## Mat-Su Borough Talkeetna Library Subdivision Tract 3 Contract No. 18.17000743 Final Report



## **Submitted By:**

Central Environmental, Inc. 311 N Sitka Street Anchorage, AK 99501 Project Manager (907) 561-0125



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## **Summary Narrative**

Central Environmental, Inc. arrived onsite, setup regulated area, wash station and air monitoring for Class II abatement activity. As per CEI letter dated 8/8/2016, all chemical hazards were removed and disposed of in accordance with all applicable regulations prior to demolition (See attached Waste Shipment and Disposal Record for quantities removed). Transite pipe along with a small amount of previously unidentified siding was removed, packaged, properly labeled and disposed of as Regulated Asbestos-Containing Material (RACM).

Immediately following the removal of all chemical hazards and RACM, CEI began structure removal under Class II abatement conditions using wet methods. Upon completion of structure removal the foundation walls were removed, packaged and properly labeled as ACM. The site was then hand picked clean and all debris was loaded off site (See attached Waste Shipment and Disposal Record for all transport and disposal receipts). The site passed visual inspection and was de-regulated.

Please see the following daily field reports, sign in sheets, agency notifications, worker certifications and disposal receipts.



## **EPA NESHAPS Notification**

Operator Project #16-13865	Postmark		Received	Notification #1
I. TYPE OF NOTIFICATION (O-Original Control of the	nal, R-Revised, C-Cance	lled): O		
II FACILITY INFORMATION (Identif	y owner, removal contrac	tor, and o	ther oper	ators):
OWNER NAME: Matanuska Susitna I	Borough			
Address: 350 E. Dahlia Avenue				
City: Palmer	State: AK			<b>Zip:</b> 99645
Contact: Emerson Krueger				Telephone: 907 861-7867
	al Environmental, Inc.			
Address: 311 N. Sitka Street				
City: Anchorage	State: AK			<b>Zip:</b> 99501
Contact: Stuart M. Jacques				<b>Telephone:</b> (907) 561-0125
OTHER OPERATOR:				
Address:				
City:	State:			Zip:
Contact:	001 10 00			Telephone:
III. TYPE OF OPERATION (D-Demo, O	O-Ordered Demo, R-Rend	ovation, E	-Emerge	ncy Renovation: D
IV. IS ASBESTOS PRESENT? (Yes/No		1.0		
V. FACILITY DESCRIPTION (Including	ng building name, numbe	r and floo	or or roon	number)
Bldg. Name: Talkeetna Library Address: Subdivision Tract 3				
	State: AK			10
City: Talkeetna Site Location: Entire Building	State: AK			County:
Building Size: 2600	# of Floors: 1			1
Present Use: Vacant	# 01 F100FS; 1	Dulau	Use: Lib	Age in Years:
THE PRESENCE OF ASBESTOS M. Central Environmental, Inc. (CEI) will use in the owner's asbestos survey or included in during the course of our work	PLM methods for analysi	s of suspe at can rea	ect mater sonably	ials that were not contained be expected to be disturbed
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol> <li>Regulated ACM to be removed</li> <li>Category I ACM Not Removed</li> <li>Category II ACM Not Removed</li> </ol>	RACM To Be Removed	Asb Mater To	riable estos ial Not Be loved	Indicate Unit of Measurement Below
		Cat I	Cat II	UNIT
Pipes	AC Pip			LnFt: 10
Surface Area:	Roofing (built up) Foundation Mastics		2600 sf 1400 sf	Sq. Ft.
Vol RACM Off Facility Component	W 4 (A) - TX		O.	Cu Ft.
VIII. SCHEDULED DATES ASBESTOS 10/12/2016			-	5/2016 Complete:
IX. SCHEDULED DATES DEMO/REI 10/12/2016	NOVATION (mm/dd/yy	) Star	t: 10/6	5/2016 Complete:

A regulated area will be establish  XI. DESCRIPTION OF WO	ed and wet methods will look PRACTICES AN	be used whenever RAC	ORK, AND METHOD(S) TO BE USED:  CM is disturbed. G CONTROLS TO BE USED TO N AND RENOVATION SITE:
<ol> <li>Regulate the work area/post re</li> <li>Isolate the abatement area utili</li> <li>Restricted access to authorize,</li> <li>Package and transport the was</li> </ol>	zing barriers, visqueen et certified personnel only v	wearing appropriate pe	ersonal protective equipment.
XII. WASTE TRANSPORT		nee with regulations.	
Name: Central Environ			
Address: 311 N. Sitka			
City: Anchorage	State: AK		Zip: 99501
Contact Person: Stuart	M. Jacques		Telephone: (907) 561-0125
WASTE TRANSPORT	ER #2:		
Name:			
Address:			
City:	State:		Zip:
Contact Person:			Telephone:
III. WASTE DISPOSAL S	ITE		
Name: Central Landfill			
Location: Palmer AK			
Address: N 49th State S	treet		
City: Palmer	State: AK		<b>Zip:</b> 99645
Telephone: 907 745-98			S.C. MAN. DOG. LEW. T. A. J. T. A. J. T. A.
CIV. IF DEMOLITION OF	DERED BY A GOVE	ERNMENT AGENO	CY, PLEASE IDENTIFY THE
GENCY BELOW:	The state of Alexander		A Samuel San Company of the San
Name:		Title:	
Authority:			
Date of Order (mm/dd/y		Date Ordered to	o Begin (mm/dd/yy):
V. FOR EMERGENCY RI			
Date and Hour of Emerg			
Description of the Sudde	n, Unexpected Event:		
financial burden.			se equipment damage or an unreasonable
	OR PREVOUSLY N	ONFRIABLE ASB	THE EVENT THAT UNEXPECTED ESTOS MATERIAL BECOMES
asbestos content and establish eng	ineering controls if require	ed. If work activities of	by CEI's work activities CEI will verify the caused previously NONFRIABLE asbestos to ols, if required, to contain the material or
40 CFR PART 61, SUBPAR' AND EVIDENCE THAT TH PERSON WILL BE AVAILA REQUIRED AFTER 11/20/91	I M) WILL BE ON-S E REQUIRED TRAIN BLE FOR INSPECT I)	ITE DURING THE NING HAS BEEN A ION DURING NOI	RMAL BUSINESS HOURS. (ONLY
Lisa Bishop, Project Coordina	E ABOVE INFORMA	ATION IS CORRECT	CT. 9/22/16



## **AK DOL Notification**



"The Solutions Company"

October 7, 2016

## **DOL Notification #1**

State of Alaska Department of Labor – MI P.O. Box 10720 Anchorage, AK 99510-7020

Central Environmental, Inc. hereby requests approval for the project listed below.

Job Number:	16-13865					
Project Title: Project Location:	Talkeetna Library Abatement and Demolition 23235 S. Talkeetna Spur Rd.Talkeetna, AK, 99676 (Talkeetna Library Subdivision Tract 3)					
Owner/Prime:  Contact Person:	ADEC, Contaminated Sites Program 555 Cordova Street Anchorage, AK 99501					
Phone:	Chelsy Passmore (907) 269-7522					
Project Start Date:	10/11/2016	Project Completion:	10/13/2016			

Worker	Asb #	Expiration	Worker	Asb #	Expiration
Beair, Brian	20120022	11/24/2016	Dresnek, Casey	20101158	8/24/20127
Moffitt, Caleb	20091174	2/4/2017	Montanye, Michael	3804	11/11/2016
Weir, Paul	20110386	3/2/2017			

If you have any questions or need additional information, please do not hesitate to contact me at 907-561-0125.

Sincerely/

Angela Swigart

APPROVED

**DOL ASBESTOS NOTIFICATION** 

DATE: 10/7/

APPROVED BY:

STATE OF ALASKA (907) DOL/OSH

MAINTAIN AT WORKSITE

Central Environmental, Inc. 311 N. Sitka Street Anchorage, AK 99501



## Worker Certification(s) and Medical Clearance



## Certificate of Training

T. 25815 - 22039 Certificate Number

This is to certify that

## Brian J. Beair

has satisfactorily completed 8 hours

## Asbestos Abatement Renewal

In compliance with Alaska Asbestos Abatement Certification Statutes 8 AAC 61.600-790, & EPA/AHERA Regulation 40 CFR Part 763 Subpart E for Supervisors & Contractors

Class End Date: 11/24/2015 Class Start Date: 11/24/2015

11/24/2016 11/24/2015 Exam Date

Jesse Pratt

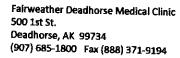
Stuart M. Jacques

Cert. Exp. Date

Environmental Management Inc. 206 E. Fireweed Lane Suite 201, Anchorage Alaska 99503 907-272-8852

LITHO IN U.S.A







## **Respirator Medical Clearance Form**

mployer	Brian CEI	Beair	Date of Birth Department	2/18/1984	Date <b>09/09/2016</b> Job
Receive 1 respira		Evaluation in a	compliance with 2	.9CFR1910.134(e	) for medical clearance to we
1edically	cleared for th	e following respir	ator(s):		
⊠ w	evel I: Use of ork condition				and/or SCBAs under the following
			ned strenuous condit	医乳腺性皮肤 医多面骨髓 经基金帐款 在大小的复数形式 医动物性	
		and the second s	rate work conditions non-strenuous condit		
<b>O</b>		and a repair of the second	The contract of the contract o	A Tributa a sur a su	
	vel II: Use of	Half or Full Negat	ive Pressure Respirat	or(s) under light, no	n-strenuous work conditions where
<b>E</b> X	(posures are k	mown and below	IDLH levels and hazar	rdous substances ha	eve good warning properties.
∏ Le	vel III: Voluni	tary use of Negati	IDLH levels and hazar	rdous substances ha	ainst low- bazard, non-irritation
Le Co	vel III: Voluni ntaminates a	tary use of Negati t a level which is i	ve Pressure Respirato	rdous substances ha ors for protection ag commended exposu	ave good warning properties.  ainst low- hazard, non-irritating  are limits.
Le co	vel III: Voluni ntaminates a strictions/Fol	tary use of Negati t a level which is i	ve Pressure Respirators n compliance with recomme	rdous substances ha ors for protection ag commended exposu	ave good warning properties.  ainst low- hazard, non-irritating  are limits.
Le co	vel III: Volunt ntaminates at strictions/Fol at medically cl	tary use of Negati t a level which is i low-up Medical E eared for the use	ve Pressure Respirators n compliance with recomme	ors for protection again commended exposurable See commended:	ainst low- hazard, non-irritating pre limits.  ts section below
Le co	vel III: Volunt ntaminates at strictions/Fol at medically cl	tary use of Negati t a level which is i low-up Medical E eared for the use phologist report, a	ve Pressure Respirator no compliance with recommendation recommender of respirator(s)  a higher level of medials job duties without	ors for protection again commended exposurable See commended:	ainst low- hazard, non-irritating ire limits.  ts section below  De issued.



T - 26230 - 19145 Certificate Number

This is to certify that

## Casey E. Dresnek

has satisfactorily completed 8 hours

## Asbestos Abatement Renewal

In compliance with Alaska Asbestos Abatement Certification Statutes 8 AAC 61.600-790, & EPA/AHERA Regulation 40 CFR Part 763 Subpart E for Supervisors & Contractors

Class Start Date: 8/24/2016

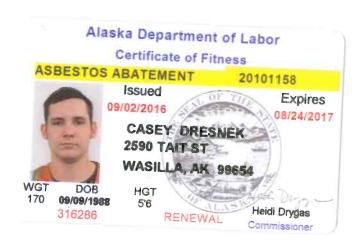
Class End Date: 8/24/2016

8/24/2016 Exam Date

8/24/2017 Cert. Exp. Date

Stuart M. Jacques

Environmental Management Inc. 206 E. Fireweed Lane Suite 201, Anchorage Alaska 99503 907-272-8852





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CHARLES AARONS, MD
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TIMOTHY LAUFER, MD
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THOMAS WIGGINS, MD
RAY ROBINSON, MD
NATHAN KASUKONIS DO

MICHAEL REEVES, MD
JEFFREY KIM, MD
JULIE ROBINSON, MD
MICHELE CHASE, MD
JILL GASKILL, MD
PETER MONTESANO, MD
JAMES LORD, MD

2221 East Northern Lights Blvd. Ste 118, Anchorage, Alaska 99508

## RESPIRATOR MEDICAL CLEARANCE CERTIFICATION

This examination has been performed in accordance with

OSHA Respiratory Protection Regulation 29 CFR 1910.134(b)(10)
Date: 9/14/14 Name: Casey Dresnek DOB: 09/09/88  Company: Central Environmental Job Title:
Company: Central Environmental Job Title:
The purpose of the history and exam is to unearth any disqualifying reason for use of a respirator. These generally fall under the medical areas; No compromising hear, lung or airway problems: any syncopal, seizure or claustrophobia/behavior disorders. Following medical inquiry, history shall be confined to shortness of breath, cough, wheeze, exertion capacity and brief past or present cardiopulmonary symptomatology. Additionally history of syncope, blackout, seizure, claustrophobia or past facemask intolerance is relevant.
BASED ON review of the OSHA Respirator Health Questionnaire, physical examination and further evaluation as appropriate, this individual is:
Medically approved for all respirator(s) including SCBAsubject to satisfactory fit test
Medically approved for the following types subject to satisfactory fit test
<ul> <li>Dust mask</li> <li>Negative Pressure</li> <li>Powered air purifying respirator</li> <li>Supplied air</li> <li>Self-contained breathing apparatus (SCBA)</li> </ul>
Employee may decline respirator-requiring assignments for temporary health realated difficulties.
Require further medical information/evaluation prior to qualifying for respirator use.
Other recommendations and suggested accommodations:
Spirometry performed:
Employee has been provided with a copy of this written recommendation:No
Physician/Practitioner Signature Date
The original copy of this report as well as possible supporting laboratory and x-ray films are maintained

Phone (907) 257-8133

Toll Free 888-382-8486

Fax (907) 677-5611

www.mpfcak.com



T - 25932 - 17043 Certificate Number

Certificate of Training

This is to certify that

Caleb L. Moffitt

has satisfactorily completed 8 hours

## **Asbestos Abatement Renewal**

In compliance with Alaska Asbestos Abatement Certification Statutes 8 AAC 61.600-790, & EPA/AHERA Regulation 40 CFR Part 763 Subpart E for Supervisors & Contractors

2/4/2016 Exam Date Class-Start Date: 2/4/2016

Class End Date: 2/4/2016

Cert. Exp. Date 2/4/2017

Stuart M. Jacques

Envilonmental Management Inc. 206 E. Fireweed Lane Suite 201, Anchorage Alaska 99503 907-272-8852





T - 25814 - 448 Certificate Number.

Certificate of Training

This is to certify that

## Michael P. Montanye

has satisfactorily completed 8 hours

## Asbestos Abatement Renewal

In compliance with Alaska Asbestos Abatement Certification Statutes 8 AAC 61.600-790, & EPA/AHERA Regulation 40 CFR Part 763 Subpart E for Supervisors & Contractors

Class End Date: 11/11/2015 Class Start Date: 11/11/2015

11/11/2016

11/11/2015 Exam Date

Cert. Exp. Date

Stuart M. Jacques

Environmental Management Inc. 206 E. Fireweed Lane Suite 201, Anchorage Alaska 99503 907-272-8852

## Alaska Department of Labor

Certificate of Fitness ASBESTOS ABATEMENT Expires

MICHAEL P MONTANYE 1706 W 32ND AVD, APT B ANCHORAGE, AK 99517 11/25/2015 Issued

WGT DOB 170 **01/28/1961** 300385

HGT 5'9

RENEWAL

Heidi Drygas Commissioner



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MICHELE CHASE, MD
JILL GASKILL, MD
PETER MONTESANO, MD
JAMES LORD, MD

2221 East Northern Lights Blvd. Ste 118, Anchorage, Alaska 99508

## RESPIRATOR MEDICAL CLEARANCE CERTIFICATION

This examination has been performed in accordance with

OSHA Respiratory Protection Regulation 29 CFR 1910.134(b)(10) Date: 8/3/16 Name: Michael Montange DOB: 1/28/61 The purpose of the history and exam is to unearth any disqualifying reason for use of a respirator. These generally fall under the medical areas; No compromising hear, lung or airway problems: any syncopal, seizure or claustrophobia/behavior disorders. Following medical inquiry, history shall be confined to shortness of breath, cough, wheeze, exertion capacity and brief past or present cardiopulmonary symptomatology. Additionally history of syncope, blackout, seizure, claustrophobia or past facemask intolerance is relevant. BASED ON review of the OSHA Respirator Health Questionnaire, physical examination and further evaluation as appropriate, this individual is: Medically approved for all respirator(s) including SCBA---subject to satisfactory fit test \_Medically approved for the following types--- subject to satisfactory fit test Dust mask Negative Pressure Powered air purifying respirator Supplied air Self-contained breathing apparatus (SCBA) \_\_Employee may decline respirator-requiring assignments for temporary health realated difficulties. Require further medical information/evaluation prior to qualifying for respirator use. Other recommendations and suggested accommodations: Spirometry performed: Ves No Employee has been provided with a copy of this written recommendation: Ves No

and available at Medical Park Family Care, Inc.

The original copy of this report as well as possible supporting laboratory and x-ray films are maintained

Physician/Practitioner Signature



T - 25948 - 3730 Certificate Number

This is to certify that Paul T. Weir has satisfactorily completed 8 hours

## Asbestos Abatement Renewal

In compliance with Alaska Asbestos Abatement Certification Statutes 8 AAC 61.600-790, & EPA/AHERA Regulation 40 CFR Part 763 Subpart E for Supervisors & Contractors

Class Start Date: 3/2/2016

Class End Date: 3/2/2016

3/2/2016 Exam Date

Cert. Exp. Date

3/2/2017

Stuart M. Jacques

Environmental Management Inc. 206 E. Fireweed Lane Suite 201, Anchorage Alaska 99503 907-272-8852

ASBESTOS ABATEMENT 20110386
ISSUED

O3/04/2016

PAUL FWEIR

WGT DOB

WGT DOB

HGT

20110386

Expires

03/02/2017

PAUL FWEIR

WGT DOB

HGT

S'9

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TIMOTHY LAUFER, MD
JOHN GILLIS, MD
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RAY ROBINSON, MD
NATHAN KASUKONIS DO

MICHAEL REEVES, MD
JEFFREY KIM, MD
JULIE ROBINSON, MD
MICHELE CHASE, MD
JILL GASKILL, MD
PETER MONTESANO, MD
JAMES LORD, MD

2221 East Northern Lights Blvd. Ste 118, Anchorage, Alaska 99508

## RESPIRATOR MEDICAL CLEARANCE CERTIFICATION

This examination has been performed in accordance with

OSHA Respiratory Protection Regulation 29 CFR 1910.134(b)(10)

Date: 3/4/16 Name: Paul Weir DOB: 11-5-71
Company: Centrail Environmentel Job Title: Forman
The purpose of the history and exam is to unearth any disqualifying reason for use of a respirator. These generally fall under the medical areas; No compromising hear, lung or airway problems: any syncopal, seizure or claustrophobia/behavior disorders. Following medical inquiry, history shall be confined to shortness of breath, cough, wheeze, exertion capacity and brief past or present cardiopulmonary symptomatology. Additionally history of syncope, blackout, seizure, claustrophobia or past facemask intolerance is relevant.
BASED ON review of the OSHA Respirator Health Questionnaire, physical examination and further evaluation as appropriate, this individual is:
Medically approved for all respirator(s) including SCBAsubject to satisfactory fit test
<ul> <li>Medically approved for the following types subject to satisfactory fit test</li> </ul>
<ul> <li>Dust mask</li> <li>Negative Pressure</li> <li>Powered air purifying respirator</li> <li>Supplied air</li> <li>Self-contained breathing apparatus (SCBA)</li> <li>Employee may decline respirator-requiring assignments for temporary health realated difficulties.</li> <li>Require further medical information/evaluation prior to qualifying for respirator use.</li> </ul>
Other recommendations and suggested accommodations:
follow up of carduly regardy herd mumor
Spirometry performed: YesNo
Employee has been provided with a copy of this written recommendation. YesNo    No   No     Physician/Practitioner Signature   Date

The original copy of this report as well as possible supporting laboratory and x-ray films are maintained and available at Medical Park Family Care, Inc.

Phone (907) 257-8133

Toll Free 888-382-8486

Fax (907) 677-5611

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## Daily Sign-In Sheet(s)

CENTRAL ENVIRONMENTAL, INC. 311 N. Sitka Street Anchorage, Alaska 99501

## CONTAINMENT ENTRY LOG

	Old Talkeet	na Library Removal
Project Name:	structur	Removal 7
Project No.:	13865	
Unit:		

DATE: 10-12-16

## REVIATIONS

## **Protective Clothing:**

T: Disposal suit, hoods, boots, gloves, hard hat C: Cloth suit, disposal hood, gloves, boots, hard hat

**Respiratory Protection:** 

APR-HF: Dual cartridge negative pressure, half face PAPR-FF: Powered air purifying respirator, full face

AA-FF: Type "C" Pressure Demand SAR SCBA: Self Contained Breathing Apparatus

All personnel entering and exiting the asbestos abatement containment area must sign in and out **EACH** time.

Print name, Asbestos Cert Number and Expiration Date, time inout, protective equipment worn, type of respirator, and indicate type of respirator check.

## **Respirator Check:**

When using APR-HF enter "P/N" Positive/Negative Fit When using PAPR-FF enter "FM" Flow Meter All visitors/inspectors must enter names below

NAME OF EMPLOYEE	Asbestos Cert #/ Expiration Date	TIME IN	TIME OUT		TYPE OF RESPIRATOR	RESPIRATOR FIT/TEST	INITIALS
Casey Dresnek Casey Dresnek Paul Weir Paul Weir	2010 1158	7157	1:38	1	APR-HP	PIN	CD
Casey Presnek	8-24-17	143	445				
Paul Weir	8-24-17 20110386	755	CALLY AND THE	T	APRF	PIN	pw
Paul Wes	3-2-17	worsteamers *	442	111 22 24 2			
				Magazine and the control of the cont			***************************************
				***************************************			·
<b> </b>							
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		***************************************	***************************************			***************************************	***************************************
-						Washing Market	
		<b></b>		****	*		
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						D.	
AMAGA SA	A A CONTROL OF THE SECOND CONTROL OF THE SEC		***************************************	***************************************	yggggggganaginia ann ann an driannacht is actonomisch e is is is in is in it in it in it is in it is in it is i	<b>*</b>	***************************************
	**************************************	***************************************	************			••	
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## Daily Report(s)

## CENTRAL ENVIRONMENTAL, INC. DAILY REPORT

PROJECT NAME: Old Talkedna Library Structure Removal PROJECT NUMBER: 13865
DATE: 10-12-16 DAY: Wednesday
Name of Employee Job Classification Hours Worked  Cossey Dresney Foreman 11.5  Mike Montanya Supervisor 11.5  Paul Weir Operator 11.5
WORK PERFORMED, INCLUDING LOCATION 23235 S. Talkeetna Sper Read -
· Set up for structure Removal. · Removed structure & Louded clebri. · Removed cord Loud foundataion ways
· haul 3 disposed of Gebri
I certify that this report is complete and correct, and that all equipment and material used and work completed is in compliance with the contract plans and specifications.

## CENTRAL ENVIRONMENTAL, INC. DAILY REPORT

PROJECT NAME: Old Tall	Reetma hibrary	Structure Remoi
PROJECT NUMBER: 1386	Υ΄	
DATE: 10-13-16	DAY:	nursday
Name of Employee	Job Classification	Hours Worked
Casey Dronek	Goreman	3
Mike Montanya	Supervisor	9
ben	operator	0
WORK PERFORMED, INCLUDIN		
23235 S. Talkeety	ia spur floud	
· Removed found	ation Rooters.	
· Lough and haul	clean coner	exe
· Demobe Site.		ii .
The basis		
	•	***
I certify that this report is complete	e and correct, and that all eq	uipment and material used
and work completed is in compliance	ce with the contract plans and	specifications.
	Sig	noturo
	Sig	нашс



## **PCM Air Sample**

WL Project #: LA-020874 Client Project #: 13865 Report #: 625962 Report By: R. Briggs Report Date: 10/17/2016

Client: Central Environmental Inc.

311 N Sitka St Anchorage, AK 99501 Billing Number: 24580

TAT: 48 Hour Sample Count: 7
Project Name/Location: Old Talkeetna Library Structure Removal

Collected By: Client
Collection Date: 10/12/2016
Analysis By: G. Caudill
Analysis Date: 10/17/2016
Received By: R. Briggs
Page 10/17/2016

Received Date: 10/17/2016

Client ID	WL ID#	Sample Type	Vol (I)	Fibers/Fields	Fiber Density (F/mm2)	LOD (F/cc)	F/cc
13865-EM-01	AA16-17605	ENV	1763.2	0.360	45.860	0.002	0.010
Location: Outside	Regulated Area Nea	r Decon Southwest C	omer Of Reg	ulated Area			
13865-EM-02	AA16-17606	ENV	1763.2	0.545	69.427	0.002	0.015
Location: Outside	Regulated Area Dow	nwind South Of Regu	ulated Area				
13865-EX-03	AA16-17607	Excursion	94.5	0.700	89.172	0.029	0.363
Location: Paul We	eir: Operating Heavy	Equipment Removing	& Loading Do	ebris			
13865-PM-04	AA16-17608	Personal	702	0.580	73.885	0.004	0.041
Location: Paul We	eir: Operating Heavy	Equipment Removing	& Loading Do	ebris			
13865-PM-05	AA16-17609	Personal	675	0.525	66.879	0.004	0.038
Location: Paul We	eir: Operating Heavy	Equipment Removing	& Loading De	ebris			
13865-FB-06	AA16-17610	Field Blank	NV	<0.055	<7	N/A	N/A
Location: Field Bla	ınk						
13865-FB-07	AA16-17611	Field Blank	NV	<0.055	<7	N/A	N/A
Location: Field Bla	nnk						

PCM Air Sample TWA Report								
Worker	Sample Date	Cert	SSN	PPE	TWA			
Paul Weir	10/12/2016	20110386	6838	APR-HF	0.068			
				Boots				
				Glasses				
				Gloves				
				Hard Hat				
				Tyvek				



## ## Project #: LA-020874 Client Project #: 13865 ## Report #: 625962 Report By: R. Briggs Report Date: 10/17/2016 ## 10/18/2016 ## Date ## Date ## Date ## Date ## Date

The method of analysis used is NIOSH Method 7400, Issue 2-Revision 4, Counting Rules A. Collection Area is 385 mm2. The limit of detection (LOD) is calculated according to NIOSH 7400 guidelines which is 5.5 fibers per 100 fields (approximately 7 f/mm2) and is dependent on sampling volume. Samples with concentrations below this calculated LOD are reported as "<LOD". Our Walton Beckett Graticule area is 0.00785 mm2, and is verified by stage micrometer quarterly. "Overload" means sample particulate, dust or encapsulant exceeds the maximum loading allowable by the method counting rules. "VOID" implies either damage to the cassette observed in the lab, or substandard field conditions as determined by the Environmental/Industrial Hygienist Technician. TWA's are calculated on the basis of a 480 minute workday, and assumes a singular job site for the worker. An assessment of batch contamination is not made if field blanks are not included originating from the work site. Results are corrected by average blank count if blanks are provided with the sample set. Intra-Laboratory Sr values for 2015 are as follows: Category A (5-20 fibers/field) = 0.17, Category B (20.5-50 fibers/field) = 0.14, and Category C (50.5-100 fibers/field) = 0.17. Unless otherwise stated, samples are received in acceptable condition. Results relate only to the items tested.

84

# CENTRAL ENVIRONMENTAL, INC.

311 N Sitka Street • Anchorage, AK 99501-1841 • Phone (907) 561-0125 • Fax (907) 561-0178

Analyst: Frankling !! 0 dk - 10.17.16

Standard Field Air Monitoring Data Sampling Sheet

Project Name: Old Talkeet no SSA XXX-XX-6838 PPE - APR-FF Disposable suit, Had hot saftly glasses, Leather glasses, steal towards 10-13-16 13865 Q worn by: Paul Weir - operating heavy equipment removing 3 Lawling debri - Cert # 2011 0386 55# xxx-xx-1838 FTE-APR-FF, Disposoble suit, Hard hat, sufty glasses, leuth-glaces, stactor-boots hocated out side regulated area down wind south of regulated area. wom by: Paul Wein-operatives heavy equipment removing 3 Louding debri- cart # 2011 038 womby: Paul Weir operating heavy equipment removing 8 Londing debri- copy 2011 0386 91-12-16 10-12-16 | 13865- | Environmental Located out side regulated orea near Decon 10-12-16 13865 - Excursion 3865-Sample Number Peilar t Environmental PRE-APR-AP Disposable suit, that hat, suftly glasses, haut a dougs, staltow best Sample Type Library Structure 2016-04 13016-05 Lo-Vol 2016-03 Pump Number & Type 2.7 7:484m 8:23m si Si Pump Flow Rate (Lpm) نى نە 7:41m 4:51 7:46 AM 4:57 AM Sample Time
Start Time StorTime Removal Soutwest corner of Total Sample Time (minutes) Total Volume Job Number: 13865 00 Regulated クロ Sample By Lab Sample # Agr.

# CENTRAL ENVIRONMENTAL, INC.

311 N Sitka Street • Anchorage, AK 99501-1841 • Phone (907) 561-0125 • Fax (907) 561-0178

Standard Field Air Monitoring Data Sampling Sheet

 _		 _		_		 	-	_	li He
						,	~	Sample Data	roject Name
							13865	Sample Number	ole To
							Peild Wank	Sample Type	Project Name: Old Tallacetra L
								Pump Number & Type	Library structure
								Pump Flow Rate (L/m)	trueture
					3			Sample Time Start Time   StopT	re Removal
					1			ime	
								Total Sample Time (minutes)	0
			,					Sample Total Volume (L)	Job Number:
							8	Sample By	ber: 13865
								Lab Sample #	101

## CENTRAL ENVIRONMENTAL, INC.

311 N Sitka Street, Anchorage, Alaska 99501 Phone: (907) 561-0125 Fax: (907) 561-0178

				,	CHAIN O	F CUST	ODY RECORI	D		PAGE	of of	
	PROJECT NA	AME:	Olc	Tal	Lkeetra	Li	brary s	stru	cto	ur F	Removal	
	PROJECT N	JMBE	R: l	386	5.5							
		-		<u> </u>								
	CLIENT REC	QUEST	S AN	ALYZE	D SAMPLES	то ве	:					
	$\checkmark$	PROP	ERLY		RETURNED TO CLIENT							
		SUFF	ICIEN	NT SAM	IPLE QUANT	ΓΙΤΥ?			I	DISPOSE	ED	
	V	NO V	ISIBL	E LEA	KAGE TO CO	ONTAM	INATION?		F	ARCHIV	ED	
	$\overrightarrow{\hspace{0.1cm}}$	FIELI	O SAN	ИPLED	ID. NO. LEG	BIBLE?						
	ESTIMATED	COM	PLET	ION DA	ATE: 481	hour	TAT					
	SAMPLES C	OLLE	CTED	BY: <u>(</u>	asev P	resne	k DATE: L	0-12	-16	TIME	: 4:43 pm	
	LAB DELIV	ERED	TO:	W.E.	, C,		•					
	SAMPLES ARRIVED TO LAB BY: CEI'S EXPEDITER COURIER SERVICE											
	AIR EXPRESS LAB PICKED UP LAB'S DROP BOX											
	CEI'S DROP BOX OTHER											
	SAMPLES SUBMITTED BY: Cosey Dresnel DATE: 10-14-16 TIME: 2:45 pm DATE: 10/14/16 TIME: 2:45 pm											
	SAMPLES RECEIVED BY: Profess DATE: 10/14/16 TIME: 2:45 On											
	COMMENTS:											
						- 21	· · · · · · · · · · · · · · · · · · ·					
	FIELD SAMPLE ID#	LAB#	AIR	BULK	ANALYSIS		FIELD SAMPLE ID#	LAB#	AIR	BULK	ANALYSIS	
13865	Em-ol		~		Pcm							
	Em- 02		V									
	EX-03		~					-	-	-		
	Pm-64	+	1			-		+	-		+	
	FB-06		1		1 1							
	FB-07		1		4							
									<u> </u>			
	ļ	-	-		-	-		+		-	+	
		-	-					-	-	-	1	
									1			

LAB - CONFIRMATION OF RECEIPT OF SAMPLES MUST
BE FAXED BACK TO 907-561-0178!!!!
IMMEDIATELY



## **Waste Shipment and Disposal Records**

## CENTRAL ENVIRONMENTAL, INC.

311 N. SITKA STREET, ANCHORAGE, ALASKA 99501 PHONE: (907) 561-0125 FAX: (907) 561-0178 DISPOSAL LOG AND WASTE SHIPMENT RECORD

	DISTOSAL LOG AND WASTE SHIT MENT RECORD	
1	1. Facility / Project Name: Old Talketha Library Removal Project No.: 139	ALE
1.	Dhysical Address Chile all the	107
2	Physical Address: Subdivision, Tract 3, Talkeetha Ak  2. Facility Operator Name: Mat-54 Royaugh	· · · · · · · · · · · · · · · · · · ·
۷.	Concretor Address Cities Walking Tools 2	
2	Operator Address: Subdivision, Tract 3, Talkectna Ak Phone No.:	
Э.	3. Facility Owner Name: Same as above Operator Address: Phone No.:	
_	Operator Address:Phone No.:	
4.	4. Waste Disposal Site Name: Anchorage Regional Landfill Phone No.: 907-4	20-29/11
₩.	Mailing Address:	00 0009
	Physical Address: 15500 East Eagle River Loop Road, Eagle River, AK	
5.		
J.	ADEC, 610 University Avenue, Fairbanks, Alaska 99709-3643 AS 1619	6
	USEPA, Region 10, 1200 6 <sup>th</sup> Avenue, Seattle, WA 98101	8
	IN CASE OF EMERGENCY OR SPILL CALL (907) 561-0125	
6.		timated
U.		
	(i.e., Asbestos, POL, Soils, Liquids) No. Type Volume Wei  Asbestos 9NA 2212 III RQ 120 43 42000	-
	ASUCSIOS FINA 2212 III RQ	LUS
		•
7.	7. Special Handling Instructions or Additional Information:	
<i>'</i> •	7. Special Handling Instructions of Additional Information.	
8.	8. Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described by p	vroner shipping
•	name and are classified, packed, marked, and labeled, and are in all respects in proper conditions for transport by highway	
	applicable international and government regulations.	
	Case V Dreshek/Foreman (10-12	-16
	Name/Title (Print or Type) Signature Date	
_=_		.=_=_=_
9.	9. Transporter #1: (Acknowledgement of receipt of materials) 1813 E 1st Ave	5/1 -10
	Company Name: Central Shvironment Address: Anchorage, Ak 99501 Phone: 107-	261-010
	Destination: Anchorage Reginal Land Fill Vehicle Description: Tractor 3 120	cyb Tralle
	Trent Berbark Priver Rose Jo-1	2-16
	Name/Title (Print or Type)  Signature  Date	
	Transporter #2: (Acknowledgement of receipt of materials)	
	Company Name:Address:Phone:	
	Destination:Vehicle Description:	
	Name/Title (Print or Type) Signature Date	
	Transporter #3: (Acknowledgement of receipt of materials)	
	Company Name:Address:Phone:	mi i · · · · · · · · · · · · · · · · · ·
	Destination:Vehicle Description:	
	Name/Title (Print or Type)  Signature  Date	
.=.:		
	10. Landfill Discrepancy: (A list of all discrepancies to be filled out by the landfill operator)	
11.	11. Weigh Scale: Weight	
	Clock Type of Weight tons (pounds) Attached weight scale recei	
12.	12. Waste Disposal Site (WDS) Certification of Acceptance: I hereby certify acceptance of the materials covered by	
	I am in agreement with statements on this record, except as noted in Item 10. The WDS must retain a completed copy of this form completed copy to the operator/owner in Item 2 and Item 3.	and forward
		- //
	Kevin Johan 10-1.	246
	Name/Title (Print or Type)  Signature  Date	



## MUNICIPALITY OF ANCHORAGE, SOLID WASTE SERVICES ASBESTOS WASTE SHIPMENT RECORD

	Work Site Name & Mailing Address:	Owner's I	Name	Owner's Phone							
	Old Talkeetna Library Demolition										
	Entire Building	Mat-Su B	orough	000-000-0000							
	Subdivision, Tract 3, Talkeetna AK										
	2. Operator's Name & Address:			Operator's Phone							
	Central Environmental, Inc. 311 N. Sitka Street, Anchorage, AK 99501			561-0125							
	3. Waste Disposal Site:	SWS Auti	porizotion	SWS Contact Phone							
	ANCHORAGE REGIONAL LANDFILL, 15500 EAST EAGLE RIVER	1	S16198	SWS Contact Friorie							
	ROAD, EAGLE RIVER, ALASKA TELE 907-428-0864 FAX 907-428			S 12/29/16	907-343-6274						
	4. Name & Address of Responsible Agency:	-1007	EXFINE	3 12/29/10							
	ASBESTOS PROGRAM, USEPA, 222 West 7 <sup>th</sup> Ave., Anchorage, AK, 99513 1-907-271-5083										
œ	5. Description of Materials:	6. Contain	ners	7. Total Quantity							
0	- Bossiphor S. Mats. Rais	No.	Туре	(Cubic Yards)							
₹			140.	Туре	(Oubic Talus)						
GENERATOR	Aspestos 9NA 2212 TERO NON-	- DACM	1	Trailer	120						
説	ASSERTED IN A RAID THE BOX WOW	BATCH		( / Chiler	100						
	8. Special Handling Instructions & Additional Information:		!								
	,										
	9. Operator's Certification:				·						
	I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNM	ICAIT ADE	PURINCAN	ID ACCUIDATELY	DECODIDED ADOVE DV						
	PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, MARKEI										
	CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING TO AP	D, AND LA PLICARLE	INTERN		RNMENTAL						
	REGULATIONS.	LIOADLL	- 1141 - 1114/		II						
	Printed/Typed Name & Title Signature	• ;			Date						
			1	) _	000000000000000000000000000000000000000						
	Casey Dresher Foremon Ca	5	1		10-12-16						
	10. Transporter 1 (Acknowledgment of Receipt of Materials)										
	Coltai Buliament to										
	Printed Typed Name & Title Signature				Data						
	Printed/Typed Name & Title Signature	× =			Date						
9	Trent Fresbank Driver & I	49	3.1		10-12-16						
E I	Address & Telephone			1111							
Æ	1000 5 1 1 100 100 100 100 100	20 802	0	2 m al 0	N 200						
8	1813 E 1st Ave. Anchorage, Al	ask	9	7501 90	7-561-6125						
<b>TRANSPORTER</b>	11. Transporter 2 (Acknowledgment of Receipt of Materials)		•								
RA											
-	Printed/Typed Name & Title Signature	:			Date						
	Address & Telephone										
	·										
	12. Discrepancies Noted:	····									
	12. Discrepancies Noted.										
ш											
Ë											
ij	13. Waste Disposal Site Owner or Operator:										
S	I certify that I have received the asbestos materials noted in	Section 5	excent as r	oted in Section 12	2 Discrepancies						
DISPOSAL SITE	Arrival Time: 3 30 Pm Departure Time:	- 30	PM T	otal Time: 136	7 Diddioparioles.						
当	Printed/Typed Names & Title   Signature	1			SWS Weight Invoice #						
		//		1 1	3311092						
	Kenintakela Bobb	1		10-12-16	2510121						

311 N. SITKA STREET, ANCHORAGE, ALASKA 99501 PHONE: (907) 561-0125 FAX: (907) 561-0178 DISPOSAL LOG AND WASTE SHIPMENT RECORD

1.	Physical Address: Subalivision, Track	Library Structur Re	noval Project No.: 13865	5
2.	Facility Operator Name: Most – Su Boy	rough	. AK	
4.	Operator Address: Suba Vision, Trace	+3 Tallagha	Ak Phone No.:	
3.		We locale that	Thone Ivo	
•	Operator Address:		Phone No.:	
_=_				
4.	Waste Disposal Site Name: Anchorage R	eginal Landfill	Phone No.: 707-428-	864
	Mailing Address:		1 == : 0: 4::	
_	Physical Address: 15500 Bast Eagle			
5.		on, 3601 C Street, Suite 1334	400 PAR U H W 🚁 UU	
		y Avenue, Fairbanks, Alaska 200 6 <sup>th</sup> Avenue, Seattle, WA		
		NCY OR SPILL CALL (90'		
6		ainers Total Est		he
٠.	(i.e., Asbestos, POL, Soils, Liquids) No.	Type Volu		
		Trailer 120 ye	8	RS
7.	Special Handling Instructions or Additional In	formation:		`
8.	Operator's Certification: I hereby declare that the c			
	name and are classified, packed, marked, and labeled, and applicable international and government regulations.	are in all respects in proper con	ditions for transport by highway accor	aing to
	Cased Dresnek Fremon	0 3 2	10-12-16	
		Signature	Date	
	-=		.—.—.—.—.—.—.—.—.—.—.—.	_=_=
9.	Transporter #1: (Acknowledgement of receipt of m	aterials) 1813 E 1st f		
	Company Name: Central Environmental In	Address: Anchorage	AK 99 501 Phone: 907-561-	025
	Destination: Anchorage Reginal Landt	Vehicle Description	on: Tractor \$ 120 yol3	Trail
	hoby Perhins / Driver	holyder	10-12-16	
	· · · · · · · · · · · · · · · · · · ·	Signature	Date	
	Transporter #2: (Acknowledgement of receipt of m	-		
	Company Name:	Address:	Phone:	····
	Destination:	Vehicle Description	on:	·
	Nome /Title (Print on Tyres)	Ni amatana	Data	-
	• • • •	Signature	Date	
	Transporter #3: (Acknowledgement of receipt of m Company Name:	•	Phone:	
	Destination:		on;	
	Destination.	venicle Bescriptiv	л	
	Name/Title (Print or Type)	Signature	Date	
				_=_=_
10.	Landfill Discrepancy: (A list of all discrepancies to be	filled out by the landfill operator)_		
11.	. Weigh Scale:	Weight		
	Clock Type of Weight tons	(pounds)	Attached weight scale receipt	
12.	. Waste Disposal Site (WDS) Certification of Acc			
	I am in agreement with statements on this record, except as no	ted in Item 10. The WDS must ret	ain a completed copy of this form and fo	rward
	completed copy to the operator/owner in Item 2 and Item 3.	01/1		
	Kevintokela	KN/N/	10-12-16	
	Name/Title (Print or Type)	Signature	Date	



	Work Site Name & Mailing Address:		Owner's Nar	ne	Owner's Phone				
	Old Talkeetna Library Demolition								
	Entire Building		Mat-Su Bord	ough	000-000-0000				
	Subdivision, Tract 3, Talkeetna AK								
	2. Operator's Name & Address:				Operator's Phone				
	Central Environmental, Inc. 311 N. Sitka Street, Anchorage, AK 99501				561-0125				
1	3. Waste Disposal Site:	SWS Authori	zation	SWS Contact Phone					
	ANCHORAGE REGIONAL LANDFILL, 15500 EAST EAGLE RIVER LO	AS-	16198	007.040.0074					
	ROAD, EAGLE RIVER, ALASKA TELE 907-428-0864 FAX 907-428-16		<b>EXPIRES</b>	12/29/16	907-343-6274				
	4. Name & Address of Responsible Agency:								
	ASBESTOS PROGRAM, USEPA, 222 West 7th Ave., Anchorage, AK, 9	9513	1-907-271-	5083					
œ	5. Description of Materials:		6. Container	S	7. Total Quantity				
2	,		No.	Type	(Cubic Yards)				
RA									
GENERATOR	Ashestos 9NA 2212 TIL BG NON-Bac	m	1	Trailer	120				
쁑		-							
	Special Handling Instructions & Additional Information:								
	9. Operator's Certification:								
	I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNMEN	T ARE	FULLY AND	ACCURATELY	DESCRIBED ABOVE BY				
	PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, MARKED, A								
	CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING TO APPLICABLE INTERNATIONAL & GOVERNMENTAL								
	REGULATIONS.				D-4-				
	Printed/Typed Name & Title Signature	-		>	Date				
	Cousey Dresnek Foreman Car	-1			10-12-16				
	10. Transporter 1 (Acknowledgment of Receipt of Materials)								
	10. Hansporter 1 (Acknowledgment of Neceipt of Materials)								
	Central Environmental Inc.								
	Printed/Typed Name & Title Signature				Date				
	Val Day a Marie Vand	0	7-		10-12-16				
œ	Address & Telephone	7 4	~		10 12-10				
E	Address & Telephone			5 2	5 5 5 D				
О	1913 E 1st Ave, Anchocage Alask	ia	99501	907-5	61-0125				
SP	11. Transporter 2 (Acknowledgment of Receipt of Materials)								
RANSPORTER									
Ë	Printed/Typed Name & Title Signature				Date				
	ognature				Date				
	Address & Telephone			1					
	Address & Telephone								
	12. Discrepancies Noted:								
Ë									
S									
SA	13. Waste Disposal Site Owner or Operator:	dia- F	avaart as	nd in O# < 0	Diegrangesies				
8	I certify that I have received the asbestos materials noted in Sec Arrival Time: 3730 Departure Time: 750	TION 5	except as note	I Time:	, Discrepancies.				
DISPOSAL SITE	Printed/Typed Names & Title Signature		<del></del>		SWS Weight Invoice #				
-					2 2 1000 #				
	Kerintakh hall		_	10-12-18	23108				

Trailer#21-710
3851

### CENTRAL ENVIRONMENTAL, INC.

311 N. SITKA STREET, ANCHORAGE, ALASKA 99501 PHONE: (907) 561-0125 FAX: (907) 561-0178

<u>DISPOSAL LOG AND WASTE SHIPMENT RECORD</u>

	· ·		
1	. Facility / Project Name: Old Tal.	keetha Library smotur Re n. Tract 3, Talkeet na	Des Clad Business Nr. 1901 F
	Physical Address: Sund ivisio	DI Tract 3 To Keeting	MULTIOJECT No.: 13863
2			
	Operator Address: Student Market	Mrs. Trouble of the state of	A)4 Phone No:
3.	racinty Owner Hame:		Thome Ivo
_	Operator Address:		Phone No.:
4	Wasta Disposal Sita Nama		
-71	Mailing Address:	norage Reginal Land FILL	Phone No.: 907 - 428 - 0864
		Eagle River Loop Road, I	
5.	Governing Agencies: ADEC.	Central Region, 3601 C Street, Suite 1334	agle Kiver, AK
		610 University Avenue, Fairbanks, Alaska	
	USEPA,	Region 10, 1200 6 <sup>th</sup> Avenue, Seattle, WA	a 99709-3643 AS 16198
	IN CASE OF	EMERGENCY OR SPILL CALL (90	7) 561_0125
6.	Description of Materials:	Containers Total Est	timated Total Estimated
	(i.e., Asbestos, POL, Soils, Liquids	) No. Type Volu	Ime Weight
_	Asbestos 9NA 2212 III RQ	1 Trailer 120	44,000 LBS
_			14000 005
7.	Charles III III		
/.	Special Handling Instructions or Ac	lditional Information;	
8.	Onerator's Cartification: 11		
	name and are classified, packed marked ar	eclare that the contents of this consignment are ful	ly and accurately described by proper shipping
	applicable international and government regula	ations.	ditions for transport by highway according to
	Casey Dresher / Foren	nen Cara	10-12-16
	Name/Title (Print or Type)	Signature	Date
_=_			
9.	Acknowledgement	of receipt of materials) 1813 E. 1st	Ave
	Company Name: Central Environ	menta Inc. Address: Anch ovage	AK 99501 Phone: 907-561-0125
	Destination.	Vehicle Description	on: Tractor 3 120 yd3 Traile
	Typne Palmer YI	Tire Say Will Will Will Will I	2/10/12/1/2
	Name/Title (Print or Type)	Signature	Date
	Transporter #2: (Acknowledgement of	of receipt of materials)	
	Company Name:  Destination:		Phone:
	Destination.	Vehicle Description	n:
	Name/Title (Print or Type)	G:4	
	Transporter #3: (Acknowledgement of	Signature	Date
	Company Name:	1 receipt of materials)	
	Destination:	Address:	Phone:
	· ·	venicle Description	n:
	Name/Title (Print or Type)	Signature	D.4
=_=			Date
10.	Landill Discrepancy: (A list of all discre	epancies to be filled out by the landfill operator)	
		Weight	
	Clock Type of Weight	tons (nounds) A.	ttached weight scale receipt
12.	Waste Disposal Site (WDS) Certificat	tion of Accontances II	
	am in agreement with statements on this record completed copy to the operator/owner in Item 2		n a completed copy of this form and forward
	A	and item 3.	
	KevinttaRela		10-12-16
1	Name/Title (Print or Type)	Signature	Data
		<u> </u>	Date



	Work Site Name & Mailing Address:		Owner's Nan	ne	Owner's Phone
1	Old Talkeetna Library Demolition				
	Entire Building		Mat-Su Boro	ough	000-000-0000
	Subdivision, Tract 3, Talkeetna AK				
	2. Operator's Name & Address:				Operator's Phone
	Central Environmental, Inc.			561-0125	
	311 N. Sitka Street, Anchorage, AK 99501				301-0123
	3. Waste Disposal Site:	SWS Authori	zation	SWS Contact Phone	
	ANCHORAGE REGIONAL LANDFILL, 15500 EAST EAGLE RIVER		6198	907-343-6274	
	ROAD, EAGLE RIVER, ALASKA TELE 907-428-0864 FAX 907-428	-1697	EXPIRES	12/29/16	307-343-0274
	4. Name & Address of Responsible Agency:				
	ASBESTOS PROGRAM, USEPA, 222 West 7 <sup>th</sup> Ave., Anchorage, Ai	C, 99513	1-907-271-	5083	
~	5. Description of Materials:		6. Container		7. Total Quantity
2			No.	Туре	(Cubic Yards)
₩			140.	l Type	(Ouble Tarps)
GENERATOR	Ashestos 9NA 2212 TT RQ NON-BAC	M	,	Trailer	120 427
贸	ASDESTAS INTERACTOR AND PROPERTY.			LAN IS.	120 430
	8. Special Handling Instructions & Additional Information:				
	9. Operator's Certification:				
	I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNM	ENT ARE	ELILE V AND	ACCUBATELY	DESCRIBED ABOVE BY
	PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, MARKEI				
	CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING TO AP				
	REGULATIONS.				
	Printed/Typed Name & Title Signature				Date
	Casey Dresnell/Foreman Ca	57			10-12-16
	- Dieney/Lovench Com		- Parameter State of the State		10 10 16
	10. Transporter 1 (Acknowledgment of Receipt of Materials)				
	Central Enviornmental Inc				
	Printed/Typed Name & Title SignarOre		0/0		Date
	7 01	MINI	ווואג ו		1
~	Tyrone latmer /Driver	1 JAMX	L YMV	nu	10-12-16
Ü	Address & Telephone	1	•	•	
R	1813 F Ja Ava Alachamas (Alas)	10 9	9501	9-7-51	1-0125
SP(	11. Transporter 2 (Acknowledgment of Receipt of Materials)	700 /	1301	10 1 20	0.019.0
RANSPORTER	11. Transporter 2 (Additionledgitterit of Fledelpt of Materials)				
E.					_
	Printed/Typed Name & Title Signature			I	Date
				1	
	Address & Telephone				
	12. Discrepancies Noted:				
ш					
Si					
DISPOSAL SITE	13. Waste Disposal Site Owner or Operator:				
So	I certify that I have received the asbestos materials noted in				, Discrepancies.
8	Arrival Time: / 10/ Departure Time: /	1200	✓ Tota	l Time: 🗸 💪	
□	Printed/Typed Names & Title Signature	1		Date	SWS Weight Invoice #
	Kerih Tokela	//1.	1	10-12-18	3219711
	$1 \times (1/2) \times $			ノレンノノヘノカト	, / * / L / T   T   T   T   T   T   T   T   T   T

311 N. SITKA STREET, ANCHORAGE, ALASKA 99501 PHONE: (907) 561-0125 FAX: (907) 561-0178 DISPOSAL LOG AND WASTE SHIPMENT RECORD

1.	Facility / Project Name: Old Talke	etna Library s	Houston RenovalProi	ect No.: 13865
	Physical Address: Sulve Wishon 17	ract 3. Talla	soline Ak	
2.	Facility Operator Name: Mat-Su Operator Address: Subc W 15 lon T	Borough		
_	Operator Address: Subclivision, T	ract 3, Talk	eetna Ak Phon	e No.:
3.	racinty Owner Name: 500 45	above		
_	Operator Address:		Phon	e No.:
4.	Waste Disposal Site Name: Anchor	age Deam	Cd 1 and Cl) Phon	ne No.: 907-428-0860
•••	Mailing Address:	Degin	T HOI	
	Physical Address: 15500 East E	ale River L	of Road Fagle	River AK
5.	Governing Agencies: ADEC, Centra	Region, 3601 C Str	eet, Suite 1334, Anchorage	, AK 99503
			rbanks, Alaska 99709-364	3 AS16198
			ie, Seattle, WA 98101	
			LL CALL (907) 561-0125	
6.	Description of Materials:	Containers	<b>Total Estimated</b>	Total Estimated
	(i.e., Asbestos, POL, Soils, Liquids)	No. Type	Volume	Weight
	Asbestos 9NA 2212 III RQ	1 End Oump	20 yd3	48000 LBS
	,			
7.	Special Handling Instructions or Addition	nal Information:		
	Special Hamiles Hamiles of Hamiles			
8.	Operator's Certification: I hereby declare	that the contents of this c	onsignment are fully and accurate	ely described by proper shipping
	name and are classified, packed, marked, and lab		cts in proper conditions for tra	nsport by highway according to
7	applicable international and government regulations.		9	18-12-11
	Name/Title (Print or Type)			10-12-16 Deta
_	Name/Tiue (Print or Type)	Signature		Date
9.	Transporter #1: (Acknowledgement of rec	aint of materials)	813 E. 1st Ave	
	Company Name: Central Environme			50Phone: 907-561-0123
	Destination: Archarage Regnal			
	Jack Mason /Dr	ver Alle		10-12-16
	Name/Title (Print or Type)	Signature		Date
	Transporter #2: (Acknowledgement of rec	eipt of materials)		
	Company Name:			Phone:
	Destination:	Ve	hicle Description:	
	DI MINISTER OF THE PROPERTY OF	G:		
	Name/Title (Print or Type)	Signature		Date
	Transporter #3: (Acknowledgement of reco			DI.
	Company Name:	Address:	1 1 TO 11	Phone:
	Destination:	ve	nicle Description:	
	Name/Title (Print or Type)	Signature	<del> </del>	Date
_=_				=_=_=_=_=_=_=_=_=_=_
	Landfill Discrepancy: (A list of all discrepand			
11.	Weigh Scale:	We	ight	
	Clock Type of Weight	_tons	(pounds) Attached we	•
12.	Waste Disposal Site (WDS) Certification			
	I am in agreement with statements on this record, excompleted copy to the operator/owner in Item 2 and I	Item 3.	ne was must retain a complete	a copy of this form and forward
1	Kevin To Lah		// /	10-15-11
			ffm	10-13-16
	Name/Title (Print or Type)	Signature		Date



	Work Site Name & Mailing Address:		Owner's Nan	ne	Owner's Phone
	Old Talkeetna Library Demolition				
	Entire Building		Mat-Su Boro	ough	000-000-0000
	Subdivision, Tract 3, Talkeetna AK				1 0 1 1 51
	2. Operator's Name & Address:				Operator's Phone
	Central Environmental, Inc. 311 N. Sitka Street, Anchorage, AK 99501			561-0125	
	3. Waste Disposal Site:	SWS Authori		SWS Contact Phone	
	ANCHORAGE REGIONAL LANDFILL, 15500 EAST EAGLE RIVER LOC			6198	907-343-6274
	ROAD, EAGLE RIVER, ALASKA TELE 907-428-0864 FAX 907-428-169	97	EXPIRES	12/29/16	
	4. Name & Address of Responsible Agency:				
	ASBESTOS PROGRAM, USEPA, 222 West 7th Ave., Anchorage, AK, 9th	9513	1-907-271-	5083	
S.	5. Description of Materials:		6. Container		7. Total Quantity
ATC			No.	Type	(Cubic Yards)
GENERATOR	As a contract the contract to	A	<b>8</b> 11	CIA	2 -
Ä	Ashestos 9NA 2212 III RO NON-RACM	1		End Dump	20
٥					
	8. Special Handling Instructions & Additional Information:				
	9. Operator's Certification:				
	I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNMENT	ΓARE	FULLY AND	ACCURATELY	DESCRIBED ABOVE BY
	PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, MARKED, A				
	CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING TO APPLIC REGULATIONS.	CABLE	INTERNATI	ONAL & GOVE	RNMENTAL
	Printed/Typed Name & Title Signature				Date
		ST			u = 0 2000
	Casey Dreshell Foremon Co	ナル	-0		10-12-16
	10. Transporter 1 (Acknowledgment of Receipt of Materials)				
	Central Environmental Inc.				
	Printed/Typed Name & Title Signalure				Date
		-			1-12
œ	Address & Telephone				10-12-16
1				n .	
Ö	1813 E Ist Ave, Anchorage, Ab	195	ka 9	1501 9	107-561-0125
S	11. Transporter 2 (Acknowledgment of Receipt of Materials)				
TRANSPORTER					
Η	Printed/Typed Name & Title Signature				Date
	Address & Telephone				
	12. Discrepancies Noted:				
11					
S	40 West Birmani Charles Comment				
SA	13. Waste Disposal Site Owner or Operator: I certify that I have received the asbestos materials noted in Sec	tion 5	avcent se note	nd in Section 12	Discrenancies
DISPOSAL SITE	Arrival Time: 91606~ Departure Time: 91	151	Tota	I Time: <i>;                                   </i>	pisoreparioles.
띪	Printed/Typed Names & Title   Signature			Date S	SWS Weight Invoice #
	Kevin Oalph 72	1		10-17-16	321712
	VCV While Hill	1		14-1776	ノンノベーン

311 N. SITKA STREET, ANCHORAGE, ALASKA 99501 PHONE: (907) 561-0125 FAX: (907) 561-0178 DISPOSAL LOG AND WASTE SHIPMENT RECORD

1.	Facility / Project Name: Old Talketha Physical Address: Subolivision, Trans	Library:	Strictur Remove	Project No.: 13865
2.	Facility Operator Name: Mat-Su 30	rough		
2	Operator Address: Subdivision, Trace	+ 3, tall	Leetna, AK	Phone No.:
3.	Facility Owner Name: Same as all Operator Address:	od Ve	· · · · · · · · · · · · · · · · · · ·	Phone No.:
_=_				=_=_=_=_=
4.	Waste Disposal Site Name: Anchorage Mailing Address:			Phone No.: 907-428-08 L
,	Physical Address: 15500 East Eagle			
э.	ADEC, 610 Univer	sity Avenue, Factor of the Avenue, Table 1200 6th Avenue	reet, Suite 1334, And airbanks, Alaska 997 nue, Seattle, WA 981	09-3643 AS 16198
6.		ntainers	Total Estimat	
•	•	. Type	Volume	Weight
	Asbestos 9NA 2212 III RQ	Trode	120 yd3	41000 LBS
7.	Special Handling Instructions or Additional l	nformation:_		
8.	Operator's Certification: I hereby declare that the	a contents of this	and the second second	I consider the second to the second the second to the seco
o.	name and are classified, packed, marked, and labeled, a applicable international and government regulations.			
	Casey Dresney / Foremen	C		10-13-16
	Name/Title (Print or Type)	Signature		Date
.=.: 9.	Transporter #1: (Acknowledgement of receipt of	=_=_=_= materials)	1813 E. Ist A	~
	Company Name: Central Bry iron mental I	Address:	Anchorage 41	Phone: 907-561-0125
	Destination: Anchorage Reginal Lan	the second secon	ehicle Description:	7 - 1 - 1
	hoby terkins / Drive		The same of the sa	10-13-16
	Name/Title (Print or Type)  Transporter #2: (Acknowledgement of receipt of	Signature		Date
	Transporter #2: (Acknowledgement of receipt of Company Name:			Phone:
	Destination:		ehicle Description:	i none
	Name/Title (Print or Type)	Signature		Date
	Transporter #3: (Acknowledgement of receipt of			701
	Company Name:	Address:_	ehicle Description:	Phone:
	Destination:	V	enicie Description:	
_	Name/Title (Print or Type)	Signature		Date
10.	Landfill Discrepancy: (A list of all discrepancies to	be filled out by the	e landfill operator)	
	Weigh Scale:			
	Clock Type of Weight tons	S	(pounds) Attac	hed weight scale receipt
12.	Waste Disposal Site (WDS) Certification of A			
9	I am in agreement with statements on this record, except as completed copy to the operator/owner in Item 2 and Item 3.		The WDS must retain a c	completed copy of this form and forward
	Kevin Tokela	0		11 51 04
		/en	ngohla	10-13-16
	Name/Title (Print or Type)	Signature	O .	Date



	Work Site Name & Mailing Address:		Owner's Nam	ne	Owner's Phone
1	Old Talkeetna Library Demolition				
	Entire Building		Mat-Su Boro	ugh	000-000-0000
	Subdivision, Tract 3, Talkeetna AK				
	2. Operator's Name & Address:				Operator's Phone
	Central Environmental, Inc.				561-0125
	311 N. Sitka Street, Anchorage, AK 99501				
	3. Waste Disposal Site:		SWS Authori		SWS Contact Phone
	ANCHORAGE REGIONAL LANDFILL, 15500 EAST EAGLE			6198	907-343-6274
	ROAD, EAGLE RIVER, ALASKA TELE 907-428-0864 FAX	907-428-1697	EXPIRES	12/29/16	00.010
	4. Name & Address of Responsible Agency:				
	ASBESTOS PROGRAM, USEPA, 222 West 7th Ave., Anchor	rage. AK. 99513	1-907-271-5	5083	
	Description of Materials:		6. Containers		7. Total Quantity
8	5. Description of Materials.				1
AT		_	No.	Type	(Cubic Yards)
GENERATOR	101 11 1 0 1/1 2012 AT DE 1/	- 2/ () 1	A.	Trailes	120
N N	Asbestes 9 NA 2212 TIT RO NO	oN-Racm	1	mailer	120
ا					
	8. Special Handling Instructions & Additional Information:				
	or opposite that terms more than the same terms are				
	O Operatoria Cartification:				
	9. Operator's Certification:	IOIONIMENT ADE	THE LY AND	ACCUDATELY	DECORIDED ADOVE BY
9	I HEREBY DECLARE THAT THE CONTENTS OF THIS CON PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, N				
	CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING	TO APPI ICARI F	INTERNATI	ONAL & GOVE	RNMENTAL
	REGULATIONS.	10711121071022			
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		115	-		Maria and a w
	Cosey Dresney Foreman	(9-3	3		10-13-16
	10. Transporter 1 (Acknowledgment of Receipt of Materials)				
	Central Environmental I	10.0			
		ignature	·		Date
		i		N	10 15 11
	hoby Perkins / Driva	roles	4-5		10-15-16
E	Address & Telephone				
Œ	1813 E 1st. Ave, Anchoraa	$\Delta i = i$	29 995	01 87	-361-0125
9		e, ricasi	99 173	01 01	201 212.0
S	11. Transporter 2 (Acknowledgment of Receipt of Materials)				
TRANSPORTER					
_	Printed/Typed Name & Title S	ignature		ľ	Date
	Address & Telephone				
	12. Discrepancies Noted:	A-44			<u> </u>
	TEL BIOGOPHIOGO NOCOM				
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SIT					
DISPOSAL SITE	13. Waste Disposal Site Owner or Operator:				
SC	I certify that I have received the asbestos materials r	noted in Section 5	except as note	ed in Section 12	, Discrepancies.
SP(	Arrival Time: > , TOP Departure	Time: <u>3 : 50 P /</u>	<u>≁</u> Tota	l Time: <u>////</u>	
ă	Printed/Typed Names & Title Signature	/		Date	SWS Weight Invoice #
	Kevintokela Zan			10-12 11	331546
	NOVINUOKIA /	Much		10-15-16	271240

CENTRAL ENVIRONMENTAL, INC.
311 N. SITKA STREET, ANCHORAGE, ALASKA 99501 PHONE: (907) 561-0125 FAX: (907) 561-0178

<u>DISPOSAL LOG AND WASTE SHIPMENT RECORD</u>

1.	Physical Address: C. L. J. C. C.	Library S	Structur Removal	roject No.: 13865
2.	Physical Address: Subjection trace Facility Operator Name: Mat-Su	Borough	coma , toh	
	Operator Address: Subdivision tra		keetha AK Pl	hone No.:_
3.	Facility Owner Name: Same as ab		/ 11-41	
	Operator Address:		Pl	hone No.:
4.	Waste Disposal Site Name: Arch orage Mailing Address:	2 10 10 10 10 10 10 10 10 10 10 10 10 10		hone No.: 987-428-0860
_	Physical Address: 15500 East Eagle			
5.			street, Suite 1334, Anchor Fairbanks, Alaska 99709-3	
			nue, Seattle, WA 98101	AS 16198
			PILL CALL (907) 561-01	125
6.	Description of Materials:	Containers	<b>Total Estimated</b>	<b>Total Estimated</b>
	(i.e., Asbestos, POL, Soils, Liquids) Asbestos 9NA 2212 III RQ	Type	Volume Volume	Weight Lbs.
7.	Special Handling Instructions or Additional	Information:		
8.	Operator's Certification: I hereby declare that name and are classified, packed, marked, and labeled, applicable international and government regulations.  Casey Decane / Foreman Name/Title (Print or Type)			
2	Transporter #1: (Acknowledgement of receipt Company Name Central Environment Destination: Acknowledgement of receipt Company Name/Title (Print or Type)	Address: Signature	Anchorage A Jehicle Description: Tar Mutal	Phone: 907-561-012.
	Transporter #2: (Acknowledgement of receipt Company Name: Central Environmental		and the same of th	Phone: 561-0125
	Destination: Anchorage Regional Lo		ehicle Description.	
	BRID Themset   Daves	72 -	cincic Description.	10x Van 4-24/
	Name/Title (Print or Type)	Signature		Date
	Transporter #3: (Acknowledgement of receipt	_		Duto
	Company Name:	,		Phone:
	Destination:	V	ehicle Description:	
	Name/Title (Print or Type)	Signature		Date
10	Landfill Discrepancy: (A list of all discrepancies of			
	Weigh Scale:		Veight	
	Clock Type of Weight to	ons	_	weight scale receipt
12.	Waste Disposal Site (WDS) Certification of A			
	I am in agreement with statements on this record, except completed copy to the operator/owner in Item 2 and Item	as noted in Item 10.	The WDS must retain a comp	leted copy of this form and forward
	KerinJelele	Pen	//en	10-26-16
	Name/Title (Print or Type)	Signature /		Date



	1. Work Site Name & Mailing Address:		Owner's Nam	е	Owner's Phone
	Old Talkeetna Library Demolition				
	Entire Building		Mat-Su Boro	ugh	000-000-0000
	Subdivision, Tract 3, Talkeetna AK				
	2. Operator's Name & Address:				Operator's Phone
	Central Environmental, Inc.			561-0125	
	311 N. Sitka Street, Anchorage, AK 99501				
	3. Waste Disposal Site:	SWS Authoria		SWS Contact Phone	
	ANCHORAGE REGIONAL LANDFILL, 15500 EAST EAGLE RIVE			6198	907-343-6274
	ROAD, EAGLE RIVER, ALASKA TELE 907-428-0864 FAX 907-4	28-1697	EXPIRES	12/29/16	
	4. Name & Address of Responsible Agency:				
	ASBESTOS PROGRAM, USEPA, 222 West 7th Ave., Anchorage,	AK, 99513	1-907-271-5	i083	
œ	5. Description of Materials:		6. Containers	3	7. Total Quantity
ē	'		No.	Type	(Cubic Yards)
.W	and the second s		-,		
GENERATOR	Aspestos 9 NA 2212 THE BO NON	1-Rach	1	BA	,25
GE					A
	Special Handling Instructions & Additional Information:				
	9. Operator's Certification:				
	I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGN	MENT ARE	FULLY AND	ACCURATELY	DESCRIBED ABOVE BY
	PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, MARK	(ED, AND LA	BELED AND	ARE IN ALL R	RESPECTS IN PROPER
	CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING TO	APPLICABLE	E INTERNATI	ONAL & GOVE	RNMENTAL
	REGULATIONS.				Date
y <mark> </mark>	Printed/Typed Name & Title Signat	ure	1		Dale
	Casey Dresher /Foreman	-			10-26-16
	10. Transporter 1 (Acknowledgment of Receipt of Materials)	- Carried Control			10 20 10
	10. <b>Transporter 1</b> (Acknowledgment of Receipt of Materials)				
	Central Environmental Inc.				
	Printed/Typed Name & Title Signat	ure			Date
	2012 - Long & born		1	- Carlotte	10/20/11
œ	BRIAN THUMACH Driver D				10/26/16
三	Address & Telephone				June
OR.	1813 E 1st Ave, Muchorage, ALO	ska (	99501	907-56	1-0125
SP	11. Transporter 2 (Acknowledgment of Receipt of Materials)		_	_	
RANSPORTER					
H.	Printed/Typed Name & Title Signati	uro			Date
	Printed/Typed Name & Title Signate	uic			
	Aller O Telephone				
	Address & Telephone				
	12. Discrepancies Noted:				
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S					
SAI	13. Waste Disposal Site Owner or Operator:	in Coeffee F	avaant sa mat	nd in Section 11	Discrepancies
DISPOSAL SITE	I certify that I have received the asbestos materials noted  Arrival Time: 1000000000000000000000000000000000000	in Section 5	Except as not	ed in Section 12 al Time: 'ログ	י טופטו פון מנוטופט.
<u>S</u>		10107			SWS Weight Invoice #
	Printed/Typed Names & Title   Signature	1/2			27 Troight Hivologia
	Kevin Jakah Su	1/2		10-26-6	110014



### TCLP (Lead)

WL Project #: LA-020677 Client Project #: 13865

Report #: 625758 Report By: R. Briggs Report Date: 10/04/2016

Client: Central Environmental Inc.

311 N Sitka St

Anchorage, AK 99501

Billing Number: 24580

TAT: 72 Hour Sample Count: 1

Project Name/Location: Matsu Borough Talkeetna Library Abate & Demo.

Collected By: Collection Date: 09/30/2016

Client

Analysis By:

G. Caudill

Analysis Date: Received By:

10/04/2016 R. Briggs

Received Date:

10/03/2016

Client ID	WLSample	Ext Fld by Ph test	Weight (g)	Ext Fld Vol (I)	mg/l Lead
13865-TCLP-01	AL16-2965	1	100	2	<rl< td=""></rl<>

Grant Caudill, Lab Analyst

10/04/2016

Date

10/04/2016

Date

Reporting Limit is 0.40 milligrams per liter (mg/L). Analysis is performed by flame atomic absorption spectroscopy NIOSH 7082, preparation method SW846-1311. The Reporting Limit is twice that of the Method Detection Limit (MDL) which is the minimum concentration of analyte that can be reported with 99% confidence that the analyte's concentration is greater than zero, and is determined from statistical analysis of replicate samples in a given matrix containing the analyte as defined in 40CFR Part 136, Appendix B. Any modifications that have been made to the previously referenced test methods are documented in WEC, Inc. Standard Operating Procedures Manual. Supporting Laboratory Documentation is available upon request. WEC, Inc. is a current proficient participant in the AIHA ELPAT program (Lab ID# 102739). Test reports must not be reproduced without the approval of WEC, Inc. and are subject to WEC, Inc. General Terms and Conditions (available upon request).

311 N Sitka Street, Anchorage, Alaska 99501 Phone: (907) 561-0125 Fax: (907) 561-0178

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LAB - CONFIRMATION OF RECEIPT OF SAMPLES MUST
BE FAXED BACK TO 907-561-0178!!!!
IMMEDIATELY

### Central Environmental, Inc. LBP Sample Profile Sheet

Building Name:	Matsu Borough Talkectna Library				
Building No.:	23235				
Location:	Telkectus Sour Rd. Alaska				
Brief Description of LBP Abatement:	NONE				
Date of Sample Collection:	9-30-16				
Sample ID No.:	13865-TCLP-01				
Description of Waste Stream Sample:	2"x 4" Strat, Drywall w/ Rem Joint Company, Siding, drywall w/ Acco assisted texture, carnet, white intellation fatornal				
	Sulation, coot Shingle, rigid town insulation, and CMU block				
Analysis To Be Performed	Lead TCLP with ACM Scale and dangers fing.				
Check Type of Sample	Composite Type Sample:				
	Single Material Sample:				

### Waste Stream breakdown by Material Type and Percent of Waste

Material Description	% of Waste	Material Description	% of Waste
Walls		Floors	
2 x y Shul Wood	35%	Wood	
Concrete	,	Concrete	
CMU		CMU	
Steel		Steel .	
Other		Carpet Other	1%
Interior Wall Finishes		Floor Finishes	
A Gypsumboard	15%	Wood	15%
W) Acm Joint Gypsumboard Plaster		Ceramic Tile	-
Wood Panel		VCT	
Metal		Concrete	
Exterior Wall Finishes		Paint	
Gypsumboard		Other Components	
Plaster		Boiler	
wood Siding Wood Panel	5%	Ductwork	
Metal	7	Piping	
Ceiling		Furniture	
Wood		List any Non-Listed Items Here	
Concrete		White Maya In Inculation	1 %
СМИ		yellow Feberala Talvation	1 6/2
Steel	-	Roof- Chinale	2 0/0
Donald Wildrafted Tex Other	4 %	Rigid Fogus Tululation	1 0/0
Drywell W Accountral Tex Other Celling Finish		CMU Block w/ Acm Scalants	20 %
Gypsumboard		and Acm Damproofing	
Plaster		7	
Wood Panel			
Metal			
Trim			
Window			
Doors			
Casing Material			
	al Must Equal	100%	100%

Ple	ease pr	int or type. (Form desig			pewriter.)						Form	n Approved. Office	No. 2050-000
1	N	FORM HAZARDOUS /ASTE MANIFEST	1. Generator ID N 49CFRPA			2. Page 1 of 3		800-8	99-4672	4. Manifes	1 4 7 8	6202	FLE
	5. Generator's Name and Mailing Address  MATANUSKA-SUSITNA BOROUGH 350 EAST DAHLIA AVENUE PALMER, AK 99645 Generator's Phone:  Generator's Name and Mailing Address (if different than mailing address)  MATANUSKA-SUSITNA BOROUGH 23235 TALKEETNA SPUR ROAD TALKEETNA, AK 99676												
	6. Transporter 1 Company Name U.S. EPA ID Number CENTRAL ENVIRONMENTAL INC. AK0983074188												
	7. Transporter 2 Company Name U.S. EPA ID Number												
	NRC ALASKA LLC  8. Designated Facility Name and Site Address  U.S. EPA ID Number												
	1204	ECOLOGY IDA 00 LEMLEY RE AND VIEW, ID 10/3 Prione: (208)								IDD073	114654		
	9a. HM	9b. U.S. DOT Descripti and Packing Group (if a	on (including Prope	r Shipping Name, I	Hazard Class, ID Number,			10. Con	tainers Type	11. Total Quantity	12. Unit Wt./Vol,	13. Waste 0	Codes
GENERATOR -	x	1. UN3432, Polyc Pollutant", ER		Biphenyis,	Solid, 9, PGII,	"Marine		1	DM	50	K		
- GENE		2.	•									Proposition	
		3.											
		4.	V-14-										
	15.	marked and labeled/placar Exporter, I certify that the o	R'S CERTIFICATIO	ON: I hereby declar respects in proper of	Drum # 10 Out-of-Se re that the contents of this coondition for transport according to the terms of the attached R 262.27(a) (if I am a large	rvice consignment a rding to applic EPA Acknowle	re fully and acable internation	curately on all and na	lescribed above ational governm	nental regulations	nipping name, s. If export ship	and are classified, p ment and I am the F	ackaged, rimary
	Gener	rator's/Offeror's Printed/Typ	Pass n				The last		Page				0ay Year
7.LN		ternational Shipments porter signature (for expor	Import ts only):	to U.S.		Export from U	.s.		entry/exit:				
RTER		ansporter Acknowledgment porter 1 Printed/Typed Nam		ials		Sign	ature					Month D	ay Year
TR ANSPORTER	Transp	Front End Formation Property 2 Printed/Typed Nar		. Mike	Mortanye	Sign	Mile	m	A Land	,		Month D	4   16 lav Year
¥ ₹	18. Dis	Jastas Va screpancy	- Wal	ath			Ull	w	Cl	Tell		-1111	4 116
		iscrepancy Indication Spa	ce Quan	tity	Туре			sidue		Partial Rej	ection	Full F	Rejection
ACILITY		Iternate Facility (or Genera	ator)				Manifest	Referenc	e Number:	U.S. EPA ID N	Number		
DESIGNATED FACILITY	18c. \$	/'s Phone: ignature of Alternate Facili									V 2704 fa	Month E	Day Year
DESIC	19. Ha 1.	zardous Waste Report Ma	nagement Method	Codes (i.e., codes i	for hazardous waste treatm	ent, disposal,	and recycling	systems)	-	4.			
		signated Facility Owner or d/Typed Name	Operator: Certifica	Lion of receipt of ha	zardous materials covered	by the manife Signa		oted in Ite	m 18a			Month D	ay Year

(Continuation Sheet)	Generator ID Number 45CFRPAR 1781	22. Page	23. Mani	fest Tracking N	umber	Approved, OMB No. 2050	
24. Generator's Name	STNA BOFKWEET HASPUR ROAD 19676	JOHN MARKET STREET					
25. TransporterCompany Name	WEAVER BROTHERS			U.S, EPAID	Number	72	
26. Transporter Company Name	OCEAN TRAILER EXPRESS		Nice Sold	U.S. EPA ID	Number 0070027	#55	
27a. 27b. U.S. DOT Description (including Proper Shipping and Packing Group (if any))	Name, Hazard Class, ID Number,	28. Containers No. Type		29, Total Quantity	S0. Unit Wt./Vol. 31. Waste Codes		
					-		
					I L		
32. Special Handling Instructions and Additional Information		1	1		10.2		
33. Transporter Acknowledgment of Receipt of Mater. Printed/Typed Name	als Signatu	re				Month Day Ye	
34. Transporter Acknowledgment of Receipt of Materi	als						
Printed/Typed Name	Signatu	re .			,	Month Day Ye	
35. Discrepancy							
38. Hazardous Waste Report Management Method Codes (i.e.	., codes for hazardous waste treatment, disposal, and	recycling systems)					

UN	IFORM HAZARDOUS WASTE MANIFEST	21. Generator ID Number		22. Page	23. Man	fest Tracking Nu	mber	Approved, OIVIB No	. 2000-06	
	(Continuation Sheet)	" -univ.	004786292FLE							
24.	23235 TALKE	SUSTINA BORGLIGH ETNA SPUR ROAD								
	TALKELTNA	K 93876	pa Tuy		1-1-6					
25.	Transporter Company Name	CLEAN HARBORS				U.S. EPA ID	Number 2000/07/4	K64		
-		17537 34 1 24 12401 110				U.S. EPA ID		Maria de la Constantina del Constantina de la Co		
26.	TransporterCompany Name	STEVE FORLER TRUCKING					0002056	125		
27a.	27b. U.S. DOT Description (including Proper Sh	pping Name, Hazard Class, ID Number,	28. Containers 29. Total 30, Unit 31, Waste Co							
HM	and Packing Group (If any))			No.	Туре	Quantity	Wt./Vol.			
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32, 5	special Handling Instructions and Additional Informa	tion						= [4 ]		
						V 18 '.				
33. T	ransporterAcknowledgment of Receipt of J ed/Typed Name	Materials Si	ignature	<u> </u>				Month Day	Year	
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33, 1 Print 34, T Print	ransporterAcknowledgment of Receipt of I	Materials							-	
Print	ed/Typed Name	Si	ignature					Month Day	Year	
35. D	riscrepancy								+	
36. H	azardous Waste Report Management Method Cod	es (i.e., sodes for hazardous waste treatment, dispos	al, and recyc	cling systems)	Ter				100	
36. H										
				1			- 1			



Central Recycling Services 311 North Sitka Street Anchorage, AK 99501 Phone: (907) 748-7400

www.alaskarecyclingcenter.com

**SCALE TICKET** 



PAGE :

CENTRAL ENVIRONMENTAL INC

1830 E 1ST AVENUE ANCHORAGE, AK

99501

: 06 Oct 2016 8:43 am

: 06 Oct 2016 8:47 am

Supplier-# : CEN001 Served By : shirah

March St.		Gross Tare Mg	t Adj Weight Price	5 Adj Amount
LEAD ACI	BATTERIES	6	6 LBS	.00
JOB 1	L3865			
CIRCUIT E		20	20 LBS	.00
Totals		26	26 LBS	
			Net	
			Total	00

Comments: JOB 13865

### **INVENTORY TRANSFER OF CHEMICAL HAZARDS**

2. Hazard Disposal Site Name and Mailing Address:    Phone #:   Phone #:	1. Project Name and Address:	CEI Project Number:	Owner's Name/Telephone #:
2. Hazard Disposal Site Name and Mailing Address:  Phone #:  TRANSPORTER  Transporter 1 (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  Phone:  Signature  Transporter 2 (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  Transporter 2 (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  Transporter 2 (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  Destination Address:  TRANSFEREE (Acknowledgement of Receipt of Materials)  Printed Name and Title  Signature  Date  TRANSFEREE (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  Dostination Address:  Month/Day/Year  JOLIANS MONTH/Day/Year  JOLI	Old Talkeetna Library	13865	
2. Hazard Disposal Site Name and Mailing Address:    Phone #:	Structural Removal		Emerson Kribeger 907-861-7867
TRANSPORTER  Transporter 1 (Acknowledgement of Receipt of Materials) Company Name, Address & Printed Name and Title Phone: 561-0125 Central Environmental, Inc. 311 N. Sitka Street Anchorage, AK 99501 Transporter 2 (Acknowledgement of Receipt of Materials) Company Name, Address & Printed Name and Title Phone:  TRANSFEREE (Acknowledgement of Receipt of Materials)  TRANSFEREE (Acknowledgement of Receipt of Materials)  Printed Name and Title  TRANSFEREE (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  TRANSFEREE (Acknowledgement of Receipt of Materials)  Printed Name and Title  Signature  Month/Day/Year  / 0 - 6 - 16	2. Hazard Disposal Site Name and	d Mailing Address:	
TRANSPORTER  Transporter 1 (Acknowledgement of Receipt of Materials) Company Name, Address & Printed Name and Title Phone: 561-0125 Central Environmental, Inc. 311 N. Sitka Street Anchorage, AK 99501 Transporter 2 (Acknowledgement of Receipt of Materials) Company Name, Address & Printed Name and Title Phone:  TRANSFEREE (Acknowledgement of Receipt of Materials)  TRANSFEREE (Acknowledgement of Receipt of Materials)  Printed Name and Title  TRANSFEREE (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  TRANSFEREE (Acknowledgement of Receipt of Materials)  Printed Name and Title  Signature  Month/Day/Year  / 0 - 6 - 16		•	
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TRANSPORTER  Transporter 1 (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  Phone: 56 0125  Central Environmental, Inc. 311 N. Sitka Street Anchorage, AK 99501  Transporter 2 (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  Date  TRANSFEREE (Acknowledgement of Receipt of Materials)  Printed Name and Title  Destination (Address):  12050 Industry Wart# 14 Archorage, Halke 99515  Anchorage, AK 99501  Signature  Date  TRANSFEREE (Acknowledgement of Receipt of Materials)  Printed Name and Title  Signature  Month/Day/Year  10-6-16  Company Name, Address & Phone:		dium Lamas.	
Transporter 1 (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  Central Environmental, Inc. 311 N. Sitka Street Anchorage, AK 99501  Transporter 2 (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  Transporter 2 (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  TRANSFEREE (Acknowledgement of Receipt of Materials)  Printed Name and Title  Signature  Date  TRANSFEREE (Acknowledgement of Receipt of Materials)  Printed Name and Title  Signature  Month/Day/Year  JO-6-16  Company Name, Address & Phone:			
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Central Environmental, Inc. 311 N. Sitka Street Anchorage, AK 99501  Transporter 2 (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  TRANSFEREE (Acknowledgement of Receipt of Materials)  Printed Name and Title  Signature  Date  TRANSFEREE (Acknowledgement of Receipt of Materials)  Printed Name and Title  Signature  Month/Day/Year  /0-6-16  Company Name, Address & Phone:			D = 4:4: (A d d )
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Transporter 2 (Acknowledgement of Receipt of Materials)  Company Name, Address & Printed Name and Title  Printed Name and Title  Signature  Date  TRANSFEREE (Acknowledgement of Receipt of Materials)  Printed Name and Title  Signature  Month/Day/Year  /o-6-16  Company Name, Address & Phone:	Central Environmental, Inc.	0:	Toreman Anchorage, Alaska
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Printed Name and Title  Signature  Month/Day/Year  /o-6-16  Company Name, Address & Phone:		Signature	Date
Printed Name and Title  Signature  Month/Day/Year  /o-6-16  Company Name, Address & Phone:	TDANCEDEE (Asknowledgemen	at of Doccint of Materials)	
Company Name, Address & Phone:			Month/Day/Year
Company Name, Address & Phone:	4	Olgitaturo	
Phone:	Jake Sneddon		10-6-16
Notes/Additional Information:	Phone:		
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	Notes/Additional Information:		



PO BOX 94291 SEATTLE, WA 98124 (206) 343-1247 (206) 343-7445 FAX EPA ID# WAH OOO O26 371 WO#

# BILL OF LADING

☐ ALASKA EPA ID # AKR 000 201 897

OREGON EPA ID # ORQ 000 026 789

☐ WASHINGTON - ECOLIGHTS EPA ID # WAH 000 026 371

☐ WASHINGTON - TOTAL RECLAIM

GENERATOR OF WASTE	BILLING	INFORMATION:		WAD 009			
Name:	and I fax.	Name:					
Address:		Address:					
City/State/Zip:			/Zip:				
EPA I.D. #:							
Contact:		Phone:	Haleto, 19374 - Toylord - Toylord Williams				
Phone:		PO #:					
I certify that the material described below was		r transportation in accordance with all	rules and regulations of the fe	deral, state a	ind local go	vernmer	its in
whose jurisdictions the materials originated, pa Generator Signature	assed inrough, or are recycled in.	Print Name			Month	Day	Year
110 1100		Mine Mad	lance		30.	-8	11/3
I certify that the material described below was Transporter Signature	tendered to me for transport in acc	ordance with all rules and regulations Company	4		Month	Day	Year
					100000000000000000000000000000000000000		
MATERIAL	AMOUNT RECEIVED	AMOUNT PROCESSED	UNIT PRICE		NDED	IN	ITIALS
STRAIGHT LAMPS							
							- 3
							3
CIRCULAR/U SHAPED							
COMPACTS (CFLS)							
CRUSHED LAMPS *							
ACCIDENTLY BROKEN LAMPS							
HID LAMPS			3,59	3.	59		
FIXTURES							
OTHER:							
BATTERIES							
NON-PCB BALLASTS							
PCB BALLASTS (NOT AK) *							
OFF SPEC FEE / LABOR	, · · ·						
TRANSPORTATION							
Notes:							
*MANIFEST#							
CASH CREDIT CAR	O ON ACCOUN	T TOTAL \$	59 DE	PAID _		IN	IITIALS
I certify that the material described above was					-	e Recei	1
Signature of Authorized Agent	Print Name	Company	DI		Month	Day	Year
		CATE OF BECVOL	INC	who are			
By accepting the waste described above, Ecol		CATE OF RECYCL or that the transportation, storage and	THE PARTY OF THE P	d are in	Det	o Poss	ived
accordance with all applicable federal, state an Signature of Authorized Agent	id local laws.	Print Name			Month	e Rece	Year
Ecolights Northwest, LLC		THURSTON			1335-1341		

Total Reclaim, Inc.



### **Project Photographs**

