015	Non Regulated	Arsenic Impacted Soil	110	,,,,,,	18 tons					
ACCIOUNT # 100663	× -										
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 the 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.											
A 3 Hours little Man & Allen 1 12/2/2010											
p. Generator Authorized Agent Name (Print) q. Signature r. Date											
II. TRANSPORTER (Gener		s lla-b and Tran	nsporter completes IIc-	e)							
a. Transporter's Name and Address: b. Phone:		0 7 .	· · · · · · · · · · · · · · · · · · ·			Ì					
c. Driver Name (Print)	d, Sign:	ature (1009	e. Date							
III. DESTINATION (Generat			ation Site completes III			****					
a. Disposal Facility and Site Address: 0.2, 0691 Sth Richland Creek Rd Buford, GA 30518 b.	71-3575	c. US EPA Num	nber d. Discrepancy Indica	ation Space							
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fore	egoing is tri	ue and ac	curate.					
e. Name of Authorized Agent (Print)	f. Signa			g. Date							
IV. ASBESTOS (Generator	completes IVa	-f and Operator									
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:						
b. Phone: d. Phone:											
e. Special Handling Instructions and Additional Information:											
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this cons d, and are in all resp	% Non-Friable signment are fully and accur pects in proper condition for	ately descr transport a	ibed abov ccording t	e by the proper sl o applicable inter	nipping name , national and				
g. Operator's Name and Title (Print)	h Sign	ature		i. Date							
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	tes, controls, or sup	ervises the facility being der	nolished or	renovate	d, or the demolitio	n or				



2167706

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or complete	es la-r))						
a. Generator's US EPA ID Number		b.	. Manifest Docun	ment Number		c. Page	1 of		
d. Generator's Name and Location:	A Server			e. Generator's Mailing Add	dress:				
High Street Equity A Gwennati Roo, Dist									
3312 N Ford V Like									
f. Phone:	VC			g. Phone:					
If owner of the generating facility differs fr	om the gener	ator, pro	ovide:						
h. Owner's Name:				i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date)		ping Name and		tainers	n. Total	o. Unit	
			Description		No.	Туре	Quantity	Wt/Vol	
			Non Regulated	Arsenic Impacted Soit			Les v		
50871420359	11/21/	2015					K tons		
ACCOUNT # 100663									
91 -						1			
		-							
CENERATOR'S CERTIFICATION. I have	hu cortifu the	the obe	nue nemed mete	rial is not a bassadana mast		d by 40.0	ED 004	-1:b-1-	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl	ackage	d, and is in prop	er condition for transportation	e as deline on accordin	a to applic	r R 20 i or any ap cable regulations:	AND, if this		
waste is a treatment residue of a previous	ly restricted h	azardou	us waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the wa	aste has	
been treated in accordance with the requi	rements of 40	CFR 20	68 and is no long	ger a hazardous waste as de	efined by 4	0 CFR 26	1.		
Acres D. M. Grand J. Jan Com C. Fettenster. 12/31/20									
p. Generator Authorized Agent Name (Pri	gnature	7.000.2	-2	r. Date	7 +				
II. TRANSPORTER (Generator completes ila-b and Transporter completes ilc-e)									
a. Transporter's Name and Address:	/								
b. Phone:		-9		D				- 8 -	
Bill Siver		K	,000	X16	J.	3/2	1111		
c. Driver Name (Print)	d.	Signatur	re	~~	e. Date	7			
III. DESTINATION (General	The second secon	-		ation Site completes III	d-a)				
a. Disposal Facility and Site Address://			c. US EPA Num			e:			
5891 Staff old a disactle Ha	1-1-2014								
Selori, OA 30518									
b.				14					
I hereby certify that the above named mat	erial has bee	accept	ted and to the be	est of my knowledge the fore	going is tr	ue and ac	curate.		
45									
e. Name of Authorized Agent (Print)	f. S	ignature	9		g. Date		OLOWS P. DEC.		
IV. ASBESTOS (Generator				complete (Vg-i)					
a. Operator's Name and Address:				c. Responsible Agency Nar	me and Ad	dress:			
				or respondence regards, real					
b. Phone: d. Phone:									
e. Special Handling Instructions and Addit	ional Informa	tion:		di i nono.					
f. ☐ Friable ☐ Non-Friable ☐ Both		% Friab	le	% Non-Friable		-			
OPERATOR'S CERTIFICATION: I hereby					ately descr	ibed abov	e by the proper sl	nipping name.	
and are classified, packaged, marked and	labeled/place	arded, a	nd are in all resp	pects in proper condition for	transport a	ccording t	o applicable inter	national and	
national governmental regulations.	national governmental regulations.								
g. Operator's Name and Title (Print)	h.	Signatur	re		i. Date				
*Operator refers to the company which ow repoyation operation or both	ns. leases, o	perates,	controls, or supe	ervises the facility being den	nolished or	renovated	d, or the demolitio	n or	



2167705

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\rm NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or comple	tes la-r								
a. Generator's US EPA ID Number		ь	. Manifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location:	4 J			e. Generator's Mailing Add	ress:					
High Street Equity A										
Gwinnett Reg. Dist.										
f. Phone: 3312 N Berkley Lake				g. Phone:						
If owner of the generating facility differs fr	om the gene	erator, pro	ovide:							
h. Owner's Name:				i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Da	ite		ping Name and	m. Con		n, Total	o. Unit		
			Description		No.	Type	Quantity	Wt/Vol		
			Non Regulated	Arsenic Impacted Soil	4		157			
50871420359 11/21/2015 11/21/2015										
ALLO TALINAR	1,020									
ACCOUNT # 100663										
Accepted to booking										
GENERATOR'S CERTIFICATION: Lhere	by certify th	at the abo	ove named mater	rial is not a hazardous waste	as define	d by 40 CI	FR 261 or any app	olicable		
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.										
Acres D. Holmigan / Leals first / Junear T. Hollington 12/31/2014										
p. Generator Authorized Agent Name (Pri	nt)	q. Si	ignature			r. Date	1 1			
II. TRANSPORTER (Gene				sporter completes Ilc-	e)					
a. Transporter's Name and Address:			1122	Notes and the second se						
b. Phone:						4	2			
Manual Agrand		111	8 11 27	1 2	13.	(311	14			
o Driver Name (Brint)		. Signatu	re		e. Date	4.75				
c. Driver Name (Print)				ation Site completes III						
III. DESTINATION (Genera		ete IIIa-				·	Name of the last o			
a. Disposal Facility and Site Address;	71-3676		c. US EPA Num	nber d. Discrepancy Indica	auon Space	€.		7.		
689 i Sin Richland Creek Ad		:								
Baland, C9A 30513										
b.				and of court of the state of	and a	un end	numata.			
I hereby certify that the above named ma	terial has be	en accep	ned and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f.	Signatur	е		g. Date					
IV. ASBESTOS (Generator				complete IVg-i)						
a. Operator's Name and Address:				c. Responsible Agency Nar	me and Ad	ldress:				
a polator o ritalio dila ridalogo.				,						
h Phono:										
b. Phone: d. Phone: e. Special Handling Instructions and Additional Information:										
o. Special Flatialing Mediadione and Addi										
f. Friable Non-Friable Both	u doctar "	% Friat	ole	% Non-Friable	atoly door	ribad abay	e by the proper of	ninning name		
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	y declare that	at the con	ntents of this cont and are in all rest	signment are fully and accur	transport a	according	to applicable inter	national and		
national governmental regulations.	a labeled/pla	ioarueu, e	and die an air ies	pools in proper condition for		. 500. 01.19	Spp.iosbio intoli	- TOTAL GITTE		
		0:			i Det					
g. Operator's Name and Title (Print)*Operator refers to the company which over the company which is co	whe leaded	. Signatu	controls or sup	envises the facility being der	i. Date	r renovate	d or the demolition	n or		
renovation operation or both	wis, leases,	operates	, controls, or sup	ervises the facility being der	Honorieu U	Teriovale	a, or the demonto	11 01		



2167707

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator	or completes	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location: High Sine at Equity Account of the Common State of	enicz F \$1007	A 3-1 1 1 1	e, Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from	om the generate	or, provide;							
h. Owner's Name:			i, Owner's Phone No.;						
j. Waste Profile #	k. Exp. Date	I. Waste Ship	pping Name and	m. Con	ainers	n. Total	o. Unit		
		Description		No.	Туре	Quantity	Wt/Vol		
50871420359	11/21/20		Arsenic Impacted Soil			18 to 15			
ACCOUNT # 100683									
*									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and pac ly restricted haz	ckaged, and is in prop zardous waste subject	er condition for transportation to the Land Disposal Restri	on according ctions. I cer	g to applice tify and w	cable regulations;	AND, if this		
Harry A Herten Lein A. Fr	Charle	- la von L	Tell sten		. 109	106/200	5		
p. Generator Authorized Agent Name (Print) q. Signature			77 14 15 15 1		r. Date	-			
II. TRANSPORTER (Gener			nsporter completes Ilc-	e)					
a. Transporter's Name and Address: b. Phone;	á T	1000		-	, , ,				
Josh Ol yourt	- 14	pt com	T.	1/4	115				
c. Driver Name (Print)		gnature		e. Date /					
III. DESTINATION (Generat									
a. Disposal Facility and Site Address:	1-3576	c. US EPA Num	nber d. Discrepancy Indica	ation Space					
I hereby certify that the above named mate	erial has been a	accepted and to the be	est of my knowledge the fore	egoing is tru	e and ac	curate.			
	1								
e. Name of Authorized Agent (Print)		nature		g. Date					
IV. ASBESTOS (Generator of	completes IV	/a-f and Operator							
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Add	dress:				
b. Phone: e. Special Handling Instructions and Addit	ional Informatio	n:	d. Phone:						
	W.	Paralle	0/ No. 53-bi						
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby		Friable e contents of this cons	% Non-Friable signment are fully and accur.	ately descri	bed abov	e by the proper sl	hipping name		
and are classified, packaged, marked and national governmental regulations.									
				MA					
g. Operator's Name and Title (Print)		gnature		i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, ope	rates, controls, or sup	ervises the facility being der	notished or	renovate	d, or the demolitio	n or		



2167708

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes I	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	ument Number c. Page 1 of						
d. Generator's Name and Location: Plan Street Footily And Given to District Control of the Co	Order Kokwi		e. Generator's Mailing Add	iress:					
If owner of the generating facility differs from		, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2018	The state of the s	Arsenic Impacted Soil			18 tons			
ACCOUNT # 100563			· ·						
			19						
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.									
A-way D 11 1 morten 1994 of 1/2015						5			
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trai	nsporter completes lic-	e) .					
a. Transporter's Name and Address: b. Phone;									
Tomes Coldens	- 7	our C	- wei	(- (0	-10			
c. Driver Name (Print)	d. Sigr			e. Date		13			
III. DESTINATION (Generat					1				
a. Disposal Facility and Site Address;	71-3676	c. US EPA Nun	nber d. Discrepancy Indica	ancy Indication Space:					
I hereby certify that the above named mat	terial has been ac	ccepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sign			g. Date					
IV. ASBESTOS (Generator	completes IVa	a-f and Operator				\			
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:	1			
b. Phone: e. Special Handling Instructions and Addit	tional Information	2	d. Phone:						
o. Opoda rianding mondatoro and ridan	action in contraction								
f. Friable Non-Friable Both	% F	riable	% Non-Friable	atalı, dar	ibad ab	a bu the sussess	inning name		
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	/ declare that the I labeled/placarde	contents of this consed, and are in all res	signment are fully and accur pects in proper condition for	transport a	ccording	e by the proper si to applicable inter	national and		
			t						
g. Operator's Name and Title (Print)	h. Sigi	nature		i. Date					
*Operator refers to the company which ow renovation operation or both	vns, leases, opera	ates, controls, or sup	pervises the facility being der	nolished o	renovate	d, or the demolitio	n or		



2167699

If waste is asbestos waste, complete Sections I, II, III and IV if waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (General	or completes i	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docui	ment Number		c. Page	1 of	
d. Generator's Name and Location:			e. Generator's Mailing Add	dress;			
High Street Equity A							
Gwinnett Reg. Dist.							
f. Phone: 3312 N Berkley Lake			g. Phone:				
If owner of the generating facility differs in	rom the generator	provide:	g. i floric.				
in owner of the generaling tacking amora in	ion ino gonorator	provido					
h. Owner's Name:	<u> </u>		i, Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		ping Name and		ntainers	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
		Non Regulated	Arsenic Impacted Soil			175 /	
50871420359	11/21/2015		and the statement and service			18 foots	
COURT THE STATE OF	1176,776,014						
ACCOUNT # 100583							
HUCCHOIST & HUMOO							
The second second					l II		
The second secon							
						- 0	
GENERATOR'S CERTIFICATION: I here	eby certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 C	R 261 or any app	olicable
state law, has been properly described, c waste is a treatment residue of a previous	lassilied and pack	agea, and is in prop	er condition for transportation to the Land Disposal Postri	on accordin	ig to applic	able regulations;	AND, if this
been treated in accordance with the requi	irements of 40 CF	R 268 and is no lon	ger a hazardous waste as de	efined by 4	0 CFR 26	arrant mat me wa	ste nas
	TIME OF THE	I for	30117			Vilaritan	10
17900 D. Hatt \$154 (41)	Hull Street	1 110,500	· F Hollowsky	r i	- 6	1100/201)
p. Generator Authorized Agent Name (Pri		. Signature			r. Date		
II. TRANSPORTER (Gene	erator complete	s Ila-b and Trai	nsporter completes lic-	e)			
a. Transporter's Name and Address:	3 5 - 1	7.		T T			
2 X *F ***				- 4			
		A					
b. Phone:							
The Colon	000 -		6		1. 7	- 2	
THE TOTAL	K(1)	Tour	1 my		1,0	- ()	
c. Driver Name (Print)	d. Sign			e. Date			
III. DESTINATION (General		la-c and Destina	ation Site completes III	d-g)			
a. Disposal Facility and Site Address:	71-3575	c. US EPA Num	nber d. Discrepancy Indica	ation Space	9:		
5691 5th Richland Creek Rd	1 0010						
Buford, GA 30518							
b.							
I hereby certify that the above named mat	terial has been ac	cented and to the be	est of my knowledge the fore	agoing is tr	ue and acc	rurate	
			our of my memorage the force	gonig io a	do una do	ourato.	
e. Name of Authorized Agent (Print)	f. Signa			g. Date			
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Ad	dress:		
h Phone:			d Dhonor				
b. Phone:	tional Information		d. Phone:	-			
b. Phone: e. Special Handling Instructions and Addit	tional Information:		d. Phone:	+			
e. Special Handling Instructions and Addit	tional Information:		d. Phone:			i e	
e. Special Handling Instructions and Addit f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable				
e. Special Handling Instructions and Addit f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby	% F	riable contents of this cons	% Non-Friable signment are fully and accur	ately descr	ibed above	e by the proper sh	ipping name
e. Special Handling Instructions and Addit f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	% F	riable contents of this cons	% Non-Friable signment are fully and accur	ately descr transport a	ibed abov	e by the proper sh	ipping name aational and
e. Special Handling Instructions and Addit f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby	% F	riable contents of this cons	% Non-Friable signment are fully and accur	ately descr transport a	ibed abovi ccording t	e by the proper sh	ipping name ational and
e. Special Handling Instructions and Addit f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	% F	riable contents of this cons	% Non-Friable signment are fully and accur	ately descr transport a	ibed above	e by the proper shoo applicable intern	ipping name, ational and
e. Special Handling Instructions and Addit f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	% For declare that the declared that the declare	riable contents of this cons d, and are in all resp ature	% Non-Friable signment are fully and accur pects in proper condition for	transport a	ccording t	o applicable intern	ational and



2167698

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes I	a-r)								
a. Generator's US EPA iD Number		b. Manifest Docu	ment Number		c. Page	1 of				
d. Generator's Name and Location: Detail Street Figure Acceptance Detail Street Figure Acceptance	lenia Rájiw		e. Generator's Mailing Address; g. Phone;							
If owner of the generating facility differs in	om the generator	, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Shi Description	pping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
50871420359	11/21/2016		Arsenic Impacted Soil			18 tons				
ACCOUNT # 100563		•								
		A 1								
	a									
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.										
Agran D. Hotses 11/19	1, 11, 0+	Alizan.	DATENTE		0	1/06/201	5			
p. Generator Authorized Agent Name (Pri	nt)	q. Signature	N. S. CONSTRUCTOR		r. Date					
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)										
a. Transporter's Name and Address:										
b. Phone:										
JoshOlmant	1/4	of Office		1/0	0/15					
c. Driver Name (Print)	d. Sign	nature		e. Date	1					
III. DESTINATION (General	or complete I	lla-c and Destin	ation Site completes I	ild-a)		11 201111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X			
a. Disposal Facility and Site Address:		c. US EPA Nu			91					
5691 Sth Hishland Creek Hd Duford, GA 30518 b.					S.W.					
I hereby certify that the above named male	erial has been a	ccepted and to the t	est of my knowledge the fo	regoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Sign	ature		g Date						
IV. ASBESTOS (Generator	completes IV	a-f and Operato	r complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency N	ame and Ad	ldress:					
b. Phone:			d. Phone:							
e. Special Handling Instructions and Additional Handling Instructions and Instructions and Instructional Handling Instructions and Instructional Handling Instruction Handling In	tional Information	II.	arr none							
f. Friable Non-Friable Both	% [Friable Triable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this cor	nsignment are fully and accu							
g. Operator's Name and Title (Print)	h. Sig			i. Date		d and he de Dre				
*Operator refers to the company which ow renovation operation or both	ns, leases, oper	ates, controls, or su	pervises the facility being de	emolished o	renovate	a, or the demolitio	n or			



2167689

If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	DEPOLICE CONTRACTOR OF THE PROPERTY OF THE PRO							
a. Generator's US EPA ID Number		b. Manifest Docum	cument Number c. Page 1 of						
d. Generator's Name and Location: A Sign Stress County Ac Gwitnell Reg. Dist. 0 3312 N Berkley Lake f. Phone:	Center Rd NW		e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015	The second secon	Arsanic Impacted Soil			18 tois			
ACCOUNT # 100563									
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.									
The Defendant to	11, 77, 41	Year and a	At Hollington		(C)	1/07/20	15		
p. Generator Authorized Agent Name (Pri									
p. Generator Authorized Agent Name (1 mily 14. organized									
II. TRANSPORTER (Gene a. Transporter's Name and Address:	rator complete	3 lla-b alla Ital	aporter completes no	0/					
b. Phone:	M	chal to	7	1-	W1	5	- 11		
c. Driver Name (Print)	d. Sign	nature	¥	e. Date					
III. DESTINATION (General			ation Site completes III	d-a)					
a. Disposal Facility and Site Address		c. US EPA Nun			e:				
6691 Sin Hichiana Creek Ad Bulbro, QA 30516	(1-00/0	0.00							
I hereby certify that the above named man	terial has been ac	cepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:	1	, H	c. Responsible Agency Na	me and Ad	ldress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addi	tional Information:								
f. ☐ Friable ☐ Non-Friable ☐ Both	0/. E	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this con	signment are fully and accur	rately descr transport a	ribed abov according	re by the proper s to applicable inter	hipping name national and		
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date					
*Operator refers to the company which over renovation operation or both	vns, leases, opera	ates, controls, or sup	pervises the facility being de	molished o	r renovate	d, or the demolitic	n or		



2167688

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator 	completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location: Sugar Sirver (1997) Adv Change Reg. Dist. Cl 2312 (1998) Adv in ke R f. Phone:	sile si KWA		e. Generator's Mailing Add	dress:					
If owner of the generating facility differs from	m the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m, Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
60871420359	11/21/2015		Arsenic Impacted Soil			18 tons			
ACCOUNT # 100583									
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.									
D. Hotenson 127	St.	Horizon D	Hotel.		C	1/07/20	15		
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (General	ator complete	s lla-b and Tra	nsporter completes Ilc-	e)					
a. Transporter's Name and Address: b. Phone:									
		will a	- W		1/	7/15			
c. Driver Name (Print)	d. Sign		- C O'th	e, Date					
III. DESTINATION (Generato									
a. Disposal Facility and Site Address (1) 17 1691 17 16 16 16 16 16 16 16 16 16 16 16 16 16		c. US EPA Nui							
I hereby certify that the above named mate	rial has been ac	cepted and to the b	est of my knowledge the for	egoing is tru	ue and ac	curate.			
		8.1.							
e. Name of Authorized Agent (Print)	f, Signa			g. Date					
IV. ASBESTOS (Generator c	ompletes iVa	-f and Operator	r complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addition	onal Information:								
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and I national governmental regulations.	declare that the	riable contents of this cor d, and are in all res	% Non-Friable nsignment are fully and accur spects in proper condition for	ately descr transport a	ibed abov ccording t	e by the proper sh o applicable interr	nipping name national and		
g. Operator's Name and Title (Print)	h. Sign	ature		i, Date					
*Operator refers to the company which own renovation operation or both	ns, leases, opera	ites, controls, or su	pervises the facility being der	molished or	renovate	d, or the demolition	n or		



2167687

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

a. Generator's US EPA ID Number b. Manifest Document Number c. Page 1 of d. Generator's Name and Location: e. Generator's Mailing Address:									
High Shoet Equity Advisors									
Gwinnelt Reg. Dist. Center									
f. Phone: g. Phone:									
If owner of the generating facility differs from the generator, provide:									
h. Owner's Name:									
j. Waste Profile # K. Exp. Date I. Waste Shipping Name and m. Containers n. Total Description No. Type Quantity	o. Unit Wt/Vol								
Non Regulated America Imparted Soil									
50871420359 11/21/2016 11/21/2016 11/21/2016									
ACCOUNT # 100683									
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any appl	licable								
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; A waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the was	ND, if this								
been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.	nto rido								
Haron D. Hotenston / Start Muson L. Hortenston. 01/07/2	015								
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)									
a. Transporter's Name and Address:									
bi-Phone:									
DEWEL 500 HOL 100 01/00/2015									
c. Driver Name (Print) d. Signature e. Date /									
III. DESTINATION (Generator complete Illa-c and Destination Site completes Illd-g)									
a. Disposal Facility and Site Address: 4. 24. 357. c. US EPA Number d. Discrepancy Indication Space:									
Buford, GA 30518									
b.									
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.									
0/07/2015									
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:									
e. Special Handling Instructions and Additional Information:	f. Friable Non-Friable Both % Friable % Non-Friable								
f. ☐ Friable ☐ Non-Friable ☐ Both									
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 the proper shi and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable internal	pping name ational and								
f. ☐ Friable ☐ Non-Friable ☐ Both	pping name ational and								
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 the proper shi and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable internal	ational and								



2167690

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)										
a. Generator's US EPA ID Number		b. Manifest Docun	nent Number		c. Page	1 of				
d. Generator's Name and Location: High Street Equity Ad with the Country Ad f. Phone:	Center Rd NW		e, Generator's Mailing Address: g. Phone:							
If owner of the generating facility differs from		provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
60871420359	11/21/2015		Arsenic Impacted Soil			18 tons				
ACCOUNT # 100563										
		2								
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.										
-A Contract freeze	14 + 27/	11 ×	1190		200	107/2015	-			
p. Generator Authorized Agent Name (Prin										
C. Contract / textorized / igent / textor / textor										
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) a. Transporter's Name and Address:										
b. Phone:										
DEWEY ENLANGE					-07-	2015				
c. Driver Name (Print)	d. Sign			e. Date	-		- To - 17			
III. DESTINATION (Generate										
a. Disposal Facility and Site Address: 1997 1981 Sin Richard Creek Ro Duraci, GA 30518 b.	1-3576	c. US EPA Nun	nber d. Discrepancy Indica	ation Space	9:					
I hereby certify that the above named mate	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.				
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date						
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	ldress:					
b. Phone: e. Special Handling Instructions and Addit	ional Information:		d. Phone:							
		1			Ý.					
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this cond d, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	ately descr transport a	ribed abov according	e by the proper s to applicable inter	hipping name national and			
national governmental regulations.										
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date						
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ites, controls, or sup	ervises the facility being der	molished o	r renovate	d, or the demolitic	on or			



2167691

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\color{red} {\bf NOT}}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generate	or completes	la-r)							
a. Generator's US EPA ID Number		b. Manifest Docun	nent Number		c. Page	1 of			
d. Generator's Name and Location:	di diniminata		e, Generator's Mailing Add	dress:					
Clien Siker Coulty Av Cennoti Reg. On:	Ovisors Conter								
3.12 P. Barkin Lake	RANY								
f. Phone: Dubulk CA 3000	19		g. Phone:			<u> </u>			
If owner of the generating facility differs fr	om the generato	r, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k, Exp. Date		ping Name and	m. Con		n. Total	o. Unit Wt/Vol		
		Description		No.	Туре	Quantity	VVVVOI		
			Arsenic Impacted Soil			18 tons			
60871420369	11/21/201	6				10 1013			
									
ACCOUNT # 100563									
7						1			
GENERATOR'S CERTIFICATION: I here	l eby certify that the	e above named mate	rial is not a hazardous wast	e as define	d by 40 C	FR 261 or any ap	plicable		
state law, has been properly described, c	lassified and pac	kaged, and is in prop	er condition for transportation	on accordin	g to applic	able regulations;	AND, if this		
waste is a treatment residue of a previous been treated in accordance with the requi	sly restricted haz	ardous waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the wa	aste has		
	2000		192	Cililod by 4	0 011(20	107/2015			
Miron D. Horandon/4:		Union t	Hallemakern		519	101/2013			
p. Generator Authorized Agent Name (Pri		q. Signature	7 7 7 7 11	V	r. Date				
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)									
a. Transporter's Name and Address:									
			70						
b. Phone:		1 -	. V			1 1			
B. Hone.		1000	7/10		1/	11/10			
c. Driver Name (Print)	d Sig	nature	All	e. Date	-//	1//3			
III. DESTINATION (General			ation Site completes III		1				
a. Disposal Facility and Site Address:		c. US EPA Num			e:				
1968 Pain Plany Den Girlanck (197	1 Township			14					
Sword, GA 30516									
b.									
I hereby certify that the above named ma	terial has been a	ccepted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sigr	nature		g. Date					
IV. ASBESTOS (Generator			complete IVg-i)	110.5					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
4.3									
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addi	tional Information	n:							
f. 🗆 Friable 🗀 Non-Friable 🗀 Both	%	Friable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby	y declare that the	contents of this cons	signment are fully and accur	rately descr	ibed abov	e by the proper sl	hipping name		
and are classified, packaged, marked and national governmental regulations.	a labeled/placard	ed, and are in all resp	bects in proper condition for	transport a	iccording '	o applicable inter	national and		
and general regulations.									
g Operator's Name and Title (Brint)	h Sio	ınature		i, Date					
g. Operator's Name and Title (Print) *Operator refers to the company which ov	wns, leases, oper	rates, controls, or sup	ervises the facility being der		renovate	d, or the demolition	n or		
renovation operation or both									



2167692

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\tt NOT}$ asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes la-r)									
a. Generator's US EPA ID Number		b. Manifest Docur	cument Number c. Page 1 of						
d. Generator's Name and Location: High Strong Courty Av Owinness Rog Dist (1) IN Floriday Love f. Phone:	Janior Rd MW		e. Generator's Mailing Address: g. Phone;						
If owner of the generating facility differs from		, provide:							
h. Owner's Name:			i. Owner's Phone No.;						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Cont	ainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2016		Arsenic Impacted Soil			18 1075			
ACCOUNT # 100563		<							
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.									
1 - Dillemen As	177 00	House F	Water to		07	107/2015	-		
p. Generator Authorized Agent Name (Pri									
II. TRANSPORTER (Generator completes lia-b and Transporter completes lic-e)									
a. Transporter's Name and Address: b. Phone:									
Michael Voung	, M	-chuelyfor	4		7-10				
c. Driver Name (Print)	d. Sigr		ation Site completes III	e. Date					
III. DESTINATION (General		c. US EPA Nun			17777				
a. Disposal Facility and Site Address:	(1-39/6	C. US EFA NUM	ibel u. Discrepancy mulca	ation Space					
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the fore	going is tru	e and acc	urate.			
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addit	ional Information								
f. Friable Non-Friable Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this con-	signment are fully and accur	ately descri transport ac	bed above coording to	by the proper should be applicable internal	nipping name, national and		
g. Operator's Name and Title (Print)	h. Sigr			i. Date					
*Operator refers to the company which ow renovation operation or both			ervises the facility being der	nolished or	renovated	, or the demolition	n or		



2167696

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

 GENERATOR (Generato 	r completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docun	cument Number c. Page 1 of						
d. Generator's Name and Location: Lines Street Equity Ad Control Rep. Disc. 3112 N Basicov Lake 6 f. Phone:	leder Follow/		e. Generator's Mailing Address; g. Phone;						
If owner of the generating facility differs fro	m the generator,	provide;				*			
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015	Company of the Compan	Arsenic Impacted Soit			18 tons			
ACCOUNT # 100583									
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.									
1 318 200 6 77	A Support	Howard D	Attende.		0	1/07/2015			
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)									
a. Transporter's Name and Address: b. Phone:									
DEUT COM	DA			01/	01/6	2013			
c. Driver Name (Print)	d. Sign		ation Cita completes Ille	e. Date	-/-				
III. DESTINATION (Generate									
Disposal Facility and Site Address ().27	7	c. US EPA Nun							
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the fore	going is tr	ue and ac	curate.			
						1			
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator of	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Nar	me and Ad	dress:				
h Dhana			d Phone						
b. Phone: e. Special Handling Instructions and Additional Additional Control of the Con	ional Information:		d. Phone:	-			\		
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this cond d, and are in all resp	% Non-Friable signment are fully and accura poects in proper condition for	ately descr transport a	ribed abov according	e by the proper s to applicable inter	hipping name, national and		
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	tes, controls, or sup	ervises the facility being den	nolished oi	renovate	d, or the demolitic	on or		



2167697

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\hbox{{\bf NOT}}}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generator co 	mpletes la-	·r)							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location: Figh Street Equity Advisor Gwinnett Reg. Dist. Cente 3312 N Berkley Lake Rd N f. Phone: Duluth CA 30098	ir .	· · · · · · · · · · · · · · · · · · ·	e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from th	e generator, p	rovide:			4				
h. Owner's Name:			i. Owner's Phone No.;						
j. Waste Profile # k, E	xp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n, Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015	Non Regulated	Arsenic Impacled Soil			18 tens			
ACCOUNT # 100663	The state of the s		el e						
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.									
April D. Hothersberg H. 71.	Stree 4	Claren L	Hallisten.	-, -	0	1/07/201	5:		
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)									
a. Transporter's Name and Address: b. Phone: //									
BillSiver		1500	0 X 05		11/	-/10			
c. Driver Name (Print)	d. Signa	ture	XXXX	e. Date	-4/	5//3	·		
III. DESTINATION (Generator c	omplete Illa	a-c and Destina	ation Site completes Ille	d-g)	t				
a. Disposal Facility and Site Address.	75	c. US EPA Nun	ber d. Discrepancy Indica	ation Space): :				
I hereby certify that the above named material	has been acce	epted and to the be	est of my knowledge the fore	egoing is tru	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signat			g. Date					
IV. ASBESTOS (Generator com	pletes IVa-	f and Operator	complete IVg-i)						
a. Operator's Name and Address:	/		c, Responsible Agency Na	me and Ad	dress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Additional	Information:								
A ET MANUEL ET NOVEMBER ET BON	07.55	abla	% Non-Friable		-	-			
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby decl and are classified, packaged, marked and labe national governmental regulations.	% Fri lare that the co led/placarded	ontents of this cons	signment are fully and accur	ately descr transport a	ibed abov ccording t	re by the proper sl to applicable inter	nipping name national and		
g. Operator's Name and Title (Print)	h. Signa	ture		i. Date					
*Operator refers to the company which owns, le renovation operation or both	eases, operate	es, controls, or sup	ervises the facility being der	nolished or	renovate	d, or the demolitio	n or		



2167709

 GENERATOR (Generator) 	or completes is	a-r)					
a. Generator's US EPA ID Number		b. Manifest Docun	nent Number		c. Page	1 of	
d. Generator's Name and Location: High Street Equity Act Gwinnett Reg. Dist. 3312 N Bendey Lake f. Phone:	Center Rd NW		e, Generator's Mailing Ado g. Phone:	dress:			
If owner of the generating facility differs from	om the generator,	, provide:	L C L D L N				
h. Owner's Name:			i, Owner's Phone No.:	T C	V-1-1-1-1-1	u Tetal	o. Unit
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No,	Type	n. Total Quantity	Wt/Vol
50971420359	11/21/2018		Arsenic Impacted Soll			18 tons	
ACCOUNT # 100563							1 -
							1.2
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.							
Anna Doller 1 st 1/2	A STREET	Chan, s	Hatterston		0/	107/2015	
p. Generator Authorized Agent Name (Pri	nt) c	q. Signature			r. Date	- /	
II. TRANSPORTER (Gene	rator complete	es Ila-b and Trai	asporter completes lic-	-e)			Mary a serve
a. Transporter's Name and Address: b. Phone:	I M	u haet y	are	/-	7-1	15	Name .
c. Driver Name (Print)	d. Sigr	nature		e. Date			
III. DESTINATION (General	tor complete I	lla-c and Destina	ation Site completes II	ld-g)			
a. Disposal Facility and Site Address: 7.7 5691 Sth Fachland Creek Rd Buford, QA 30518	71-3676	c. US EPA Nur	nber d. Discrepancy Indic	ation Spac			
I hereby certify that the above named ma	terial has been a	ccepted and to the b	est of my knowledge the for	egoing is ti	rue and ad	curate.	
e. Name of Authorized Agent (Print)	f. Sign			g. Date			
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	ddress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Addi			0/ Non Ediable				
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	v declare that the	Friable contents of this cored, and are in all res	% Non-Friable signment are fully and accu- pects in proper condition for	rately desc r transport	ribed abov according	ve by the proper s to applicable inte	shipping name rnational and
	9						
g. Operator's Name and Title (Print)	h. Sig	nature		i. Date			
*Operator refers to the company which over renovation operation or both	wns, leases, oper	ates, controls, or su	pervises the facility being de	molished c	r renovate	d, or the demoliti	on or



2167695

I. GENERATOR (Generato	completes							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c, Page	1 of		
d. Generator's Name and Location:			e Generator's Mailing Add	lress:	/ - 111 - 1			
d. Generator's Name and Location:	lvisors		S Solisiator S Mailing Add					
Gwinnett Reg. Dist. C								
3312 N Berkley Lake F			a Phone:					
f. Phone:	an the grounds	n provide:	g. Phone:					
If owner of the generating facility differs from	om the generator	r, provide:						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k, Exp. Date		pping Name and	m. Cor		n. Total	o. Unit	
		Description		No.	Туре	Quantity	Wt/Vol	
		Non Remulated	Amenic Impacted Soil	7		101		
50871420359	11/21/201					18 tens		
0.0011420000	A DESIGNATION OF	~						
ACCOUNT & SPACOS								
ACCOUNT # 100563								
and the second s								
was the same of th								
GENERATOR'S CERTIFICATION: I here	by certify that the	e above named mate	erial is not a hazardous wast	e as define	d by 40 C	FR 261 or any ap	AND if this	
state law, has been properly described, clawaste is a treatment residue of a previous	assified and pac	kaged, and is in pro-	per condition for transportation	n accordir	itify and w	varrant that the wa	aste has	
been treated in accordance with the requir	rements of 40 C	FR 268 and is no lor	nger a hazardous waste as de	efined by 4	0 CFR 26	1. 1		
fine fire of the second second	871 1 67	77. 4	2.12-17 3		n	107/2015	7	
	17 54500	Miner L	Hollinstein					
p. Generator Authorized Agent Name (Print) q. Signature r. Date								
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)								
a. Transporter's Name and Address:								
b. Phone:		0 0						
Michael Voury		Mark II		1-	7-	16,		
1/5/10/5/	1 12	come go	7	1		1		
c. Driver Name (Print)		nature 🥠		e. Date				
III. DESTINATION (Generat	or complete	Illa-c and Destin						
a. Disposal Facility and Site Address:		c. US EPA Nu			e:			
5691 Sin Richland Creek Rd	1.00000							
Buford, GA 30518								
b.								
I hereby certify that the above named mat	erial has been a	accepted and to the I	pest of my knowledge the for	egoing is t	rue and ac	curate.		
			The state of the s					
e. Name of Authorized Agent (Print)	f. Sign			g. Date				
IV. ASBESTOS (Generator	completes IV	/a-f and Operato						
a. Operator's Name and Address:			c. Responsible Agency Na	me and A	ddress:			
h Dhone:			d. Phone:					
b. Phone: e. Special Handling Instructions and Addit	tional Informatio	n:	g. i florie.					
6. Special Hariding medicions and Addi	nona momado							
f. 🗆 Friable 🗆 Non-Friable 🗆 Both	%	Friable	% Non-Friable		11 . 1 . 1	. L	Marian	
OPERATOR'S CERTIFICATION: I hereby	declare that the	e contents of this co	nsignment are fully and accur	rately desc	ribed abov	e by the proper s	hipping name	
and are classified, packaged, marked and	l labeled/placard	ded, and are in all re	spects in proper condition for	transport	according	to applicable intel	madonal and	
national governmental regulations.								
g. Operator's Name and Title (Print)	h. Sid	gnature		i. Date				
*Operator refers to the company which ov	vns, leases, ope	rates, controls, or su	pervises the facility being de	molished c	r renovate	d, or the demolitie	on or	
renovation operation or both								



2167693

 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number		b, Manifest Docu	cument Number c. Page 1 of						
d. Generator's Name and Location: Owing a transfer for A Owing a transfer for A At Forday to the f. Phone:	Confer No 1992		e. Generator's Mailing Adg.	dress:					
If owner of the generating facility differs from	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015		Arsenic Impacted Soil						
AGOQUNT # 100563									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl. waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and packa	aged, and is in prop rdous waste subjec	per condition for transportation to the Land Disposal Restri	on according ictions. I cei	g to applicatify and w	cable regulations varrant that the w	AND, if this		
Away D Homesons/18.	1. Stort	Moran A	A Honston		(3)	107/2013	3		
p. Generator Authorized Agent Name (Print) q. Signature r. Date									
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)									
a. Transporter's Name and Address: b. Phone:									
LEWEL EUSINK	10			01-	-07-	2015			
c. Driver Name (Print)	d. Sign			e. Date					
III. DESTINATION (Generat									
a. Disposal Facility and Site Address; 177	11-00/0	c. US EPA Nun	nber d. Discrepancy Indica	ation Space	:				
I hereby certify that the above named mate	erial has been acc	cepted and to the b	est of my knowledge the fore	egoing is tru	ie and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	-f and Operator			- 1				
a. Operator's Name and Address:			c, Responsible Agency Na	me and Add	dress:				
b. Phone: d. Phone: e. Special Handling Instructions and Additional Information:									
e. Special Hariding instructions and Addit	ional information;								
f. Friable Non-Friable Both	% Fr	iable	% Non-Friable			1 0			
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	labeled/placarded	contents of this cons d, and are in all res	signment are fully and accur pects in proper condition for	ately descri transport ac	bed abov ecording t	e by the proper s o applicable inte	hipping name rnational and		
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, operat	tes, controls, or sup	ervises the facility being der	molished or	renovated	d, or the demolitic	on or		



2167694

I. GENERATOR (Generate	or completes	la-r)							
a. Generator's US EPA iD Number		b. Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location:	Asiasan		e. Generator's Mailing Ad	dress:					
Gwinnett Reg. Dist. (Center								
3312 N Berkley Lake	Rd NW		a Dhana						
f. Phone: If owner of the generating facility differs from		r. provide:	g. Phone:						
	Julius generale	, , , , , , , , , , , , , , , , , , , ,							
h. Owner's Name: i. Waste Profile #	k. Exp. Date	I Waste Shir	i. Owner's Phone No.:	m. Con	tainers	n. Total	o. Unit		
j. Waste i folio ir	K. Exp. Date	Description	paring received and	No.	Туре	Quantity	Wt/Vol		
		Non Regulated	Arsenic Impacted Soil			1			
60871420959	11/21/201		STORES OF STREET			18 Your			
ACCOUNT # 100563						1			
									
GENERATOR'S CERTIFICATION: I here									
state law, has been properly described, cl waste is a treatment residue of a previous	assified and pac ly restricted haza	кадеа, and is in prop ardous waste subject	to the Land Disposal Restr	on accordin	g to application to the different of the	cable regulations; . varrant that the wa	AND, if this iste has		
been treated in accordance with the requi									
Jan 78 Harry Walter	T Emil	Harry I	Hollwat		0	1/07/201	5		
p. Generator Authorized Agent Name (Prin	nt)	q. Signature			r. Date	/ / `			
II. TRANSPORTER (Generator completes lla-b and Transporter completes llc-e)									
a. Transporter's Name and Address:									
b. Phone:		7 -	9		1	/			
Kell Sires		S. Pa	XIE	1	10	11			
c. Driver Name (Print)	d. Sig	******	200	e. Date		7.3			
III. DESTINATION (Generat									
a. Disposal Facility and Site Address:	1-3576	c. US EPA Num	nber d. Discrepancy Indic	ation Space);				
Band CA 30018									
b.									
I hereby certify that the above named mat	erial has been a	ccepted and to the be	est of my knowledge the for	egoing is tru	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sign	ature		g. Date					
IV. ASBESTOS (Generator	completes IV	a-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
A TOP IN									
b. Phone:e. Special Handling Instructions and Addit	ional Information		d. Phone:						
e, opecial Flanding instructions and Addit	ional intormation								
f. ☐ Friable ☐ Non-Friable ☐ Both		riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations									
national governmental regulations.									
g. Operator's Name and Title (Print)	h. Sig	nature		i. Date					
*Operator refers to the company which ow			ervises the facility being de	The state of the s	renovated	d, or the demolition	n or		
renovation operation or both									



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I. GENERATOR (Generate	or completes	ia-r)						
a. Generator's US EPA ID Number		b. Manifest D	ocume)	ument Number c. Page 1 of				
d. Generator's Name and Location:		***	E	e. Generator's Mailing Addi	ress:			
Figh Street Foully Ac								
Owimeli the Dasi s								
3312 N Bessley Leke				J. Phone:				
f. Phone: If owner of the generating facility differs to	om the generate	r provide:	9	g. I florie.				
if owner of the generating facility differs in	om me generato	i, provide						
h. Owner's Name:			j.	. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste	Shippir	ng Name and	m. Con	tainers	n. Total	o. Unit
		Descripti	ion		No.	Type	Quantity	Wt/Vol
		Annual Physical Reviews		and the second of the second				
			BIECT AL	senic Impacted Soil			18 tous	
60871420359	11/21/201	5					10 (014)	
ATT WELL AND AND A STREET OF THE STREET				***************************************				
ACCOUNT # 100563								
	100							
GENERATOR'S CERTIFICATION: I here	by certify that th	e above named i	materia	il is not a hazardous waste	as define	d by 40 C	FR 261 or any app	olicable
state law, has been properly described, cl waste is a treatment residue of a previous	assified and pac	ekaged, and is in	proper	the Land Disposal Postrio	tions Lea	g to applic	cable regulations, i	eto has
been treated in accordance with the requi	rements of An C	ER 268 and is no	o longei	r a hazardous waste as de	fined by 4	OCER 26	1	ote rias
been treated in accordance with the regul	Tements of 40 C	1 17 200 and 13 110	o longei	Ta Hazardous wadto do do	illiou by 1	0.011120	/ /	
Harm D. Holmander	19,12	1 hon	0	7.6		- 0	1107/201	5
p. Generator Authorized Agent Name (Pri	nt)	g. Signature		76		r. Date	/ /	
II. TRANSPORTER (Gene		tes lla-h and	Trans	porter completes lic-	a)			
a. Transporter's Name and Address:	rator complet	ico na b ana	Traile	porter completed no c				
a. Transporter's Name and Address.								
a free of								
b. Phone:	and the same							
THE EDAND	6 10	AA			25 (1-7	100-10 1 K T	
DEWEY EURANP						07-	2017	
c. Driver Name (Print)		inature			e. Date			
III. DESTINATION (General	tor complete	Illa-c and Des	stinati					1 - 2
a. Disposal Facility and Site Address;	73 96 79	c. US EPA	Numbe	er d. Discrepancy Indica	tion Space	e:		
to at Son Highland Charle Hd	: 1							
Patord, CA SV514								
b.			(l l 1	t - f law ladge the favo	anina in tu	us and as	ourate.	
I hereby certify that the above named ma	terial has been a	ccepted and to t	ure pest	t of my knowledge the fore	going is tr	ue and ac	curate.	
				- x				-
e. Name of Authorized Agent (Print)	f. Sigi	nature			g. Date			
IV. ASBESTOS (Generator			ator c	omplete IVa-i)				700
	Completes IV	a rand Open				dua a c :		
a. Operator's Name and Address:			С	. Responsible Agency Nan	ne and Ad	uress:		
b. Phone:			d	I, Phone:				
e. Special Handling Instructions and Addi	tional Information	n!						
o. Special Flanding Mondonorio and Flad								8
The second secon								
f. Friable Non-Friable Both	%	Friable		% Non-Friable				200
OPERATOR'S CERTIFICATION: I hereby	declare that the	e contents of this	consig	inment are fully and accura	ately descr	ibed abov	e by the proper sh	nipping name
and are classified, packaged, marked and	I labeled/placard	led, and are in al	II respe	cts in proper condition for t	transport a	occording	to applicable inter	national and
national governmental regulations.								
a Operator's Name and Title (Driet)	h Cia	moturo			i. Date			
g. Operator's Name and Title (Print) *Operator refers to the company which ov	ins leases one	gnature rates controls o	r super	vises the facility being dem		renovate	d, or the demolition	n or
renovation operation or both	viia, icasos, upe	rates, controls, 0	" anhei	vices the facility being defi	.ononiou oi	, o, it, vale	a, or the domonto	1 257 X



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 GENERATOR (Generato 	completes								
a. Generator's US EPA ID Number		b. Manifest Docum	cument Number c. Page 1 of						
d. Generator's Name and Location: ir light street English Actions of the Control	Center Rd NW		e, Generator's Mailing Add	dress:					
If owner of the generating facility differs from	om the generato	r, provide:							
h. Owner's Name:		1	i, Owner's Phone No.;	m. Con	tainare	n. Total	o, Unit		
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No,	Type	Quantity	Wt/Vol		
50871420358	11/21/201	The state of the s	Arsenic Impacted Soil			18 tons			
ACCIOUNT # 100563									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and pac ly restricted haz rements of 40 C	ckaged, and is in prop cardous waste subject FR 268 and is no lon	per condition for transportation to the Land Disposal Restr ger a hazardous waste as d	on accordin ictions. I ce	g to application	cable regulations; varrant that the wa	AND, IT THIS		
Haron D. Harvasten/41	Tr Stiet	Haron Dy	Tottenstein	y i	1	1/02/201	5		
p. Generator Authorized Agent Name (Pri		q. Signature			r. Date				
II. TRANSPORTER (Gene	rator comple	tes lla-b and Tra	nsporter completes llc-	-e)					
a. Transporter's Name and Address: b. Phone:		6.000	1		1	115			
c. Driver Name (Print)	d. Sid	gnature	116	e. Date		// /			
III. DESTINATION (General			ation Site completes II	lld-g)					
a. Disposal Facility and Site Address:	71-3575	c. US EPA Nur	nber d. Discrepancy Indic	cation Spac					
I hereby certify that the above named man	terial has been a	accepted and to the b	est of my knowledge the for	regoing is tr	rue and ac	ccurate.			
e. Name of Authorized Agent (Print)		nature		g. Date					
IV. ASBESTOS (Generator	completes IV	/a-f and Operator							
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Ad	ddress:				
b. Phone: e. Special Handling Instructions and Addi	tional Informatio	on:	d. Phone:	-					
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that th	Friable ne contents of this conded, and are in all res	% Non-Friable signment are fully and accu- spects in proper condition fo	rately desc r transport	ribed aboraccording	ve by the proper s to applicable inte	shipping name rnational and		
g. Operator's Name and Title (Print)	h. Si	gnature		i. Date		d - the densette	20.01		
*Operator refers to the company which over renovation operation or both	wns, leases, ope	erates, controls, or su	pervises the facility being de	emolished o	r renovate	ea, or the demoliti	OI OF		



2167684

I. GENERATOR (Generato	r completes	la-r)					AUX CONTRACTOR	
a. Generator's US EPA ID Number		b. Manifest Docu			c. Page	1 of	7	
d. Generator's Name and Location:	t to a		e. Generator's Mailing Add	dress:				
TORK DROOM EXPLOYED								
Gwinnett Reg. Dist. (3312 N Berkley Lake I								
f. Phone: Pullula CA 3009			g. Phone:					
If owner of the generating facility differs fro	m the generate	or, provide;						
			: Ownerds Dhana No.					
h. Owner's Name:	k Evn Deta	I Macta Shi	i. Owner's Phone No.:	m Cor	ntainers	n. Total	o. Unit	
j. Waste Profile #	k. Exp. Date	Description	pping Name and	No.	Type	Quantity	Wt/Vol	
			Accept to the state of					
CORRE MARKE	2.4 00.4 00.00	The second secon	Arsenic Impacted Soil			15 1-5		
50871420350	11/21/20	10				1st tans		
ACCOUNT # 100583								
						1		
							-	
ET SIE						1		
GENERATOR'S CERTIFICATION: I here		he shave named mat	orial is not a hazardous wast	o os define	d by 40 C	ER 261 or any an	nlicable	
state law, has been properly described, cl	by certify that the	ne above named mat ckaged, and is in pro	per condition for transportation	on accordir	ng to applic	cable regulations	AND, if this	
waste is a treatment residue of a previous	ly restricted has	zardous waste subject	t to the Land Disposal Restr	ictions. I ce	ertify and v	varrant that the wa	aste has	
been treated in accordance with the requi	rements of 40	CFR 268 and is no lo	nger a hazardous waste as d	efined by 4	0 CFR 26	1.		
Acres D Horrers a /198	IF DF	Home L	THU			01/07/20	15	
p. Generator Authorized Agent Name (Print) q. Signature r. Date								
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIC-e) a. Transporter's Name and Address:								
a. Hallsporter's Name and Address,								
h Dhanai								
b. Phone:		A 6	7	1		T-		
Michael Yourd		Tichael!	since		7 -	12	A - I	
c. Driver Name (Print)		ignature	V	e. Date				
III. DESTINATION (General								
a. Disoosal Facility and Site Address;	11.3/9/0	c. US EPA Nu	mber d. Discrepancy Indic	ation Spac	e:			
5091 Sim Hickland Opeski (d								
Balloni CA 36518								
b.								
I hereby certify that the above named mat	erial has been	accepted and to the	best of my knowledge the for	egoing is t	rue and ac	ccurate.		
e. Name of Authorized Agent (Print)	f. Sic	gnature		g. Date				
IV. ASBESTOS (Generator			r complete IVa-i)					
a. Operator's Name and Address:	completes :	, a , a , a , a , a , a , a , a , a , a	c. Responsible Agency Na	ame and A	ddress:			
a. Operator's Name and Address.			of recopondible regulary rec					
			d Dhono!					
b. Phone: e. Special Handling Instructions and Addi	tional Information	00'	d. Phone:		VW 231			
e. Special Handling Instructions and Addi	uonai miormani	OIT.						
f. Friable Non-Friable Both	0/	6 Friable	% Non-Friable	and the state of	all and all an		hinning name	
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the	ne contents of this co	nsignment are fully and accu	rately desc r transport	according	ve by the proper s to applicable inter	mpping name	
national governmental regulations.	riabeled/placal	dod, and are in all re	Spoots in proper condition to	Tanaport	a soor ding	applicable lifter		
				i Dete				
g. Operator's Name and Title (Print) *Operator refers to the company which ov	h. S	ignature	inenvises the facility being de	i. Date	r renovate	d, or the demolitic	on or	
renovation operation or both	viis, ieases, op	crates, controls, or st	pervises the facility being de	ononou	TOTOYORG	or the domestic		



2167679

I. GENERATOR (Generate	or comple	etes la-r)	<u> </u>							
a. Generator's US EPA ID Number		b.	. Manifest Docur	nent l	Number		c. Page	1 of		
d. Generator's Name and Location:	47.5			е. С	Generator's Mailing Add	dress:				
High Street Equity A										
Gwmaeil Rog, Dist 3312 N Berkley Lake										
f. Phone:	5/8			g. F	Phone:					
If owner of the generating facility differs fr	om the ger	nerator, pro	ovide;							
h. Owner's Name:				i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. D	ate	I. Waste Ship			m. Con	tainers	n. Total	o. Unit	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Description			No.	Type	Quantity	Wt/Vol	
			Non Dogutulari	å enor	nic Impacted Soil			9.00		
50871420359	4470	1/2015	THOSE PROGRAMMON	FN-GSR	но поравлем сим			to the		
0007 (420000	102	1680/10								
ACCOUNT # 100663										
NOOCONT & TOOLOG										
GENERATOR'S CERTIFICATION: I here	hy certify t	hat the abo	l ove named mate	rial is	not a hazardous waste	as define	d by 40 C	R 261 or any an	olicable	
state law, has been properly described, c	lassified an	id package	d, and is in prop	er co	ndition for transportation	n accordin	g to applic	able regulations;	AND, if this	
waste is a treatment residue of a previous	sly restricte	d hazardou	us waste subject	to th	e Land Disposal Restri	ctions. I ce	rtify and w	arrant that the wa	ste has	
been treated in accordance with the requi	rements of	40 CFR 20	68 and is no long	ger a	The same of the sa	etined by 4	0 CFR 26			
LANCE DE MA JOHNSON Y YES	the die	et 7	14750 8	111	Albert Born		CH.	107/201	5	
p. Generator Authorized Agent Name (Pri	int)	q. Si	gnature				r. Date			
II. TRANSPORTER (Gene	rator cor	npletes I	la-b and Trai	nspo	rter completes lic-	e)				
a. Transporter's Name and Address:										
b. Phone:										
Michaelyoura		W	had you	u		1 -	1 -	1-6		
			2.455W / 1			- D-4-		1		
c. Driver Name (Print)	-	d. Signatui		4	0:4	e. Date				
III. DESTINATION (General		iete ilia-d								
a. Disposal Facility and Site Address	71 3575		c. US EPA Nun	nber	d. Discrepancy Indica	ation Space	9:			
bil81 58h Richland Creek Rd										
Buford, GA 30518										
b.	4: b		4			landa Am				
I hereby certify that the above named ma	teriai nas b	een accep	ted and to the bi	est or	my knowledge the fore	egoing is tr	ue and ac	curate.		
3,71										
e. Name of Authorized Agent (Print)		f. Signature	е			g. Date				
IV. ASBESTOS (Generator	complete	es IVa-fa	and Operator	com	plete IVg-i)					
a. Operator's Name and Address:				c. R	esponsible Agency Na	me and Ad	dress:			
			N							
b. Phone:				d. P	hone:					
e. Special Handling Instructions and Addi	tional Inform	mation:								
f. 🗆 Friable 🗎 Non-Friable 🗀 Both % Friable % Non-Friable										
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby						ately descr	ibed abov	e by the proper sh	nipping name	
and are classified, packaged, marked and	labeled/pl	acarded, a	nd are in all resp	pects	in proper condition for	transport a	ccording t	o applicable inter	national and	
national governmental regulations.		27 - 27								
g. Operator's Name and Title (Print)		h. Signatui	re			i. Date		-		
*Operator refers to the company which ov				ervis	es the facility being der		renovated	d, or the demolitio	n or	
renovation operation or both										



2167685

I. GENERATOR (Generate	or completes is	а-г)						
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of		
d. Generator's Name and Location:		***************************************	e. Generator's Mailing Ad	dress:		12 - 125 1		
- High Struck Equity A								
Gwinneli Rep. Disi.								
3312 N Borklov Lake f. Phone:			g, Phone:					
f. Phone: If owner of the generating facility differs fr	om the generator	provide:	g, i none.					
The owner of the generating facility different	om the generator,	provide.						
h. Owner's Name:			i, Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date		ping Name and	m. Con		n. Total	o. Unit	
		Description		No.	Type	Quantity	Wt/Vol	
		Non Regulated	Arsenic Impacted Soil			1 to 15	15	
60871420368	11/21/2015		The state of the s			18 tons		
The sit of the country.	T. CONTRACTOR							
- ACCOUNT # 100563								
PROGRAMM TOWNS				:				
			 					
- X								
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	rial is not a hazardous wast	e as define	d by 40 Cf	R 261 or any app	olicable	
state law, has been properly described, cl	assified and pack	aged, and is in prop	er condition for transportation	on accordin	g to applic	able regulations;	AND, if this	
waste is a treatment residue of a previous been treated in accordance with the requi	rements of 40 CEI	rdous waste subject R 268 and is no long	to the Land Disposal Restri	efined by 4	rtity and w	arrant that the wa	iste nas	
been treated in accordance with the regul	rements of 40 Cr i	11 2.00 and is no long	ger a nazaroous waste as o	elified by 4	0 CFK 20	I for		
Harm 2 to moderate	gala Talent	Harber de	Felle Filler	W	577	107/206	3	
p. Generator Authorized Agent Name (Pri	nt) q	Signature			r. Date			
II. TRANSPORTER (Gene		s Ila-h and Tran	sporter completes lic-	رم.				
a. Transporter's Name and Address:	rator complete	o na o ana man	ioportor completes no	0)				
ar manapanar a								
		10					-	
b. Phone:		4						
ししといとく ナレかかいく		M		01	-01	-2015		
c. Driver Name (Print)	d, Sign	Sture		e. Date				
			ation Cita completes III					
				<u> </u>				
a. Disposal Facility and Site Address: () 2	71-3576	c. US EPA Num	nber d. Discrepancy Indica	ation Space	9.			
5691 Sin Richland Greek Rd								
Bulord, GA 30518								
b.								
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the fore	egoing is tru	ue and acc	curate.		
A Name of A 4b and 1 A 147 A 177								
e. Name of Authorized Agent (Print)	f. Signa			g. Date				
IV. ASBESTOS (Generator	completes IVa	-1 and Operator	complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:			
ar em et e								
b. Phone:		-	d. Phone:					
e. Special Handling Instructions and Addit	ional Information:		d, i florid.					
Parama Mondono una Addi								
f. Friable Non-Friable Both		riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare that the o	contents of this cons	signment are fully and accur	ately descr	ibed above	by the proper sh	ipping name	
and are classified, packaged, marked and	labeled/placarded	d, and are in all resp	pects in proper condition for	transport a	ccording to	o applicable intern	national and	
national governmental regulations.					- V-			
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date				
*Operator refers to the company which ow			ervises the facility being der		renovated	or the demolition	n or	
renovation operation or both			, , , , , , , , , , , , , , , , , , , ,					



2167686

 GENERATOR (Generate 	or completes I	la-r)						
a. Generator's US EPA ID Number		b. Manifest Docur	nent Number		c. Page	1 of		
d. Generator's Name and Location: Gwinnett Reg. Dist. 3312 N Berkley Lake f. Phone:	Center Rd NW		e. Generator's Mailing Add	dress:				
If owner of the generating facility differs from	om the generator	, provide:						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol	
50871420359	11/21/2016		Arsenic Impacted Soil			18 tens		
ACCOUNT # 100589							2	
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack ly restricted haza	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restriction	n accordin ctions. I ce	g to applice rtify and w	cable regulations; varrant that the wa	AND, if this	
How Dille was a 1009	as stored	Harrow F	1 The store		- 40	1/07/200	~ ~ ~	
p. Generator Authorized Agent Name (Pri		q. Signature			r. Date	1 1		
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)								
a. Transporter's Name and Address: b. Phone:								
Kill Sires	1 1 10	Ko 000	XOA	13	1/7	115	14	
c. Driver Name (Print)	d. Sigr		- ENG .	e. Date	/ /	J		
III. DESTINATION (General								
a. Disposal Facility and Site Address: Substituting Crock Ho Buford, CA 30516 b.	11-3675	c. US EPA Nun	nber d. Discrepancy Indica	ation Space	e:			
I hereby certify that the above named mat	erial has been ac	ccepted and to the bi	est of my knowledge the fore	going is tr	ue and acc	curate.		
			2					
e. Name of Authorized Agent (Print)	f. Sign.	ature		g. Date				
IV. ASBESTOS (Generator	completes IVa	a-f and Operator	complete IVg-i)					
a. Operator's Name and Address:	T	V:)	c. Responsible Agency Nar	me and Ad	dress:			
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addit	ional Information	×	. 14					
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	Friable contents of this consed, and are in all resp	% Non-Friable signment are fully and accur- pects in proper condition for	ately descr transport a	ibed abov scording t	e by the proper sh o applicable inter	nipping name national and	
				-	H.			
g. Operator's Name and Title (Print)	h. Sigr			i. Date				
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ates, controls, or sup	ervises the facility being der	nolished or	renovated	d, or the demolitio	n or	



2167680

I. GENERATOR (Generate	or completes la	a-r)							
a. Generator's US EPA ID Number b. Manifest Document Number c, Page 1 of									
d. Generator's Name and Location: Ign Street Equity A.	Center Rd NW		e. Generator's Mailing Adg	dress:					
If owner of the generating facility differs from	om the generator,	provide:	grinorio	1					
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2016		Arsenia Impacted Soil			18 fore			
ACCOUNT # 100563									
		7				*			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and packa ly restricted hazar	aged, and is in prope dous waste subiect	er condition for transportation to the Land Disposal Restri	on accordin	g to applice	cable regulations;	AND if this		
Acres 3 Hours A	gent at	Museu F	JAH			01/07/20	14		
p. Generator Authorized Agent Name (Prin	nt) q.	Signature	- 100 000000000000		r. Date	7-7-			
II. TRANSPORTER (Gene	rator complete	s Ila-b and Tran	sporter completes lic-	e)					
a. Transporter's Name and Address: b. Phone:									
DEWEY KUBA,		D		0	1-0	7-2015			
c. Driver Name (Print) III. DESTINATION (Generat	d. Signa	ALCAN-SCIENCE	tion Site completes III.	e. Date	7				
a. Disposal Facility and Site Address: 0.27 5691 Sth Fochland Creek Rd Bulord, GA 30518	1-3676	c. US EPA Num			e:	T. C.	0 1		
I hereby certify that the above named mate	erial has been acc	epted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Signat			g. Date					
IV. ASBESTOS (Generator of	completes IVa-	f and Operator	complete IVg-i)						
a. Operator's Name and Address:		1	c. Responsible Agency Nar	me and Ad	dress:				
b. Phone:e. Special Handling Instructions and Additi	onal Information:		d. Phone:						
e. Opecial Francising Instructions and Additi	onar miormation.						£		
f. Friable Non-Friable Both	% Fri	iable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the or labeled/placarded	ontents of this consi , and are in all resp	ignment are fully and accura ects in proper condition for	ately descr transport a	ibed above ccording to	e by the proper sh o applicable intern	ipping name, ational and		
		el I				200			
g. Operator's Name and Title (Print)	h. Signa	iture		i. Date					
*Operator refers to the company which own renovation operation or both	is, leases, operate	es, controls, or supe	ervises the facility being den	nolished or	renovated	i, or the demolition	or or		



2167681

I. GENERATOR (Generate	or completes I	la-r)								
a. Generator's US EPA ID Number	1-1	b. Manifest Docun	nent Number		c. Page	1 of				
d. Generator's Name and Location: High Street Equity Ac Gwinnett Reg. Dist. (3312 N Berkley Linke f. Phone:	Center Rd NW		e. Generator's Mailing Add	dress:			1			
If owner of the generating facility differs from	om the generator	r, provide:								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cont	ainers Type	n. Total Quantity	o. Unit Wt/Vol			
60871420359	11/21/2016	Non Regulated	Areanic Impacted Soil	NO.	Туре	18 Ions	VVUVOI			
ACCOUNT # 100563					1					
N C										
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and pack ly restricted haza	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restri	on according ctions. I cer	to applice tify and w	able regulations; varrant that the wa	AND, if this			
Hara D. Hottersking H	Shiet	Alven D	Arthynatom		01	103/2015	5			
p. Generator Authorized Agent Name (Prin		q. Signature			r. Date					
II. TRANSPORTER (Gene	rator complete	es Ila-b and Tran	nsporter completes llc-	e)						
a. Transporter's Name and Address: b. Phone:	100	Ţ.								
Michael young	, M.	chal Je	ウ	<i>t</i> -	8 -1	5				
c. Driver Name (Print)	d. Sigr			e. Date						
III. DESTINATION (Generat			The company of the co	The state of the s						
a. Disposal Facility and Site Address:	71-3575	c. US EPA Num	nber d, Discrepancy Indica	ation Space						
I hereby certify that the above named mat	erial has been ac	ccepted and to the be	est of my knowledge the fore	egoing is tru	e and ac	curate.				
e. Name of Authorized Agent (Print)	f. Sign			g. Date						
IV. ASBESTOS (Generator	completes IVa	a-f and Operator								
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	iress:					
b. Phone:	ional Information		d. Phone:							
e. Special Handling Instructions and Addit	ional information	1:								
f. ☐ Friable ☐ Non-Friable ☐ Both		riable	% Non-Friable							
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.										
g. Operator's Name and Title (Print)	h. Sigr			i. Date						
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ates, controls, or sup	ervises the facility being der	nolished or	renovated	d, or the demolitio	n or			



2167654

I. GENERATOR (Generate	or completes I	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of		
d. Generator's Name and Location:			e, Generator's Mailing Address:					
Carles et l'ag 1) et e								
f. Phone: 3312 N Cartely Lake	Fact Differ		g. Phone:					
f. Phone: If owner of the generating facility differs fr	om the generator	, provide:						
h. Owner's Name:								
j. Waste Profile #	k. Exp. Date		ping Name and	m. Con		n. Total	o. Unit	
		Description	***************************************	No.	Type	Quantity	Wt/Vol	
50871420359	11/21/2016	The second secon	Arsenic Impacted Soil			18 ins		
4000 BIT # 40000								
ACCOUNT # 100563								
and the state of t								
GENERATOR'S CERTIFICATION: ! here	l by certify that the	above named mate	rial is not a hazardous waste	e as define	d by 40 CI	R 261 or any app	olicable	
state law, has been properly described, cl	assified and pack	aged, and is in prop	er condition for transportation	n according	g to applic	able regulations;	AND, if this	
waste is a treatment residue of a previous been treated in accordance with the requi	rements of 40 CF	rdous waste subject R 268 and is no lone	to the Land Disposal Restri der a hazardous waste as de	ctions. I cer efined by 40	tity and w D CFR 261	arrant that the wa	iste has	
1 - 11.	41120	11 -	12			1-1-		
p. Generator Authorized Agent Name (Print) q. Signature r. Date								
II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)								
a. Transporter's Name and Address:	rator complete	o na o ana mar	ioportor completes no	<u> </u>				
			13					
b. Phone:			/			1 1		
- Kill SIM	2	Bu 00	1711		11	0/15-	- 1	
c. Driver Name (Print)	d. Sign	ature		e. Date	1/	0/13		
III. DESTINATION (Generat		la-c and Destina	The state of the s					
a. Disposal Facility and Site Address:	71-3675	c. US EPA Num	iber d. Discrepancy Indica	ation Space				
- USA Stationieral Creek No								
Buford, GA 30518								
b. I hereby certify that the above named mat	erial has been ac	cented and to the be	est of my knowledge the fore	anoina is tri	ie and acc	rurate		
de la constant	Decir ac	copios and to the be	Set of the tallowindige the lore	going is it	o una acc	All allo.		
e. Name of Authorized Agent (Print)	£ 01-	aturo		m Data				
IV. ASBESTOS (Generator	f. Signa		complete IVa-iV	g. Date				
a. Operator's Name and Address:	completes ive	r and Operator	c. Responsible Agency Nar	me and Add	drace:			
d. Operator s tvame and Address.			o. Responsible Agency Nai	ine and Add	11000.			
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addit	tional Information:							
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.								
a. g			****					
a Operator's Name and Title (Dille)		ations.	5 T	i Dati				
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sign		ervises the facility being den	i. Date nolished or	renovated	. or the demolition	n or	
renovation operation or both	, pola	, or oap.	and the state of t			.,		



2167656

I. GENERATOR (Generato	r completes	ia-r)						
a. Generator's US EPA ID Number		b. Manifest Do	ument Number c. Page 1 of					
d. Generator's Name and Location: Gwinnett Reg. Dist. (3312 N Bendey Lake)	Center Rd NW		e. Generator's Mailing Address: g. Phone:					
f. Phone: If owner of the generating facility differs from	om the generator	r, provide:	g. I none.					
h. Owner's Narne:			i. Owner's Phone No.:					
j. Waste Profile #	k, Exp, Date	I. Waste S Descriptio	hipping Name and n	m. Cor No.	Type	n. Total Quantity	o. Unit Wt/Vol	
50871420359	11/21/201	The second secon	ed Arsenic Impacted Soil			18 mgs		
ACCOUNT # 100563								
	•							
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.								
A STANDARD A	gar et	Hamin	1444			01/08/2010	5	
p. Generator Authorized Agent Name (Pri			r. Date	7				
II. TRANSPORTER (Gene		es lla-b and T	ransporter completes lic	-e)				
a. Transporter's Name and Address: b. Phone:								
Michael young	1 1 2	is broad	found	e. Date	8-	15		
c. Driver Name (Print)		nature	0 31.					
III. DESTINATION (General	or complete							
a. Disposal Facility and Site Address:		c. US EPA N						
I hereby certify that the above named mat	terial has been a	ccepted and to th	e best of my knowledge the fo	regoing is tr	rue and ac	curate.		
and the second second								
e. Name of Authorized Agent (Print)	f. Sigr	nature	Control of the last	g. Date				
IV. ASBESTOS (Generator	completes !V	a-f and Opera	tor complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency N	ame and Ad	ddress:			
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addi	tional Informatio	n:	7 - 1-1	h .				
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	Friable e contents of this oled, and are in all	% Non-Friable consignment are fully and accurespects in proper condition for	urately desc or transport	ribed abov according	ve by the proper s to applicable inte	shipping name rnational and	
g. Operator's Name and Title (Print)	h. Sig	nature		i. Date				
*Operator refers to the company which ov renovation operation or both	vns, leases, oper	rates, controls, or	supervises the facility being de	emolished o	r renovate	d, or the demoliti	on or	



2167655

 GENERATOR (Generator 	completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number	c. P	age 1 of				
d. Generator's Name and Location: inch shows in the Adv disconnection of the Adv f. Phone:	enter d NW		e. Generator's Mailing Address: g. Phone;						
If owner of the generating facility differs from	m the generator,	provide:							
h. Owner's Name:	X		i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Narne and	m, Container No. Typ		o. Unit Wt/Vol			
60871420369	11/21/2015		Amenic Impacted Soil		18 tons				
ACCOUNT # 100663									
GENERATOR'S CERTIFICATION: I hereb state law, has been properly described, class waste is a treatment residue of a previously been treated in accordance with the require	ssified and packa restricted hazar	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restri	n according to a ctions. I certify a	pplicable regulations; nd warrant that the wa	AND, if this			
Arron D. Harristen Milal	1 Singet	- I Good Li	Att 10 ten 0+/08/2015						
p. Generator Authorized Agent Name (Print		r. Da	ate						
II. TRANSPORTER (General	ator complete	s Ila-b and Trai	asporter completes Ilc-	e)					
a. Transporter's Name and Address: b. Phone:									
DI// DIM	, , , , , , , , , , , , , , , , , , ,	sell	XLS	1/	5/15				
c. Driver Name (Print)	d. Sign		-ti Oit	e. Date					
III. DESTINATION (Generate									
a. Disposal Facility and Site Address:		c. US EPA Nun			*()				
I hereby certify that the above named mate	rial has been ac	cepted and to the b	est of my knowledge the fore	egoing is true an	d accurate.				
e. Name of Authorized Agent (Print)	f, Signa			g, Date					
IV. ASBESTOS (Generator c	ompletes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Address					
b. Phone:		-	d. Phone:						
e. Special Handling Instructions and Addition	onal Information;			-7					
		(C. 2) P.	00.11	1					
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and I national governmental regulations.	declare that the	riable contents of this con d, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	ately described a transport accord	above by the proper s ing to applicable inter	hipping name, national and			
		V 1							
g. Operator's Name and Title (Print)	h. Sign	ature	2 1 1 1 1	i. Date					
*Operator refers to the company which own renovation operation or both	ns, leases, opera	tes, controls, or sup	pervises the facility being der	nolished or reno	vated, or the demolitic	on or			



2167657

 GENERATOR (Generato 	r completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docum	cument Number c, Page 1 of						
d. Generator's Name and Location: Gwinnett Reg. Dist. 6. Phone:	Center Rd NW		e. Generator's Mailing Add g. Phone:	lress:					
If owner of the generating facility differs from	m the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol		
60871420359	11/21/2015		Arsenic Impacted Soil			18 tens			
ACCOUNT # 100563									
× 12/2 8-									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, clawaste is a treatment residue of a previous been treated in accordance with the require	assified and packa	aged, and is in prop rdous waste subject	er condition for transportatio to the Land Disposal Restri	n accordin ctions. I ce	g to applic rtify and w	able regulations; arrant that the wa	AND, if this		
Arm D. Harenders / H. W.	Street 1	Howy D	Hottenston		0	1/08/2015			
p. Generator Authorized Agent Name (Prin	nt) q	. Signature			r. Date				
II. TRANSPORTER (Gener	rator complete	s Ila-b and Tran	nsporter completes lic-	e)					
a. Transporter's Name and Address: b. Phone:	IA	la IV	The Age	1 _	S/				
c. Driver Name (Print)	d. Sign	THE PERSON NO.	7	e. Date					
III. DESTINATION (Generat			ation Site completes III	Article Co.					
a. Disposal Facility and Site Address		c. US EPA Num			<i>3</i> .				
5691 Sih Richland Creek Rd Buford, GA 30518 b.									
I hereby certify that the above named mat	erial has been ac	cepted and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f, Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	i-f and Operator	complete IVg-i)						
a. Operator's Name and Address:	21		c. Responsible Agency Na	me and Ad	ldress:				
b. Phone:		- /	d. Phone:						
e. Special Handling Instructions and Addit	ional Information:						-F41		
f. ☐ Friable ☐ Non-Friable ☐ Both	% F	riable	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this cond d, and are in all res	signment are fully and accur pects in proper condition for	ately descr transport a	ribed abov according t	e by the proper sl to applicable inter	nipping name national and		
g. Operator's Name and Title (Print)	h. Sign	nature		i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ites, controls, or sup	pervises the facility being der	molished o	r renovate	d, or the demolitio	n or		



2167658

 GENERATOR (Generator 	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docun	nent Number		c. Page 1 of				
d. Generator's Name and Location: Fight Sized Equity Actions Gwinnell Reg. Dist. C. 3312 N Bordey Lake f. Phone:	Center Rd NW		e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Cont No.	ainers n. Total Type Quantity	o. Unit Wt/Vol			
50671420959	11/21/2015		Arsenic Impacted Soil		18 tens				
ACCOUNT # 100563			. 4						
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl. waste is a treatment residue of a previous been treated in accordance with the requirements.	assified and pack ly restricted hazai	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restric	rı according ctions. I cer	g to applicable regulation: tify and warrant that the	s; AND, if this			
A 75-11 1-1- 1-97	(1.1 - 21.E	Harry 4	Water of the		01/08/201	5"			
p. Generator Authorized Agent Name (Pri	ot) a	. Signature	- 127 Epoleton -		r. Date				
II. TRANSPORTER (Gene	Carlotte and the same of the s		enorter completes IIc-	(م					
a. Transporter's Name and Address: b. Phone:		1	0						
Bill SING	1	Bell	Of he		1/8/15				
c. Driver Name (Print)	d. Sign			e. Date					
III. DESTINATION (Generat	or complete II								
a. Disposal Facility and Site Address; () 1002 Substitution of Code No. 1002 Substitution of Code No.	71-3576	c. US EPA Nun	nber d. Discrepancy Indica	ation Space					
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tru	ue and accurate.				
e. Name of Authorized Agent (Print)	f. Signa			g. Date	X-SILL CONTRACTOR				
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)						
a. Operator's Name and Address:		1131	c. Responsible Agency Na	me and Add	dress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addit	tional Information:		d. Prono.						
	0/ 5	waste.	0/ Non Erich!s						
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this con d, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	ately descri transport a	ibed above by the proper ccording to applicable int	shipping name ernational and			
		202							
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date	- SUM - 11 - 12 - 12 - 1				
*Operator refers to the company which ow renovation operation or both	vns, leases, opera	ites, controls, or sur	pervises the facility being der	molished or	renovated, or the demoli	tion or			



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I. GENERATOR (Generator	or completes la	а-г)							
a. Generator's US EPA ID Number		b, Manifest Docu	ment Number		c. Page	1 of			
d. Generator's Name and Location:			e. Generator's Mailing Address:						
i agh Street Espaiy Az									
Gwinnett Reg. Dist. (3312 N Berkley Lake									
f. Phone:			g. Phone;						
If owner of the generating facility differs from	om the generator,	provide:							
			Comments Disease No.						
h. Owner's Name:	k Eve Date	I Wasta Shir	i. Owner's Phone No.: pping Name and						
j. Waste Profile #	k. Exp. Date	Description	pping Name and	No.	Type	Quantity	Wt/Vol		
			Arsenic Impacted Soil			18 tons			
50871420359	11/21/2015					4 0 reserve			
ACCOUNT # 100663									
and a boundaries									
GENERATOR'S CERTIFICATION: I here	by certify that the	above named mate	erial is not a hazardous waste	as define	d by 40 C	FR 261 or any app	olicable		
state law, has been properly described, cl	assified and pack	aged, and is in prop	per condition for transportation	n accordin	g to applic	able regulations;	AND, if this		
waste is a treatment residue of a previous been treated in accordance with the requi	ly restricted haza	rdous waste subject R 268 and is no lor	ot to the Land Disposal Restri	ctions. I ce	riity and w	arrant that the wa	iste nas		
been treated in accordance with the requir	Terrients of 40 Cr	2 8	igei a liazardous waste as ut	silica by 4	0 01 11 20	~ / 0/2	-10-		
Auron I bright 1/1	city Shows	(throng	2 Hollenstern		. 0	2/00/6	015		
p. Generator Authorized Agent Name (Pri	nit) q	. Signature			r. Date	/ /			
II. TRANSPORTER (Gene	rator complete	s Ila-b and Tra	nsporter completes lic-	e)					
a. Transporter's Name and Address:	Andreas III and the same A description								
- / /									
b. Phone:									
	100	0 0	1	1	The	15			
Thicke Houry	1.4	uerneek!	gerry	1	9	*)			
c. Driver Name (Print)	d. Sign		V	e. Date					
III. DESTINATION (General	or complete II	la-c and Destin	ation Site completes III	d-g)					
a. Disposal Facility and Site Address;	71.0575	c, US EPA Nui	mber d. Discrepancy Indica	ation Space	e:				
SA STEEN LINE (1821) OF THE RESERVE	1								
Buford, GA 30518							1		
b.									
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the fore	going is tr	ue and ac	curate.			
The second secon									
N (A III)				- D-1-					
e. Name of Authorized Agent (Print)	f. Signa			g. Date					
IV. ASBESTOS (Generator	completes IVa	1-T and Operator							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addit	ional Information								
f T Friable T Non Friable T Dette	0/ 5	riable	% Non-Friable						
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby				ately descr	ibed abov	e by the proper st	nipping name		
and are classified, packaged, marked and	labeled/placarde	d, and are in all res	spects in proper condition for	transport a	ccording t	o applicable inter	national and		
national governmental regulations.									
0 (1)				: D-:		<u> </u>			
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sign		nancises the facility being dor	i. Date	renovate	d or the demolitic	n or		
renovation operation or both	ms, ieases, opera	itos, controls, or su	pervises the identity being der	nonoried of	Toriovate	a, or the demonto			



2167660

 GENERATOR (Generato 	r completes la	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	1 of		
d. Generator's Name and Location:	Canter Rd NW	-	e. Generator's Mailing Address: g. Phone:					
If owner of the generating facility differs from		provide:						
h. Owner's Name:			i. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Conta	ainers Type	n. Total Quantity	o. Unit Wt/Vol	
50871420359	11/21/2016	A STATE OF THE PARTY OF THE PAR	Arsenic Impacted Soil			18 tons		
ACCOUNT # 100663								
GENERATOR'S CERTIFICATION: I herel state law, has been properly described, cla waste is a treatment residue of a previous been treated in accordance with the requir	assified and packa ly restricted hazai	aged, and is in prop rdous waste subject	er condition for transportatio to the Land Disposal Restric	n according ctions. I cert	to applic ify and w	able regulations; . arrant that the wa	AND, if this	
American August	Pricet	Brown 9	the transfer		(1/08/20	15	
p. Generator Authorized Agent Name (Print) q. Signature r. Date								
II. TRANSPORTER (Gener			sporter completes IIc-	e)				
a. Transporter's Name and Address: b. Phone:								
c. Driver Name (Print)	d. Sign	Sigle	Me	e. Date	18,	15		
			tion City completes III.			Service and the service and th		
III. DESTINATION (Generat								
a. Disposal/Facility and Site Address; 177	1-36/6	c. US EPA Nun	nber d. Discrepancy Indica	ation Space:				
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tru	e and acc	curate.		
						-		
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date				
IV. ASBESTOS (Generator	completes IVa	-f and Operator	complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency Nat	me and Add	ress:			
b. Phone:			d. Phone:				1	
e. Special Handling Instructions and Addit	ional Information:				*******			
<u> </u>			0/ 11 - 5 - 11					
f. Friable Non-Friable Both OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	riable contents of this cond d, and are in all res	% Non-Friable signment are fully and accur pects in proper condition for	rately describ transport ac	ped abov cording t	e by the proper sl o applicable inter	nipping name national and	
g. Operator's Name and Title (Print)	h. Sign	ature		i. Date		11//		
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ites, controls, or sup	ervises the facility being der	molished or i	renovated	d, or the demolitio	n or	



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i. GENERATOR (Generate	or completes I	іа-г)							
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location:	Center Rd NW		e. Generator's Mailing Address: g. Phone:						
If owner of the generating facility differs from	om the generator	r, provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2010		Arsenic Impacted Soil			18 tous			
ACCOUNT # 100563				- 1					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack bly restricted haza	kaged, and is in prop ardous waste subject	er condition for transportation to the Land Disposal Restri	n accordin ctions. I ce	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this		
Auray 2 // o/ seasten /	STATE OF		A Holden Waste as a	elined by 4	0 011120	1/08/201	5		
p. Generator Authorized Agent Name (Pri	nt)	q. Signature	r. Date			1-1-			
			nanartar samplatas IIs	۵)	1. Date				
II. TRANSPORTER (Generator completes Ila-b and Transporter completes Ilc-e)									
a. Transporter's Name and Address: b. Phone:									
1611 SIM		sell (20		1/8	115			
c. Driver Name (Print)	d. [/] Sigi			e. Date					
III. DESTINATION (General		Illa-c and Destina							
a. Disposal Facility and Site Address:		c. US EPA Nun							
I hereby certify that the above named mat	terial has been ad	ccepted and to the b	est of my knowledge the fore	egoing is tr I	ue and ac	curate.			
e. Name of Authorized Agent (Print)	f. Sign		1 . 11 . 11	g. Date					
IV. ASBESTOS (Generator	completes IV	a-f and Operator							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addi	tional Information	n:							
	f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable								
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	/ declare that the I labeled/placarde	contents of this con ed, and are in all res	signment are fully and accur pects in proper condition for	rately descr transport a	ibed abov sccording t	e by the proper s to applicable inter	hipping name, national and		
g. Operator's Name and Title (Print) *Operator refers to the company which over renovation operation or both	h. Sig vns, leases, opera	nature ates, controls, or sup	pervises the facility being der	i. Date molished or	renovate	d, or the demolitic	on or		



2167661

 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docun	nent Number		c. Page	1 of			
d. Generator's Name and Location: Figure Size Equity Ac Gwinnett Reg. Dist. 3312 N. Bender Lake f. Phone:	Center Rd NW		e. Generator's Mailing Add	lress;					
If owner of the generating facility differs from	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k, Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420359	11/21/2015		Arsenic Impacted Soil			18 tos			
ACCOUNT # 100563									
	4 4								
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.									
Haran D. follendentillinet / Java DHattenstein 01/08/2015									
p. Generator Authorized Agent Name (Pri	nt) q	, Signature			r. Date	1 1			
II. TRANSPORTER (Gene	rator complete	s lla-b and Trai	asporter completes lic-	e)					
a. Transporter's Name and Address: b. Phone:	/	-			45	1 700000			
Simon Depre		my	Lega	a Data	0-1	<u></u>			
c. Driver Name (Print)	d. Sign		the Otto considers III	e. Date	_				
III. DESTINATION (General					//e:				
a. Disposal/Facility and Site Address/n 2 b831 Str. Facility and Creek Rd Suferd, GA 30518 b.	78-9575/	c. US EPA Nun	nber d. Discrepancy Indica	ation Space	e:				
I hereby certify that the above named man	terial has been ac	cepted and to the b	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
Town Don	Vo			10	5-	5			
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date	Arra territoria				
IV. ASBESTOS (Generator			complete IVg-i)						
a. Operator's Name and Address:	dompiotod iva	Traine operation	c. Responsible Agency Na	me and Ad	ldress:				
10									
b. Phone:			d. Phone:						
e. Special Handling Instructions and Addi	tional Information:		*						
f. ☐ Friable ☐ Non-Friable ☐ Both	9/ ₂ E	riable	% Non-Friable	10.00			7		
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	contents of this con	signment are fully and accur	ately descr transport a	ribed abov according	re by the proper s to applicable inter	nipping name national and		
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date	The same				
*Operator refers to the company which ov renovation operation or both	vns, leases, opera	ates, controls, or sup	pervises the facility being der	molished o	r renovate	d, or the demolitic	n or		



2167662

I. GENERATOR (Generato	r completes	s ia-r)								
a. Generator's US EPA ID Number		b. M	anifest Docum	nent Number		c. Page	1 of			
d. Generator's Name and Location: Location: Location: Location: Location: Common Reg. Des. C. Common Reg. D	levier Rd NW			e. Generator's Mailing Add	dress:					
If owner of the generating facility differs fro	m the generat	or, provid	de:							
h. Owner's Name:				i. Owner's Phone No.:						
j. Waste Profile #	k, Exp. Date		I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
50871420369	11/21/20		n Regulated	Arsenic Impacted Soil			18 tons			
ACCOUNT # 100563										
4-21-2										
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.										
Anna D. Hartonson 1827 50+ / June L. Fotonstein 01/08/2015							5			
p. Generator Authorized Agent Name (Prin		q. Signa				r. Date				
II. TRANSPORTER (Gener	ator comple	etes lla-	-b and Trar	nsporter completes llc-	e)					
a. Transporter's Name and Address: b. Phone:										
Michaelloury		who	1 you	S	11	8/1	5	-		
c. Driver Name (Print)		ignature	U		e. Date					
III. DESTINATION (Generate	or complete	ella-c a	and Destina	ation Site completes III	d-g)					
a. Disposal Facility and Site Address: 7. 77 1831 Star Romand Creek Hot Fulland, CA 30518 b.			US EPA Num		-					
I hereby certify that the above named mate	erial has been	accepted	and to the be	est of my knowledge the fore	egoing is tr	ue and ac	curate.			
e. Name of Authorized Agent (Print)	-	gnature			g. Date					
IV. ASBESTOS (Generator of	completes I'	Va-f and	d Operator	complete IVg-i)						
a. Operator's Name and Address:				c. Responsible Agency Na	me and Ad	ldress:				
h Dhanai				d. Phone:						
b. Phone:e. Special Handling Instructions and Additi	ional Information	on:		G. FIIOHG.						
e, opedar rialiding that dottons and riaditi	onal imorniati	011.								
f. ☐ Friable ☐ Non-Friable ☐ Both % Friable % Non-Friable										
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the labeled/placar	he conten rded, and	nts of this cons are in all resp	signment are fully and accur pects in proper condition for	rately descr transport a	ribed abov according	e by the proper s to applicable inter	hipping name, national and		
national governmental regulations.										
g. Operator's Name and Title (Print)	h. S	ignature			i. Date					
*Operator refers to the company which ow renovation operation or both	ns, leases, op	erates, co	ontrols, or sup	ervises the facility being der	molished or	r renovate	d, or the demolitic	on or		



2167664

I. GENERATOR (Generate	or completes	la-r)					
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number		c. Page	1 of	
d. Generator's Name and Location:	Center Rd NW		e. Generator's Mailing Add	dress:			
If owner of the generating facility differs from	om the generator	r, provide:					
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Shi Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
50871420358	11/21/201	the state of the s	Arsenic Impacted Soil			18 tons	
ACCOUNT # 100563							
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and paci ly restricted haza	kaged, and is in pro ardous waste subjec	per condition for transportation of the Land Disposal Restri	on according ctions, I cer	g to applic rtify and w	cable regulations; varrant that the wa	AND, if this
A D. Hat broken 199	ent et	Muin	900			01/08/2	0/5
p. Generator Authorized Agent Name (Prin	nt)	q. Signature			r. Date	1	
II. TRANSPORTER (Gene	rator complet	es ila-b and Tra	nsporter completes lic-	e)			
a. Transporter's Name and Address: b. Phone:		7				4	
Thinky Dia	ren /	1	12		1-8	-15	
c. Driver Name (Print)		nature		e. Date			
III. DESTINATION (Generat							
a. Disposal Facility and Site Address:	71-3575	c. US EPA Nu	mber d. Discrepancy Indica	ation Space	: :		
I hereby certify that the above named mat	erial has been a	ccepted and to the b	est of my knowledge the fore	egoing is tru	ue and ac	curate.	
	^						
e. Name of Authorized Agent (Print)	f. Sign		4	g. Date			
IV. ASBESTOS (Generator	completes IV	a-f and Operato	r complete IVg-i)				
a. Operator's Name and Address:			c. Responsible Agency Na	me and Add	dress:		2
b. Phone: e. Special Handling Instructions and Addit	ional Information	n:	d. Phone:				
		r					
f. Friable Non-Friable Both		Friable	% Non-Friable				
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the	e contents of this cor ed, and are in all res	nsignment are fully and accur spects in proper condition for	ately descri transport a	ccording	e by the proper sl	national and
					1		
g. Operator's Name and Title (Print)		nature		i. Date			
*Operator refers to the company which ow renovation operation or both	ns, leases, oper	ates, controls, or su	pervises the facility being der	molished or	renovate	d, or the demolitio	n or



2167666

I. GENERATOR (Generate	or completes l	a-r)						
a. Generator's US EPA ID Number		b. Manifest Docur	ment Number		c. Page	1 of		
d. Generator's Name and Location: into Street County A Gwinnell Reg 3312 N Bankley Lake	Center Rd NW -		e. Generator's Mailing Address:					
f. Phone: If owner of the generating facility differs fr	om the generator	provide	g. Phone:				_	
	on the generator,	provide.						
h. Owner's Name:	Li. E. D.G.	L I Manta Chin	i. Owner's Phone No.:	1 0	<i>(_</i> 1	T =		
j. Waste Profile #	k. Exp. Date	Description	pping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol	
60871420359	11/21/2015		Arsenic Impacted Soil			18 tons		
ACCOUNT # 100563								
		-						
GENERATOR'S CERTIFICATION: I here state law, has been properly described, cl waste is a treatment residue of a previous been treated in accordance with the requi	assified and pack by restricted haza	aged, and is in prop rdous waste subject	er condition for transportation to the Land Disposal Restr	on according	g to applic	able regulations;	AND, if this	
A I for	RIOT OF	11 4	allen		70	Mastra		
p. Generator Authorized Agent Name (Print) q. Signature r. Date								
II. TRANSPORTER (Gene			sporter completes lic-	-e)	.,			
a. Transporter's Name and Address: b. Phone:								
Bill Sires	f.	Sello	Les		1/8	115		
c. Driver Name (Print)	d. Sign			e. Date	1			
III. DESTINATION (General	or complete ill							
a. Disposal Facility and Site Address: 0.2, 5891 Sth Richland Creek Rd Buford, GA 30518 b.	1-3676	c. US EPA Num	ber d. Discrepancy Indic	ation Space	:			
I hereby certify that the above named mat	erial has been acc	cepted and to the be	est of my knowledge the for	egoing is tru	e and ac	curate.		
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date				
IV. ASBESTOS (Generator	completes iVa	-f and Operator	complete IVg-i)					
a. Operator's Name and Address:			c. Responsible Agency Na	ime and Ado	lress:			
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addit	ional Information:							
f. ☐ Friable ☐ Non-Friable ☐ Both	% Fr	iable	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and national governmental regulations.	declare that the diabeled/placarded	contents of this cons d, and are in all resp	ignment are fully and accur ects in proper condition for	rately descri transport ac	bed above cording to	e by the proper sh c applicable intern	ipping name , ational and	
g. Operator's Name and Title (Print)	h. Signa	ature		i. Date		2/4		
*Operator refers to the company which ow	ns, leases, operat	es, controls, or supe	ervises the facility being der	molished or	renovated	, or the demolition	or	



2167665

I. GENERATOR (Generato	or completes	s ia-r)								
a. Generator's US EPA ID Number		b,	Manifest Docur	ment Number		c. Page	1 of			
d. Generator's Name and Location: e. Generator's Mailing Address:										
High Street Equity Advisors - Gwinnett Reg. Dist. Contor										
f. Phone:				g. Phone:						
If owner of the generating facility differs from		tor, pro	vide:	g. i none.						
h. Owner's Name:				i. Owner's Phone No.:				14		
j. Waste Profile #	k. Exp. Date			pping Name and		tainers	n. Total	o. Unit		
		_	Description		No.	Туре	Quantity	Wt/Vol		
		- 1	Non Regulated	Arsenic Impacted Soil						
60871420359	11/21/20						AS TONE			
The state of the s	5 Water 17 863									
ACCOUNT # 100563										
- ACACOUNT # 100000								4		
Seed of the State										
							7 1 1			
GENERATOR'S CERTIFICATION: I here	by certify that t	he abo	ve named mate	rial is not a hazardous waste	e as define	d by 40 Cl	R 261 or any app	olicable		
state law, has been properly described, cl	assified and pa	ickage	d, and is in prop	er condition for transportation	on accordin	g to applic	able regulations;	AND, if this		
waste is a treatment residue of a previous	ly restricted ha	zardou	is waste subject	to the Land Disposal Restri	ctions. I ce	rtify and w	arrant that the wa	ste has		
been treated in accordance with the require	rements of 40	JFR 20	ob and is no ion	ger a nazardous waste as de	etined by 4	0 CFR 26	1 17 -	- 6		
Alexan D. Pat Duran Alex	de good		Transport V	1 Hollerston		257	100/2015			
p. Generator Authorized Agent Name (Prin		a Sic	gnature		r. Date	344				
II. TRANSPORTER (Gene				asporter completes lle	۵۱	1. Duto				
a Transporter's Name and Address:	rator comple	eles II	ia-D and Hai	isporter completes lic-	e)					
d Transporter 3 Name and Address.										
The state of										
No. of the last of										
b. Phone:			0 011			,				
Michael Young	ishael yourg Muchael young 1/8/15									
c. Driver Name (Print)	d S	ignatur	Α /		e. Date					
III. DESTINATION (Generat				ation Site completes III						
a. Disposal Facility and Site Address; 0.2	7-35/5		c. US EPA Num	nber d. Discrepancy Indica	ation Space) :				
5661 Sto Rightano Creak Rd										
Surord, GA 30516										
b.										
I hereby certify that the above named mat	erial has been	accept	ed and to the be	est of my knowledge the fore	going is tr	ue and acc	curate.			
e. Name of Authorized Agent (Print)	f Cl	gnature			a Data					
				complete We "	g. Date	71.				
IV. ASBESTOS (Generator	completes i	va-та	ind Operator							
a. Operator's Name and Address:				c. Responsible Agency Na	me and Ad	dress:				
b. Phone:	d. Phone:									
e. Special Handling Instructions and Addit	ional Information	on:								
				00 11 5 11						
f. Friable Non-Friable Both		Friabl	e	% Non-Friable						
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	declare that the	e cont	ents of this cons	signment are fully and accur-	ately descr	ped above	e by the proper sh	ipping name		
national governmental regulations.	labeleu/placal	u c u, ai	iu are iii aii rest	bects in proper condition for	uanspuit a	ccording to	applicable interi	adurial and		
ge remine no rogulation										
g. Operator's Name and Title (Print)		gnatur			i. Date					
*Operator refers to the company which ow	ns, leases, ope	erates,	controls, or sup	ervises the facility being den	nolished or	renovated	l, or the demolition	n or		
renovation operation or both										



2167667

I. GENERATOR (Generator	or comple	etes la	-r)						
a. Generator's US EPA ID Number b. Manifest Document Number c, Page 1 of									
d. Generator's Name and Location: e. Generator's Mailing Address:									
Figh Sireel Equity Advisors									
Gwinnett Reg. Dist. (
f. Phone: 3312 N Berkley Lake I				g. Phone:					
If owner of the generating facility differs from	om the gen	erator,	provide:						
h. Owner's Name: i. Owner's Phone No.; i. Waste Profile # k. Exp. Date l. Waste Shipping Name and m. Containers n. Total									
j. Waste Profile #	k, Exp. D	ate		ping Name and			n. Total	o. Unit	
All and the second seco			Description		No.	Type	Quantity	Wt/Vol	
			Non Regulated /	Arsenic Impacted Soit			15 lear		
50871420369	1172	1/2015					in mos		
							1		
ACCOUNT # 100563									
THOUSENESS OF TOURIS								11	
					-				
GENERATOR'S CERTIFICATION: I here									
state law, has béen properly described, cla waste is a treatment residue of a previous	assified an	d packa	ged, and is in prope	er condition for transportation to the Land Disposal Poetri	on accordin	g to applic	able regulations;	AND, if this	
been treated in accordance with the requir								Sie Has	
	7 S		- 7 /	Character Contract		011120	F of the		
Home Later to the many in it	U 3 500	d	fleren	LA THERETONE	01/08/2015				
p. Generator Authorized Agent Name (Prin	nt)	q.	Signature		r. Date				
II. TRANSPORTER (Gener	rator con	pletes	s Ila-b and Tran	sporter completes lic-	e)				
a. Transporter's Name and Address:									
			-	_					
b. Phone:		1	1	1					
b. I Hole.		-	1	4		7 <	-15		
Johnny Dup	Jonny Julian James Va								
c. Driver Name (Print)		d. Signa	ture		e. Date				
III. DESTINATION (Generat	or comp	ete Illa	-c and Destina	tion Site completes III	d-a)				
a. Disposal Facility and Site Address:			c. US EPA Num	01/2 (2.10)	0,	J.			
boat ain tagaing Cross Po	150010		3. 33 E. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	a. Discrepancy males	anon opaoi				
Buford, GA 30518									
**									
b.	aulal baa b		antad and to the ba	at at my lenguiladae the few					
I hereby certify that the above named mate	enai nas bi	een acc	epted and to the be	est of my knowledge the fore	egoing is th	ue and ac	curate.		
e. Name of Authorized Agent (Print)	f	. Signat	ure		g. Date				
IV. ASBESTOS (Generator of				complete IVa-i)	111111111111111111111111111111111111111				
	oompioto.		rana operator	c. Responsible Agency Na	me and Ad	drongi			
a. Operator's Name and Address:				c. Responsible Agency Na	ine and Ad	uress.			
The second second									
b. Phone:	- le-			d. Phone:					
e. Special Handling Instructions and Additi	ional Inforr	nation:							
f. ☐ Friable ☐ Non-Friable ☐ Both		% Fri	ahle	% Non-Friable					
OPERATOR'S CERTIFICATION: I hereby	declare th				ately descr	ihed abov	e by the proper sh	inning name	
and are classified, packaged, marked and									
national governmental regulations.									
		- N - N 10 = -							
g. Operator's Name and Title (Print)		n. Signa		antigon the facility being t	i. Date	non out to	l or the december	2.04	
*Operator refers to the company which ow	ns, ieases,	operate	es, controls, or supe	ervises trie facility being der	nousned or	renovated	i, or the demolition	1 OF	



2167668

I. GENERATOR (Generato	r completes la								
a. Generator's US EPA ID Number b. Manifest Document Number c Pag						of	4		
d. Generator's Name and Location: e. Generator's Mailing Address:									
High Street Equity Advisors Gwinnett Reg. Dist. Center									
3312 N Berkley Lake F									
f. Phone: If owner of the generating facility differs fro	provide:	g. Phone:							
If owner of the generating facility differs no	in the generator,	provide.							
h. Owner's Name:	k. Exp. Date	I Waste Shin	i. Owner's Phone No.: ping Name and	m. Conta	iners T	n, Total	o. Unit		
j. Waste Profile #	k. Exp. Date	Description	ping Name and	No.	Туре	Quantity	Wt/Vol		
		Non Regulated	Arsenic Impacted Soil						
60871420369	11/21/2015	The state of the s	or warmer to be a second second			1 mus			
ACCOUNT # 100583		4		-					

GENERATOR'S CERTIFICATION: I herek state law, has been properly described, cla	by certify that the	above named mate	rial is not a hazardous wast	te as defined	by 40 CF	R 261 or any ap	plicable		
waste is a treatment residue of a previously	v restricted hazar	dous waste subject	to the Land Disposal Restr	ictions. I cert	ify and wa	arrant that the wa	aste has		
been treated in accordance with the require	ements of 40 CFF	R 268 and is no long	ger a hazardous waste as d	lefined by 40	CFR 261	·			
Land Detter than	المباك باي	Mercan I	77/17/1 /2 7		20/09/2015				
p. Generator Authorized Agent Name (Prin		Signature			r. Date				
II. TRANSPORTER (Gener	ator complete	s Ila-b and Tran	nsporter completes lic	-e)					
a. Transporter's Name and Address:									
					91	3			
b. Phone:		16							
Delater Pub	ALL	6/8		0,	4/139	Nams"			
c. Driver Name (Print)	d. Signa	áture		e. Date	1 1	100			
III. DESTINATION (Generate		a-c and Destina							
a. Disposal Facility and Site Address	14575	c. US EPA Num	ber d. Discrepancy Indic	ation Space:					
5681 Ser Rachland Creek Rd									
Darwd, CA 30518									
I hereby certify that the above named mate	erial has been acc	cepted and to the be	est of my knowledge the for	egoing is true	e and acc	curate.			
(6000)									
e. Name of Authorized Agent (Print)	f. Signa	ture		g. Date					
IV. ASBESTOS (Generator of			complete IVg-i)						
a. Operator's Name and Address:			c. Responsible Agency Na	ame and Add	ress:				
b. Phone:	in al laformation		d. Phone:						
e. Special Handling Instructions and Additi	ionai information;								
(Detty Date: U. Detty	0/ 5-	iabla	0/ Non Erichia						
f. ☐ Friable ☐ Non-Friable ☐ Both OPERATOR'S CERTIFICATION: I hereby	declare that the o	riable contents of this cons	% Non-Friable signment are fully and accu	rately describ	ed above	by the proper s	hipping name		
and are classified, packaged, marked and	labeled/placarded	d, and are in all resp	pects in proper condition for	r transport ac	cording to	o applicable inter	national and		
national governmental regulations.				Y	-				
	1 0			i Deta					
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									
"Operator refers to the company which ow	no, icases, operar	ico, controlo, or oup	cities and including and			,			



2167669

If waste is asbestos waste, complete Sections I, II, III and IV If waste is ${\bf NOT}$ asbestos waste, complete Sections I, II and III

 GENERATOR (Generate 	or completes la	a-r)							
a. Generator's US EPA ID Number		b. Manifest Docu	ment Number	C.	Page 1 of				
d. Generator's Name and Location:									
If owner of the generating facility differs from	om the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:	m. Contain	ore la Tatal	o Unit			
j. Waste Profile #	k, Exp. Date	Description	pping Name and		ers n. Total Type Quantity	o. Unit Wt/Vol			
60871420359	11/21/2016		Arsenic Impacted Soil		18 tons				
ACCOUNT # 100663	1 00								
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.									
Harry D. Hermosten	Halla Start	Marin)	Hollenston		01/09/201	5			
p. Generator Authorized Agent Name (Prin	nt) g	. Signature		r.	r. Date				
II. TRANSPORTER (General	rator complete	s Ila-b and Tra	nsporter completes lic-	e)					
a. Transporter's Name and Address: b. Phone:									
DEWEY ELBANKS	L	Lell		0-09-2015					
c. Driver Name (Print)	d. Sign			e. Date					
III. DESTINATION (Generat		la-c and Destin							
a. Disposal Facility and Site Address:	71-3675	c, US EPA Nui	mber d. Discrepancy Indica	ation Space:		4			
I hereby certify that the above named mat	erial has been ac	cepted and to the b	est of my knowledge the fore	egoing is true a	and accurate.				
	N								
e. Name of Authorized Agent (Print)	f. Signa	ature		g. Date					
			r complete IVa-i)			Will			
IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address:									
h Phone:			d Phone:	- A					
b. Phone: e. Special Handling Instructions and Addit	tional Information		d. Phone:	1					
6. Special framiling instructions and Additional information.									
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 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 governmental regulations.									
					9)				
g. Operator's Name and Title (Print) *Operator refers to the company which ow	h. Sign	nature	nonvious the facility being de-	i. Date	poveted or the demoliti	on or			
Coperator refers to the company which ow renovation operation or both	nis, leases, opera	nes, controls, or su	pervises the facility being der	nonsited or rer	lovated, or the demoliti	OIT OI			

RS-F11A



2167671

I. GENERATOR (Generate	or completes	la-r)						
a. Generator's US EPA ID Number	c. Page	1 of						
d. Generator's Name and Location: e. Generator's Mailing Address:								
High Street Equity A								
Gwinnett Reg. Dist.								
f. Phone: 3312 N Barklay Lake			g. Phone:					
If owner of the generating facility differs fr	om the generato	r, provide:						
The second second								
h. Owner's Name: i. Owner's Phone No.: i. Waste Profile # k. Exp. Date I. Waste Shipping Name and m. Containers n. Total								
j. Waste Profile #	k, Exp. Date	Description	pping Name and	No.	Type	n. Total Quantity	o. Unit Wt/Vol	
				140.	Турс	Quantity	770 701	
		Non Regulated	Amenic Impacted Soil			18 tons		
60871420359	11/21/201	6				. 4		
- ACCOUNT # 100563								
1.00					-			
			- "					
GENERATOR'S CERTIFICATION: I here	le constitue the set the	a above named mat	orial is not a hazardaya want	o ac define	d by 40 C	ED 261 or any an	plicable	
state law, has been properly described, c	lassified and nac	kaged and is in pro	per condition for transportation	on accordin	a to applic	cable regulations:	AND. if this	
waste is a treatment residue of a previous	sly restricted haz	ardous waste subject	t to the Land Disposal Restri	ictions. I ce	rtify and w	varrant that the wa	aste has	
been treated in accordance with the requi	rements of 40 C	FR 268 and is no lor	nger a hazardous waste as d	efined by 4	0 CFR 26	1.		
There Delagation	1997	1 Pores	TOTAL T			outratz	etc	
A PROPERTY OF THE PARTY.	1 1 19/2 510	01 1 1 1 1 1 1	THE PRESENCE	1	r. Date			
p. Generator Authorized Agent Name (Pri		q. Signature		-v	r. Date			
II. TRANSPORTER (Gene	rator complet	tes IIa-b and Tra	nsporter completes lic-	·e)				
a. Transporter's Name and Address:								
		-						
b. Phone:		10					180	
DELLIFT FURRING	(N) MA							
TEWES COSTIVE		ALL		2				
c. Driver Name (Print)		nature		e. Date				
III. DESTINATION (General								
a. Disposal Facility and Site Address:	71-3575	c. US EPA Nu	mber d. Discrepancy Indic	ation Spac	e:			
bille bir beckend (gook Rd								
Estard, C2A 20513								
b.								
I hereby certify that the above named ma	terial has been a	eccepted and to the b	est of my knowledge the for	egoing is tr	ue and ac	curate.		
- No 6 AVO - C 1 AV - C 1		NAME OF THE PARTY		a Det				
e. Name of Authorized Agent (Print)		nature	1.1.07.2	g. Date				
IV. ASBESTOS (Generator	completes IV	a-t and Operato						
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	ldress:			
the state of the s								
b. Phone:			d. Phone:					
e. Special Handling Instructions and Addi	tional Informatio	n:				-		
				1				
		F	0/ NI - F-1-1/					
f. Friable Non-Friable Both		Friable	% Non-Friable	rataly doca	ribad abov	o by the proper o	hinning name	
OPERATOR'S CERTIFICATION: I hereby and are classified, packaged, marked and	y ueciare that the	e contents of this cor led, and are in all rec	spects in proper condition for	transport	according	to applicable inter	national and	
national governmental regulations.	a labeled/placal0	iou, and are in air les	specia in proper condition for	a an aport	, soon uning	to applicable litter	ational and	
and the second s								
g. Operator's Name and Title (Print)	h. Sig	gnature		i. Date		d andra da Per		
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or repoyation operation or both								



2167670

 GENERATOR (Generato 	r completes l	a-r)								
a. Generator's US EPA ID Number	a. Generator's US EPA ID Number b. Manifest Docur					c. Page 1 of				
d. Generator's Name and Location: High Street Figury Ad Guinnett Reg. Dist. C 3312 N Bordey Lake I f. Phone:	e. Generator's Mailing Address: g. Phone:									
If owner of the generating facility differs from	m the generator	, provide:			10					
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
60871420369	11/21/2018		Arsenic Impacted Soil			18 tons				
ACCOVING # 100500										
ACCOUNT # 100563	76									
	1									
	. 1									
	v.									
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.										
1 511 7	Regard St	11	CHILL!		,	ulasta.				
p. Generator Authorized Agent Name (Prir	VIII STORE	a. Signature	1-TTE Mary Con	r. Date						
			reporter completes lle	0)	1. Date	<i>f</i>				
II. TRANSPORTER (Gener	ator complete	as lia-u anu mai	isporter completes lic-	e)	30-37-20-01					
a. Transporter's Name and Address: b. Phone:										
DELIFY FUBANC		1111		0	409	12015				
c. Driver Name (Print) d. Signature e. Date										
III. DESTINATION (Generate	or complete I	lla-c and Destina	ation Site completes III	d-g) /						
a. Disposal Facility and Site Address.	F1 - NE PR	c. US EPA Nun	ber d. Discrepancy Indica	ation Space	ə:					
500) Sh Rohland Crock Rd	(-2V1.0									
Bulord, GA 30518	8									
I hereby certify that the above named mate	erial has been ac	ccepted and to the be	est of my knowledge the for	egoing is tr	ue and ac	curate.				
				-						
e. Name of Authorized Agent (Print)	f. Sign	ature		g. Date	1103-11					
IV. ASBESTOS (Generator of			complete IVg-i)							
a. Operator's Name and Address:			c. Responsible Agency Na	me and Ad	dress:					
b. Phone:			d. Phone:		1					
e. Special Handling Instructions and Additional Information:										
The state of the s										
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 the proper shipping name.										
and are classified, packaged, marked and national governmental regulations.	labeled/placarde	ed, and are in all resp	pects in proper condition for	transport a	according	to applicable inter	national and			
		1x								
g. Operator's Name and Title (Print)	h. Sigr	nature		i. Date		-51				
*Operator refers to the company which ow renovation operation or both	ns, leases, opera	ates, controls, or sup	ervises the facility being der	molished or	r renovate	a, or the demolitio	n or			
		and the second second								