

**DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM**

Manifest # **66951**

GENERATOR

1. Work Site Name and Mailing Address:

X 988 ARGYLE STREET
X ST. PAUL, MN., 55103-1201

Owner's Name:

X JOSEPH ADOLPH

Owner's Telephone:

X 612 412-3365

2. Generator/Contractor Name and Mailing Address:

X JOSEPH ADOLPH
1406 WESTERN AVE
SEATTLE, WA, 98101

Generator/Contractor Contact:

X JOSEPH ADOLPH

Generator/Contractor Telephone:

X 612 412 3365

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

Dem-Con Landfill
3601 West 130th Street
Shakopee, MN 55379

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

- Impacted Soil Non-Friable Asbestos
 Other (specify below) Friable Asbestos

6. Total Quantity:

CY TON

2 Bags

7. Special Handling/Additional Info.:

8. Generator/Contractor Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. I further certify that the contents of this consignment do not contain hazardous waste as defined in 40 CFR Part 261.

Printed Name:

X BILL DAVIS HANDYMAN

Title:

Signature:

X [Signature]

Date:

X 7.31.12

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Name

On Truck: X N/A

Truck

Number: X N/A

Company Name:

X N/A

Driver's Printed Name:

X BILL DAVIS

Signature:

X [Signature]

Transporter 1's Address:

X 3025 ENERSON AVE S2, MN 55120

Telephone:

X 612-528-1631

Date:

X 7.31.12

10. Transporter 2 (Acknowledgement of receipt of materials)

Company Name, Address & Phone:

Truck Name, Number & Driver:

Signature and Date:

FACTORY

11. Discrepancy Indication Space:

12. Waste Disposal Site Owner or Operator:

Certification of materials covered by this manifest except as noted in item 11.

Printed Name:

X WIT

Signature:

X [Signature]

Date:

X 7-31-12