

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

Table of Contents

- Summary Narrative
- EPA NESHAPS Notification
- AK DOL Notification
- Worker Certification(s) and Medical Clearance
- Daily Sign-In
- Daily Reports
- Waste Shipment and Disposal Records
- Project Photographs

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		Date Received	Notification #1
I. TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): O					
II FACILITY INFORMATION (Identify owner, removal contractor, and other operators):					
OWNER NAME: Matanuska Susitna Borough					
Address: 350 E. Dahlia Avenue					
City: Palmer		State: AK		Zip: 99645	
Contact: Emerson Krueger				Telephone: 907 861-7867	
REMOVAL CONTRACTOR: Central Environmental, Inc.					
Address: 311 N. Sitka Street					
City: Anchorage		State: AK		Zip: 99501	
Contact: Stuart M. Jacques				Telephone: (907) 561-0125	
OTHER OPERATOR:					
Address:					
City:		State:		Zip:	
Contact:				Telephone:	
III. TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation: D					
IV. IS ASBESTOS PRESENT? (Yes/No) Yes					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Bldg. Name: Talkeetna Library					
Address: Subdivision Tract 3					
City: Talkeetna		State: AK		County:	
Site Location: Entire Building					
Building Size: 2600		# of Floors: 1		Age in Years:	
Present Use: Vacant				Prior Use: Library	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
Central Environmental, Inc. (CEI) will use PLM methods for analysis of suspect materials that were not contained in the owner's asbestos survey or included in CEI's scope of work that can reasonably be expected to be disturbed during the course of our work.					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		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				Cu Ft.	
VIII. SCHEDULED DATES ASBESTOS REMOVAL: (mm/dd/yy) Start: 10/6/2016 Complete: 10/12/2016					
IX. SCHEDULED DATES DEMO/RENOVATION (mm/dd/yy) Start: 10/6/2016 Complete: 10/12/2016					

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

A regulated area will be established and wet methods will be used whenever RACM is disturbed.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSION OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

1. Regulate the work area/post required warning signs
2. Isolate the abatement area utilizing barriers, visqueen etc. Where applicable.
3. Restricted access to authorize, certified personnel only wearing appropriate personal protective equipment.
4. Package and transport the waste for disposal in accordance with regulations.

XII. WASTE TRANSPORTER #1:

Name: Central Environmental, Inc.

Address: 311 N. Sitka Street

City: Anchorage

State: AK

Zip: 99501

Contact Person: Stuart M. Jacques

Telephone: (907) 561-0125

WASTE TRANSPORTER #2:

Name:

Address:

City:

State:

Zip:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: Central Landfill

Location: Palmer AK

Address: N 49th State Street

City: Palmer

State: AK

Zip: 99645

Telephone: 907 745-9838

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin (mm/dd/yy):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (mm/dd/yy):

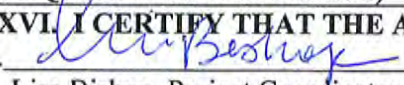
Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden.

XIV. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWER:

If suspect materials is encountered and can reasonably be expected to be disturbed by CEI's work activities CEI will verify the asbestos content and establish engineering controls if required. If work activities caused previously NONFRIABLE asbestos to become friable we will modify our work practices and establish engineering controls, if required, to contain the material or minimize fiber release.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (ONLY REQUIRED AFTER 11/20/91)**XVI. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**


Lisa Bishop, Project Coordinator

9/22/16
Date.

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

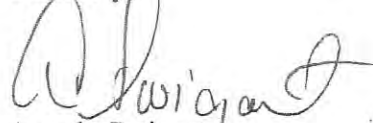
Central Environmental, Inc. hereby requests approval for the project listed below.

Job Number:	16-13865		
Project Title:	Talkeetna Library Abatement and Demolition		
Project Location:	23235 S. Talkeetna Spur Rd. Talkeetna, AK, 99676 (Talkeetna Library Subdivision Tract 3)		
Owner/Prime:	ADEC, Contaminated Sites Program 555 Cordova Street Anchorage, AK 99501		
Contact Person:	Chelsy Passmore		
Phone:	(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	8/24/2017
Moffitt, Caleb	20091174	2/4/2017	Montanye, Michael	3804	11/11/2016
Weir, Paul	20110386	3/2/2017			

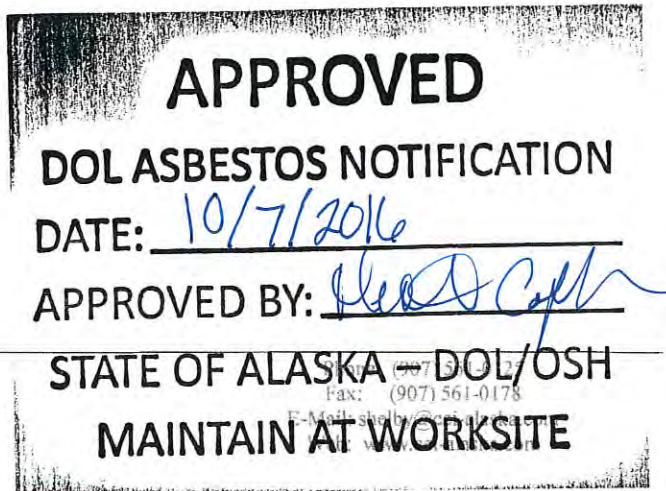
If you have any questions or need additional information, please do not hesitate to contact me at 907-561-0125.

Sincerely,



Angela Swigart

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



Worker Certification(s) and Medical Clearance



ENVIRONMENTAL
MANAGEMENT
INCORPORATED

Certificate of Training

T - 25815 - 22039
Certificate Number

This is to certify that

Brian J. Beair

has satisfactorily completed 8 hours

of

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: 11/24/2015

Class End Date: 11/24/2015

Jesse Pratt
Jesse Pratt

11/24/2015
Exam Date

11/24/2016
Cert. Exp. Date

Stuart M. Jacques
Director

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

Alaska Department of Labor

Certificate of Fitness

ASBESTOS ABATEMENT

20120022

Issued

01/04/2016

Expires

11/24/2016



BRIAN J BEAIR

2246 RONNIE CT

BIG LAKE, AK 99662

WGT

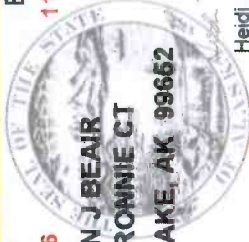
215

DOB

02/18/1984

HGT

59



Heidi Drygas

Commissioner

RENEWAL

401050

Respirator Medical Clearance Form

Name **Brian** Beair Date of Birth **2/18/1984** Date **09/09/2016**
Employer **CEI** Department Job

Received a Medical Evaluation in compliance with 29CFR1910.134(e) for medical clearance to wear a respirator.

Medically cleared for the following respirator(s):

☒ Level I: Use of all Respirators, including but not limited to full-face piece and/or SCBAs under the following work conditions:

- ☐ Sustained strenuous conditions
- ☒ Moderate work conditions
- ☐ Light, non-strenuous conditions including Emergency Situations

☐ Level II: Use of Half or Full Negative Pressure Respirator(s) under light, non-strenuous work conditions where exposures are known and below IDLH levels and hazardous substances have good warning properties.

☐ Level III: Voluntary use of Negative Pressure Respirators for protection against low-hazard, non-irritating contaminants at a level which is in compliance with recommended exposure limits.

☐ Restrictions/Follow-up Medical Examination recommended: See comments section below

☐ Not medically cleared for the use of respirator(s)

After review of pulmonologist report, a higher level of medical clearance may be issued.
This level of clearance is adequate for his job duties without concern.

Provider Signature

Jessica Alexander PA-C

Date **09/09/2016**

Provider Name (Print) **Jessica Alexander, PA-C**



ENVIRONMENTAL
MANAGEMENT
INCORPORATED

Certificate of Training

T-26230-19145

Certificate Number

This is to certify that

Casey E. Dresnek

has satisfactorily completed 8 hours

of

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

Director


Glen H. Hasbungh, IH

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

Alaska Department of Labor

Certificate of Fitness

ASBESTOS ABATEMENT

20101158



Issued

09/02/2016

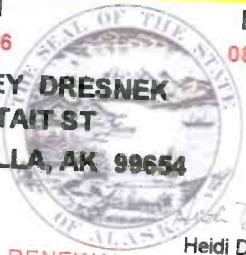
Expires

08/24/2017

CASEY DRESNEK

2590 TAIT ST

WASILLA, AK 99654



WGT 170
DOB 09/09/1988
316286

HGT 5'6"

RENEWAL

Heidi Drygas
Commissioner



Alaska's Medical Home for Over 40 Years

R. MATISON WHITE, JR., MD
CHARLES AARONS, MD
TIMOTHY COALWELL, MD
TIMOTHY LAUFER, MD
JOHN GILLIS, MD
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: 9/14/16 Name: Casey Dresnek DOB: 09/09/88
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 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: ☒ Yes ☐ NoEmployee has been provided with a copy of this written recommendation: ☒ Yes ☐ 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.



ENVIRONMENTAL
MANAGEMENT
INCORPORATED

Certificate of Training

T - 25932 - 17043

Certificate Number

This is to certify that

Caleb L. Moffitt

*has satisfactorily completed 8 hours
of*

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: 2/4/2016

Class End Date: 2/4/2016

2/4/2016

Exam Date

2/4/2017

Cert. Exp. Date

Stuart M. Jacques

Director

Glenn Hasburgh, IH

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

Alaska Department of Labor

Certificate of Fitness

ASBESTOS ABATEMENT

20091174



Issued

05/16/2016

Expires

02/04/2017

CALEB L MOFFITT

PO BOX 3337

PALMER, AK 99645



WGT
185

DOB
06/29/1985
315429

HGT
6'1

RENEWAL

Heidi Drygas
Commissioner



ENVIRONMENTAL
MANAGEMENT
INCORPORATED

Certificate of Training

T - 25814 - 448
Certificate Number.

This is to certify that

Michael P. Montanye

has satisfactorily completed 8 hours

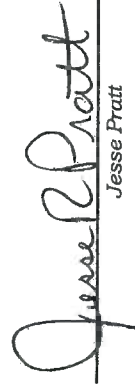
of

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: 11/11/2015

Class End Date: 11/11/2015


Jesse Pratt

11/11/2015
Exam Date

11/11/2016
Cert. Exp. Date

Stuart M. Jacques
Director

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

ASBESTOS ABATEMENT

00003804

Issued

11/25/2015

Expires

11/11/2016



WGT

170

DOB

01/28/1961

HGT

5'9

MICHAEL P MONTANYE

1706 W 32ND AVD, APT B

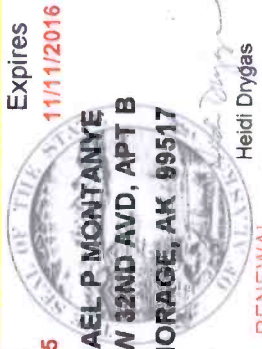
ANCHORAGE, AK 99517

RENEWAL

300385

Heidi Drygas

Commissioner





Alaska's Medical Home for Over 40 Years

R. MATISON WHITE, JR., MD
CHARLES AARONS, MD
TIMOTHY COALWELL, MD
TIMOTHY LAUFER, MD
JOHN GILLIS, MD
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: 8/3/16 Name: Michael Montanye DOB: 1/28/61

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 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:

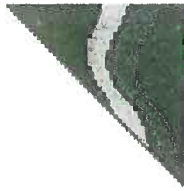
Spirometry performed: ☒ Yes ☐ No

Employee has been provided with a copy of this written recommendation: ☒ Yes ☐ No


Physician/Practitioner Signature

8/3/16
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.



ENVIRONMENTAL
MANAGEMENT
INCORPORATED

Certificate of Training

T - 25948 - 3730

Certificate Number

This is to certify that

Paul T. Weir

has satisfactorily completed 8 hours

of

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


Jesse Pratt

3/2/2016

Exam Date

3/2/2017

Cert. Exp. Date

Stuart M. Jacques

Director

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

Alaska Department of Labor

Certificate of Fitness

ASBESTOS ABATEMENT 20110386

Issued

03/04/2016



PAUL T. WEIR

407 E CARBON

PALMER, AK 99645

WGT

205

DOB

11/05/1971

HGT

5'9"

Expires
03/02/2017



RENEWAL

Heidi Drygas

Commissioner



Alaska's Medical Home for Over 40 Years

R. MATISON WHITE, JR., MD
CHARLES AARONS, MD
TIMOTHY COALWELL, MD
TIMOTHY LAUFER, MD
JOHN GILLIS, MD
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: 3/4/16 Name: Paul Weir DOB: 11-5-71

Company: Central Environmental Job Title: Foreman

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:

follow up w/ cardiologist regarding heart murmur

Spirometry performed: ☒ Yes ☐ No

Employee has been provided with a copy of this written recommendation. ☒ Yes ☐ 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.



Daily Sign-In Sheet(s)

Project Name: Old Tallestna Library
 Project No.: Structure Removal
 Unit: 13865

DATE: 10-12-16

ABBREVIATIONS

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

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 in-out, 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

[illegible]

Daily Report(s)

CENTRAL ENVIRONMENTAL, INC.
DAILY REPORT

PROJECT NAME: Old Talkeetna Library Structure Removal

PROJECT NUMBER: 13865

DATE: 10-12-16

DAY: Wednesday

Name of Employee	Job Classification	Hours Worked
Casey Dresnek	Foreman	11.5
Mike Montanya	Supervisor	11.5
Paul Weir	Operator	11.5

WORK PERFORMED, INCLUDING LOCATION

23235 S. Talkeetna Spur Road -

- Set up for Structure Removal
- Removed structure & loaded debris
- Removed and load foundation walls
- haul & disposed of debris

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.


Signature

CENTRAL ENVIRONMENTAL, INC.
DAILY REPORT

PROJECT NAME: old Talkeetna library structure Removal
PROJECT NUMBER: 13865
DATE: 10-13-16 DAY: Thursday

Name of Employee	Job Classification	Hours Worked
Casey Drosnek	Foreman	8
Mike Montanya	Supervisor	8
ben	operator	8

WORK PERFORMED, INCLUDING LOCATION

23235 S. Talkeetna Spur Road

- Removed foundation footers.
- Load and haul clean concrete
- Demobe Site.

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.


Signature

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

Collected By: Client

Collection Date: 10/12/2016

Analysis By: G. Caudill

Analysis Date: 10/17/2016

Received By: R. Briggs

Received Date: 10/17/2016

TAT: 48 Hour

Sample Count: 7

Project Name/Location: Old Talkeetna Library Structure Removal

Client ID	WL ID #	Sample Type	Vol (l)	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 Near Decon Southwest Corner Of Regulated Area							
13865-EM-02	AA16-17606	ENV	1763.2	0.545	69.427	0.002	0.015
Location: Outside Regulated Area Downwind South Of Regulated Area							
13865-EX-03	AA16-17607	Excursion	94.5	0.700	89.172	0.029	0.363
Location: Paul Weir: Operating Heavy Equipment Removing & Loading Debris							
13865-PM-04	AA16-17608	Personal	702	0.580	73.885	0.004	0.041
Location: Paul Weir: Operating Heavy Equipment Removing & Loading Debris							
13865-PM-05	AA16-17609	Personal	675	0.525	66.879	0.004	0.038
Location: Paul Weir: Operating Heavy Equipment Removing & Loading Debris							
13865-FB-06	AA16-17610	Field Blank	NV	<0.055	<7	N/A	N/A
Location: Field Blank							
13865-FB-07	AA16-17611	Field Blank	NV	<0.055	<7	N/A	N/A
Location: Field Blank							

PCM Air Sample TWA Report

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

PCM Air Sample

WL Project #: LA-020874

Client Project #: 13865

Report #: 625962

Report By: R. Briggs

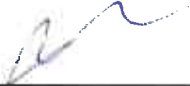
Report Date: 10/17/2016



Grant Caudill, Lab Analyst

10/18/2016

Date



10/18/2016

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.

LA- 020874

48

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

Standard Field Air Monitoring Data Sampling Sheet

CENTRAL ENVIRONMENTAL, INC.

Analyst: *Theresa Hunt*
Date: 10.17.16Project Name: Old Talksetna Library Structure Removal Job Number: 13865

Sample Data	Sample Number	Sample Type	Pump Number & Type	Pump Flow Rate (lpm)	Sample Time		Total Sample Time (minutes)	Sample Volume (L)	Sample By	Lab Sample #
					Start Time	Stop Time				
10-12-16	13865-EM-01	Environmental	2016-04 Low Vol	3.2	7:46am	4:57pm			CD	
located out side regulated area near Decon southwest corner of Regulated Area.										
10-12-16	13865-EM-02	Environmental	2016-05 Low Vol	3.2	7:46am	4:57pm			CD	
located out side regulated area down wind south of regulated area.										
10-12-16	13865-EX-03	Excursion	2016-03 Low Vol	2.7	7:48am	8:23am			CD	
worn by: Paul Weir - operating heavy equipment removing & loading debris - Cert # 20110386										
33# xxx-xx-6838	PPE - APR-FE	Disposable suit, hard hat, safety glasses, leather gloves, steel toe boots								
10-12-16	13865-PM-04	Personal	2016-03 Low Vol	2.7	8:23am	12:43pm			CD	
worn by: Paul Weir - operating heavy equipment removing & loading debris - Cert # 20110386										
33# xxx-xx-6838	PPE - APR-FE	Disposable suit, hard hat, safety glasses, leather gloves, steel toe boots								
10-12-16	13865-PM-05	Personal	2016-03 Low Vol	2.7	12:43pm	4:53pm			CD	
worn by: Paul Weir - operating heavy equipment removing & loading debris - Cert # 20110386										
33# xxx-xx-6838	PPE - APR-FE	Disposable suit, hard hat, safety glasses, leather gloves, steel toe boots								
10-12-16	13865-FB-06	Field Blank							CD	

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Standard Field Air Monitoring Data Sampling Sheet

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

Project Name: Old Talaeetha Library Structure Removal Job Number: 13865

Job Number: 13865

[illegible]

CENTRAL ENVIRONMENTAL, INC.

311 N Sitka Street, Anchorage, Alaska 99501

Phone: (907) 561-0125 Fax: (907) 561-0178

CHAIN OF CUSTODY RECORD

PAGE 01 OF 01PROJECT NAME: Old Talkeetna Library structure Removal
PROJECT NUMBER: 13865

CLIENT REQUESTS ANALYZED SAMPLES TO BE:

- ☒ PROPERLY SEALED CONTAINERS? ☐ RETURNED TO CLIENT
☒ SUFFICIENT SAMPLE QUANTITY? ☐ DISPOSED
☒ NO VISIBLE LEAKAGE TO CONTAMINATION? ☐ ARCHIVED
☒ FIELD SAMPLED ID. NO. LEGIBLE?

ESTIMATED COMPLETION DATE: 48 hour TATSAMPLES COLLECTED BY: Casey Dresnek DATE: 10-12-16 TIME: 4:43 pmLAB DELIVERED 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: Casey Dresnek DATE: 10-14-16 TIME: 2:45 pmSAMPLES RECEIVED BY: R. Briggs DATE: 10/14/16 TIME: 2:45 pm

COMMENTS: _____

13865

FIELD SAMPLE ID#	LAB#	AIR	BULK	ANALYSIS
Em-01		✓		Pcm
Em-02		✓		
EX-03		✓		
Pm-04		✓		
Pm-05		✓		
FB-06		✓		
FB-07		✓		

FIELD SAMPLE ID#	LAB#	AIR	BULK	ANALYSIS

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

Waste Shipment and Disposal Records

21-762

3852

CENTRAL ENVIRONMENTAL, INC.

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 Talkeetna Library structure Removal Project No.: 13865
Physical Address: Subdivision, Tract 3, Talkeetna AK
2. Facility Operator Name: Mat-Su Borough
Operator Address: Subdivision, Tract 3, Talkeetna AK Phone No.: _____
3. Facility Owner Name: Same as above
Operator Address: _____ Phone No.: _____

4. Waste Disposal Site Name: Anchorage Regional Landfill Phone No.: 907-428-0864
Mailing Address: _____
Physical Address: 15500 East Eagle River Loop Road, Eagle River, AK
5. Governing Agencies: ADEC, Central Region, 3601 C Street, Suite 1334, Anchorage, AK 99503
ADEC, 610 University Avenue, Fairbanks, Alaska 99709-3643 AS 16198
USEPA, Region 10, 1200 6th Avenue, Seattle, WA 98101

IN CASE OF EMERGENCY OR SPILL CALL (907) 561-0125

- | 6. Description of Materials:
(i.e., Asbestos, POL, Soils, Liquids) | Containers | | Total Estimated
Volume | Total Estimated
Weight |
|---|------------|---------|---------------------------|---------------------------|
| | No. | Type | | |
| Asbestos 9NA 2212 III RQ | 1 | Trailer | 120 yds | 42000 LBS |
| | | | | |
| | | | | |
7. Special Handling Instructions or Additional Information: _____

8. Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper conditions for transport by highway according to applicable international and government regulations.
- Casey Dreshek/Foreman [Signature] 10-12-16
Name/Title (Print or Type) Signature Date

9. Transporter #1: (Acknowledgement of receipt of materials) 1813 E 1st Ave
Company Name: Central Environmental Inc. Address: Anchorage, AK 99501 Phone: 907-561-0125
Destination: Anchorage Regional Landfill Vehicle Description: Tractor 3120 c/yb Trailer
Trent Burbank/Driver [Signature] 10-12-16
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: _____
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. Weigh Scale: _____ Weight

Clock Type of Weight _____ tons _____ (pounds) Attached weight scale receipt

12. Waste Disposal Site (WDS) Certification of Acceptance: I hereby certify acceptance of the materials covered by this record and 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 and forward completed copy to the operator/owner in Item 2 and Item 3.

Kevin Tokala [Signature] 10-12-16
Name/Title (Print or Type) Signature Date



MUNICIPALITY OF ANCHORAGE, SOLID WASTE SERVICES
ASBESTOS WASTE SHIPMENT RECORD

GENERATOR	1. Work Site Name & Mailing Address: Old Talkeetna Library Demolition Entire Building Subdivision, Tract 3, Talkeetna AK		Owner's Name Mat-Su Borough	Owner's Phone 000-000-0000
	2. Operator's Name & Address: Central Environmental, Inc. 311 N. Sitka Street, Anchorage, AK 99501		Operator's Phone 561-0125	
	3. Waste Disposal Site: ANCHORAGE REGIONAL LANDFILL, 15500 EAST EAGLE RIVER LOOP ROAD, EAGLE RIVER, ALASKA TELE 907-428-0864 FAX 907-428-1697		SWS Authorization AS16198 EXPIRES 12/29/16	SWS Contact Phone 907-343-6274
	4. Name & Address of Responsible Agency: ASBESTOS PROGRAM, USEPA, 222 West 7 th Ave., Anchorage, AK, 99513 1-907-271-5083			
	5. Description of Materials:		6. Containers No. Type	7. Total Quantity (Cubic Yards)
	Asbestos 9 VA 2212 III BQ Non-RCM		1 Trailer	120
	8. Special Handling Instructions & Additional Information:			
9. Operator's Certification: I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNMENT ARE FULLY AND ACCURATELY DESCRIBED ABOVE BY PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, MARKED, AND LABELED AND ARE IN ALL RESPECTS IN PROPER CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING TO APPLICABLE INTERNATIONAL & GOVERNMENTAL REGULATIONS.				
Printed/Typed Name & Title Casey Dreshner / Foreman		Signature 	Date 10-12-16	
TRANSPORTER	10. Transporter 1 (Acknowledgment of Receipt of Materials) Central Environmental Inc.			
	Printed/Typed Name & Title Trent Burbank / Driver		Signature 	Date 10-12-16
	Address & Telephone 1813 E 1st Ave. Anchorage, Alaska 99501 907-561-0125			
	11. Transporter 2 (Acknowledgment of Receipt of Materials)			
	Printed/Typed Name & Title		Signature	Date
DISPOSAL SITE	Address & Telephone			
	12. Discrepancies Noted:			
	13. Waste Disposal Site Owner or Operator: I certify that I have received the asbestos materials noted in Section 5 except as noted in Section 12 Discrepancies. Arrival Time: 3:30 pm Departure Time: 4:00 pm Total Time: 1:30			
	Printed/Typed Names & Title Kevin Tokela		Signature 	Date 10-12-16

Trailer # 21-761

3853

CENTRAL ENVIRONMENTAL, INC.

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 Talkeetna Library structure Removal Project No.: 13865
Physical Address: Subdivision, Tract 3, Talkeetna, AK
2. Facility Operator Name: Mat-Su Borough
Operator Address: Subdivision, Tract 3, Talkeetna, AK Phone No.: _____
3. Facility Owner Name: same as above
Operator Address: _____ Phone No.: _____

4. Waste Disposal Site Name: Anchorage Regional Landfill Phone No.: 907-428-0864
Mailing Address: _____
Physical Address: 15500 East Eagle River Loop Road, Eagle River, AK
5. Governing Agencies: ADEC, Central Region, 3601 C Street, Suite 1334, Anchorage, AK 99503
ADEC, 610 University Avenue, Fairbanks, Alaska 99709-3643 AS16198
USEPA, Region 10, 1200 6th Avenue, Seattle, WA 98101

IN CASE OF EMERGENCY OR SPILL CALL (907) 561-0125

- | 6. Description of Materials:
(i.e., Asbestos, POL, Soils, Liquids) | Containers | | Total Estimated
Volume | Total Estimated
Weight |
|---|------------|---------|---------------------------|---------------------------|
| | No. | Type | | |
| Asbestos 9NA 2212 III RQ | 1 | Trailer | 120 yd3 | 43,000 LBS |
| | | | | |
| | | | | |
7. Special Handling Instructions or Additional Information: _____

8. Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper conditions for transport by highway according to applicable international and government regulations.
- Casey Dreshek, Foreman [Signature] 10-12-16
Name/Title (Print or Type) Signature Date

9. Transporter #1: (Acknowledgement of receipt of materials) 1813 E 1st Ave.
Company Name: Central Environmental Inc. Address: Anchorage, AK 99501 Phone: 907-561-0125
Destination: Anchorage Regional Landfill Vehicle Description: Tractor 3120 yd3 Trailer
Hoby Perkins [Signature] 10-12-16
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: _____
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. Weight Scale: _____ Weight _____
Clock Type of Weight _____ tons _____ (pounds) Attached weight scale receipt

12. Waste Disposal Site (WDS) Certification of Acceptance: I hereby certify acceptance of the materials covered by this record and 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 and forward completed copy to the operator/owner in Item 2 and Item 3.

Kevin Tokela [Signature] 10-12-16
Name/Title (Print or Type) Signature Date



MUNICIPALITY OF ANCHORAGE, SOLID WASTE SERVICES
ASBESTOS WASTE SHIPMENT RECORD

GENERATOR	1. Work Site Name & Mailing Address: Old Talkeetna Library Demolition Entire Building Subdivision, Tract 3, Talkeetna AK		Owner's Name Mat-Su Borough	Owner's Phone 000-000-0000
	2. Operator's Name & Address: Central Environmental, Inc. 311 N. Sitka Street, Anchorage, AK 99501			Operator's Phone 561-0125
	3. Waste Disposal Site: ANCHORAGE REGIONAL LANDFILL, 15500 EAST EAGLE RIVER LOOP ROAD, EAGLE RIVER, ALASKA TELE 907-428-0864 FAX 907-428-1697		SWS Authorization AS16198 EXPIRES 12/29/16	SWS Contact Phone 907-343-6274
	4. Name & Address of Responsible Agency: ASBESTOS PROGRAM, USEPA, 222 West 7 th Ave., Anchorage, AK, 99513 1-907-271-5083			
	5. Description of Materials:		6. Containers No. Type	7. Total Quantity (Cubic Yards)
	Asbestos 9 NA 2212 III BQ Non-Bacm		1 Trailer	120
8. Special Handling Instructions & Additional Information:				
9. Operator's Certification: I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNMENT ARE FULLY AND ACCURATELY DESCRIBED ABOVE BY PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, MARKED, AND LABELED AND ARE IN ALL RESPECTS IN PROPER CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING TO APPLICABLE INTERNATIONAL & GOVERNMENTAL REGULATIONS.				
Printed/Typed Name & Title Casey Dreshek Foreman		Signature 	Date 10-12-16	
TRANSPORTER	10. Transporter 1 (Acknowledgment of Receipt of Materials) Central Environmental Inc.			
	Printed/Typed Name & Title Koby Perkins /Driver		Signature 	Date 10-12-16
	Address & Telephone 1913 E 1st Ave, Anchorage, Alaska 99501 907-561-0125			
	11. Transporter 2 (Acknowledgment of Receipt of Materials)			
DISPOSAL SITE	Printed/Typed Name & Title		Signature	Date
	Address & Telephone			
	12. Discrepancies Noted:			
13. Waste Disposal Site Owner or Operator: I certify that I have received the asbestos materials noted in Section 5 except as noted in Section 12, Discrepancies. Arrival Time: 3:30 PM Departure Time: 4:00 PM Total Time: 30				
Printed/Typed Names & Title Kevin Perkins		Signature 	Date 10-12-16	SWS Weight Invoice # 331089

Trailer # 21-710

3851

CENTRAL ENVIRONMENTAL, INC.

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 Talkeetna Library structure Removal Project No.: 13865
 Physical Address: Subdivision, Tract 3, Talkeetna, AK
2. Facility Operator Name: Mat-Su Borough
 Operator Address: Subdivision, Tract 3, Talkeetna AK Phone No.: _____
3. Facility Owner Name: _____
 Operator Address: _____ Phone No.: _____
4. Waste Disposal Site Name: Anchorage Regional Landfill Phone No.: 907-428-0864
 Mailing Address: _____
 Physical Address: 15500 East Eagle River Loop Road, Eagle River, AK
5. Governing Agencies: ADEC, Central Region, 3601 C Street, Suite 1334, Anchorage, AK 99503
 ADEC, 610 University Avenue, Fairbanks, Alaska 99709-3643
 USEPA, Region 10, 1200 6th Avenue, Seattle, WA 98101 AS16198

IN CASE OF EMERGENCY OR SPILL CALL (907) 561-0125

6. Description of Materials: Containers Total Estimated Total Estimated
 (i.e., Asbestos, POL, Soils, Liquids) No. Type Volume Weight
Asbestos 9NA 2212 III RO 1 Trailer 120 yd3 44,000 LBS
7. Special Handling Instructions or Additional Information: _____

8. Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper conditions for transport by highway according to applicable international and government regulations.
Casey Dreshak / Foreman [Signature] 10-12-16
 Name/Title (Print or Type) Signature Date

9. Transporter #1: (Acknowledgement of receipt of materials) 1813 E. 1st Ave
 Company Name: Central Environmental Inc Address: Anchorage, AK 99501 Phone: 907-561-0125
 Destination: Anchorage Regional Landfill Vehicle Description: Tractor 3120 yd3 Trailer
Tyrene Palmer / Driver [Signature] 10/12/16
 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: _____
 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. Weigh Scale: _____ Weight _____
 Clock Type of Weight _____ tons _____ (pounds) Attached weight scale receipt

12. Waste Disposal Site (WDS) Certification of Acceptance: I hereby certify acceptance of the materials covered by this record and 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 and forward completed copy to the operator/owner in Item 2 and Item 3.

Kevin Parola [Signature] 10-12-16
 Name/Title (Print or Type) Signature Date



MUNICIPALITY OF ANCHORAGE, SOLID WASTE SERVICES

ASBESTOS WASTE SHIPMENT RECORD

GENERATOR	1. Work Site Name & Mailing Address: Old Talkeetna Library Demolition Entire Building Subdivision, Tract 3, Talkeetna AK		Owner's Name Mat-Su Borough	Owner's Phone 000-000-0000	
	2. Operator's Name & Address: Central Environmental, Inc. 311 N. Sitka Street, Anchorage, AK 99501			Operator's Phone 561-0125	
	3. Waste Disposal Site: ANCHORAGE REGIONAL LANDFILL, 15500 EAST EAGLE RIVER LOOP ROAD, EAGLE RIVER, ALASKA TELE 907-428-0864 FAX 907-428-1697		SWS Authorization AS16198 EXPIRES 12/29/16	SWS Contact Phone 907-343-6274	
	4. Name & Address of Responsible Agency: ASBESTOS PROGRAM, USEPA, 222 West 7 th Ave., Anchorage, AK, 99513 1-907-271-5083				
	5. Description of Materials:		6. Containers No. Type		7. Total Quantity (Cubic Yards)
	Asbestos 9NA 2212 III RQ Non-RACM		1 Trailer		120 yds
	8. Special Handling Instructions & Additional Information:				
	9. Operator's Certification: I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNMENT ARE FULLY AND ACCURATELY DESCRIBED ABOVE BY PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, MARKED, AND LABELED AND ARE IN ALL RESPECTS IN PROPER CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING TO APPLICABLE INTERNATIONAL & GOVERNMENTAL REGULATIONS.				
Printed/Typed Name & Title Casey Dreshek/Foreman		Signature 		Date 10-12-16	
TRANSPORTER	10. Transporter 1 (Acknowledgment of Receipt of Materials) Central Environmental, Inc.				
	Printed/Typed Name & Title Tyrone Palmer /Driver		Signature 		
	Address & Telephone 1813 E 1st Ave, Anchorage, Alaska 99501 907-561-0125		Date 10-12-16		
	11. Transporter 2 (Acknowledgment of Receipt of Materials)				
	Printed/Typed Name & Title		Signature		Date
DISPOSAL SITE	Address & Telephone				
	12. Discrepancies Noted:				
	13. Waste Disposal Site Owner or Operator: I certify that I have received the asbestos materials noted in Section 5 except as noted in Section 12, Discrepancies. Arrival Time: 1:10 PM Departure Time: 1:20 PM Total Time: 10				
	Printed/Typed Names & Title Kevin Toth		Signature 		Date 10-12-16
				SWS Weight Invoice # 330971	

Trailer S15

3849

CENTRAL ENVIRONMENTAL, INC.

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 Talkeetna Library Structure Removal Project No.: 13865
Physical Address: Subdivision, Tract 3, Talkeetna, AK
2. Facility Operator Name: Mat-su Borough
Operator Address: Subdivision, Tract 3, Talkeetna, AK Phone No.: _____
3. Facility Owner Name: Same as above
Operator Address: _____ Phone No.: _____

4. Waste Disposal Site Name: Anchorage Regional Landfill Phone No.: 907-428-0864
Mailing Address: _____
Physical Address: 15500 East Eagle River Loop Road, Eagle River, AK
5. Governing Agencies: ADEC, Central Region, 3601 C Street, Suite 1334, Anchorage, AK 99503
ADEC, 610 University Avenue, Fairbanks, Alaska 99709-3643
USEPA, Region 10, 1200 6th Avenue, Seattle, WA 98101

AS16198

IN CASE OF EMERGENCY OR SPILL CALL (907) 561-0125

6. Description of Materials: Containers Total Estimated Total Estimated
(i.e., Asbestos, POL, Soils, Liquids) No. Type Volume Weight
Asbestos 9NA 2212 III RQ 1 End Dump 20 yds 48000 LBS
7. Special Handling Instructions or Additional Information: _____

8. Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper conditions for transport by highway according to applicable international and government regulations.

Casey Drescher / Foreman
Name/Title (Print or Type)

[Signature]
Signature

10-12-16
Date

9. Transporter #1: (Acknowledgement of receipt of materials)
Company Name: Central Environmental Inc. Address: 1813 E. 1st Ave Anchorage AK 99501 Phone: 907-561-0125
Destination: Anchorage Regional Landfill Vehicle Description: Tractor w/ Taped End Dump
Jack Mason / Driver [Signature] 10-12-16
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: _____
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. Weight Scale: _____ Weight
Clock Type of Weight _____ tons _____ (pounds) Attached weight scale receipt

12. Waste Disposal Site (WDS) Certification of Acceptance: I hereby certify acceptance of the materials covered by this record and 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 and forward completed copy to the operator/owner in Item 2 and Item 3.

Kerrin Toke
Name/Title (Print or Type)

[Signature]
Signature

10-13-16
Date



MUNICIPALITY OF ANCHORAGE, SOLID WASTE SERVICES
ASBESTOS WASTE SHIPMENT RECORD

GENERATOR	1. Work Site Name & Mailing Address: Old Talkeetna Library Demolition Entire Building Subdivision, Tract 3, Talkeetna AK		Owner's Name Mat-Su Borough	Owner's Phone 000-000-0000
	2. Operator's Name & Address: Central Environmental, Inc. 311 N. Sitka Street, Anchorage, AK 99501		Operator's Phone 561-0125	
	3. Waste Disposal Site: ANCHORAGE REGIONAL LANDFILL, 15500 EAST EAGLE RIVER LOOP ROAD, EAGLE RIVER, ALASKA TELE 907-428-0864 FAX 907-428-1697	SWS Authorization AS16198 EXPIRES 12/29/16	SWS Contact Phone 907-343-6274	
	4. Name & Address of Responsible Agency: ASBESTOS PROGRAM, USEPA, 222 West 7 th Ave., Anchorage, AK, 99513 1-907-271-5083			
	5. Description of Materials:	6. Containers No. Type	7. Total Quantity (Cubic Yards)	
	Asbestos 9NA 2212 III RG NON-RACM	1 End Dump	20	
	8. Special Handling Instructions & Additional Information:			
	9. Operator's Certification: I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNMENT ARE FULLY AND ACCURATELY DESCRIBED ABOVE BY PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, MARKED, AND LABELED AND ARE IN ALL RESPECTS IN PROPER CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING TO APPLICABLE INTERNATIONAL & GOVERNMENTAL REGULATIONS.			
TRANSPORTER	Printed/Typed Name & Title Casey Dreshek/Foreman		Signature 	Date 10-12-16
	10. Transporter 1 (Acknowledgment of Receipt of Materials) Central Environmental Inc.			
	Printed/Typed Name & Title Jack Mason /Driver		Signature 	Date 10-12-16
	Address & Telephone 1813 E 1st Ave, Anchorage, Alaska 99501 907-561-0125			
DISPOSAL SITE	11. Transporter 2 (Acknowledgment of Receipt of Materials)			
	Printed/Typed Name & Title		Signature	Date
	Address & Telephone			
	12. Discrepancies Noted:			
DISPOSAL SITE	13. Waste Disposal Site Owner or Operator: I certify that I have received the asbestos materials noted in Section 5 except as noted in Section 12, Discrepancies. Arrival Time: 9:10 AM Departure Time: 9:15 AM Total Time: 105			
	Printed/Typed Names & Title Kevin Talon		Signature 	Date 10-12-16
	SWS Weight Invoice # 331213			

21-761

3840

CENTRAL ENVIRONMENTAL, INC.

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 Talkeetna Library Structure Removal Project No.: 13865
 Physical Address: Subdivision, Tract 3, Talkeetna AK
2. Facility Operator Name: Mat-su Borough
 Operator Address: Subdivision, Tract 3, Talkeetna, AK Phone No.: _____
3. Facility Owner Name: Same as above
 Operator Address: _____ Phone No.: _____

4. Waste Disposal Site Name: Anchorage Regional Landfill Phone No.: 907-428-0864
 Mailing Address: _____
 Physical Address: 15500 East Eagle River Loop Road, Eagle River, AK
5. Governing Agencies: ADEC, Central Region, 3601 C Street, Suite 1334, Anchorage, AK 99503
 ADEC, 610 University Avenue, Fairbanks, Alaska 99709-3643
 USEPA, Region 10, 1200 6th Avenue, Seattle, WA 98101

IN CASE OF EMERGENCY OR SPILL CALL (907) 561-0125

- | 6. Description of Materials:
(i.e., Asbestos, POL, Soils, Liquids) | Containers | | Total Estimated
Volume | Total Estimated
Weight |
|---|------------|---------|---------------------------|---------------------------|
| | No. | Type | | |
| Asbestos 9NA 2212 III RQ | 1 | Trailer | 120 yds | 41000 LBS |
| | | | | |
| | | | | |

7. Special Handling Instructions or Additional Information: _____

8. Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper conditions for transport by highway according to applicable international and government regulations.

Casey Dreshell / Foreman
 Name/Title (Print or Type)

[Signature]
 Signature

10-13-16
 Date

9. Transporter #1: (Acknowledgement of receipt of materials) 1813 E. 1st Ave
 Company Name: Central Environmental Inc. Address: Anchorage AK Phone: 907-561-0125
 Destination: Anchorage Regional Landfill Vehicle Description: _____
Koby Perkins / Driver [Signature]
 Name/Title (Print or Type) Signature Date 10-13-16

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: _____
 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. Weight Scale: _____ Weight _____
 Clock Type of Weight _____ tons _____ (pounds) Attached weight scale receipt

12. Waste Disposal Site (WDS) Certification of Acceptance: I hereby certify acceptance of the materials covered by this record and 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 and forward completed copy to the operator/owner in Item 2 and Item 3.

Kevin Jokela
 Name/Title (Print or Type)

[Signature]
 Signature

10-13-16
 Date



MUNICIPALITY OF ANCHORAGE, SOLID WASTE SERVICES
ASBESTOS WASTE SHIPMENT RECORD


GENERATOR	1. Work Site Name & Mailing Address: Old Talkeetna Library Demolition Entire Building Subdivision, Tract 3, Talkeetna AK		Owner's Name Mat-Su Borough	Owner's Phone 000-000-0000
	2. Operator's Name & Address: Central Environmental, Inc. 311 N. Sitka Street, Anchorage, AK 99501		Operator's Phone 561-0125	
	3. Waste Disposal Site: ANCHORAGE REGIONAL LANDFILL, 15500 EAST EAGLE RIVER LOOP ROAD, EAGLE RIVER, ALASKA TELE 907-428-0864 FAX 907-428-1697	SWS Authorization AS16198 EXPIRES 12/29/16	SWS Contact Phone 907-343-6274	
	4. Name & Address of Responsible Agency: ASBESTOS PROGRAM, USEPA, 222 West 7 th Ave., Anchorage, AK, 99513 1-907-271-5083			
	5. Description of Materials:	6. Containers No. Type	7. Total Quantity (Cubic Yards)	
	Asbestos 9 NA 2212 III RG 100-Backin	1 Trailer	120	
	8. Special Handling Instructions & Additional Information:			
	9. Operator's Certification: I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNMENT ARE FULLY AND ACCURATELY DESCRIBED ABOVE BY PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, MARKED, AND LABELED AND ARE IN ALL RESPECTS IN PROPER CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING TO APPLICABLE INTERNATIONAL & GOVERNMENTAL REGULATIONS.			
TRANSPORTER	Printed/Typed Name & Title Casey Dresnek / Foreman		Signature 	Date 10-13-16
	10. Transporter 1 (Acknowledgment of Receipt of Materials) Central Environmental, Inc.			
	Printed/Typed Name & Title Koby Perkins / Driver		Signature 	Date 10-13-16
	Address & Telephone 1813 E 1st Ave, Anchorage, Alaska 99501 907-361-0125			
	11. Transporter 2 (Acknowledgment of Receipt of Materials)			
DISPOSAL SITE	Printed/Typed Name & Title		Signature	Date
	Address & Telephone			
	12. Discrepancies Noted:			
DISPOSAL SITE	13. Waste Disposal Site Owner or Operator: I certify that I have received the asbestos materials noted in Section 5 except as noted in Section 12, Discrepancies. Arrival Time: 3:40pm Departure Time: 3:50pm Total Time: 10			
	Printed/Typed Names & Title Kevin Jokela		Signature 	Date 10-13-16
			SWS Weight Invoice # 331546	


CENTRAL ENVIRONMENTAL, INC.


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 Talkeetna Library Structure Removal Project No.: 13865
 Physical Address: Subdivision tract 3, Talkeetna, AK
2. Facility Operator Name: Mat-su Borough
 Operator Address: Subdivision tract 3, Talkeetna, AK Phone No.: _____
3. Facility Owner Name: Same as above
 Operator Address: _____ Phone No.: _____
-
4. Waste Disposal Site Name: Anchorage Regional Landfill Phone No.: 907-428-0864
 Mailing Address: _____
 Physical Address: 15500 East Eagle River Loop Road, Eagle River, AK
5. Governing Agencies: ADEC, Central Region, 3601 C Street, Suite 1334, Anchorage, AK 99503
 ADEC, 610 University Avenue, Fairbanks, Alaska 99709-3643
 USEPA, Region 10, 1200 6th Avenue, Seattle, WA 98101 AS 16198
- IN CASE OF EMERGENCY OR SPILL CALL (907) 561-0125**

- | 6. Description of Materials:
(i.e., Asbestos, POL, Soils, Liquids) | Containers | | Total Estimated
Volume | Total Estimated
Weight |
|---|------------|-------------|---------------------------|---------------------------|
| | No. | Type | | |
| Asbestos 9NA 2212 III RQ | <u>3</u> | <u>bags</u> | <u>1/10 of A yd3</u> | <u>70 Lbs.</u> |
7. Special Handling Instructions or Additional Information: _____

8. Operator's Certification: I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper conditions for transport by highway according to applicable international and government regulations.
- Casey Dreshek / Foreman  10-12-16
 Name/Title (Print or Type) Signature Date

9. Transporter #1: (Acknowledgement of receipt of materials) 1813 E 1st Ave
 Company Name: Central Environmental, Inc. Address: Anchorage, AK Phone: 907-561-0125
 Destination: Anchorage Regional Landfill Vehicle Description: large P.U. Truck
Mike Montanye / Driver  10-12-16
 Name/Title (Print or Type) Signature Date

- Transporter #2: (Acknowledgement of receipt of materials) 1813 E 1st Ave
 Company Name: Central Environmental, Inc. Address: Anch, AK 99501 Phone: 561-0125
 Destination: Anchorage Regional Landfill Vehicle Description: Box Van 4-241
Brian Thompson / Driver  10/26/16
 Name/Title (Print or Type) Signature Date

- Transporter #3: (Acknowledgement of receipt of materials)
 Company Name: _____ Address: _____ Phone: _____
 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. Weigh Scale: _____ Weight _____
 Clock Type of Weight _____ tons _____ (pounds) Attached weight scale receipt

12. Waste Disposal Site (WDS) Certification of Acceptance: I hereby certify acceptance of the materials covered by this record and 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 and forward completed copy to the operator/owner in Item 2 and Item 3.

Kevin J. Leber  10-26-16
 Name/Title (Print or Type) Signature Date



MUNICIPALITY OF ANCHORAGE, SOLID WASTE SERVICES
ASBESTOS WASTE SHIPMENT RECORD

GENERATOR	1. Work Site Name & Mailing Address: Old Talkeetna Library Demolition Entire Building Subdivision, Tract 3, Talkeetna AK		Owner's Name Mat-Su Borough	Owner's Phone 000-000-0000
	2. Operator's Name & Address: Central Environmental, Inc. 311 N. Sitka Street, Anchorage, AK 99501		Operator's Phone 561-0125	
	3. Waste Disposal Site: ANCHORAGE REGIONAL LANDFILL, 15500 EAST EAGLE RIVER LOOP ROAD, EAGLE RIVER, ALASKA TELE 907-428-0864 FAX 907-428-1697		SWS Authorization AS16198 EXPIRES 12/29/16	SWS Contact Phone 907-343-6274
	4. Name & Address of Responsible Agency: ASBESTOS PROGRAM, USEPA, 222 West 7 th Ave., Anchorage, AK, 99513 1-907-271-5083			
	5. Description of Materials:		6. Containers No. Type	7. Total Quantity (Cubic Yards)
	Asbestos 9 VA 2212 JIL RG Non-Rachm		1 BA	.25
TRANSPORTER	8. Special Handling Instructions & Additional Information:			
	9. Operator's Certification: I HEREBY DECLARE THAT THE CONTENTS OF THIS CONSIGNMENT ARE FULLY AND ACCURATELY DESCRIBED ABOVE BY PROPER SHIPPING NAME & ARE CLASSIFIED, PACKED, MARKED, AND LABELED AND ARE IN ALL RESPECTS IN PROPER CONDITION FOR TRANSPORT BY HIGHWAY ACCORDING TO APPLICABLE INTERNATIONAL & GOVERNMENTAL REGULATIONS.			
	Printed/Typed Name & Title Casey Drachek/Foreman		Signature 	Date 10-26-16
	10. Transporter 1 (Acknowledgment of Receipt of Materials) Central Environmental Inc.			
	Printed/Typed Name & Title BRIAN TUMACH / Driver		Signature 	Date 10/26/16
DISPOSAL SITE	Address & Telephone 1813 E 1st Ave, Anchorage, Alaska 99501 907-561-0125			
	11. Transporter 2 (Acknowledgment of Receipt of Materials)			
	Printed/Typed Name & Title		Signature	Date
	Address & Telephone			
DISPOSAL SITE	12. Discrepancies Noted:			
	13. Waste Disposal Site Owner or Operator: I certify that I have received the asbestos materials noted in Section 5 except as noted in Section 12, Discrepancies. Arrival Time: 10:00am Departure Time: 10:05am Total Time: 105			
	Printed/Typed Names & Title Kevin Oskala		Signature 	Date 10-26-16
		SWS Weight Invoice # 375874		

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

Collected By: Client

Collection Date: 09/30/2016

Analysis By: G. Caudill

Analysis Date: 10/04/2016

Received By: R. Briggs

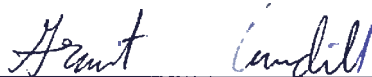
Received Date: 10/03/2016

TAT: 72 Hour

Sample Count: 1

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

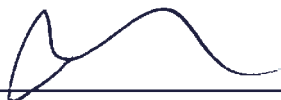
Client ID	WLSample	Ext Fid by Ph test	Weight (g)	Ext Fid Vol (l)	mg/l Lead
13865-TCLP-01	AL16-2965	1	100	2	<RL



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).

PAGE 1 OF 1

PROJECT NUMBER: 13865

FIELD SAMPLED ID. NO. LEGIBLE?

OTHER

COMMENTS:

[illegible][illegible]

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 Talkeetna Library
Building No.:	23235
Location:	Talkeetna Spur Rd, Alaska
Brief Description of LBP Abatement:	NONE
Date of Sample Collection:	9-30-16
Sample ID No.:	13965-TCLP-01
Description of Waste Stream Sample:	2' x 4' Stud, Drywall w/ ACM Joint compound, Siding, drywall w/ Acoustical texture, Carpet, white insulation, fiberglass insulation, roof shingle, rigid foam insulation, and CMU block Lead TCLP with ACM Sealants and dampproofing.
Analysis To Be Performed Check Type of Sample	Composite Type Sample: <input checked="" type="checkbox"/>
	Single Material Sample: <input type="checkbox"/>

Waste Stream breakdown by Material Type and Percent of Waste

Material Description	% of Waste	Material Description	% of Waste
Walls		Floors	
2 x 4 Studs Wood	35%	Wood	
Concrete		Concrete	
CMU		CMU	
Steel		Steel	
Other		Other	1%
Interior Wall Finishes		Floor Finishes	
w/ ACM Joint Compound Gypsumboard	15%	Carpet	
Plaster		Wood	15%
Wood Panel		Ceramic Tile	
Metal		VCT	
Exterior Wall Finishes		Concrete	
Gypsumboard		Paint	
Plaster		Other Components	
Wood Siding Wood Panel	5%	Boiler	
Metal		Ductwork	
Ceiling		Piping	
Wood		Furniture	
Concrete		List any Non-Listed Items Here	
CMU		White Plaster Insulation	1%
Steel		yellow Fiberglass Insulation	1%
Other	4%	Roofing Shingle	2%
Ceiling Finish		Rigid Foam Insulation	1%
Gypsumboard		CMU Block w/ ACM Sealants and ACM Dampproofing	20%
Plaster			
Wood Panel			
Metal			
Trim			
Window			
Doors			
Casing Material			
Total Must Equal 100%			100%

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 49CFR PART 761		2. Page 1 of 3	3. Emergency Response Phone 1-800-899-4672		4. Manifest Tracking Number 004786202 FLE					
		5. Generator's Name and Mailing Address MATANUSKA-SUSITNA BOROUGH 350 EAST DAHLIA AVENUE PALMER, AK 99645 Generator's Phone: 6. Transporter 1 Company Name CENTRAL ENVIRONMENTAL INC.		Generator's Site Address (if different than mailing address) MATANUSKA-SUSITNA BOROUGH 23235 TALKEETNA SPUR ROAD TALKEETNA, AK 99678 U.S. EPA ID Number AK0983074188								
7. Transporter 2 Company Name NRC ALASKA LLC		U.S. EPA ID Number AKR000004184										
8. Designated Facility Name and Site Address US ECOLOGY IDAHO, INC. 20400 LEMLEY RD GRAND VIEW, ID 83824 Facility's Phone: (208) 834-2275		U.S. EPA ID Number IDD073114654										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
					No.	Type						
	X	1.	UN3432, Polychlorinated Biphenyls, Solid, 9, PGI, "Marine Pollutant", ERG#171			1	DM	50	K			
		2.										
		3.										
	4.											
14. Special Handling Instructions and Additional Information D6291 USE 15593-1 PCB LIGHT BALLAST Drum # 108387-01 Out-of-Service 10/05/2016												
15. GENERATOR'S/OFFEROR'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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.												
TRANSPORTER	Generator's/Officer's Printed/Typed Name Chelsy M Passmore				Signature <i>Chelsy M Passmore</i>		Month Day Year 11/02/16					
	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____											
	17. Transporter Acknowledgment of Receipt of Materials											
	Transporter 1 Printed/Typed Name Central Environmental, Inc. Mike Montano				Signature <i>Mike Montano</i>		Month Day Year 11/14/16					
	Transporter 2 Printed/Typed Name Nastasha Walath				Signature <i>Nastasha Walath</i>		Month Day Year 11/14/16					
DESIGNATED FACILITY	18. Discrepancy											
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
	Manifest Reference Number: _____											
	18b. Alternate Facility (or Generator) U.S. EPA ID Number _____											
	Facility's Phone: _____											
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____												
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)												
1.		2.		3.		4.						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a												
Printed/Typed Name				Signature				Month Day Year				

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number 49CHRPART781	22. Page	23. Manifest Tracking Number 0047862021-LE			
24. Generator's Name MATANUSKA-SUSTINA BOROUGH 23235 TALKEETNASPUR ROAD TALKEETNA, AK 99570							
25. Transporter Company Name WEAVER BROTHERS				U.S. EPA ID Number AKD0002840372			
26. Transporter Company Name TOTEM OCEAN TRAILER EXPRESS				U.S. EPA ID Number WAD0070397955			
GENERATOR	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
			No.	Type			
32. Special Handling Instructions and Additional Information							
TRANSPORTER	33. Transporter Acknowledgment of Receipt of Materials						
	Printed/Typed Name	Signature	Month	Day	Year		
DESIGNATED FACILITY	34. Transporter Acknowledgment of Receipt of Materials						
	Printed/Typed Name	Signature	Month	Day	Year		
35. Discrepancy							
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							

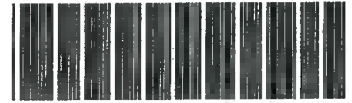
EPA Form 8700-22A (Rev. 3-05) Previous editions are obsolete.

TRANSPORTER'S COPY



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

SCALE TICKET



PAGE : 1

CENTRAL ENVIRONMENTAL INC
1830 E 1ST AVENUE
ANCHORAGE, AK
99501

Ticket No. : 00000171 Scale: 0
In : 06 Oct 2016 8:43 am
Out : 06 Oct 2016 8:47 am
Supplier-# : CEN001
Served By : shirah

Material	Gross	Tare	Wgt Adj	Weight	Price	\$ Adj	Amount
LEAD ACID BATTERIES JOB 13865	6			6 LBS			.00
CIRCUIT BOARDS JOB 13865	20			20 LBS			.00
Totals	26			26 LBS			
					Net	---	.00
					Total	---	.00

Comments: JOB 13865


INVENTORY TRANSFER OF CHEMICAL HAZARDS

1. Project Name and Address: <i>Old Tallkeetna Library Structural Removal</i>	CEI Project Number: <i>13865</i>	Owner's Name/Telephone #: <i>Mat-Su Borough Emerson Kreeger 907-861-7867</i>
2. Hazard Disposal Site Name and Mailing Address:		Phone #:
3. Description of Materials: <input checked="" type="checkbox"/> <i>High Pressure Sodium Lamps</i> <input type="checkbox"/> _____ <input type="checkbox"/> _____		4. Total Quantity <i>4</i> _____ _____ _____

TRANSPORTER

Transporter 1 (Acknowledgement of Receipt of Materials)		
Company Name, Address & Phone: <i>561-0125</i> Central Environmental, Inc. 311 N. Sitka Street Anchorage, AK 99501	Printed Name and Title <i>Mike Montanye / Foreman</i> <i>Mike Montanye</i> <i>10-6-16</i> Signature Date	Destination (Address): <i>12050 Industry Way # 10 Anchorage, Alaska 99515</i>
Transporter 2 (Acknowledgement of Receipt of Materials)		
Company Name, Address & Phone:	Printed Name and Title _____ Signature Date	Destination Address:

TRANSFeree (Acknowledgement of Receipt of Materials)

Printed Name and Title <i>X Jake Sneddon</i>	Signature 	Month/Day/Year <i>10-6-16</i>
Company Name, Address & Phone:		

Notes/Additional Information: _____



PO BOX 94291
SEATTLE, WA 98124
(206) 343-1247
(206) 343-7445 FAX

BILL OF LADING

N 25888

EPA ID# WAH 000 026 371

WO#

- ☐ 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
EPA ID # WAD 009 482 803

GENERATOR OF WASTE:

Name: Seattle Environmental, Inc.
Address: 112 E. 1st Ave
City/State/Zip: Seattle, WA 98101
EPA I.D. #: WAH 000 026 371
Contact: Mike Mordeno
Phone: 206 343 1247

BILLING INFORMATION:

Name: _____
Address: _____
City/State/Zip: _____
Contact: _____
Phone: _____
PO #: _____

I certify that the material described below was properly identified and prepared for transportation in accordance with all rules and regulations of the federal, state and local governments in whose jurisdictions the materials originated, passed through, or are recycled in.

Generator Signature <u>[Signature]</u>	Print Name <u>Mike Mordeno</u>	Month <u>10</u>	Day <u>6</u>	Year <u>11</u>
---	-----------------------------------	--------------------	-----------------	-------------------

I certify that the material described below was tendered to me for transport in accordance with all rules and regulations.

Transporter Signature <u>[Signature]</u>	Company <u>TRE</u>	Month <u>10</u>	Day <u>6</u>	Year <u>11</u>
---	-----------------------	--------------------	-----------------	-------------------

MATERIAL	AMOUNT RECEIVED	AMOUNT PROCESSED	UNIT PRICE	EXTENDED PRICE	INITIALS
STRAIGHT LAMPS					
CIRCULAR/U-SHAPED					
COMPACTS (CFLS)					
CRUSHED LAMPS *					
ACCIDENTLY BROKEN LAMPS					
HID LAMPS	1		3.59	3.59	
FIXTURES					
OTHER:					
BATTERIES					
NON-PCB BALLASTS					
PCB BALLASTS (NOT AK) *					
OFF SPEC FEE / LABOR					
TRANSPORTATION					

Notes:

*MANIFEST #

☐ CASH ☐ CREDIT CARD ☐ ON ACCOUNT TOTAL \$ 3.59 ☐ PAID INITIALS

I certify that the material described above was received and consolidated for shipment to EcoLights Northwest for recycling on the date indicated.

Signature of Authorized Agent <u>[Signature]</u>	Print Name <u>Salce Sheldon</u>	Company <u>TRE</u>	Date Received Month: <u>10</u> Day: <u>6</u> Year: <u>11</u>
---	------------------------------------	-----------------------	---

CERTIFICATE OF RECYCLING

By accepting the waste described above, EcoLights certifies to the waste generator that the transportation, storage and processing methods employed are in accordance with all applicable federal, state and local laws.

Signature of Authorized Agent Ecolights Northwest, LLC Total Reclaim, Inc.	Print Name	Date Received Month: Day: Year:
--	------------	------------------------------------

Project Photographs





