



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

2119272

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

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I. GENERATOR (Generator completes Ia-r) FGI JOB #22-2092

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: VACANT BUILDING 321 N. GEORGE ST., YORK, PA 17401 f. Phone: 717/586-6433			e. Generator's Mailing Address: First Capital Insulation, Inc. 300 Hudson St York, PA 17403 717/843-1753		
h. Owner's Name: YORK COUNTY ECONOMIC ALLIANCE			i. Owner's Phone No.: SAME AS f.		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
Cust#156					
3819227784	FRIABLE ASBESTOS	DUCT INSULATION	1566858	1/2 C/Y	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print): KELLY GRAHAM, ADMIN. ASSISTANT			q. Signature: <i>Kelly Graham</i>		r. Date: 12/21/22

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Tiger Trash P.O. BOX 427, MANCHESTER, PA 17345 717/699-1111		
b. Phone:		
c. Driver Name (Print): JOE Brate	d. Signature: <i>Joe Brate</i>	e. Date: 12-22-22

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Modern Landfill 4400 Mt Pisonh Road York, PA 17403 717-246-4600	c. US EPA Number: PADEP 100113	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print):	f. Signature: <i>[Signature]</i>	g. Date: 12-22-22

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: FIRST CAPITAL INSULATION, INC. 300 HUDSON ST., YORK, PA 17403 b. Phone: 717/843-1753		c. Responsible Agency Name and Address: DEP 909 Eiemerton Ave Harrisburg PA	
e. Special Handling Instructions and Additional Information:			
f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print): KELLY GRAHAM, ADMIN. ASSISTANT		h. Signature: <i>Kelly Graham</i>	
		i. Date: 12/21/22	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

2119273

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III
FCI JOB #22-2092

1181230

I. GENERATOR (Generator completes Ia-r)

Form I: Generator information including EPA ID, Manifest Document Number, Generator Name (VACANT BUILDING), Mailing Address (300 Hudson St), and Owner (YORK COUNTY ECONOMIC ALLIANCE).

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including Name (JOE BRAVE), Address (Tiger Trash P.O. BOX 427), and Date (12-22-22).

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including Facility Name (WOODEN LANDFILL), Address (4400 Mt Pisgah Road), and Date (12-22-22).

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos information including Operator Name (FIRST CAPITAL INSULATION, INC.), Agency Name (DEP 909 Elementon Ave), and Date (12/21/22).



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

2119271

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

1911 230

I. GENERATOR (Generator completes Ia-r) FCI JOB #22-2092

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of 1	
d. Generator's Name and Location: VACANT BUILDING 319 N. GEORGE ST, YORK, PA 17401			e. Generator's Mailing Address: FCI First Capital Insulation, Inc. 300 Hudson St York, PA 17403 717-843-1753		
f. Phone: 717/586-6433			g. Phone:		
h. Owner's Name: YORK COUNTY ECONOMIC ALLIANCE			i. Owner's Phone No.: SAME AS F.		

j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
3819227784 - FRIABLE ASBESTOS		DUCT INSULATION			1/2 C/Y	
Handwritten: 4.33	Handwritten: 1506858					

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268, and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print): KELLY GRAHAM, ADMIN. ASSISTANT		q. Signature: <i>Kelly Graham</i>		r. Date: 12/21/22	
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Tiger Trash P.O. BOX 427, MANCHESTER, PA 17345 717/699-1111		
b. Phone:	717/699-1111	
c. Driver Name (Print): JOE BRATE	d. Signature: <i>Joe Brate</i>	e. Date: 12-22-22

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Midwest Landfill 4400 Mt Pleasant Road York, PA 17406 717-246-4600		b. c. US EPA Number: PADEP 100113	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print):		f. Signature: <i>[Signature]</i>	g. Date: 12-22-22

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: FIRST CAPITAL INSULATION, INC. 300 HUDSON ST., YORK, PA 17403		c. Responsible Agency Name and Address: DEP 909 Ebermerton Ave Harrisburg PA	
b. Phone: 717/843-1753		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print): KELLY GRAHAM, ADMIN. ASSISTANT		h. Signature: <i>Kelly Graham</i>	
		i. Date: 12/21/22	
*Operator refers to the company which owns, leases, operates, controls or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



REPUBLIC SERVICES

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

2119260

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

I. GENERATOR (Generator completes Ia-r) FCI JOB #22-2092

Form I: Generator information including EPA ID, manifest number, generator name (VACANT BUILDING), address (331 N. GEORGE ST., YORK, PA 17401), phone (717/586-6433), owner name (YORK COUNTY ECONOMIC ALLIANCE), and waste profile (3319227783 NON-FRIABLE ASBESTOS WINDOW GLAZE).

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

Form II: Transporter information including name (Tiger Trash), address (P.O. BOX 427, MANCHESTER, PA 17345), phone (717/699-1111), driver name (Joe Brate), and signature.

III. DESTINATION (Generator complete IIIa-c and Destination Site completes III d-g)

Form III: Destination information including disposal facility (4400 Mt Pisgah Road, York, PA 17406), US EPA number (PADEP 100113), and authorized agent signature.

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

Form IV: Asbestos handling information including operator name (FIRST CAPITAL INSULATION, INC.), responsible agency (DEP 809 Elementon Ave, Harrisburg PA), friability status (Non-Friable checked), and operator signature.