



ENVIRONMENTAL CONSULTATION & REMEDIATION

KPRG and Associates, Inc.

**SOUTH PARKING LOT REMEDIAL ACTION COMPLETION DOCUMENTATION**

February 18, 2022

Mr. Mark Drews, P.G.  
Wisconsin Department of Natural Resources  
141 NW Barstow Street, Room 180  
Waukesha, WI 53188

VIA E-MAIL and FEDEX

KPRG Project No. 11717

Re: South Parking Lot Remedial Action Completion Documentation  
Former Navistar/RMG Foundry - 1401 Perkins Avenue, Waukesha, WI  
BRRTS # 02-68-098404

On March 31, 2021, KPRG and Associates, Inc. (KPRG), in support of our client Navistar, Inc. (Navistar), submitted the South Parking Lot Memorandum (Memorandum) to the Wisconsin Department of Natural Resources (WDNR). The Memorandum provided an evaluation of remedial action alternatives and identified the preferred remedial alternative as direct removal of trichloroethene (TCE) impacted soil for off-site disposal. The Memorandum also included an Interim Remedial Action Plan for implementation of the selected alternative. On April 1, 2021, WDNR provided conditional approval of the IRAP.

The remedial action objective was to excavate TCE impacted soils to below the soil-to-groundwater Residual Contaminant Level (RCL) of 3.6 micrograms per kilogram (ug/kg). The IRAP was implemented August 12, 2021 through December 3, 2021. The purpose of this report is to provide the documentation of the completion of the IRAP activities at the South Parking Lot. Photodocumentation of the remedial activities is provided in Attachment 1.

Pre-Remediation Mobilization Activities

Prior to mobilizing any equipment to the site, the following activities were completed:

- A representative soil sample was collected for waste profiling purposes on August 12, 2021.
- A Contained Out Determination request was submitted to WDNR including a completed Form 4430-019. The WDNR concurred with this determination in a letter dated September 20, 2021 (Attachment 2; included as part of Waste Profile submittal).

- A waste profile was completed and submitted to the GFL Emerald Park Landfill facility in Muskego, Wisconsin. The profile was reviewed and the materials were approved for use as daily cover (Attachment 2).
- An Erosion Control/Storm Water Permit application was applied to, and issued by, the City of Waukesha (Permit No. EC21-00034; Attachment 2).
- Temporary security fencing was installed around the eastern portion of the South Parking Lot where the excavation was planned.
- Health and safety plans (HASPs) were prepared by KPRG and the selected excavation contractor, Wanasek Corp. (Wanasek), for site activities.
- KPRG established a 20-foot by 20-foot grid across the targeted excavation area (Figure 1).

### Completed Remediation Work

On November 16, 2021, all equipment and personnel were mobilized to the site. The following remedial work was completed:

- The asphalt pavement around the perimeter of the targeted excavation area was saw cut. The asphalt pavement was removed and sent to Waukesha Lime and Stone located in Waukesha, Wisconsin for recycling.
- Individual 20-foot by 20-foot grids were excavated to pre-determined depths based on available site investigation sampling data. Base and sidewall samples were collected at 20' intervals and sent for expedited laboratory analysis of Chlorinated Volatile Organic Compounds (CVOCs) by Pace Analytical. The verification sampling analytical results are summarized by date collected in Table 1. The nomenclature for the sample numbering system is explained at the bottom of the Table. The analytical data packages are provided in Attachment 3.
- Upon receipt of analytical data, a determination was made whether established clean-up goals were met or whether additional material needed to be excavated either from the base or from sidewalls. If necessary, additional excavation was completed and another set of verification samples were collected and analyzed. This iterative process continued laterally until all sidewall verification samples passed and vertically until either the base sample within a grid passed or groundwater was encountered which generally ranged from 7 to 8 feet below ground surface. The results of the verification sampling are summarized in Table 1 and shown in map and cross-section view on Figures 1 and 2, respectively. In Table 1, base samples that are italicized were collected at the water table. If a base sample is not italicized but above the cleanup standard, including estimated results with "J" annotation, the excavation was still extended to the water table but not resampled at that point.

- A total of 3,583.78 tons of TCE impacted soils were excavated and transported to GFI Emerald Park Landfill for use as daily cover. Transport/disposal documentation is provided in Attachment 4.
- Upon completion of soil removal work, the excavation was backfilled. The southern and western perimeters of the excavation were backfilled with clayey material (approximately three feet wide) since these sides abut up to residential properties. The remainder of the excavation was backfilled with clean stone. The stone was obtained from Waukesha Lime and Stone and clay was obtained from Lannon Stone in Lannon, Wisconsin. Both were virgin source products. Backfilling to grade occurred in six-inch to one-foot lifts with machine compaction.

Equipment and personnel were demobilized from the site on December 3, 2021.

### Summary

The approved IRAP for the South Parking Lot TCE impacted soils was completed. A total of 3,583.78 tons of TCE impacted soils were excavated and transported to GFI Emerald Park Landfill for use as daily cover. Verification sampling of excavation sidewalls and base was completed at 20-foot intervals. All sidewall verification samples met the established cleanup objective which was based on the TCE soil-to-groundwater RCL of 3.6 ug/kg. Vertical excavation of soils was extended to depths at which either the noted cleanup standard was met or groundwater was encountered. The excavation was backfilled with clay along the southern and western perimeters and the remainder with clean stone.

KPRG and Navistar appreciate the ongoing cooperative effort with WDNR in completing the required work at this site. If there are any questions, please contact Ferdinand Alido of Navistar at 331-332-6364 or Richard Gnat of KPRG at 262-781-0475.

Sincerely,  
KPRG and Associates, Inc.



Richard R. Gnat, P.G.  
Principal



Timothy Stohner, P.E.  
Senior Project Manager/Sr. Engineer

### *Attachments*

cc: Ferdinand Alido, Navistar, Inc.

## **TABLE**

Table 1. Summary of South Parking Lot Soil Verification CVOC Data - Former RMG Foundry, Waukesha, WI

Sample Date Parameter Depth	WDNR NR720 Standards			X1-B-D1	X1-B-E2	X1-B-E3	X1-B-E4	X1-S-D1	X1-S-E2	X1-S-E3	X1-S-E4	X1-B-C1	X1-B-C2	X1-B-D2	X1-B-D3	X1-B-D4	X1-S-C1
	DC - Ind.	DC - Non-Ind.	Soil-GW	11/16/2021 4.0	11/16/2021 5.0	11/16/2021 5.5	11/16/2021 5.0	11/16/2021 4.0	11/16/2021 5.0	11/16/2021 5.5	11/16/2021 5.0	11/17/2021 4.0	11/17/2021 7.0	11/17/2021 6.0	11/17/2021 6.0	11/17/2021 6.0	11/17/2021 3.0
1,1,1-Trichloroethane	640,000	640,000	140.2	<14.3	<13.9	<13.9	<13.5	<14.9	<16.8	<15.7	<14.3	<14.8	<13.8	<13.9	<13.6	<14.6	<19.9
1,1,2-Trichloroethane	7,010	1,590	3.2	<20.3	<19.8	<19.7	<19.2	<21.2	<23.8	<22.4	<20.4	<21.1	<19.7	<19.8	<19.3	<20.8	<28.3
1,1-Dichloroethane	22,200	5,060	483.4	<14.3	<13.9	<13.9	<13.5	<14.9	<16.8	<15.7	<14.3	<14.8	<13.8	<13.9	<13.6	<14.6	<19.9
1,1-Dichloroethene	1.19E+06	320,000	5.0	<18.5	<18.1	<18.0	<17.5	<19.4	<21.7	<20.4	<18.6	<19.2	<17.9	<18.0	<17.6	<18.9	<25.8
1,2-Dichloroethane	2,870	652	2.8	<12.8	<12.5	<12.5	<12.1	<13.4	<15.1	<14.1	<12.9	<13.3	<12.4	<12.5	<12.2	<13.1	<17.9
cis-1,2-Dichloroethene	2.34E+06	156,000	41.2	<11.9	<11.6	<11.6	<11.3	<12.5	<14.0	<13.2	<12.0	<12.4	<11.6	<11.6	<11.3	<12.2	<16.7
trans-1,2-Dichloroethene	1.85E+06	1.56E+06	62.6	<12.1	<11.8	<11.7	<11.4	<12.6	<14.1	<13.3	<12.1	<12.5	<11.7	<11.7	<11.4	<12.3	<16.8
Tetrachloroethene	145,000	33,000	4.5	<21.6	<21.1	<21.0	<20.4	<22.6	<25.4	<23.9	<21.7	<22.5	<21.0	<21.1	<20.6	<22.1	<30.2
Trichloroethene	8,410	1,300	3.6	<20.9	<20.4	<20.3	<19.7	<21.8	<24.5	<23.0	<20.9	<21.7	<b>38.9 J</b>	<b>23.7 J</b>	<19.8	<b>45.7 J</b>	<29.1
Vinyl chloride	2,080	67	0.1	<11.3	<11.0	<10.9	<10.6	<11.8	<13.2	<12.4	<11.3	<11.7	<10.9	<11.0	<10.7	<11.5	<15.7

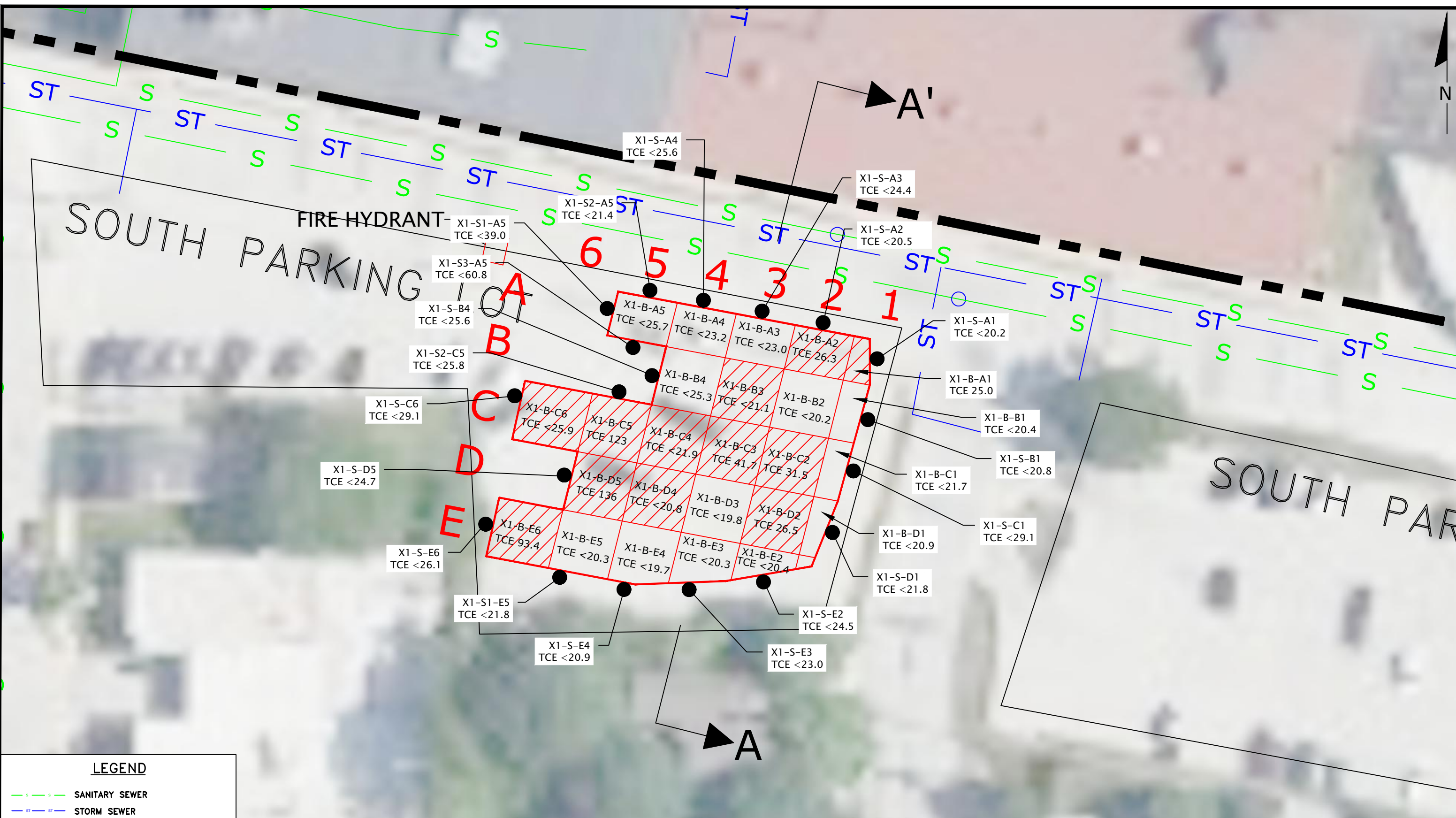
Sample Date Parameter Depth	WDNR NR720 Standards			X1-B-A2	X1-B-A3	X1-B-B1	X1-B-B2	X1-B-B3	X1-B-C3	X1-B-C4	X1-S-A1	X1-S-A2	X1-S-A3	X1-S-B1
	DC - Ind.	DC - Non-Ind.	Soil-GW	11/18/2021 6.0	11/18/2021 4.0	11/18/2021 5.0	11/18/2021 6.0	11/18/2021 6.0	11/18/2021 8.0	11/18/2021 6.0	11/18/2021 4.0	11/18/2021 6.0	11/18/2021 4.0	11/18/2021 5.0
1,1,1-Trichloroethane	640,000	640,000	140.2	<14.1	<15.8	<13.9	<13.9	<14.7	<17.0	<15.5	<19.7	<16.5	<16.7	<14.2
1,1,2-Trichloroethane	7,010	1,590	3.2	<20.1	<22.4	<19.8	<19.7	<20.9	<24.2	<22.0	<28.0	<23.5	<23.8	<20.2
1,1-Dichloroethane	22,200	5,060	483.4	<14.1	<15.8	<13.9	<13.9	<14.7	<17.0	<15.5	<19.7	<16.5	<16.7	<14.2
1,1-Dichloroethene	1.19E+06	320,000	5.0	<18.3	<20.4	<18.1	<18.0	<19.0	<22.0	<20.1	<25.6	<21.4	<21.7	<18.4
1,2-Dichloroethane	2,870	652	2.8	<12.7	<14.2	<12.5	<12.4	<13.2	<15.3	<13.9	<17.7	<14.8	<15.0	<12.8
cis-1,2-Dichloroethene	2.34E+06	156,000	41.2	<11.8	<13.2	<11.7	<11.6	<12.3	<14.2	<12.9	<16.5	<13.8	<14.0	<11.9
trans-1,2-Dichloroethene	1.85E+06	1.56E+06	62.6	<11.9	<13.3	<11.8	<11.7	<12.4	<14.3	<13.1	<16.6	<13.9	<14.1	<12.0
Tetrachloroethene	145,000	33,000	4.5	<21.4	<23.9	<21.1	<21.0	<22.2	<25.8	<23.5	<29.9	<25.0	<25.3	<21.5
Trichloroethene	8,410	1,300	3.6	<b>21.5 J</b>	<23.0	<20.4	<20.2	<b>53.4 J</b>	<b>41.7 J</b>	<b>56.5 J</b>	<b>120</b>	<b>31.3 J</b>	<24.4	<20.8
Vinyl chloride	2,080	67	0.1	<11.1	<12.4	<11.0	<10.9	<11.6	<13.4	<12.2	<15.5	<13.0	<13.2	<11.2

Sample Date Parameter Depth	WDNR NR720 Standards			X1-B-A4	X1-B-B4	X1-B-D5	X1-B-E5	X1-S-A4	X1-S-B4	X1-S-D5	X1-S1-A5	X1-S2-A5	X1-S3-A5	X1-S1-C5	X1-S2-C5	X1-S1-E5	X1-S2-E5
	DC - Ind.	DC - Non-Ind.	Soil-GW	11/19/2021 6.0	11/19/2021 6.0	11/19/2021 7.5	11/19/2021 6.0	11/19/2021 6.0	11/19/2021 6.0	11/19/2021 6.5	11/19/2021 6.0	11/19/2021 6.0	11/19/2021 6.0	11/19/2021 6.0	11/19/2021 6.0	11/19/2021 6.0	11/19/2021 6.0
1,1,1-Trichloroethane	640,000	640,000	140.2	<15.9	<17.3	<i>18.0 J</i>	<14.8	<17.5	<17.5	<16.9	<26.7	<14.6	<41.6	<16.9	<17.7	<15.0	<18.0
1,1,2-Trichloroethane	7,010	1,590	3.2	<22.6	<24.7	<23.1	<21.0	<24.9	<24.9	<24.1	<38.0	<20.8	<59.2	<24.1	<25.1	<21.3	<25.6
1,1-Dichloroethane	22,200	5,060	483.4	<15.9	<17.3	<16.2	<14.8	<17.5	<17.5	<16.9	<26.7	<14.6	<41.6	<16.9	<17.7	<15.0	<18.0
1,1-Dichloroethene	1.19E+06	320,000	5.0	<20.6	<22.5	<21.0	<19.1	<22.7	<22.8	<21.9	<34.6	<19.0	<54.0	<22.0	<22.9	<19.4	<23.4
1,2-Dichloroethane	2,870	652	2.8	<14.3	<15.6	<14.6	<13.3	<15.7	<15.8	<15.2	<24.0	<13.1	<37.4	<15.2	<15.9	<13.4	<16.2
cis-1,2-Dichloroethene	2.34E+06	156,000	41.2	<13.3	<14.5	<13.6	<12.3	<14.6	<14.7	<14.1	<22.3	<12.2	<34.8	<14.2	<14.8	<12.5	<15.1
trans-1,2-Dichloroethene	1.85E+06	1.56E+06	62.6	<13.4	<14.6	<13.7	<12.5	<14.8	<14.8	<14.3	<22.5	<12.3	<35.1	<14.3	<14.9	<12.6	<15.2
Tetrachloroethene	145,000	33,000	4.5	<24.1	<26.3	<24.6	<22.4	<26.6	<26.6	<25.6	<40.5	<22.2	<63.1	<25.7	<26.8	<22.7	<27.3
Trichloroethene	8,410	1,300	3.6	<23.2	<25.3	<b>136</b>	<b>28.9 J</b>	<25.6	<25.6	<24.7	<39.0	<21.4	<60.8	<b>145</b>	<25.8	<21.8	<b>117</b>
Vinyl chloride	2,080	67	0.1	<12.6	<13.7	<12.8	<11.6	<13.8	<13.8	<13.3	<21.1	<11.5	<32.8	<13.4	<13.9	<11.8	<14.2

Sample Date Parameter Depth	WDNR NR720 Standards			X1-B-A1	X1-B-A2	X1-B-A5	X1-B-B3	X1-B-C2	X1-B-C4	X1-B-C5	X1-B-C6	X1-B-D2	X1-B-D4	X1-B-E5	X1-B-E6	X1-S-A1	X1-S-C6	X1-S-E6	X1-S-A2
	DC - Ind.	DC - Non-Ind.	Soil-GW	11/23/2021 6.0	11/23/2021 7.0	11/23/2021 7.0	11/23/2021 7.0	11/23/2021 7.5	11/23/2021 7.0	11/23/2021 7.5	11/23/2021 7.0	11/23/2021 7.0	11/23/2021 7.0	11/23/2021 7.0	11/23/2021 7.5	11/23/2021 5.0	11/23/2021 7.0	11/23/2021 7.5	11/29/2021 6.0
1,1,1-Trichloroethane	640,000	640,000	140.2	<14.0	<14.4	<17.6	<14.5	<14.8	<15.0	<i>16.9 J</i>	<17.7	<13.5	<14.2	<13.9	<15.2	<13.8	<19.9	<17.9	<14.0
1,1,2-Trichloroethane	7,010	1,590	3.2	<19.9	<20.4	<25.0	<20.5	<21.0	<21.3	<23.3	<25.2	<19.2	<20.3	<19.8	<21.5	<19.7	<28.3	<25.4	<20.0
1,1-Dichloroethane	22,200	5,060	483.4	<14.0	<14.4	<17.6	<14.5	<14.8	<15.0	<16.4	<17.7	<13.5	<14.2	<13.9	<15.2	<13.8	<19.9	<17.9	<14.0
1,1-Dichloroethene	1.19E+06	320,000	5.0	<18.2	<18.6	<22.8	<18.7	<19.2	<19.4	<21.2	<23.0	<17.5	<18.5	<18.1	<19.6	<17.9	<25.8	<23.2	<18.2
1,2-Dichloroethane	2,870	652	2.8	<12.6	<12.9	<15.8	<13.0	<13.3	<13.4	<14.7	<15.9	<12.1	<12.8	<12.5	<13.6	<12.4	<17.9	<16.1	<12.6
cis-1,2-Dichloroethene	2.34E+06	156,000	41.2	<11.7	<12.0	<14.7	<12.1	<12.4	<12.5	<13.7	<14.8	<11.3	<11.9	<11.6	<12.7	<11.6	<16.6	<15.0	<11.7
trans-1,2-Dichloroethene	1.85E+06	1.56E+06	62.6	<11.8	<12.1	<14.8	<12.2	<12.5	<12.6	<13.8	<15.0	<11.4	<12.0	<11.8	<12.8	<11.7	<16.8	<15.1	<11.8
Tetrachloroethene	145,000	33,000	4.5	<21.2	<21.8	<26.7	<21.9	<22.4	<22.7	<24.8	<26.9	<20.5	<21.6	<21.1	<23.0	<21.0	<30.2	<27.1	<21.3
Trichloroethene	8,410	1,300	3.6	<b>25.0 J</b>	<b>26.3 J</b>	<25.7	<21.1	<b>31.5 J</b>	<21.9	<b>123</b>	<25.9	<b>26.5 J</b>	<20.8	<20.3	<b>93.4</b>	<20.2	<29.1	<26.1	<20.5
Vinyl chloride	2,080	67	0.1	<11.0	<11.3	<13.9	<11.4	<11.7	<11.8	<12.9	<14.0	<10.7	<11.2	<11.0	<12.0	<10.9	<15.7	<14.1	<11.1

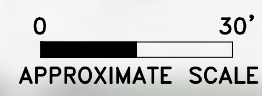
Notes: Results are in ug/kg  
 DC-Ind. - Direct Contact - Industrial  
 DC-Non-Ind. - Direct Contact - Non-Industrial  
 Soil-GW - Soil to Groundwater  
 X1-B-C3 - South Parking Lot Excavation - Base Sample - Grid Coordinate  
 X1-S-D2 - South Parking Lot Excavation - Sidewall Sample - Grid Coordinate  
**BOLD** - Value exceeds the Soil-GW standard  
*Italics* - The sample was collected at groundwater surface  
 J - Result is between the laboratory limits of detection and quantification.

## **FIGURES**



**LEGEND**

- S — SANITARY SEWER
- ST — STORM SEWER
- SIDE WALL SAMPLE LOCATION
- X1-B-A5 BASE SAMPLE IDENTIFICATION
- TCE <25.7 SAMPLE RESULT IN MICROGRAMS PER KILOGRAM (ug/kg)
- CELL EXCAVATED TO GROUNDWATER



ENVIRONMENTAL CONSULTATION & REMEDIATION

**K P R G** KPRG and Associates, inc.

14665 West Lisbon Road, Suite 1A Brookfield, Wisconsin 53005 Telephone 262-781-0475 Facsimile 262-781-0478

414 Plaza Drive, Suite 106 Westmont, Illinois 60559 Telephone 630-325-1300 Facsimile 630-325-1593

**SOUTH PARKING LOT EXCAVATION  
SAMPLE VERIFICATION RESULTS**

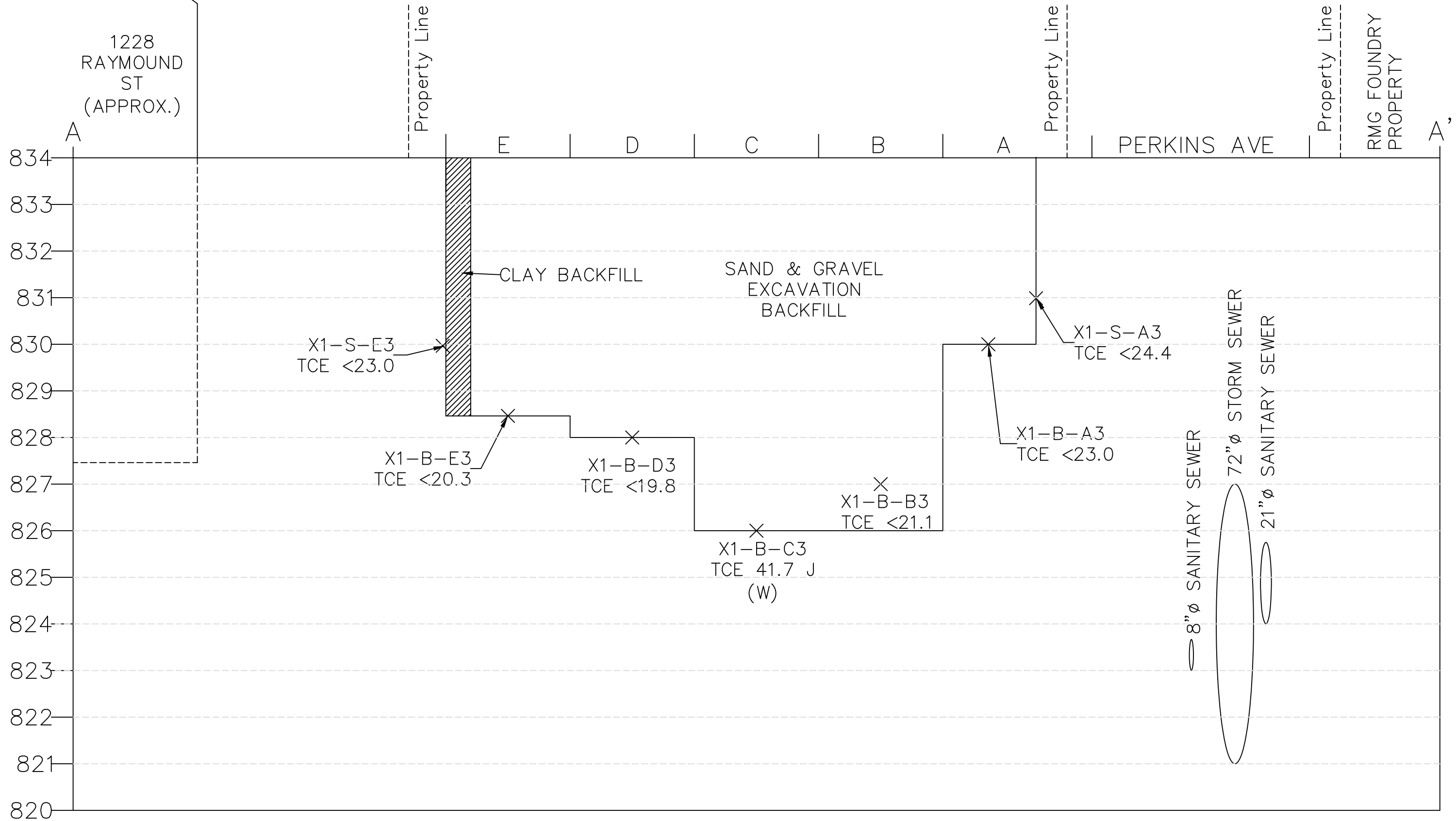
RMG WAUKESHA FOUNDRY  
1401 PERKINS AVE, WAUKESHA, WI

Scale: 1" = 30'    Date: February 4, 2022

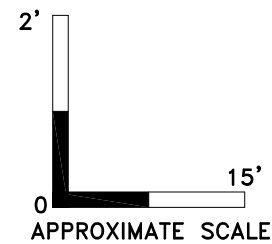
KPRG Project No. 11717    **FIGURE 1**

The project is in progress. Drawings 11717-01.mxd, rev. July 2020-svi updates.dwg

APPROX. ELEVATION IN FEET AMSL



W - DENOTES SAMPLE COLLECTED IN GROUNDWATER

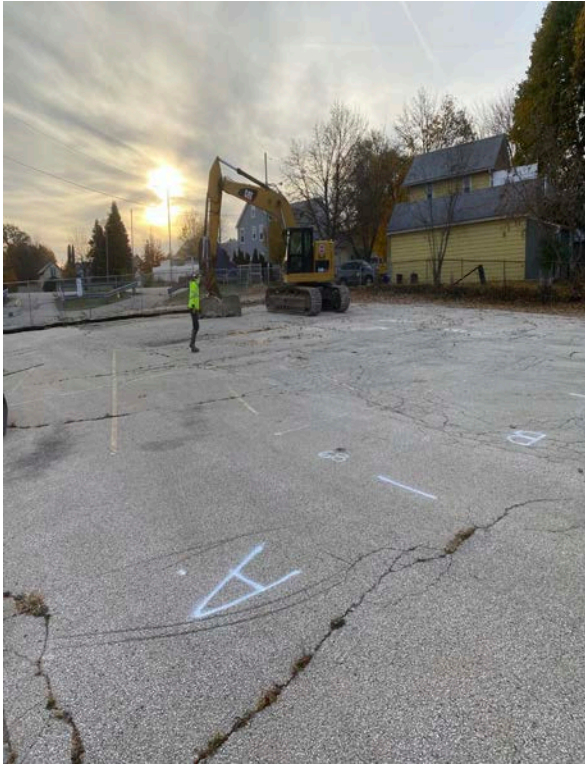


ENVIRONMENTAL CONSULTATION & REMEDIATION		CROSS SECTION A-A' with TCE ANALYTICAL RESULTS FROM 11/2021	
<b>K P R G</b> KPRG and Associates, Inc. <small>14665 West Lisbon Road, Suite 1A Brookfield, Wisconsin 53005 Telephone 262-781-0475 Facsimile 262-781-0478</small> <small>414 Plaza Drive, Suite 106 Westmont, Illinois 60559 Telephone 630-325-1300 Facsimile 630-325-1593</small>		FORMER RMG FOUNDRY WAUKESHA, WISCONSIN	
		Scale: 1" = 15'	Date: February 7, 2022
KPRG Project No. 11717		FIGURE 2	

T:\projects\mankster\mankster.dwg\11717 section view-south part.dwg



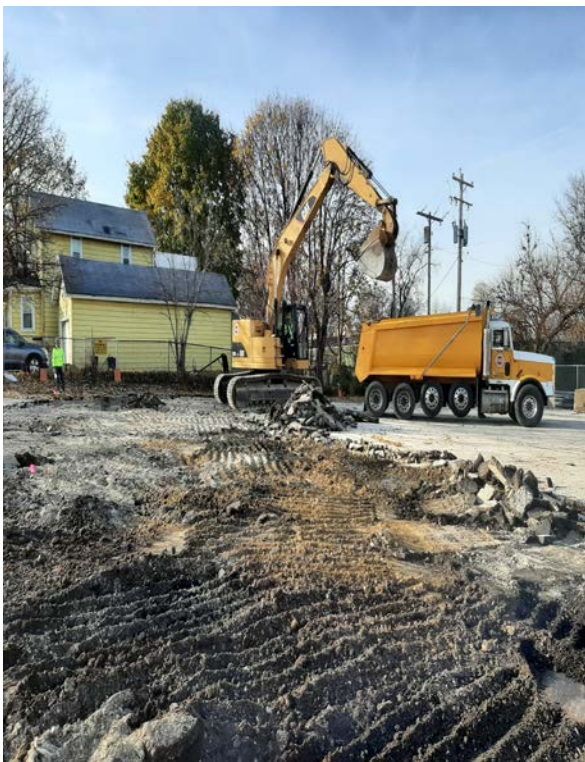
**ATTACHMENT 1**  
**Photodocumentation**



1. Prior to start of excavation activities. Looking SE.



2. Asphalt removal. Looking S.



3. Loading asphalt for transport. Looking SW.



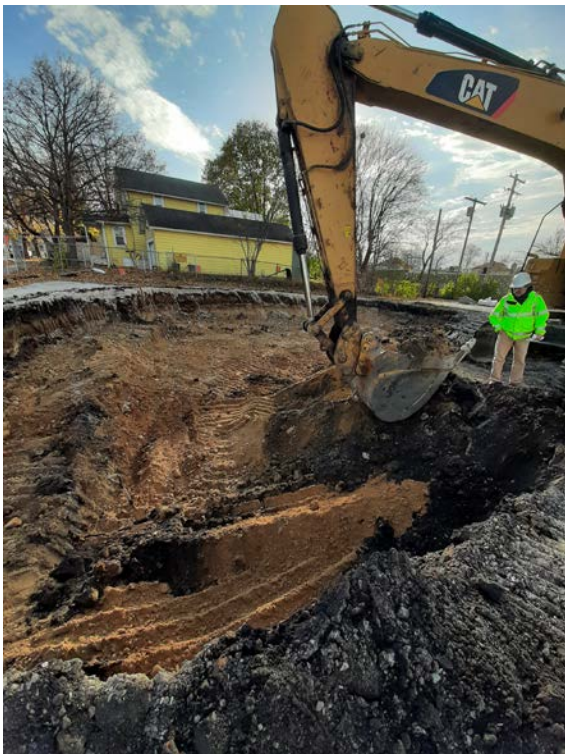
4. Start of excavation activities. Looking S.



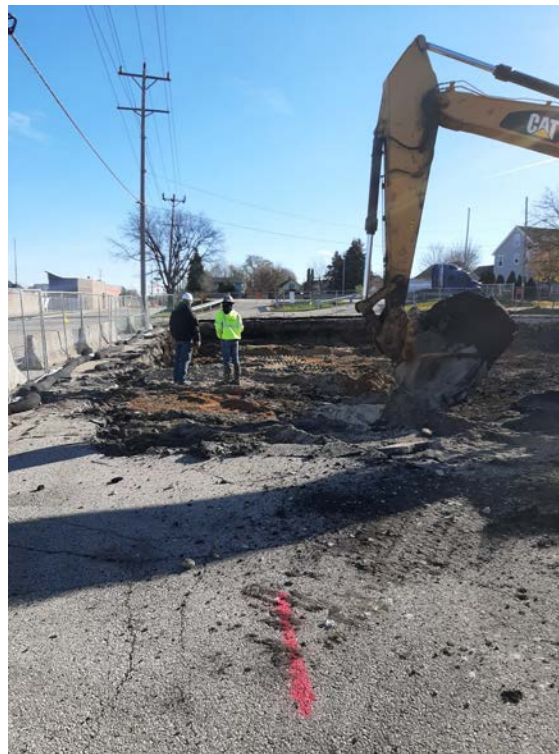
5. Excavating along south edge. Looking W.



6. Ongoing excavation. Looking S.



7. Ongoing excavation. Looking SW.



8. Ongoing excavation. Looking E.



9. Excavating west side. Looking S.



10. Loading truck for transport. Looking W.



11. Grid excavated to groundwater. Looking SW.



12. Start of fill import for backfilling. Looking N.



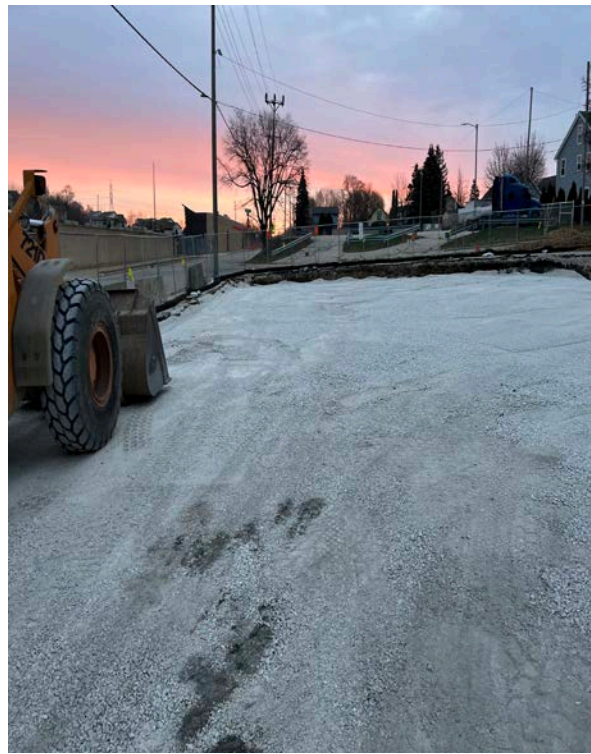
13. Backfilling operations. Looking E.



14. Ongoing backfill operation. Looking SE.



15. Placement of clayey backfill along southern excavation border. Looking E.



16. Completing backfilling. Looking E.

**ATTACHMENT 2**  
**Waste Profile Documentation and Erosion Control Permit**

GFL Environmental Inc. Emerald Park Landfill  
 Street Address: W124 S10629 124 St.  
 City, State, Zip: Muskego, WI 53150  
 Telephone: 414-529-1360



**WASTE PROFILE SHEET**

Designated Facility: Emerald Park Landfill - WI

Profile #: EPL2021-065  
 Original Submittal:  Yes  No  
 Recertification:  Yes  No  
 One Time Project:  Yes  No  
 Sales Representative: Scott Kleinhans

**A. Generator**

Name: Navistar (Former RMG Foundry)  
 Site Address: 1401 Perkins Ave.  
 City, State, Zip: Waukesha, WI 53186  
 Contact: Tim Stohner  
 Phone: 630 325-1300  
 Fax: 630 325-1593

**B. Billing**

Name: KPRG and Associates, Inc.  
 Site Address: 414 Plaza Dr., Ste. 106  
 City, State, Zip: Westmont, IL 60559  
 Contact: Tim Stohner  
 Phone: 630 325-1300  
 Fax: 630 325-1593

**C. Waste Stream Information**

Waste Name: Soils/fill from former foundry parking lots  
 Process Generating Waste: Excavation for remediation

Method of Shipment:  Bagged  Drum  Bulk  Other Semi-trailer dump truck  
 Estimated Annual Volume:  Cubic Yards \_\_\_\_\_  Tons 5100  Other \_\_\_\_\_  
 Frequency:  One Time  Daily  Weekly  Monthly  Other Several weeks duration  
 Special Handling: None

**D. Sample/Analysis Information**

Is the representative sample collected to prepare this profile and laboratory analysis collected in accordance with U.S. EPA 40 CFR 261.20 (c) guidelines or equivalent rules?  Yes  No

Check all that apply:

Sample Submitted with profile  Laboratory Analysis submitted  Safety Data Sheet submitted

Laboratory Name Pace Analytical Services, LLC Sample Date 8/12/21 Sample I.D. WP-Southwest, WP-South

**E. Waste Characteristics**

Physical State: Solid -- soil, sand/gravel, construction debris (concrete/brick <5%)  
 Color: Brown/tan  
 Free Liquids: None  
 Flash Point: NA  
 pH: Neutral  
 Total Solids: 100%  
 Reactive Cyanide: NA  
 Reactive Sulfide: NA

Laboratory analytical and/or SDS including required parameters provided for this profile is attached.  Yes  No

Landfill initials: dgo

Is this waste a hazardous waste as defined by Federal, State or local laws and regulations?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this waste a characteristically hazardous waste as defined in 40 CFR 261.20 - CFR 261.24?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does this waste or generating process contain regulated concentrations of the following pesticides and/or herbicides; Chlordane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D, 2,4,5-T Silvex as defined in 40 CFR 261.33?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does this waste contain regulated concentrations of listed hazardous wastes defined by 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed solvents?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD) or any other dioxin as defined in 40 CFR 261.31?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this a regulated Toxic Material as defined by Federal and/or State regulations?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this waste generated at a Federal Superfund Clean-up Site?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does this waste generate fugitive dust?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this waste hot or capable of generating heat?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this waste subject to UST Corrective Action Regulations under CFR 280?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations? Furthermore, this waste does not contain nor is derived from the processing, solidification or treatment of naturally occurring radioactive material (NORM) or technologically enhanced naturally occurring radioactive material (TENORM) as defined under any State, local or federal laws.	<input type="radio"/> Yes <input checked="" type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No
Other Waste Data or Comments.	
See attached WDNR September 20, 2021 Review of Hazardous Waste Determination Letter and referenced September 9, 2021 Contained Out Determination Request.	



**Description of Process and Raw Materials Generating Waste**

(use additional sheets as necessary)

The process and raw materials generating this waste is unknown. It is believed that the soils may have been imported onto the site as fill material, which contained concentrations of chlorinated solvents.

**F. Generator Certification**

To the best of my knowledge, all information submitted in this and all attached documents contain true and accurate descriptions of the waste. This waste is not a hazardous waste as defined by federal, State or local laws and regulations. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed.

  
\_\_\_\_\_  
Generator Signature

Manager, Environmental Affairs  
\_\_\_\_\_  
Title

Ferdinand Alido  
\_\_\_\_\_  
Printed Name

October 4, 2021  
\_\_\_\_\_  
Date

KPRG and Associates, Inc.  
\_\_\_\_\_  
is the agent authorized to sign all manifests at site on my behalf.

**G. Landfill Approval**

My approval is based upon the laboratory analysis of a representative sample and/or safety data sheets submitted by the generator. All State and/or third party reviews and approvals are obtained and maintained on file. Receipt of waste is in full compliance of internal policies pertaining to waste acceptance and all pertinent permits and host agreement(s).

State and/or third party reviews and approvals obtained and attached to profile?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is employee training exclusive to this waste stream required for the proper handling and disposal of the material?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Specify what training exclusive to this waste stream is required and for which employees	
Is employee PPE exceeding the minimum requirements needed for the proper handling and disposal of this waste stream?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Specify what additional PPE is required and to which employees the additional PPE is to be provided	

Landfill Approval

*Daniel Otzelberger*

Landfill Signature

General Manager

Title

Daniel Otzelberger

Printed Name

10/15/21

Date

Level Of Authority Approval

Approver Signature

Title

Printed Name

Date

Third Party Review

Approver Signature

Title

Printed Name

Date

Landfill Used for Disposal: Emerald Park Landfill

Generator Name: Navistar (Former RMG Foundry) Profile Number: EPL2021-065

Waste Name: Soils/fill from former foundry parking lots

### Certification Checklist

Has completed profile been submitted including the following:	Yes	No	N/A
Generator Name and Address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptable Waste Name and Process Generating the Waste	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste is Non-Hazardous	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptable Composition and Physical Characteristics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete Sample Information and/or SDSs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Properly Signed by the Generator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Approval Required and Granted	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Waste Category: 37A Disposal Method: B  
Recertification Date: 6/20  
Frequency of Testing: \_\_\_\_\_ Parameters to be Tested: \_\_\_\_\_

Conditions of Approval  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Pace Analytical Services, LLC  
1241 Bellevue Street - Suite 9  
Green Bay, WI 54302  
(920)469-2436

August 19, 2021

Rich Gnat  
KPRG AND ASSOCIATES, INC.  
14665 W. Lisbon Road  
Suite 1A  
Brookfield, WI 53005

RE: Project: 11717 FORMER RMG/NAVISTAR  
Pace Project No.: 40231607

Dear Rich Gnat:

Enclosed are the analytical results for sample(s) received by the laboratory on August 13, 2021. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:  
• Pace Analytical Services - Green Bay

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Dan Milewsky  
dan.milewsky@pacelabs.com  
(920)469-2436  
Project Manager

Enclosures

cc: Josh Davenport, KPRG and Associates, Inc.



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1241 Bellevue Street - Suite 9  
Green Bay, WI 54302  
(920)469-2436

## CERTIFICATIONS

Project: 11717 FORMER RMG/NAVISTAR  
Pace Project No.: 40231607

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### **Pace Analytical Services Green Bay**

1241 Bellevue Street, Green Bay, WI 54302  
Florida/NELAP Certification #: E87948  
Illinois Certification #: 200050  
Kentucky UST Certification #: 82  
Louisiana Certification #: 04168  
Minnesota Certification #: 055-999-334  
New York Certification #: 12064  
North Dakota Certification #: R-150

Virginia VELAP ID: 460263  
South Carolina Certification #: 83006001  
Texas Certification #: T104704529-14-1  
Wisconsin Certification #: 405132750  
Wisconsin DATCP Certification #: 105-444  
USDA Soil Permit #: P330-16-00157  
Federal Fish & Wildlife Permit #: LE51774A-0

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### SAMPLE SUMMARY

Project: 11717 FORMER RMG/NAVISTAR  
Pace Project No.: 40231607

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40231607001	WP-SOUTHWEST	Solid	08/12/21 09:00	08/13/21 07:20
40231607002	WP-SOUTH	Solid	08/12/21 09:30	08/13/21 07:20

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**SAMPLE ANALYTE COUNT**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40231607001	WP-SOUTHWEST	EPA 8082	BLM	10	PASI-G
		EPA 6010D	TXW	10	PASI-G
		EPA 7470	AJT	1	PASI-G
		EPA 8270E	RJN	17	PASI-G
		EPA 8260	MDS	65	PASI-G
		EPA 8260	SMT	13	PASI-G
		ASTM D2974-87	SRK	1	PASI-G
40231607002	WP-SOUTH	EPA 8082	BLM	10	PASI-G
		EPA 6010D	TXW	10	PASI-G
		EPA 7470	AJT	1	PASI-G
		EPA 8270E	RJN	17	PASI-G
		EPA 8260	MDS	65	PASI-G
		EPA 8260	SMT	13	PASI-G
		ASTM D2974-87	SRK	1	PASI-G

PASI-G = Pace Analytical Services - Green Bay

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**SUMMARY OF DETECTION**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
<b>40231607001</b>	<b>WP-SOUTHWEST</b>					
EPA 6010D	Arsenic	0.011J	mg/L	0.025	08/18/21 09:19	
EPA 6010D	Barium	0.42	mg/L	0.0050	08/18/21 09:19	
EPA 6010D	Cadmium	0.0020J	mg/L	0.0050	08/18/21 09:19	
EPA 6010D	Copper	0.0065J	mg/L	0.010	08/18/21 09:19	
EPA 6010D	Lead	0.0074J	mg/L	0.020	08/18/21 09:19	
EPA 6010D	Nickel	0.0088J	mg/L	0.010	08/18/21 09:19	
EPA 6010D	Zinc	0.12	mg/L	0.040	08/18/21 09:19	
EPA 8260	Trichloroethene	86.0	ug/kg	73.6	08/17/21 12:38	
ASTM D2974-87	Percent Moisture	19.1	%	0.10	08/16/21 10:35	
<b>40231607002</b>	<b>WP-SOUTH</b>					
EPA 6010D	Barium	0.32	mg/L	0.0050	08/18/21 09:29	
EPA 6010D	Nickel	0.0061J	mg/L	0.010	08/18/21 09:29	
EPA 6010D	Zinc	0.023J	mg/L	0.040	08/18/21 09:29	
EPA 8260	Trichloroethene	845	ug/kg	66.7	08/17/21 12:58	
ASTM D2974-87	Percent Moisture	14.3	%	0.10	08/16/21 10:36	

**REPORT OF LABORATORY ANALYSIS**

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### ANALYTICAL RESULTS

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

**Sample: WP-SOUTHWEST**      **Lab ID: 40231607001**      Collected: 08/12/21 09:00      Received: 08/13/21 07:20      Matrix: Solid  
*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8082 GCS PCB</b>									
Analytical Method: EPA 8082    Preparation Method: EPA 3541									
Pace Analytical Services - Green Bay									
PCB-1016 (Aroclor 1016)	<18.8	ug/kg	61.7	18.8	1	08/16/21 05:45	08/17/21 05:36	12674-11-2	
PCB-1221 (Aroclor 1221)	<18.8	ug/kg	61.7	18.8	1	08/16/21 05:45	08/17/21 05:36	11104-28-2	
PCB-1232 (Aroclor 1232)	<18.8	ug/kg	61.7	18.8	1	08/16/21 05:45	08/17/21 05:36	11141-16-5	
PCB-1242 (Aroclor 1242)	<18.8	ug/kg	61.7	18.8	1	08/16/21 05:45	08/17/21 05:36	53469-21-9	
PCB-1248 (Aroclor 1248)	<18.8	ug/kg	61.7	18.8	1	08/16/21 05:45	08/17/21 05:36	12672-29-6	
PCB-1254 (Aroclor 1254)	<18.8	ug/kg	61.7	18.8	1	08/16/21 05:45	08/17/21 05:36	11097-69-1	
PCB-1260 (Aroclor 1260)	<18.8	ug/kg	61.7	18.8	1	08/16/21 05:45	08/17/21 05:36	11096-82-5	
PCB, Total	<18.8	ug/kg	61.7	18.8	1	08/16/21 05:45	08/17/21 05:36	1336-36-3	
<b>Surrogates</b>									
Tetrachloro-m-xylene (S)	85	%	67-102		1	08/16/21 05:45	08/17/21 05:36	877-09-8	
Decachlorobiphenyl (S)	88	%	47-114		1	08/16/21 05:45	08/17/21 05:36	2051-24-3	
<b>6010D MET ICP, TCLP</b>									
Analytical Method: EPA 6010D    Preparation Method: EPA 3010A									
Leachate Method/Date: EPA 1311; 08/16/21 15:05									
Pace Analytical Services - Green Bay									
Arsenic	0.011J	mg/L	0.025	0.0084	1	08/17/21 13:48	08/18/21 09:19	7440-38-2	
Barium	0.42	mg/L	0.0050	0.0015	1	08/17/21 13:48	08/18/21 09:19	7440-39-3	
Cadmium	0.0020J	mg/L	0.0050	0.0013	1	08/17/21 13:48	08/18/21 09:19	7440-43-9	
Chromium	<0.0025	mg/L	0.010	0.0025	1	08/17/21 13:48	08/18/21 09:19	7440-47-3	
Copper	0.0065J	mg/L	0.010	0.0034	1	08/17/21 13:48	08/18/21 09:19	7440-50-8	
Lead	0.0074J	mg/L	0.020	0.0059	1	08/17/21 13:48	08/18/21 09:19	7439-92-1	
Nickel	0.0088J	mg/L	0.010	0.0026	1	08/17/21 13:48	08/18/21 09:19	7440-02-0	
Selenium	<0.012	mg/L	0.040	0.012	1	08/17/21 13:48	08/18/21 09:19	7782-49-2	
Silver	<0.0032	mg/L	0.010	0.0032	1	08/17/21 13:48	08/18/21 09:19	7440-22-4	
Zinc	0.12	mg/L	0.040	0.012	1	08/17/21 13:48	08/18/21 09:19	7440-66-6	
<b>7470 Mercury, TCLP</b>									
Analytical Method: EPA 7470    Preparation Method: EPA 7470									
Leachate Method/Date: EPA 1311; 08/16/21 15:05									
Pace Analytical Services - Green Bay									
Mercury	<0.000066	mg/L	0.00020	0.000066	1	08/18/21 08:50	08/18/21 12:45	7439-97-6	
<b>8270E MSSV TCLP Sep Funnel</b>									
Analytical Method: EPA 8270E    Preparation Method: EPA 3510									
Leachate Method/Date: EPA 1311; 08/16/21 15:05									
Pace Analytical Services - Green Bay									
1,4-Dichlorobenzene	<0.014	mg/L	0.050	0.014	1	08/17/21 15:55	08/18/21 13:06	106-46-7	
2,4-Dinitrotoluene	<0.011	mg/L	0.050	0.011	1	08/17/21 15:55	08/18/21 13:06	121-14-2	
Hexachloro-1,3-butadiene	<0.017	mg/L	0.050	0.017	1	08/17/21 15:55	08/18/21 13:06	87-68-3	
Hexachlorobenzene	<0.011	mg/L	0.055	0.011	1	08/17/21 15:55	08/18/21 13:06	118-74-1	
Hexachloroethane	<0.014	mg/L	0.050	0.014	1	08/17/21 15:55	08/18/21 13:06	67-72-1	
2-Methylphenol(o-Cresol)	<0.0093	mg/L	0.050	0.0093	1	08/17/21 15:55	08/18/21 13:06	95-48-7	
3&4-Methylphenol(m&p Cresol)	<0.0061	mg/L	0.050	0.0061	1	08/17/21 15:55	08/18/21 13:06		
Nitrobenzene	<0.011	mg/L	0.050	0.011	1	08/17/21 15:55	08/18/21 13:06	98-95-3	
Pentachlorophenol	<0.046	mg/L	0.15	0.046	1	08/17/21 15:55	08/18/21 13:06	87-86-5	
Phenol	<0.0032	mg/L	0.050	0.0032	1	08/17/21 15:55	08/18/21 13:06	108-95-2	

### REPORT OF LABORATORY ANALYSIS

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### ANALYTICAL RESULTS

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

Sample: **WP-SOUTHWEST** Lab ID: **40231607001** Collected: 08/12/21 09:00 Received: 08/13/21 07:20 Matrix: Solid  
 Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8270E MSSV TCLP Sep Funnel</b>									
Analytical Method: EPA 8270E Preparation Method: EPA 3510									
Leachate Method/Date: EPA 1311; 08/16/21 15:05									
Pace Analytical Services - Green Bay									
Pyridine	<0.015	mg/L	0.050	0.015	1	08/17/21 15:55	08/18/21 13:06	110-86-1	
2,4,5-Trichlorophenol	<0.0064	mg/L	0.050	0.0064	1	08/17/21 15:55	08/18/21 13:06	95-95-4	
2,4,6-Trichlorophenol	<0.0080	mg/L	0.050	0.0080	1	08/17/21 15:55	08/18/21 13:06	88-06-2	
<b>Surrogates</b>									
Nitrobenzene-d5 (S)	87	%	41-118		1	08/17/21 15:55	08/18/21 13:06	4165-60-0	
2-Fluorobiphenyl (S)	76	%	54-107		1	08/17/21 15:55	08/18/21 13:06	321-60-8	
2,4,6-Tribromophenol (S)	90	%	62-172		1	08/17/21 15:55	08/18/21 13:06	118-79-6	
Phenol-d6 (S)	33	%	12-120		1	08/17/21 15:55	08/18/21 13:06	13127-88-3	
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
Benzene	<17.5	ug/kg	29.5	17.5	1	08/16/21 09:30	08/17/21 12:38	71-43-2	
Bromobenzene	<28.7	ug/kg	73.6	28.7	1	08/16/21 09:30	08/17/21 12:38	108-86-1	
Bromochloromethane	<20.2	ug/kg	73.6	20.2	1	08/16/21 09:30	08/17/21 12:38	74-97-5	
Bromodichloromethane	<17.5	ug/kg	73.6	17.5	1	08/16/21 09:30	08/17/21 12:38	75-27-4	
Bromoform	<324	ug/kg	368	324	1	08/16/21 09:30	08/17/21 12:38	75-25-2	
Bromomethane	<103	ug/kg	368	103	1	08/16/21 09:30	08/17/21 12:38	74-83-9	
2-Butanone (MEK)	<233	ug/kg	1840	233	1	08/16/21 09:30	08/17/21 12:38	78-93-3	
n-Butylbenzene	<33.7	ug/kg	73.6	33.7	1	08/16/21 09:30	08/17/21 12:38	104-51-8	
sec-Butylbenzene	<18.0	ug/kg	73.6	18.0	1	08/16/21 09:30	08/17/21 12:38	135-98-8	
tert-Butylbenzene	<23.1	ug/kg	73.6	23.1	1	08/16/21 09:30	08/17/21 12:38	98-06-6	
Carbon tetrachloride	<16.2	ug/kg	73.6	16.2	1	08/16/21 09:30	08/17/21 12:38	56-23-5	
Chlorobenzene	<8.8	ug/kg	73.6	8.8	1	08/16/21 09:30	08/17/21 12:38	108-90-7	
Chloroethane	<31.1	ug/kg	368	31.1	1	08/16/21 09:30	08/17/21 12:38	75-00-3	
Chloroform	<52.7	ug/kg	368	52.7	1	08/16/21 09:30	08/17/21 12:38	67-66-3	
Chloromethane	<28.0	ug/kg	73.6	28.0	1	08/16/21 09:30	08/17/21 12:38	74-87-3	
2-Chlorotoluene	<23.9	ug/kg	73.6	23.9	1	08/16/21 09:30	08/17/21 12:38	95-49-8	
4-Chlorotoluene	<28.0	ug/kg	73.6	28.0	1	08/16/21 09:30	08/17/21 12:38	106-43-4	
1,2-Dibromo-3-chloropropane	<57.1	ug/kg	368	57.1	1	08/16/21 09:30	08/17/21 12:38	96-12-8	
Dibromochloromethane	<252	ug/kg	368	252	1	08/16/21 09:30	08/17/21 12:38	124-48-1	
1,2-Dibromoethane (EDB)	<20.2	ug/kg	73.6	20.2	1	08/16/21 09:30	08/17/21 12:38	106-93-4	
Dibromomethane	<21.8	ug/kg	73.6	21.8	1	08/16/21 09:30	08/17/21 12:38	74-95-3	
1,2-Dichlorobenzene	<22.8	ug/kg	73.6	22.8	1	08/16/21 09:30	08/17/21 12:38	95-50-1	
1,3-Dichlorobenzene	<20.2	ug/kg	73.6	20.2	1	08/16/21 09:30	08/17/21 12:38	541-73-1	
1,4-Dichlorobenzene	<20.2	ug/kg	73.6	20.2	1	08/16/21 09:30	08/17/21 12:38	106-46-7	
Dichlorodifluoromethane	<31.7	ug/kg	73.6	31.7	1	08/16/21 09:30	08/17/21 12:38	75-71-8	
1,1-Dichloroethane	<18.8	ug/kg	73.6	18.8	1	08/16/21 09:30	08/17/21 12:38	75-34-3	
1,2-Dichloroethane	<16.9	ug/kg	73.6	16.9	1	08/16/21 09:30	08/17/21 12:38	107-06-2	
1,1-Dichloroethene	<24.4	ug/kg	73.6	24.4	1	08/16/21 09:30	08/17/21 12:38	75-35-4	
cis-1,2-Dichloroethene	<15.8	ug/kg	73.6	15.8	1	08/16/21 09:30	08/17/21 12:38	156-59-2	
trans-1,2-Dichloroethene	<15.9	ug/kg	73.6	15.9	1	08/16/21 09:30	08/17/21 12:38	156-60-5	
1,2-Dichloropropane	<17.5	ug/kg	73.6	17.5	1	08/16/21 09:30	08/17/21 12:38	78-87-5	
1,3-Dichloropropane	<16.1	ug/kg	73.6	16.1	1	08/16/21 09:30	08/17/21 12:38	142-28-9	

### REPORT OF LABORATORY ANALYSIS

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### ANALYTICAL RESULTS

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

Sample: WP-SOUTHWEST Lab ID: 40231607001 Collected: 08/12/21 09:00 Received: 08/13/21 07:20 Matrix: Solid  
 Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
2,2-Dichloropropane	<19.9	ug/kg	73.6	19.9	1	08/16/21 09:30	08/17/21 12:38	594-20-7	
1,1-Dichloropropene	<23.9	ug/kg	73.6	23.9	1	08/16/21 09:30	08/17/21 12:38	563-58-6	
cis-1,3-Dichloropropene	<48.6	ug/kg	368	48.6	1	08/16/21 09:30	08/17/21 12:38	10061-01-5	
trans-1,3-Dichloropropene	<211	ug/kg	368	211	1	08/16/21 09:30	08/17/21 12:38	10061-02-6	
Diisopropyl ether	<18.3	ug/kg	73.6	18.3	1	08/16/21 09:30	08/17/21 12:38	108-20-3	
Ethylbenzene	<17.5	ug/kg	73.6	17.5	1	08/16/21 09:30	08/17/21 12:38	100-41-4	
Hexachloro-1,3-butadiene	<146	ug/kg	368	146	1	08/16/21 09:30	08/17/21 12:38	87-68-3	
Isopropylbenzene (Cumene)	<19.9	ug/kg	73.6	19.9	1	08/16/21 09:30	08/17/21 12:38	98-82-8	
p-Isopropyltoluene	<22.4	ug/kg	73.6	22.4	1	08/16/21 09:30	08/17/21 12:38	99-87-6	
Methylene Chloride	<20.5	ug/kg	73.6	20.5	1	08/16/21 09:30	08/17/21 12:38	75-09-2	
Methyl-tert-butyl ether	<21.6	ug/kg	73.6	21.6	1	08/16/21 09:30	08/17/21 12:38	1634-04-4	
Naphthalene	<23.0	ug/kg	368	23.0	1	08/16/21 09:30	08/17/21 12:38	91-20-3	
n-Propylbenzene	<17.7	ug/kg	73.6	17.7	1	08/16/21 09:30	08/17/21 12:38	103-65-1	
Styrene	<18.8	ug/kg	73.6	18.8	1	08/16/21 09:30	08/17/21 12:38	100-42-5	
1,1,1,2-Tetrachloroethane	<17.7	ug/kg	73.6	17.7	1	08/16/21 09:30	08/17/21 12:38	630-20-6	
1,1,2,2-Tetrachloroethane	<26.7	ug/kg	73.6	26.7	1	08/16/21 09:30	08/17/21 12:38	79-34-5	
Tetrachloroethene	<28.6	ug/kg	73.6	28.6	1	08/16/21 09:30	08/17/21 12:38	127-18-4	
Toluene	<18.6	ug/kg	73.6	18.6	1	08/16/21 09:30	08/17/21 12:38	108-88-3	
1,2,3-Trichlorobenzene	<82.0	ug/kg	368	82.0	1	08/16/21 09:30	08/17/21 12:38	87-61-6	
1,2,4-Trichlorobenzene	<60.7	ug/kg	368	60.7	1	08/16/21 09:30	08/17/21 12:38	120-82-1	
1,1,1-Trichloroethane	<18.8	ug/kg	73.6	18.8	1	08/16/21 09:30	08/17/21 12:38	71-55-6	
1,1,2-Trichloroethane	<26.8	ug/kg	73.6	26.8	1	08/16/21 09:30	08/17/21 12:38	79-00-5	
Trichloroethene	86.0	ug/kg	73.6	27.5	1	08/16/21 09:30	08/17/21 12:38	79-01-6	
Trichlorofluoromethane	<21.4	ug/kg	73.6	21.4	1	08/16/21 09:30	08/17/21 12:38	75-69-4	
1,2,3-Trichloropropane	<35.8	ug/kg	73.6	35.8	1	08/16/21 09:30	08/17/21 12:38	96-18-4	
1,2,4-Trimethylbenzene	<21.9	ug/kg	73.6	21.9	1	08/16/21 09:30	08/17/21 12:38	95-63-6	
1,3,5-Trimethylbenzene	<23.7	ug/kg	73.6	23.7	1	08/16/21 09:30	08/17/21 12:38	108-67-8	
Vinyl chloride	<14.9	ug/kg	73.6	14.9	1	08/16/21 09:30	08/17/21 12:38	75-01-4	
m&p-Xylene	<31.1	ug/kg	147	31.1	1	08/16/21 09:30	08/17/21 12:38	179601-23-1	
o-Xylene	<22.1	ug/kg	73.6	22.1	1	08/16/21 09:30	08/17/21 12:38	95-47-6	
<b>Surrogates</b>									
Toluene-d8 (S)	119	%	67-159		1	08/16/21 09:30	08/17/21 12:38	2037-26-5	
4-Bromofluorobenzene (S)	143	%	66-153		1	08/16/21 09:30	08/17/21 12:38	460-00-4	
1,2-Dichlorobenzene-d4 (S)	129	%	82-158		1	08/16/21 09:30	08/17/21 12:38	2199-69-1	

**8260 MSV TCLP**

Analytical Method: EPA 8260 Leachate Method/Date: EPA 1311; 08/16/21 15:05  
 Pace Analytical Services - Green Bay

Benzene	<0.0030	mg/L	0.010	0.0030	10		08/17/21 23:06	71-43-2	
2-Butanone (MEK)	<0.065	mg/L	0.25	0.065	10		08/17/21 23:06	78-93-3	
Carbon tetrachloride	<0.0037	mg/L	0.010	0.0037	10		08/17/21 23:06	56-23-5	
Chlorobenzene	<0.0086	mg/L	0.010	0.0086	10		08/17/21 23:06	108-90-7	
Chloroform	<0.012	mg/L	0.050	0.012	10		08/17/21 23:06	67-66-3	
1,2-Dichloroethane	<0.0029	mg/L	0.010	0.0029	10		08/17/21 23:06	107-06-2	
1,1-Dichloroethene	<0.0058	mg/L	0.010	0.0058	10		08/17/21 23:06	75-35-4	

### REPORT OF LABORATORY ANALYSIS

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**ANALYTICAL RESULTS**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

**Sample: WP-SOUTHWEST Lab ID: 40231607001** Collected: 08/12/21 09:00 Received: 08/13/21 07:20 Matrix: Solid  
*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV TCLP</b>		Analytical Method: EPA 8260 Leachate Method/Date: EPA 1311; 08/16/21 15:05 Pace Analytical Services - Green Bay							
Tetrachloroethene	<0.0041	mg/L	0.010	0.0041	10		08/17/21 23:06	127-18-4	
Trichloroethene	<0.0032	mg/L	0.010	0.0032	10		08/17/21 23:06	79-01-6	
Vinyl chloride	<0.0017	mg/L	0.010	0.0017	10		08/17/21 23:06	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	97	%	70-130		10		08/17/21 23:06	2037-26-5	
4-Bromofluorobenzene (S)	100	%	70-130		10		08/17/21 23:06	460-00-4	
1,2-Dichlorobenzene-d4 (S)	103	%	70-130		10		08/17/21 23:06	2199-69-1	
<b>Percent Moisture</b>		Analytical Method: ASTM D2974-87 Pace Analytical Services - Green Bay							
Percent Moisture	19.1	%	0.10	0.10	1		08/16/21 10:35		

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### ANALYTICAL RESULTS

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

Sample: **WP-SOUTH** Lab ID: **40231607002** Collected: 08/12/21 09:30 Received: 08/13/21 07:20 Matrix: Solid  
 Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8082 GCS PCB</b>									
Analytical Method: EPA 8082 Preparation Method: EPA 3541									
Pace Analytical Services - Green Bay									
PCB-1016 (Aroclor 1016)	<17.7	ug/kg	58.2	17.7	1	08/16/21 05:45	08/17/21 05:58	12674-11-2	
PCB-1221 (Aroclor 1221)	<17.7	ug/kg	58.2	17.7	1	08/16/21 05:45	08/17/21 05:58	11104-28-2	
PCB-1232 (Aroclor 1232)	<17.7	ug/kg	58.2	17.7	1	08/16/21 05:45	08/17/21 05:58	11141-16-5	
PCB-1242 (Aroclor 1242)	<17.7	ug/kg	58.2	17.7	1	08/16/21 05:45	08/17/21 05:58	53469-21-9	
PCB-1248 (Aroclor 1248)	<17.7	ug/kg	58.2	17.7	1	08/16/21 05:45	08/17/21 05:58	12672-29-6	
PCB-1254 (Aroclor 1254)	<17.7	ug/kg	58.2	17.7	1	08/16/21 05:45	08/17/21 05:58	11097-69-1	
PCB-1260 (Aroclor 1260)	<17.7	ug/kg	58.2	17.7	1	08/16/21 05:45	08/17/21 05:58	11096-82-5	
PCB, Total	<17.7	ug/kg	58.2	17.7	1	08/16/21 05:45	08/17/21 05:58	1336-36-3	
<b>Surrogates</b>									
Tetrachloro-m-xylene (S)	82	%	67-102		1	08/16/21 05:45	08/17/21 05:58	877-09-8	
Decachlorobiphenyl (S)	90	%	47-114		1	08/16/21 05:45	08/17/21 05:58	2051-24-3	
<b>6010D MET ICP, TCLP</b>									
Analytical Method: EPA 6010D Preparation Method: EPA 3010A									
Leachate Method/Date: EPA 1311; 08/16/21 15:05									
Pace Analytical Services - Green Bay									
Arsenic	<0.0084	mg/L	0.025	0.0084	1	08/17/21 13:48	08/18/21 09:29	7440-38-2	
Barium	0.32	mg/L	0.0050	0.0015	1	08/17/21 13:48	08/18/21 09:29	7440-39-3	
Cadmium	<0.0013	mg/L	0.0050	0.0013	1	08/17/21 13:48	08/18/21 09:29	7440-43-9	
Chromium	<0.0025	mg/L	0.010	0.0025	1	08/17/21 13:48	08/18/21 09:29	7440-47-3	
Copper	<0.0034	mg/L	0.010	0.0034	1	08/17/21 13:48	08/18/21 09:29	7440-50-8	
Lead	<0.0059	mg/L	0.020	0.0059	1	08/17/21 13:48	08/18/21 09:29	7439-92-1	
Nickel	0.0061J	mg/L	0.010	0.0026	1	08/17/21 13:48	08/18/21 09:29	7440-02-0	
Selenium	<0.012	mg/L	0.040	0.012	1	08/17/21 13:48	08/18/21 09:29	7782-49-2	
Silver	<0.0032	mg/L	0.010	0.0032	1	08/17/21 13:48	08/18/21 09:29	7440-22-4	
Zinc	0.023J	mg/L	0.040	0.012	1	08/17/21 13:48	08/18/21 09:29	7440-66-6	
<b>7470 Mercury, TCLP</b>									
Analytical Method: EPA 7470 Preparation Method: EPA 7470									
Leachate Method/Date: EPA 1311; 08/16/21 15:05									
Pace Analytical Services - Green Bay									
Mercury	<0.000066	mg/L	0.00020	0.000066	1	08/18/21 08:50	08/18/21 12:48	7439-97-6	
<b>8270E MSSV TCLP Sep Funnel</b>									
Analytical Method: EPA 8270E Preparation Method: EPA 3510									
Leachate Method/Date: EPA 1311; 08/16/21 15:05									
Pace Analytical Services - Green Bay									
1,4-Dichlorobenzene	<0.014	mg/L	0.050	0.014	1	08/17/21 15:55	08/18/21 13:27	106-46-7	
2,4-Dinitrotoluene	<0.011	mg/L	0.050	0.011	1	08/17/21 15:55	08/18/21 13:27	121-14-2	
Hexachloro-1,3-butadiene	<0.017	mg/L	0.050	0.017	1	08/17/21 15:55	08/18/21 13:27	87-68-3	
Hexachlorobenzene	<0.011	mg/L	0.055	0.011	1	08/17/21 15:55	08/18/21 13:27	118-74-1	
Hexachloroethane	<0.014	mg/L	0.050	0.014	1	08/17/21 15:55	08/18/21 13:27	67-72-1	
2-Methylphenol(o-Cresol)	<0.0093	mg/L	0.050	0.0093	1	08/17/21 15:55	08/18/21 13:27	95-48-7	
3&4-Methylphenol(m&p Cresol)	<0.0061	mg/L	0.050	0.0061	1	08/17/21 15:55	08/18/21 13:27		
Nitrobenzene	<0.011	mg/L	0.050	0.011	1	08/17/21 15:55	08/18/21 13:27	98-95-3	
Pentachlorophenol	<0.046	mg/L	0.15	0.046	1	08/17/21 15:55	08/18/21 13:27	87-86-5	
Phenol	<0.0032	mg/L	0.050	0.0032	1	08/17/21 15:55	08/18/21 13:27	108-95-2	

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### ANALYTICAL RESULTS

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

**Sample: WP-SOUTH**      **Lab ID: 40231607002**      Collected: 08/12/21 09:30      Received: 08/13/21 07:20      Matrix: Solid  
*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8270E MSSV TCLP Sep Funnel</b>									
Analytical Method: EPA 8270E    Preparation Method: EPA 3510									
Leachate Method/Date: EPA 1311; 08/16/21 15:05									
Pace Analytical Services - Green Bay									
Pyridine	<0.015	mg/L	0.050	0.015	1	08/17/21 15:55	08/18/21 13:27	110-86-1	
2,4,5-Trichlorophenol	<0.0064	mg/L	0.050	0.0064	1	08/17/21 15:55	08/18/21 13:27	95-95-4	
2,4,6-Trichlorophenol	<0.0080	mg/L	0.050	0.0080	1	08/17/21 15:55	08/18/21 13:27	88-06-2	
<b>Surrogates</b>									
Nitrobenzene-d5 (S)	91	%	41-118		1	08/17/21 15:55	08/18/21 13:27	4165-60-0	
2-Fluorobiphenyl (S)	84	%	54-107		1	08/17/21 15:55	08/18/21 13:27	321-60-8	
2,4,6-Tribromophenol (S)	97	%	62-172		1	08/17/21 15:55	08/18/21 13:27	118-79-6	
Phenol-d6 (S)	38	%	12-120		1	08/17/21 15:55	08/18/21 13:27	13127-88-3	
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
Benzene	<15.9	ug/kg	26.7	15.9	1	08/16/21 09:30	08/17/21 12:58	71-43-2	
Bromobenzene	<26.0	ug/kg	66.7	26.0	1	08/16/21 09:30	08/17/21 12:58	108-86-1	
Bromochloromethane	<18.3	ug/kg	66.7	18.3	1	08/16/21 09:30	08/17/21 12:58	74-97-5	
Bromodichloromethane	<15.9	ug/kg	66.7	15.9	1	08/16/21 09:30	08/17/21 12:58	75-27-4	
Bromoform	<293	ug/kg	333	293	1	08/16/21 09:30	08/17/21 12:58	75-25-2	
Bromomethane	<93.5	ug/kg	333	93.5	1	08/16/21 09:30	08/17/21 12:58	74-83-9	
2-Butanone (MEK)	<211	ug/kg	1670	211	1	08/16/21 09:30	08/17/21 12:58	78-93-3	
n-Butylbenzene	<30.5	ug/kg	66.7	30.5	1	08/16/21 09:30	08/17/21 12:58	104-51-8	
sec-Butylbenzene	<16.3	ug/kg	66.7	16.3	1	08/16/21 09:30	08/17/21 12:58	135-98-8	
tert-Butylbenzene	<20.9	ug/kg	66.7	20.9	1	08/16/21 09:30	08/17/21 12:58	98-06-6	
Carbon tetrachloride	<14.7	ug/kg	66.7	14.7	1	08/16/21 09:30	08/17/21 12:58	56-23-5	
Chlorobenzene	<8.0	ug/kg	66.7	8.0	1	08/16/21 09:30	08/17/21 12:58	108-90-7	
Chloroethane	<28.1	ug/kg	333	28.1	1	08/16/21 09:30	08/17/21 12:58	75-00-3	
Chloroform	<47.7	ug/kg	333	47.7	1	08/16/21 09:30	08/17/21 12:58	67-66-3	
Chloromethane	<25.3	ug/kg	66.7	25.3	1	08/16/21 09:30	08/17/21 12:58	74-87-3	
2-Chlorotoluene	<21.6	ug/kg	66.7	21.6	1	08/16/21 09:30	08/17/21 12:58	95-49-8	
4-Chlorotoluene	<25.3	ug/kg	66.7	25.3	1	08/16/21 09:30	08/17/21 12:58	106-43-4	
1,2-Dibromo-3-chloropropane	<51.7	ug/kg	333	51.7	1	08/16/21 09:30	08/17/21 12:58	96-12-8	
Dibromochloromethane	<228	ug/kg	333	228	1	08/16/21 09:30	08/17/21 12:58	124-48-1	
1,2-Dibromoethane (EDB)	<18.3	ug/kg	66.7	18.3	1	08/16/21 09:30	08/17/21 12:58	106-93-4	
Dibromomethane	<19.7	ug/kg	66.7	19.7	1	08/16/21 09:30	08/17/21 12:58	74-95-3	
1,2-Dichlorobenzene	<20.7	ug/kg	66.7	20.7	1	08/16/21 09:30	08/17/21 12:58	95-50-1	
1,3-Dichlorobenzene	<18.3	ug/kg	66.7	18.3	1	08/16/21 09:30	08/17/21 12:58	541-73-1	
1,4-Dichlorobenzene	<18.3	ug/kg	66.7	18.3	1	08/16/21 09:30	08/17/21 12:58	106-46-7	
Dichlorodifluoromethane	<28.7	ug/kg	66.7	28.7	1	08/16/21 09:30	08/17/21 12:58	75-71-8	
1,1-Dichloroethane	<17.1	ug/kg	66.7	17.1	1	08/16/21 09:30	08/17/21 12:58	75-34-3	
1,2-Dichloroethane	<15.3	ug/kg	66.7	15.3	1	08/16/21 09:30	08/17/21 12:58	107-06-2	
1,1-Dichloroethene	<22.1	ug/kg	66.7	22.1	1	08/16/21 09:30	08/17/21 12:58	75-35-4	
cis-1,2-Dichloroethene	<14.3	ug/kg	66.7	14.3	1	08/16/21 09:30	08/17/21 12:58	156-59-2	
trans-1,2-Dichloroethene	<14.4	ug/kg	66.7	14.4	1	08/16/21 09:30	08/17/21 12:58	156-60-5	
1,2-Dichloropropane	<15.9	ug/kg	66.7	15.9	1	08/16/21 09:30	08/17/21 12:58	78-87-5	
1,3-Dichloropropane	<14.5	ug/kg	66.7	14.5	1	08/16/21 09:30	08/17/21 12:58	142-28-9	

### REPORT OF LABORATORY ANALYSIS

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### ANALYTICAL RESULTS

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

**Sample: WP-SOUTH**      **Lab ID: 40231607002**      Collected: 08/12/21 09:30      Received: 08/13/21 07:20      Matrix: Solid  
*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
2,2-Dichloropropane	<18.0	ug/kg	66.7	18.0	1	08/16/21 09:30	08/17/21 12:58	594-20-7	
1,1-Dichloropropene	<21.6	ug/kg	66.7	21.6	1	08/16/21 09:30	08/17/21 12:58	563-58-6	
cis-1,3-Dichloropropene	<44.0	ug/kg	333	44.0	1	08/16/21 09:30	08/17/21 12:58	10061-01-5	
trans-1,3-Dichloropropene	<191	ug/kg	333	191	1	08/16/21 09:30	08/17/21 12:58	10061-02-6	
Diisopropyl ether	<16.5	ug/kg	66.7	16.5	1	08/16/21 09:30	08/17/21 12:58	108-20-3	
Ethylbenzene	<15.9	ug/kg	66.7	15.9	1	08/16/21 09:30	08/17/21 12:58	100-41-4	
Hexachloro-1,3-butadiene	<133	ug/kg	333	133	1	08/16/21 09:30	08/17/21 12:58	87-68-3	
Isopropylbenzene (Cumene)	<18.0	ug/kg	66.7	18.0	1	08/16/21 09:30	08/17/21 12:58	98-82-8	
p-Isopropyltoluene	<20.3	ug/kg	66.7	20.3	1	08/16/21 09:30	08/17/21 12:58	99-87-6	
Methylene Chloride	<18.5	ug/kg	66.7	18.5	1	08/16/21 09:30	08/17/21 12:58	75-09-2	
Methyl-tert-butyl ether	<19.6	ug/kg	66.7	19.6	1	08/16/21 09:30	08/17/21 12:58	1634-04-4	
Naphthalene	<20.8	ug/kg	333	20.8	1	08/16/21 09:30	08/17/21 12:58	91-20-3	
n-Propylbenzene	<16.0	ug/kg	66.7	16.0	1	08/16/21 09:30	08/17/21 12:58	103-65-1	
Styrene	<17.1	ug/kg	66.7	17.1	1	08/16/21 09:30	08/17/21 12:58	100-42-5	
1,1,1,2-Tetrachloroethane	<16.0	ug/kg	66.7	16.0	1	08/16/21 09:30	08/17/21 12:58	630-20-6	
1,1,2,2-Tetrachloroethane	<24.1	ug/kg	66.7	24.1	1	08/16/21 09:30	08/17/21 12:58	79-34-5	
Tetrachloroethene	<25.9	ug/kg	66.7	25.9	1	08/16/21 09:30	08/17/21 12:58	127-18-4	
Toluene	<16.8	ug/kg	66.7	16.8	1	08/16/21 09:30	08/17/21 12:58	108-88-3	
1,2,3-Trichlorobenzene	<74.3	ug/kg	333	74.3	1	08/16/21 09:30	08/17/21 12:58	87-61-6	
1,2,4-Trichlorobenzene	<54.9	ug/kg	333	54.9	1	08/16/21 09:30	08/17/21 12:58	120-82-1	
1,1,1-Trichloroethane	<17.1	ug/kg	66.7	17.1	1	08/16/21 09:30	08/17/21 12:58	71-55-6	
1,1,2-Trichloroethane	<24.3	ug/kg	66.7	24.3	1	08/16/21 09:30	08/17/21 12:58	79-00-5	
Trichloroethene	845	ug/kg	66.7	24.9	1	08/16/21 09:30	08/17/21 12:58	79-01-6	
Trichlorofluoromethane	<19.3	ug/kg	66.7	19.3	1	08/16/21 09:30	08/17/21 12:58	75-69-4	
1,2,3-Trichloropropane	<32.4	ug/kg	66.7	32.4	1	08/16/21 09:30	08/17/21 12:58	96-18-4	
1,2,4-Trimethylbenzene	<19.9	ug/kg	66.7	19.9	1	08/16/21 09:30	08/17/21 12:58	95-63-6	
1,3,5-Trimethylbenzene	<21.5	ug/kg	66.7	21.5	1	08/16/21 09:30	08/17/21 12:58	108-67-8	
Vinyl chloride	<13.5	ug/kg	66.7	13.5	1	08/16/21 09:30	08/17/21 12:58	75-01-4	
m&p-Xylene	<28.1	ug/kg	133	28.1	1	08/16/21 09:30	08/17/21 12:58	179601-23-1	
o-Xylene	<20.0	ug/kg	66.7	20.0	1	08/16/21 09:30	08/17/21 12:58	95-47-6	
<b>Surrogates</b>									
Toluene-d8 (S)	110	%	67-159		1	08/16/21 09:30	08/17/21 12:58	2037-26-5	
4-Bromofluorobenzene (S)	137	%	66-153		1	08/16/21 09:30	08/17/21 12:58	460-00-4	
1,2-Dichlorobenzene-d4 (S)	123	%	82-158		1	08/16/21 09:30	08/17/21 12:58	2199-69-1	

<b>8260 MSV TCLP</b>									
Analytical Method: EPA 8260    Leachate Method/Date: EPA 1311; 08/16/21 15:05									
Pace Analytical Services - Green Bay									
Benzene	<0.0030	mg/L	0.010	0.0030	10		08/17/21 23:25	71-43-2	
2-Butanone (MEK)	<0.065	mg/L	0.25	0.065	10		08/17/21 23:25	78-93-3	
Carbon tetrachloride	<0.0037	mg/L	0.010	0.0037	10		08/17/21 23:25	56-23-5	
Chlorobenzene	<0.0086	mg/L	0.010	0.0086	10		08/17/21 23:25	108-90-7	
Chloroform	<0.012	mg/L	0.050	0.012	10		08/17/21 23:25	67-66-3	
1,2-Dichloroethane	<0.0029	mg/L	0.010	0.0029	10		08/17/21 23:25	107-06-2	
1,1-Dichloroethene	<0.0058	mg/L	0.010	0.0058	10		08/17/21 23:25	75-35-4	

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**ANALYTICAL RESULTS**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

Sample: **WP-SOUTH** Lab ID: **40231607002** Collected: 08/12/21 09:30 Received: 08/13/21 07:20 Matrix: Solid  
 Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV TCLP</b>		Analytical Method: EPA 8260 Leachate Method/Date: EPA 1311; 08/16/21 15:05 Pace Analytical Services - Green Bay							
Tetrachloroethene	<0.0041	mg/L	0.010	0.0041	10		08/17/21 23:25	127-18-4	
Trichloroethene	<0.0032	mg/L	0.010	0.0032	10		08/17/21 23:25	79-01-6	
Vinyl chloride	<0.0017	mg/L	0.010	0.0017	10		08/17/21 23:25	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	97	%	70-130		10		08/17/21 23:25	2037-26-5	
4-Bromofluorobenzene (S)	96	%	70-130		10		08/17/21 23:25	460-00-4	
1,2-Dichlorobenzene-d4 (S)	102	%	70-130		10		08/17/21 23:25	2199-69-1	
<b>Percent Moisture</b>		Analytical Method: ASTM D2974-87 Pace Analytical Services - Green Bay							
Percent Moisture	14.3	%	0.10	0.10	1		08/16/21 10:36		

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

QC Batch: 393373 Analysis Method: EPA 7470  
 QC Batch Method: EPA 7470 Analysis Description: 7470 Mercury TCLP  
 Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40231607001, 40231607002

METHOD BLANK: 2269577 Matrix: Water

Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Mercury	mg/L	<0.000066	0.00020	08/18/21 12:29	

METHOD BLANK: 2268406 Matrix: Water

Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Mercury	mg/L	<0.000066	0.00020	08/18/21 12:57	

METHOD BLANK: 2268980 Matrix: Water

Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Mercury	mg/L	<0.000066	0.00020	08/18/21 13:04	

LABORATORY CONTROL SAMPLE: 2269578

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Mercury	mg/L	0.005	0.0049	98	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2269579 2269580

Parameter	Units	40231531001		2269579		2269580		% Rec Limits	Max RPD	Qual
		MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec			
Mercury	mg/L	<0.000066	0.005	0.005	0.0064	0.0063	127	127	85-115	0 20 M0

MATRIX SPIKE SAMPLE: 2269581

Parameter	Units	40231513001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Mercury	mg/L	0.14J ug/L	0.005	0.0065	127	85-115 M0	

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

QC Batch: 393274 Analysis Method: EPA 6010D  
 QC Batch Method: EPA 3010A Analysis Description: 6010D MET TCLP  
 Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40231607001, 40231607002

METHOD BLANK: 2268957 Matrix: Water

Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Arsenic	mg/L	<0.0084	0.025	08/18/21 09:14	
Barium	mg/L	<0.0015	0.0050	08/18/21 09:14	
Cadmium	mg/L	<0.0013	0.0050	08/18/21 09:14	
Chromium	mg/L	<0.0025	0.010	08/18/21 09:14	
Copper	mg/L	<0.0034	0.010	08/18/21 09:14	
Lead	mg/L	<0.0059	0.020	08/18/21 09:14	
Nickel	mg/L	<0.0026	0.010	08/18/21 09:14	
Selenium	mg/L	<0.012	0.040	08/18/21 09:14	
Silver	mg/L	<0.0032	0.010	08/18/21 09:14	
Zinc	mg/L	<0.012	0.040	08/18/21 09:14	

METHOD BLANK: 2266565 Matrix: Solid

Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Arsenic	mg/L	<0.0084	0.025	08/18/21 09:57	
Barium	mg/L	<0.0015	0.0050	08/18/21 09:57	
Cadmium	mg/L	<0.0013	0.0050	08/18/21 09:57	
Chromium	mg/L	<0.0025	0.010	08/18/21 09:57	
Copper	mg/L	0.0047J	0.010	08/18/21 09:57	
Lead	mg/L	<0.0059	0.020	08/18/21 09:57	
Nickel	mg/L	<0.0026	0.010	08/18/21 09:57	
Selenium	mg/L	<0.012	0.040	08/18/21 09:57	
Silver	mg/L	<0.0032	0.010	08/18/21 09:57	
Zinc	mg/L	<0.012	0.040	08/18/21 09:57	

METHOD BLANK: 2268405 Matrix: Solid

Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Arsenic	mg/L	<0.0084	0.025	08/18/21 09:49	
Barium	mg/L	0.0058	0.0050	08/18/21 09:49	
Cadmium	mg/L	<0.0013	0.0050	08/18/21 09:49	
Chromium	mg/L	<0.0025	0.010	08/18/21 09:49	
Copper	mg/L	<0.0034	0.010	08/18/21 09:49	
Lead	mg/L	<0.0059	0.020	08/18/21 09:49	

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

METHOD BLANK: 2268405 Matrix: Solid  
 Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Nickel	mg/L	<0.0026	0.010	08/18/21 09:49	
Selenium	mg/L	<0.012	0.040	08/18/21 09:49	
Silver	mg/L	<0.0032	0.010	08/18/21 09:49	
Zinc	mg/L	<0.012	0.040	08/18/21 09:49	

LABORATORY CONTROL SAMPLE: 2268958

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Arsenic	mg/L	0.25	0.23	92	80-120	
Barium	mg/L	0.25	0.23	92	80-120	
Cadmium	mg/L	0.25	0.23	93	80-120	
Chromium	mg/L	0.25	0.24	94	80-120	
Copper	mg/L	0.25	0.24	95	80-120	
Lead	mg/L	0.25	0.24	94	80-120	
Nickel	mg/L	0.25	0.24	95	80-120	
Selenium	mg/L	0.25	0.23	93	80-120	
Silver	mg/L	0.12	0.11	92	80-120	
Zinc	mg/L	0.25	0.25	98	80-120	

MATRIX SPIKE SAMPLE: 2268959

Parameter	Units	40231513001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Arsenic	mg/L	<0.017	0.25	0.25	95	75-125	
Barium	mg/L	0.17	0.25	0.40	91	75-125	
Cadmium	mg/L	<0.0027	0.25	0.25	98	75-125	
Chromium	mg/L	<0.0051	0.25	0.23	92	75-125	
Copper	mg/L	<0.0067	0.25	0.25	99	75-125	
Lead	mg/L	<0.012	0.25	0.23	90	75-125	
Nickel	mg/L	0.024	0.25	0.25	91	75-125	
Selenium	mg/L	<0.024	0.25	0.24	97	75-125	
Silver	mg/L	<0.0064	0.12	0.12	97	75-125	
Zinc	mg/L	0.22	0.25	0.44	88	75-125	

MATRIX SPIKE SAMPLE: 2268960

Parameter	Units	40231433001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
Arsenic	mg/L	1.1	0.25	1.4	118	75-125	
Barium	mg/L	<0.030	0.25	0.28	110	75-125	
Cadmium	mg/L	<0.027	0.25	0.25	101	75-125	
Chromium	mg/L	<0.051	0.25	0.30	103	75-125	
Copper	mg/L	<0.067	0.25	0.31	109	75-125	

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

MATRIX SPIKE SAMPLE:		2268960		40231433001	Spike	MS	MS	% Rec		
Parameter	Units	Result	Conc.	Result	% Rec	Result	% Rec	Limits	Qualifiers	
Lead	mg/L	<0.12	0.25	0.28J	96			75-125		
Nickel	mg/L	<0.052	0.25	0.28	110			75-125		
Selenium	mg/L	0.56J	0.25	0.81	102			75-125		
Silver	mg/L	<0.064	0.12	0.15J	118			75-125		
Zinc	mg/L	<0.23	0.25	0.30J	110			75-125		

MATRIX SPIKE & MATRIX SPIKE DUPLICATE:		2268961		2268962								
Parameter	Units	40231607001	MS	MSD	MS	MSD	MS	MSD	% Rec	Max		
		Result	Spike	Spike	Result	Result	% Rec	% Rec	Limits	RPD	RPD	Qual
Arsenic	mg/L	0.011J	0.25	0.25	0.25	0.24	96	93	75-125	2	20	
Barium	mg/L	0.42	0.25	0.25	0.67	0.65	100	93	75-125	2	20	
Cadmium	mg/L	0.0020J	0.25	0.25	0.25	0.24	100	96	75-125	4	20	
Chromium	mg/L	<0.0025	0.25	0.25	0.24	0.23	96	93	75-125	3	20	
Copper	mg/L	0.0065J	0.25	0.25	0.25	0.25	99	96	75-125	3	20	
Lead	mg/L	0.0074J	0.25	0.25	0.24	0.23	93	87	75-125	6	20	
Nickel	mg/L	0.0088J	0.25	0.25	0.24	0.23	93	90	75-125	4	20	
Selenium	mg/L	<0.012	0.25	0.25	0.26	0.26	105	103	75-125	2	20	
Silver	mg/L	<0.0032	0.12	0.12	0.13	0.12	102	97	75-125	5	20	
Zinc	mg/L	0.12	0.25	0.25	0.35	0.34	91	86	75-125	3	20	

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

QC Batch: 393125 Analysis Method: EPA 8260  
 QC Batch Method: EPA 5035/5030B Analysis Description: 8260 MSV Med Level Normal List  
 Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40231607001, 40231607002

METHOD BLANK: 2268393 Matrix: Solid

Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1,1,2-Tetrachloroethane	ug/kg	<12.0	50.0	08/16/21 09:55	
1,1,1-Trichloroethane	ug/kg	<12.8	50.0	08/16/21 09:55	
1,1,2,2-Tetrachloroethane	ug/kg	<18.1	50.0	08/16/21 09:55	
1,1,2-Trichloroethane	ug/kg	<18.2	50.0	08/16/21 09:55	
1,1-Dichloroethane	ug/kg	<12.8	50.0	08/16/21 09:55	
1,1-Dichloroethene	ug/kg	<16.6	50.0	08/16/21 09:55	
1,1-Dichloropropene	ug/kg	<16.2	50.0	08/16/21 09:55	
1,2,3-Trichlorobenzene	ug/kg	<55.7	250	08/16/21 09:55	
1,2,3-Trichloropropane	ug/kg	<24.3	50.0	08/16/21 09:55	
1,2,4-Trichlorobenzene	ug/kg	<41.2	250	08/16/21 09:55	
1,2,4-Trimethylbenzene	ug/kg	<14.9	50.0	08/16/21 09:55	
1,2-Dibromo-3-chloropropane	ug/kg	<38.8	250	08/16/21 09:55	
1,2-Dibromoethane (EDB)	ug/kg	<13.7	50.0	08/16/21 09:55	
1,2-Dichlorobenzene	ug/kg	<15.5	50.0	08/16/21 09:55	
1,2-Dichloroethane	ug/kg	<11.5	50.0	08/16/21 09:55	
1,2-Dichloropropane	ug/kg	<11.9	50.0	08/16/21 09:55	
1,3,5-Trimethylbenzene	ug/kg	<16.1	50.0	08/16/21 09:55	
1,3-Dichlorobenzene	ug/kg	<13.7	50.0	08/16/21 09:55	
1,3-Dichloropropane	ug/kg	<10.9	50.0	08/16/21 09:55	
1,4-Dichlorobenzene	ug/kg	<13.7	50.0	08/16/21 09:55	
2,2-Dichloropropane	ug/kg	<13.5	50.0	08/16/21 09:55	
2-Butanone (MEK)	ug/kg	<158	1250	08/16/21 09:55	
2-Chlorotoluene	ug/kg	<16.2	50.0	08/16/21 09:55	
4-Chlorotoluene	ug/kg	<19.0	50.0	08/16/21 09:55	
Benzene	ug/kg	<11.9	20.0	08/16/21 09:55	
Bromobenzene	ug/kg	<19.5	50.0	08/16/21 09:55	
Bromochloromethane	ug/kg	<13.7	50.0	08/16/21 09:55	
Bromodichloromethane	ug/kg	<11.9	50.0	08/16/21 09:55	
Bromoform	ug/kg	<220	250	08/16/21 09:55	
Bromomethane	ug/kg	<70.1	250	08/16/21 09:55	
Carbon tetrachloride	ug/kg	<11.0	50.0	08/16/21 09:55	
Chlorobenzene	ug/kg	<6.0	50.0	08/16/21 09:55	
Chloroethane	ug/kg	<21.1	250	08/16/21 09:55	
Chloroform	ug/kg	<35.8	250	08/16/21 09:55	
Chloromethane	ug/kg	<19.0	50.0	08/16/21 09:55	
cis-1,2-Dichloroethene	ug/kg	<10.7	50.0	08/16/21 09:55	
cis-1,3-Dichloropropene	ug/kg	<33.0	250	08/16/21 09:55	
Dibromochloromethane	ug/kg	<171	250	08/16/21 09:55	
Dibromomethane	ug/kg	<14.8	50.0	08/16/21 09:55	
Dichlorodifluoromethane	ug/kg	<21.5	50.0	08/16/21 09:55	

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

METHOD BLANK: 2268393 Matrix: Solid  
 Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Diisopropyl ether	ug/kg	<12.4	50.0	08/16/21 09:55	
Ethylbenzene	ug/kg	<11.9	50.0	08/16/21 09:55	
Hexachloro-1,3-butadiene	ug/kg	<99.4	250	08/16/21 09:55	
Isopropylbenzene (Cumene)	ug/kg	<13.5	50.0	08/16/21 09:55	
m&p-Xylene	ug/kg	<21.1	100	08/16/21 09:55	
Methyl-tert-butyl ether	ug/kg	<14.7	50.0	08/16/21 09:55	
Methylene Chloride	ug/kg	<13.9	50.0	08/16/21 09:55	
n-Butylbenzene	ug/kg	<22.9	50.0	08/16/21 09:55	
n-Propylbenzene	ug/kg	<12.0	50.0	08/16/21 09:55	
Naphthalene	ug/kg	<15.6	250	08/16/21 09:55	
o-Xylene	ug/kg	<15.0	50.0	08/16/21 09:55	
p-Isopropyltoluene	ug/kg	<15.2	50.0	08/16/21 09:55	
sec-Butylbenzene	ug/kg	<12.2	50.0	08/16/21 09:55	
Styrene	ug/kg	<12.8	50.0	08/16/21 09:55	
tert-Butylbenzene	ug/kg	<15.7	50.0	08/16/21 09:55	
Tetrachloroethene	ug/kg	<19.4	50.0	08/16/21 09:55	
Toluene	ug/kg	<12.6	50.0	08/16/21 09:55	
trans-1,2-Dichloroethene	ug/kg	<10.8	50.0	08/16/21 09:55	
trans-1,3-Dichloropropene	ug/kg	<143	250	08/16/21 09:55	
Trichloroethene	ug/kg	<18.7	50.0	08/16/21 09:55	
Trichlorofluoromethane	ug/kg	<14.5	50.0	08/16/21 09:55	
Vinyl chloride	ug/kg	<10.1	50.0	08/16/21 09:55	
1,2-Dichlorobenzene-d4 (S)	%	95	82-158	08/16/21 09:55	
4-Bromofluorobenzene (S)	%	98	66-153	08/16/21 09:55	
Toluene-d8 (S)	%	100	67-159	08/16/21 09:55	

LABORATORY CONTROL SAMPLE: 2268394

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/kg	2500	2240	90	70-130	
1,1,1,2-Tetrachloroethane	ug/kg	2500	2590	104	65-129	
1,1,1,2-Trichloroethane	ug/kg	2500	2560	102	70-130	
1,1-Dichloroethane	ug/kg	2500	2650	106	70-130	
1,1-Dichloroethene	ug/kg	2500	2300	92	67-120	
1,2,4-Trichlorobenzene	ug/kg	2500	2030	81	64-130	
1,2-Dibromo-3-chloropropane	ug/kg	2500	2290	92	57-119	
1,2-Dibromoethane (EDB)	ug/kg	2500	2450	98	70-130	
1,2-Dichlorobenzene	ug/kg	2500	2380	95	70-130	
1,2-Dichloroethane	ug/kg	2500	2630	105	70-130	
1,2-Dichloropropane	ug/kg	2500	2650	106	72-118	
1,3-Dichlorobenzene	ug/kg	2500	2380	95	70-130	
1,4-Dichlorobenzene	ug/kg	2500	2300	92	70-130	
Benzene	ug/kg	2500	2560	103	70-130	
Bromodichloromethane	ug/kg	2500	2330	93	70-130	

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

LABORATORY CONTROL SAMPLE: 2268394

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Bromoform	ug/kg	2500	1940	78	66-130	
Bromomethane	ug/kg	2500	1960	78	13-153	
Carbon tetrachloride	ug/kg	2500	2060	82	73-134	
Chlorobenzene	ug/kg	2500	2480	99	70-130	
Chloroethane	ug/kg	2500	2240	89	19-170	
Chloroform	ug/kg	2500	2520	101	79-120	
Chloromethane	ug/kg	2500	2730	109	45-117	
cis-1,2-Dichloroethene	ug/kg	2500	2410	96	70-130	
cis-1,3-Dichloropropene	ug/kg	2500	2520	101	68-130	
Dibromochloromethane	ug/kg	2500	2150	86	70-130	
Dichlorodifluoromethane	ug/kg	2500	1660	66	15-135	
Ethylbenzene	ug/kg	2500	2410	97	78-120	
Isopropylbenzene (Cumene)	ug/kg	2500	2290	92	70-130	
m&p-Xylene	ug/kg	5000	4890	98	70-130	
Methyl-tert-butyl ether	ug/kg	2500	2500	100	65-130	
Methylene Chloride	ug/kg	2500	2530	101	70-130	
o-Xylene	ug/kg	2500	2430	97	70-130	
Styrene	ug/kg	2500	2540	101	70-130	
Tetrachloroethene	ug/kg	2500	2260	90	70-130	
Toluene	ug/kg	2500	2500	100	76-120	
trans-1,2-Dichloroethene	ug/kg	2500	2470	99	70-130	
trans-1,3-Dichloropropene	ug/kg	2500	2420	97	70-130	
Trichloroethene	ug/kg	2500	2510	101	70-130	
Trichlorofluoromethane	ug/kg	2500	2180	87	49-153	
Vinyl chloride	ug/kg	2500	2700	108	58-121	
1,2-Dichlorobenzene-d4 (S)	%			97	82-158	
4-Bromofluorobenzene (S)	%			100	66-153	
Toluene-d8 (S)	%			100	67-159	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2268395 2268396

Parameter	Units	MS		MSD		MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
		40231551010 Result	Spike Conc.	Spike Conc.	Result								
1,1,1-Trichloroethane	ug/kg	<18.6	1450	1450	1160	1230	80	85	70-130	6	20		
1,1,2,2-Tetrachloroethane	ug/kg	<26.3	1450	1450	1550	1630	107	112	65-129	4	20		
1,1,2-Trichloroethane	ug/kg	<26.4	1450	1450	1470	1460	101	101	70-130	1	20		
1,1-Dichloroethane	ug/kg	<18.6	1450	1450	1550	1520	107	105	70-130	2	20		
1,1-Dichloroethene	ug/kg	<24.1	1450	1450	1180	1330	81	92	64-120	12	20		
1,2,4-Trichlorobenzene	ug/kg	<59.9	1450	1450	1360	1330	92	90	64-130	2	20		
1,2-Dibromo-3-chloropropane	ug/kg	<56.4	1450	1450	1690	1580	117	109	57-130	7	21		
1,2-Dibromoethane (EDB)	ug/kg	<19.9	1450	1450	1480	1430	102	98	70-130	3	20		
1,2-Dichlorobenzene	ug/kg	<22.5	1450	1450	1560	1530	107	106	70-130	2	20		
1,2-Dichloroethane	ug/kg	<16.7	1450	1450	1560	1530	107	105	70-130	2	20		
1,2-Dichloropropane	ug/kg	<17.3	1450	1450	1520	1540	104	106	72-122	1	20		

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

Parameter	Units	40231551010		MSD		MSD		MSD		% Rec	% Rec	Limits	RPD	Max RPD	Qual
		Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec							
1,3-Dichlorobenzene	ug/kg	<19.9	1450	1450	1520	1520	104	104	70-130			0	20		
1,4-Dichlorobenzene	ug/kg	<19.9	1450	1450	1520	1500	104	103	70-130			1	20		
Benzene	ug/kg	<17.3	1450	1450	1460	1460	101	101	70-130			0	20		
Bromodichloromethane	ug/kg	<17.3	1450	1450	1320	1380	91	95	70-130			5	20		
Bromoform	ug/kg	<320	1450	1450	1110	1080	77	75	66-130			3	20		
Bromomethane	ug/kg	<102	1450	1450	1140	1180	78	81	13-153			4	20		
Carbon tetrachloride	ug/kg	<16.0	1450	1450	1050	1090	72	75	67-134			4	20		
Chlorobenzene	ug/kg	<8.7	1450	1450	1480	1470	102	101	70-130			0	20		
Chloroethane	ug/kg	<30.7	1450	1450	1150	1180	79	81	11-195			3	20		
Chloroform	ug/kg	<52.0	1450	1450	1460	1450	100	100	79-120			1	20		
Chloromethane	ug/kg	<27.6	1450	1450	1720	1670	118	115	30-136			3	20		
cis-1,2-Dichloroethene	ug/kg	<15.5	1450	1450	1410	1390	97	96	70-130			2	20		
cis-1,3-Dichloropropene	ug/kg	<48.0	1450	1450	1400	1430	96	99	68-130			3	20		
Dibromochloromethane	ug/kg	<248	1450	1450	1240	1240	85	85	70-130			0	20		
Dichlorodifluoromethane	ug/kg	<31.2	1450	1450	805	876	55	60	10-158			8	25		
Ethylbenzene	ug/kg	<17.3	1450	1450	1410	1400	97	96	78-120			1	20		
Isopropylbenzene (Cumene)	ug/kg	<19.6	1450	1450	1290	1330	89	92	70-130			3	20		
m&p-Xylene	ug/kg	<30.7	2910	2910	2840	2780	98	96	70-130			2	20		
Methyl-tert-butyl ether	ug/kg	<21.4	1450	1450	1440	1470	99	101	65-130			2	20		
Methylene Chloride	ug/kg	<20.2	1450	1450	1490	1460	103	101	70-130			2	20		
o-Xylene	ug/kg	<21.8	1450	1450	1420	1410	97	97	70-130			0	20		
Styrene	ug/kg	<18.6	1450	1450	1460	1430	100	99	70-130			2	20		
Tetrachloroethene	ug/kg	<28.2	1450	1450	1220	1230	84	85	70-130			1	20		
Toluene	ug/kg	<18.3	1450	1450	1440	1440	99	99	76-120			0	20		
trans-1,2-Dichloroethene	ug/kg	<15.7	1450	1450	1390	1430	96	99	70-130			3	20		
trans-1,3-Dichloropropene	ug/kg	<208	1450	1450	1420	1360	98	94	70-130			4	20		
Trichloroethene	ug/kg	<27.2	1450	1450	1380	1360	95	93	70-130			2	20		
Trichlorofluoromethane	ug/kg	<21.1	1450	1450	1050	1130	72	78	42-159			8	21		
Vinyl chloride	ug/kg	<14.7	1450	1450	1740	1800	120	124	43-137			3	20		
1,2-Dichlorobenzene-d4 (S)	%						114	113	82-158						
4-Bromofluorobenzene (S)	%						111	114	66-153						
Toluene-d8 (S)	%						108	104	67-159						

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

QC Batch: 393316 Analysis Method: EPA 8260  
 QC Batch Method: EPA 8260 Analysis Description: 8260 MSV TCLP  
 Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40231607001, 40231607002

METHOD BLANK: 2269134 Matrix: Water

Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1-Dichloroethene	mg/L	<0.00058	0.0010	08/17/21 17:15	
1,2-Dichloroethane	mg/L	<0.00029	0.0010	08/17/21 17:15	
2-Butanone (MEK)	mg/L	<0.0065	0.025	08/17/21 17:15	
Benzene	mg/L	<0.00030	0.0010	08/17/21 17:15	
Carbon tetrachloride	mg/L	<0.00037	0.0010	08/17/21 17:15	
Chlorobenzene	mg/L	<0.00086	0.0010	08/17/21 17:15	
Chloroform	mg/L	<0.0012	0.0050	08/17/21 17:15	
Tetrachloroethene	mg/L	<0.00041	0.0010	08/17/21 17:15	
Trichloroethene	mg/L	<0.00032	0.0010	08/17/21 17:15	
Vinyl chloride	mg/L	<0.00017	0.0010	08/17/21 17:15	
1,2-Dichlorobenzene-d4 (S)	%	105	70-130	08/17/21 17:15	
4-Bromofluorobenzene (S)	%	101	70-130	08/17/21 17:15	
Toluene-d8 (S)	%	98	70-130	08/17/21 17:15	

METHOD BLANK: 2268408 Matrix: Solid

Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1-Dichloroethene	mg/L	<0.0058	0.010	08/17/21 21:09	
1,2-Dichloroethane	mg/L	<0.0029	0.010	08/17/21 21:09	
2-Butanone (MEK)	mg/L	<0.065	0.25	08/17/21 21:09	
Benzene	mg/L	<0.0030	0.010	08/17/21 21:09	
Carbon tetrachloride	mg/L	<0.0037	0.010	08/17/21 21:09	
Chlorobenzene	mg/L	<0.0086	0.010	08/17/21 21:09	
Chloroform	mg/L	<0.012	0.050	08/17/21 21:09	
Tetrachloroethene	mg/L	<0.0041	0.010	08/17/21 21:09	
Trichloroethene	mg/L	<0.0032	0.010	08/17/21 21:09	
Vinyl chloride	mg/L	<0.0017	0.010	08/17/21 21:09	
1,2-Dichlorobenzene-d4 (S)	%	99	70-130	08/17/21 21:09	
4-Bromofluorobenzene (S)	%	99	70-130	08/17/21 21:09	
Toluene-d8 (S)	%	96	70-130	08/17/21 21:09	

LABORATORY CONTROL SAMPLE: 2269135

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1-Dichloroethene	mg/L	0.05	0.054	107	85-126	
1,2-Dichloroethane	mg/L	0.05	0.058	116	70-130	

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

LABORATORY CONTROL SAMPLE: 2269135

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Benzene	mg/L	0.05	0.058	116	70-132	
Carbon tetrachloride	mg/L	0.05	0.059	118	70-130	
Chlorobenzene	mg/L	0.05	0.054	109	70-130	
Chloroform	mg/L	0.05	0.060	121	80-122	
Tetrachloroethene	mg/L	0.05	0.053	107	70-130	
Trichloroethene	mg/L	0.05	0.057	113	70-130	
Vinyl chloride	mg/L	0.05	0.043	87	63-142	
1,2-Dichlorobenzene-d4 (S)	%			99	70-130	
4-Bromofluorobenzene (S)	%			101	70-130	
Toluene-d8 (S)	%			97	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2269154 2269155

Parameter	Units	MS		MSD		MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual	
		10573796001 Result	Spike Conc.	Spike Conc.	Result							Result
1,1-Dichloroethene	mg/L	ND	0.5	0.5	0.51	0.49	102	99	76-132	3	20	
1,2-Dichloroethane	mg/L	ND	0.5	0.5	0.59	0.59	119	118	70-130	1	20	
Benzene	mg/L	ND	0.5	0.5	0.58	0.58	116	116	70-132	0	20	
Carbon tetrachloride	mg/L	ND	0.5	0.5	0.59	0.58	117	117	70-132	0	20	
Chlorobenzene	mg/L	ND	0.5	0.5	0.56	0.55	112	110	70-130	2	20	
Chloroform	mg/L	ND	0.5	0.5	0.59	0.60	117	119	80-122	2	20	
Tetrachloroethene	mg/L	ND	0.5	0.5	0.53	0.53	107	105	70-130	2	20	
Trichloroethene	mg/L	ND	0.5	0.5	0.56	0.55	112	111	70-130	1	20	
Vinyl chloride	mg/L	ND	0.5	0.5	0.37	0.39	74	78	61-143	4	20	
1,2-Dichlorobenzene-d4 (S)	%						100	97	70-130			
4-Bromofluorobenzene (S)	%						103	100	70-130			
Toluene-d8 (S)	%						99	99	70-130			

MATRIX SPIKE SAMPLE: 2269156

Parameter	Units	40231513001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
1,1-Dichloroethene	mg/L	<5.8 ug/L	0.5	0.50	100	76-132	
1,2-Dichloroethane	mg/L	<2.9 ug/L	0.5	0.56	111	70-130	
Benzene	mg/L	<3.0 ug/L	0.5	0.56	111	70-132	
Carbon tetrachloride	mg/L	<3.7 ug/L	0.5	0.57	114	70-132	
Chlorobenzene	mg/L	<8.6 ug/L	0.5	0.54	108	70-130	
Chloroform	mg/L	<11.8 ug/L	0.5	0.57	113	80-122	
Tetrachloroethene	mg/L	<4.1 ug/L	0.5	0.51	102	70-130	
Trichloroethene	mg/L	<3.2 ug/L	0.5	0.54	109	70-130	
Vinyl chloride	mg/L	<1.7 ug/L	0.5	0.38	76	61-143	
1,2-Dichlorobenzene-d4 (S)	%				101	70-130	
4-Bromofluorobenzene (S)	%				102	70-130	
Toluene-d8 (S)	%				97	70-130	

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

MATRIX SPIKE SAMPLE:		2269158		40231680001	Spike	MS	MS	% Rec	
Parameter	Units	Result	Conc.	Result	% Rec	Result	% Rec	Limits	Qualifiers
1,1-Dichloroethene	mg/L	<0.0058	0.5	0.49	99			76-132	
1,2-Dichloroethane	mg/L	<0.0029	0.5	0.55	111			70-130	
Benzene	mg/L	<0.0030	0.5	0.54	108			70-132	
Carbon tetrachloride	mg/L	<0.0037	0.5	0.55	110			70-132	
Chlorobenzene	mg/L	<0.0086	0.5	0.53	105			70-130	
Chloroform	mg/L	<0.012	0.5	0.57	113			80-122	
Tetrachloroethene	mg/L	<0.0041	0.5	0.50	101			70-130	
Trichloroethene	mg/L	<0.0032	0.5	0.52	105			70-130	
Vinyl chloride	mg/L	<0.0017	0.5	0.40	80			61-143	
1,2-Dichlorobenzene-d4 (S)	%				101			70-130	
4-Bromofluorobenzene (S)	%				98			70-130	
Toluene-d8 (S)	%				99			70-130	

MATRIX SPIKE SAMPLE:		2269164		10574469001	Spike	MS	MS	% Rec	
Parameter	Units	Result	Conc.	Result	% Rec	Result	% Rec	Limits	Qualifiers
1,1-Dichloroethene	mg/L	ND	0.5	0.51	101			76-132	
1,2-Dichloroethane	mg/L	ND	0.5	0.56	111			70-130	
Benzene	mg/L	ND	0.5	0.55	111			70-132	
Carbon tetrachloride	mg/L	ND	0.5	0.58	117			70-132	
Chlorobenzene	mg/L	ND	0.5	0.53	107			70-130	
Chloroform	mg/L	ND	0.5	0.58	116			80-122	
Tetrachloroethene	mg/L	ND	0.5	0.51	101			70-130	
Trichloroethene	mg/L	ND	0.5	0.54	108			70-130	
Vinyl chloride	mg/L	ND	0.5	0.39	78			61-143	
1,2-Dichlorobenzene-d4 (S)	%				100			70-130	
4-Bromofluorobenzene (S)	%				102			70-130	
Toluene-d8 (S)	%				98			70-130	

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

QC Batch: 393080 Analysis Method: EPA 8082  
 QC Batch Method: EPA 3541 Analysis Description: 8082 GCS PCB  
 Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40231607001, 40231607002

METHOD BLANK: 2268269 Matrix: Solid  
 Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
PCB-1016 (Aroclor 1016)	ug/kg	<15.2	50.0	08/16/21 21:57	
PCB-1221 (Aroclor 1221)	ug/kg	<15.2	50.0	08/16/21 21:57	
PCB-1232 (Aroclor 1232)	ug/kg	<15.2	50.0	08/16/21 21:57	
PCB-1242 (Aroclor 1242)	ug/kg	<15.2	50.0	08/16/21 21:57	
PCB-1248 (Aroclor 1248)	ug/kg	<15.2	50.0	08/16/21 21:57	
PCB-1254 (Aroclor 1254)	ug/kg	<15.2	50.0	08/16/21 21:57	
PCB-1260 (Aroclor 1260)	ug/kg	<15.2	50.0	08/16/21 21:57	
Decachlorobiphenyl (S)	%	108	47-114	08/16/21 21:57	
Tetrachloro-m-xylene (S)	%	88	67-102	08/16/21 21:57	

LABORATORY CONTROL SAMPLE: 2268270

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
PCB-1016 (Aroclor 1016)	ug/kg		<15.2			
PCB-1221 (Aroclor 1221)	ug/kg		<15.2			
PCB-1232 (Aroclor 1232)	ug/kg		<15.2			
PCB-1242 (Aroclor 1242)	ug/kg		<15.2			
PCB-1248 (Aroclor 1248)	ug/kg		<15.2			
PCB-1254 (Aroclor 1254)	ug/kg		<15.2			
PCB-1260 (Aroclor 1260)	ug/kg	500	449	90	69-115	
Decachlorobiphenyl (S)	%			106	47-114	
Tetrachloro-m-xylene (S)	%			90	67-102	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2268271 2268272

Parameter	Units	MS		MSD		MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
		40231599007 Result	Spike Conc.	Spike Conc.	Result						
PCB-1016 (Aroclor 1016)	ug/kg	<48.8			<48.8	<48.8					20
PCB-1221 (Aroclor 1221)	ug/kg	<48.8			<48.8	<48.8					20
PCB-1232 (Aroclor 1232)	ug/kg	<48.8			<48.8	<48.8					20
PCB-1242 (Aroclor 1242)	ug/kg	65.6J			<48.8	<48.8					20
PCB-1248 (Aroclor 1248)	ug/kg	<48.8			<48.8	<48.8					20
PCB-1254 (Aroclor 1254)	ug/kg	<48.8			<48.8	<48.8					20
PCB-1260 (Aroclor 1260)	ug/kg	976	534	534	1370	1320	73	65	45-120	3	20
Decachlorobiphenyl (S)	%						95	93	47-114		
Tetrachloro-m-xylene (S)	%						84	83	67-102		

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**REPORT OF LABORATORY ANALYSIS**

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

QC Batch: 393270 Analysis Method: EPA 8270E  
 QC Batch Method: EPA 3510 Analysis Description: 8270E TCLP MSSV  
 Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40231607001, 40231607002

METHOD BLANK: 2268946 Matrix: Water

Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,4-Dichlorobenzene	mg/L	<0.0029	0.010	08/18/21 09:33	
2,4,5-Trichlorophenol	mg/L	<0.0013	0.010	08/18/21 09:33	
2,4,6-Trichlorophenol	mg/L	<0.0016	0.010	08/18/21 09:33	
2,4-Dinitrotoluene	mg/L	<0.0021	0.010	08/18/21 09:33	
2-Methylphenol(o-Cresol)	mg/L	<0.0019	0.010	08/18/21 09:33	
3&4-Methylphenol(m&p Cresol)	mg/L	<0.0012	0.010	08/18/21 09:33	
Hexachloro-1,3-butadiene	mg/L	<0.0033	0.010	08/18/21 09:33	
Hexachlorobenzene	mg/L	<0.0023	0.011	08/18/21 09:33	
Hexachloroethane	mg/L	<0.0028	0.010	08/18/21 09:33	
Nitrobenzene	mg/L	<0.0021	0.010	08/18/21 09:33	
Pentachlorophenol	mg/L	<0.0091	0.030	08/18/21 09:33	
Phenol	mg/L	<0.00064	0.010	08/18/21 09:33	
Pyridine	mg/L	<0.0030	0.010	08/18/21 09:33	
2,4,6-Tribromophenol (S)	%	95	62-172	08/18/21 09:33	
2-Fluorobiphenyl (S)	%	83	54-107	08/18/21 09:33	
Nitrobenzene-d5 (S)	%	92	41-118	08/18/21 09:33	
Phenol-d6 (S)	%	37	12-120	08/18/21 09:33	

METHOD BLANK: 2268407 Matrix: Water

Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,4-Dichlorobenzene	mg/L	<0.014	0.050	08/18/21 13:49	
2,4,5-Trichlorophenol	mg/L	<0.0064	0.050	08/18/21 13:49	
2,4,6-Trichlorophenol	mg/L	<0.0080	0.050	08/18/21 13:49	
2,4-Dinitrotoluene	mg/L	<0.011	0.050	08/18/21 13:49	
2-Methylphenol(o-Cresol)	mg/L	<0.0093	0.050	08/18/21 13:49	
3&4-Methylphenol(m&p Cresol)	mg/L	<0.0061	0.050	08/18/21 13:49	
Hexachloro-1,3-butadiene	mg/L	<0.017	0.050	08/18/21 13:49	
Hexachlorobenzene	mg/L	<0.011	0.055	08/18/21 13:49	
Hexachloroethane	mg/L	<0.014	0.050	08/18/21 13:49	
Nitrobenzene	mg/L	<0.011	0.050	08/18/21 13:49	
Pentachlorophenol	mg/L	<0.046	0.15	08/18/21 13:49	
Phenol	mg/L	<0.0032	0.050	08/18/21 13:49	
Pyridine	mg/L	<0.015	0.050	08/18/21 13:49	
2,4,6-Tribromophenol (S)	%	93	62-172	08/18/21 13:49	
2-Fluorobiphenyl (S)	%	84	54-107	08/18/21 13:49	
Nitrobenzene-d5 (S)	%	93	41-118	08/18/21 13:49	

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

METHOD BLANK: 2268407 Matrix: Water  
 Associated Lab Samples: 40231607001, 40231607002

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Phenol-d6 (S)	%	37	12-120	08/18/21 13:49	

LABORATORY CONTROL SAMPLE: 2268947

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,4-Dichlorobenzene	mg/L	0.05	0.032	65	46-89	
2,4,5-Trichlorophenol	mg/L	0.05	0.049	98	60-122	
2,4,6-Trichlorophenol	mg/L	0.05	0.051	102	59-119	
2,4-Dinitrotoluene	mg/L	0.05	0.053	105	70-130	
2-Methylphenol(o-Cresol)	mg/L	0.05	0.044	87	47-130	
3&4-Methylphenol(m&p Cresol)	mg/L	0.05	0.040	80	43-130	
Hexachloro-1,3-butadiene	mg/L	0.05	0.027	54	51-103	
Hexachlorobenzene	mg/L	0.05	0.052	103	70-130	
Hexachloroethane	mg/L	0.05	0.026	52	35-102	
Nitrobenzene	mg/L	0.05	0.049	98	70-130	
Pentachlorophenol	mg/L	0.05	0.039	78	53-101	
Phenol	mg/L	0.05	0.021	43	28-120	
Pyridine	mg/L	0.05	0.035	70	10-130	
2,4,6-Tribromophenol (S)	%			101	62-172	
2-Fluorobiphenyl (S)	%			95	54-107	
Nitrobenzene-d5 (S)	%			97	41-118	
Phenol-d6 (S)	%			39	12-120	

MATRIX SPIKE SAMPLE: 2268948

Parameter	Units	40231513001 Result	Spike Conc.	MS Result	MS % Rec	% Rec Limits	Qualifiers
1,4-Dichlorobenzene	mg/L	<14.4 ug/L	0.25	0.16	63	46-99	
2,4,5-Trichlorophenol	mg/L	<6.4 ug/L	0.25	0.24	95	24-139	
2,4,6-Trichlorophenol	mg/L	<8.0 ug/L	0.25	0.25	100	18-131	
2,4-Dinitrotoluene	mg/L	<10.6 ug/L	0.25	0.23	93	22-158	
2-Methylphenol(o-Cresol)	mg/L	<9.3 ug/L	0.25	0.21	83	29-130	
3&4-Methylphenol(m&p Cresol)	mg/L	<6.1 ug/L	0.25	0.19	78	19-130	
Hexachloro-1,3-butadiene	mg/L	<16.5 ug/L	0.25	0.14	56	51-113	
Hexachlorobenzene	mg/L	<11.5 ug/L	0.25	0.25	99	70-130	
Hexachloroethane	mg/L	<14.2 ug/L	0.25	0.13	52	35-102	
Nitrobenzene	mg/L	<10.7 ug/L	0.25	0.23	92	51-130	
Pentachlorophenol	mg/L	<45.5 ug/L	0.25	0.22	90	10-200	
Phenol	mg/L	<3.2 ug/L	0.25	0.10	42	14-120	
Pyridine	mg/L	<15.1 ug/L	0.25	0.18	73	10-130	
2,4,6-Tribromophenol (S)	%				94	62-172	
2-Fluorobiphenyl (S)	%				86	54-107	
Nitrobenzene-d5 (S)	%				87	41-118	

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

MATRIX SPIKE SAMPLE:		2268948		40231513001	Spike	MS	MS	% Rec	
Parameter	Units	Result	Conc.	Result	% Rec	Limits	Qualifiers		
Phenol-d6 (S)	%				38	12-120			

MATRIX SPIKE SAMPLE:		2268949		40231531001	Spike	MS	MS	% Rec	
Parameter	Units	Result	Conc.	Result	% Rec	Limits	Qualifiers		
1,4-Dichlorobenzene	mg/L	<0.014	0.25	0.12	49	46-99			
2,4,5-Trichlorophenol	mg/L	<0.0064	0.25	0.23	92	24-139			
2,4,6-Trichlorophenol	mg/L	<0.0080	0.25	0.25	99	18-131			
2,4-Dinitrotoluene	mg/L	<0.011	0.25	0.25	101	22-158			
2-Methylphenol(o-Cresol)	mg/L	<0.0093	0.25	0.21	84	29-130			
3&4-Methylphenol(m&p Cresol)	mg/L	<0.0061	0.25	0.19	77	19-130			
Hexachloro-1,3-butadiene	mg/L	<0.017	0.25	0.10	42	51-113 M1			
Hexachlorobenzene	mg/L	<0.011	0.25	0.25	100	70-130			
Hexachloroethane	mg/L	<0.014	0.25	0.085	34	35-102 M1			
Nitrobenzene	mg/L	<0.011	0.25	0.23	91	51-130			
Pentachlorophenol	mg/L	<0.046	0.25	0.21	83	10-200			
Phenol	mg/L	<0.0032	0.25	0.11	42	14-120			
Pyridine	mg/L	<0.015	0.25	0.18	71	10-130			
2,4,6-Tribromophenol (S)	%				99	62-172			
2-Fluorobiphenyl (S)	%				87	54-107			
Nitrobenzene-d5 (S)	%				90	41-118			
Phenol-d6 (S)	%				38	12-120			

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**QUALITY CONTROL DATA**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

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QC Batch: 393114	Analysis Method: ASTM D2974-87
QC Batch Method: ASTM D2974-87	Analysis Description: Dry Weight/Percent Moisture
	Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40231607001, 40231607002

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SAMPLE DUPLICATE: 2268358

Parameter	Units	40231681002 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	23.3	23.1	1	10	

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## QUALIFIERS

Project: 11717 FORMER RMG/NAVISTAR  
Pace Project No.: 40231607

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.  
ND - Not Detected at or above LOD.  
J - Estimated concentration at or above the LOD and below the LOQ.  
LOD - Limit of Detection adjusted for dilution factor, percent moisture, initial weight and final volume.  
LOQ - Limit of Quantitation adjusted for dilution factor, percent moisture, initial weight and final volume.  
S - Surrogate  
1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.  
Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.  
LCS(D) - Laboratory Control Sample (Duplicate)  
MS(D) - Matrix Spike (Duplicate)  
DUP - Sample Duplicate  
RPD - Relative Percent Difference  
NC - Not Calculable.  
SG - Silica Gel - Clean-Up  
U - Indicates the compound was analyzed for, but not detected at or above the adjusted LOD.  
N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.  
Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.  
TNI - The NELAC Institute.

### SAMPLE QUALIFIERS

Sample: 40231607001  
[1] Sample container used for ZHE had headspace.  
Sample: 40231607002  
[1] Sample container used for ZHE had headspace.

### ANALYTE QUALIFIERS

M0 Matrix spike recovery and/or matrix spike duplicate recovery was outside laboratory control limits.  
M1 Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.

## REPORT OF LABORATORY ANALYSIS

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**QUALITY CONTROL DATA CROSS REFERENCE TABLE**

Project: 11717 FORMER RMG/NAVISTAR  
 Pace Project No.: 40231607

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40231607001	WP-SOUTHWEST	EPA 3541	393080	EPA 8082	393092
40231607002	WP-SOUTH	EPA 3541	393080	EPA 8082	393092
40231607001	WP-SOUTHWEST	EPA 3010A	393274	EPA 6010D	393371
40231607002	WP-SOUTH	EPA 3010A	393274	EPA 6010D	393371
40231607001	WP-SOUTHWEST	EPA 7470	393373	EPA 7470	393420
40231607002	WP-SOUTH	EPA 7470	393373	EPA 7470	393420
40231607001	WP-SOUTHWEST	EPA 3510	393270	EPA 8270E	393335
40231607002	WP-SOUTH	EPA 3510	393270	EPA 8270E	393335
40231607001	WP-SOUTHWEST	EPA 5035/5030B	393125	EPA 8260	393126
40231607002	WP-SOUTH	EPA 5035/5030B	393125	EPA 8260	393126
40231607001	WP-SOUTHWEST	EPA 8260	393316		
40231607002	WP-SOUTH	EPA 8260	393316		
40231607001	WP-SOUTHWEST	ASTM D2974-87	393114		
40231607002	WP-SOUTH	ASTM D2974-87	393114		

**REPORT OF LABORATORY ANALYSIS**

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(Please Print Clearly)

UPPER MIDWEST REGION

Page 1 of 1

MN: 612-607-1700 WI: 920-469-2436

40231607



Company Name: **KPRG AND ASSOCIATES**  
 Branch/Location: **WI**  
 Project Contact: **RICHARD GAT**  
 Phone: **262-781-0475**  
 Project Number: **11717**  
 Project Name: **FORMER RMG/NAVISTAR**  
 Project State: **WI**  
 Sampled By (Print): **RETICK ALLENSTEIN**  
 Sampled By (Sign): **[Signature]**  
 PO #: \_\_\_\_\_ Regulatory Program: \_\_\_\_\_

### CHAIN OF CUSTODY

**\*Preservation Codes**  
 A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH  
 H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

Quote #: \_\_\_\_\_  
 Mail To Contact: **SAME**  
 Mail To Company: **SAME**  
 Mail To Address: **14665 W. LISBON RD, 1A  
BROOKFIELD, WI 53005**  
 Invoice To Contact: **SAME**  
 Invoice To Company: **SAME**  
 Invoice To Address: **SAME**  
 Invoice To Phone: **SAME**  
 CLIENT COMMENTS: \_\_\_\_\_ LAB COMMENTS (Lab Use Only): \_\_\_\_\_ Profile #: \_\_\_\_\_

**Data Package Options** (billable)  
 EPA Level III  
 EPA Level IV

**MS/MSD**  
 On your sample (billable)  
 NOT needed on your sample

**Matrix Codes**  
 A = Air W = Water  
 B = Biota DW = Drinking Water  
 C = Charcoal GW = Ground Water  
 O = Oil SW = Surface Water  
 S = Soil WW = Waste Water  
 Sl = Sludge WP = Wipe

PACE LAB #	CLIENT FIELD ID	COLLECTION		MATRIX	Y/N	Pick Letter	Analyses Requested	Matrix Codes									
		DATE	TIME					A	B	C	D	E	F				
001	WP-SOUTHWEST	8/12/21	900	S		A	TCLP METALS *	X	X	X	X	X					
002	WP-SOUTH	8/12/21	930	S		A	TCLP SVOC	X	X	X	X	X					
							TCLP VOC										
							PCB										
							VOC										

Rush Turnaround Time Requested - Prelims (Rush TAT subject to approval/surcharge) Date Needed: \_\_\_\_\_

Transmit Prelim Rush Results by (complete what you want): \_\_\_\_\_

Relinquished By: **[Signature]** Date/Time: **8-12-21 1500** Received By: **CS LOGISTICS** Date/Time: **8-12-21 1500**

Relinquished By: **CS LOGISTICS** Date/Time: **8/13/21 0720** Received By: **W. BENSON PACE** Date/Time: **8/13/21 0720**

Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

PACE Project No. **40231607**  
 Receipt Temp = **1.5 °C**  
 Sample Receipt pH **OK / Adjusted**  
 Cooler Custody Seal **Present / Not Present**  
 Intact / Not Intact

Client Name: KPRG & Associates

Sample Preservation Receipt Form

Project # 40231607

Pace Analytical Services, LLC  
1241 Bellevue Street, Suite 9  
Green Bay, WI 54302

All containers needing preservation have been checked and noted below:  Yes  No  N/A

Initial when completed:

Date/Time:

Lab Lot# of pH paper:

Lab Std #ID of preservation (if pH adjusted):

Pace Lab #	Glass							Plastic					Vials					Jars				General			VOA Vials (>6mm) *	H2SO4 pH ≤2	NaOH+Zn Act pH ≥9	NaOH pH ≥12	HNO3 pH ≤2	pH after adjusted	Volume (mL)			
	AG1U	BG1U	AG1H	AG4S	AG4U	AG5U	AG2S	BG3U	BP1U	BP3U	BP3B	BP3N	BP3S	VG9A	DG9T	VG9U	VG9H	VG9M	VG9D	JGFU	JG9U	WGFU	WPFU	SP5T								ZPLC	GN	
001																																		2.5 / 5 / 10
002																																		2.5 / 5 / 10
003																																		2.5 / 5 / 10
004																																		2.5 / 5 / 10
005																																		2.5 / 5 / 10
006																																		2.5 / 5 / 10
007																																		2.5 / 5 / 10
008																																		2.5 / 5 / 10
009																																		2.5 / 5 / 10
010																																		2.5 / 5 / 10
011																																		2.5 / 5 / 10
012																																		2.5 / 5 / 10
013																																		2.5 / 5 / 10
014																																		2.5 / 5 / 10
015																																		2.5 / 5 / 10
016																																		2.5 / 5 / 10
017																																		2.5 / 5 / 10
018																																		2.5 / 5 / 10
019																																		2.5 / 5 / 10
020																																		2.5 / 5 / 10

Exceptions to preservation check: VOA, Coliform, TOC, TOX, TOH, O&G, WI DRO, Phenolics, Other: \_\_\_\_\_ Headspace in VOA Vials (>6mm) :  Yes  No  N/A \*If yes look in headspace column

<b>AG1U</b> 1 liter amber glass	<b>BP1U</b> 1 liter plastic unpres	<b>VG9A</b> 40 mL clear ascorbic	<b>JGFU</b> 4 oz amber jar unpres
<b>BG1U</b> 1 liter clear glass	<b>BP3U</b> 250 mL plastic unpres	<b>DG9T</b> 40 mL amber Na Thio	<b>JG9U</b> 9 oz amber jar unpres
<b>AG1H</b> 1 liter amber glass HCL	<b>BP3B</b> 250 mL plastic NaOH	<b>VG9U</b> 40 mL clear vial unpres	<b>WGFU</b> 4 oz clear jar unpres
<b>AG4S</b> 125 mL amber glass H2SO4	<b>BP3N</b> 250 mL plastic HNO3	<b>VG9H</b> 40 mL clear vial HCL	<b>WPFU</b> 4 oz plastic jar unpres
<b>AG4U</b> 120 mL amber glass unpres	<b>BP3S</b> 250 mL plastic H2SO4	<b>VG9M</b> 40 mL clear vial MeOH	<b>SP5T</b> 120 mL plastic Na Thiosulfate
<b>AG5U</b> 100 mL amber glass unpres		<b>VG9D</b> 40 mL clear vial DI	<b>ZPLC</b> ziploc bag
<b>AG2S</b> 500 mL amber glass H2SO4			<b>GN</b>
<b>BG3U</b> 250 mL clear glass unpres			



Document Name:  
**Sample Condition Upon Receipt (SCUR)**  
 Document No.:  
**ENV-FRM-GBAY-0014-Rev.00**

Document Revised: 26Mar2020  
 Author:  
 Pace Green Bay Quality Office

**Sample Condition Upon Receipt Form (SCUR)**

Client Name: KPRG & Associates

Project #: \_\_\_\_\_

Courier:  CS Logistics  Fed Ex  Speedee  UPS  Waltco  
 Client  Pace Other: \_\_\_\_\_

**WO#: 40231607**



Tracking #: 1744081221

Custody Seal on Cooler/Box Present:  yes  no Seals intact:  yes  no

Custody Seal on Samples Present:  yes  no Seals intact:  yes  no

Packing Material:  Bubble Wrap  Bubble Bags  None  Other

Thermometer Used SR - 90 Type of Ice:  Wet  Blue  Dry  None  Samples on ice, cooling process has begun

Cooler Temperature Uncorr: 2 / Corr: 1.5

Temp Blank Present:  yes  no

Biological Tissue is Frozen:  yes  no

Temp should be above freezing to 6°C.  
 Biota Samples may be received at ≤ 0°C if shipped on Dry Ice.

Person examining contents:  
 Date: 8/13/21 / Initials: MB  
 Labeled By Initials: MB

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
- VOA Samples frozen upon receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.
Sufficient Volume:		8.
For Analysis: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MS/MSD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
-Pace IR Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes date/time/ID/Analysis Matrix: <u>LO</u>		
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

**Client Notification/ Resolution:** \_\_\_\_\_ If checked, see attached form for additional comments   
 Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Comments/ Resolution: \_\_\_\_\_

PM Review is documented electronically in LIMS. By releasing the project, the PM acknowledges they have reviewed the sample logir

**State of Wisconsin**  
**DEPARTMENT OF NATURAL RESOURCES**  
1027 W. Saint Paul Avenue  
Milwaukee WI 53233

**Tony Evers, Governor**  
**Preston D. Cole, Secretary**  
Telephone 608-266-2621  
Toll Free 1-888-936-7463  
TTY Access via relay - 711



September 20, 2021

Navistar Inc. (E-mail only)  
Ferdinand Alido  
2701 Navistar Dr.  
Lisle, IL 60532

**SUBJECT: Review of Hazardous Waste Determination**  
Former Navistar/RMG Foundry, 1401 Perkins Ave., Waukesha, WI  
DNR BRRTS # 02-68-098404 FID # 268005430

Dear Mr. Alido:

The Wisconsin Department of Natural Resources (DNR) has received a request for concurrence of the hazardous waste determination related to soil proposed for remedial excavation at the above-referenced site. The September 9, 2021 *Contained Out Determination Request* was submitted on behalf of Navistar Inc. (Navistar) by KPRG Environmental Consulting (KPRG). KPRG has made a hazardous waste determination for soil proposed for excavations on the South Parking Lot and Southwest parking Lot that are contaminated with trichloroethene (TCE).

Soil that exhibits a characteristic of hazardous waste, i.e., toxicity, would be considered a hazardous waste upon excavation. The toxicity characteristic leaching procedure (TCLP) was used to test whether contaminated soil exceeds regulatory limits, and the levels were below standards. Because the source of TCE contamination and the date of the discharge to soil and groundwater are not known, KPRG has concluded that excavated soil contaminated with TCE would not be considered a listed hazardous waste. DNR concurs that this is a reasonable conclusion

The Department's concurrence with this waste determination does not negate the generator's responsibility for correctly classifying a solid waste under Wis. Admin. Code § NR 662.11 and properly managing excavated soils. If you have any questions, please contact me in writing at the letterhead address or by telephone at (414) 207-2133.

Sincerely,



Mark Drews  
Remediation and Redevelopment Program

cc: KPRG and Associates, Inc., Rich Gnat, (E-mail only)

K P R G

ENVIRONMENTAL CONSULTATION & REMEDIATION

KPRG and Associates, Inc.

**TRANSMITTAL LETTER**

September 9, 2021

Mr. Mark Drews, P.G.  
Wisconsin Department of Natural Resources  
141 NW Barstow Street, Room 180  
Waukesha, WI 53188

VIA E-MAIL and U.S. MAIL

KPRG Project No. 11717

Re: Contained-Out Determination Request  
Former Navistar/RMG Foundry - 1401 Perkins Avenue, Waukesha, WI  
BRRTS # 02-68-098404

Dear Mr. Drews:

As you are aware, Navistar, Inc. (Navistar) and KPRG and Associates, Inc. (KPRG) are in the process of implementing the Wisconsin Department of Natural Resources (WDNR) approved Interim Remedial Action Plans (IRAPS) for the South Parking Lot and Southwest Parking Lot remediations at the above referenced site. As part of waste profiling, the landfill has requested we received a Contained-Out Determination from WDNR to facilitate disposal of low level trichloroethene (TCE) impacted soils as non-hazardous solid waste. Attached is the completed Form 4430-019 along with associated back-up. A review fee of \$700 will also be sent in to cover the request.

Navistar and KPRG are continuing with the implementation of the agreed upon site remediation work. If there are any questions, please contact Ferdinand Alido of Navistar at 331-332-6364 or Richard Gnat of KPRG at 262-781-0475.

Sincerely,  
KPRG and Associates, Inc.



Richard R. Gnat, P.G.  
Principal

Cc: Ferdinand Alido, Navistar, Inc.  
Timothy Stohner, P.E., KPRG

## Remediation Site Hazardous Waste Determination

**Notice:** This voluntary form is intended as an aid for use by Generators and Responsible Parties in determining whether *contaminated soil or groundwater and wastes* encountered or generated during the remediation of contaminated sites in Wisconsin are or would be listed or characteristic hazardous wastes subject to regulation under ch. 291, Wis. Stats. and chs. NR 600 to 690, Wis. Adm. Code. There are no penalties for failure to provide information requested. Personally identifiable information collected will be used for program management. Wisconsin's Open Records law requires the Department to provide this information upon request [ss. 19.31 - 19.69, Wis. Stats.].

Listing determinations are often particularly difficult in the remedial context because the listings are generally identified by the sources of the hazardous wastes rather than the concentrations of various hazardous constituents. Therefore, analytical testing alone, without information on a waste's source, will not generally produce information that will conclusively indicate whether a given waste is a listed hazardous waste. Generators and Responsible Parties should use available site information such as material safety data sheets (MSDS's), manifests, vouchers, bills of lading, sales and inventory records, accident reports, spill reports, inspection reports, and other available information. It may also be necessary to conduct interviews of current or former personnel who would have knowledge of the processes and hazardous materials used including waste handling or past spills in an effort to ascertain the sources of wastes or contaminants.

Where a person makes a good faith effort to determine if a material is a listed hazardous waste but cannot make such a determination because documentation regarding a source of contamination, contaminant, or waste is unavailable or inconclusive, EPA has stated that one may assume the source, contaminant or waste is not listed hazardous waste and, therefore, provided the material in question does not exhibit a characteristic of hazardous waste, RCRA requirements do not apply.

### Generator Information

Generator's Name <b>Navistar, Inc.</b>	Preparer's Name <b>Richard Gnat - KPRG and Associates, Inc.</b>
Address <b>2701 Navistar Dr.</b>	Address <b>14665 W. Lisbon Rd., Suite 1A</b>
City, State and ZIP Code <b>Lisle, IL 60532</b>	City, State and ZIP Code <b>Brookfield, WI 53005</b>
Telephone Number <b>331-332-6364</b>	Telephone Number <b>262-781-0475</b>

### Site Information

Site Name <b>Former Navistar/RMG Foundry</b>	Other name(s) site is known by
Address <b>1401 Perkins Ave.</b>	County <b>Waukesha</b>
Located in the City, Town or Village ZIP Code <b>Waukesha 53186</b>	

### Hazardous Waste Determination Information Reviewed

#### Listed Hazardous Waste Determination

Manifests reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input checked="" type="checkbox"/> None Available	Vouchers reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input checked="" type="checkbox"/> None Available
Bills of lading reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input checked="" type="checkbox"/> None Available	Sales and inventory records reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input checked="" type="checkbox"/> None Available
Material safety data sheets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input checked="" type="checkbox"/> None Available	Accident reports reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input checked="" type="checkbox"/> None Available
Spill reports reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input checked="" type="checkbox"/> None Available	Inspection reports reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input checked="" type="checkbox"/> None Available
DNR's case files reviewed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None Found <input type="checkbox"/> None Available	Interviewed current and/or former employees who are likely to know about the use and/or disposal of the chemical or waste of concern (not just managers). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> None Found <input type="checkbox"/> None Available



**Remediation Site  
Hazardous Waste Determination**

Form 4430-019 (R 4/03)

Page 2 of 2

**Hazardous Waste Determination Information Reviewed (continued)**

Other information considered (provide description)

Yes

No

None Found

None Available

Site investigation work identified several areas requiring remedial action. The remedial actions for the South Parking Lot and Southwest Parking Lot will include the excavation, transport and disposal of trichloroethene (TCE) impacted fill/soil. The source of TCE relative to former plant operations is uncertain or not known whether may be spilled material, waste or other source. Soil sampling data for VOCs, metals, and PAHs as well as waste characterization sampling data indicates the materials to be excavated for off-site landfill disposal qualify as non-hazardous relative to characteristic. Landfill requests that a formal Coinatined-Out determination be issued by WDNR.

**Characteristic Hazardous Waste Determination**

Identified location(s)

Maps attached of the waste characterization sampling locations. These samples were targeted from the highest impact areas found during site investigation work.

Testing results

See attached lab data package.

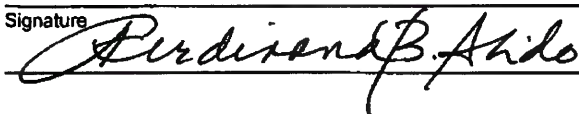
**Certification**

I certify that the information documented above in the "Information reviewed to make a hazardous waste determination" section was developed and used as part of a good faith effort to make a hazardous waste determination. Reasonable diligence was used in collecting the information, evaluating the information, and using the compiled information. I certify that this document is true and correct to the best of my knowledge, and that I have authority to make this certification.

Name and Title

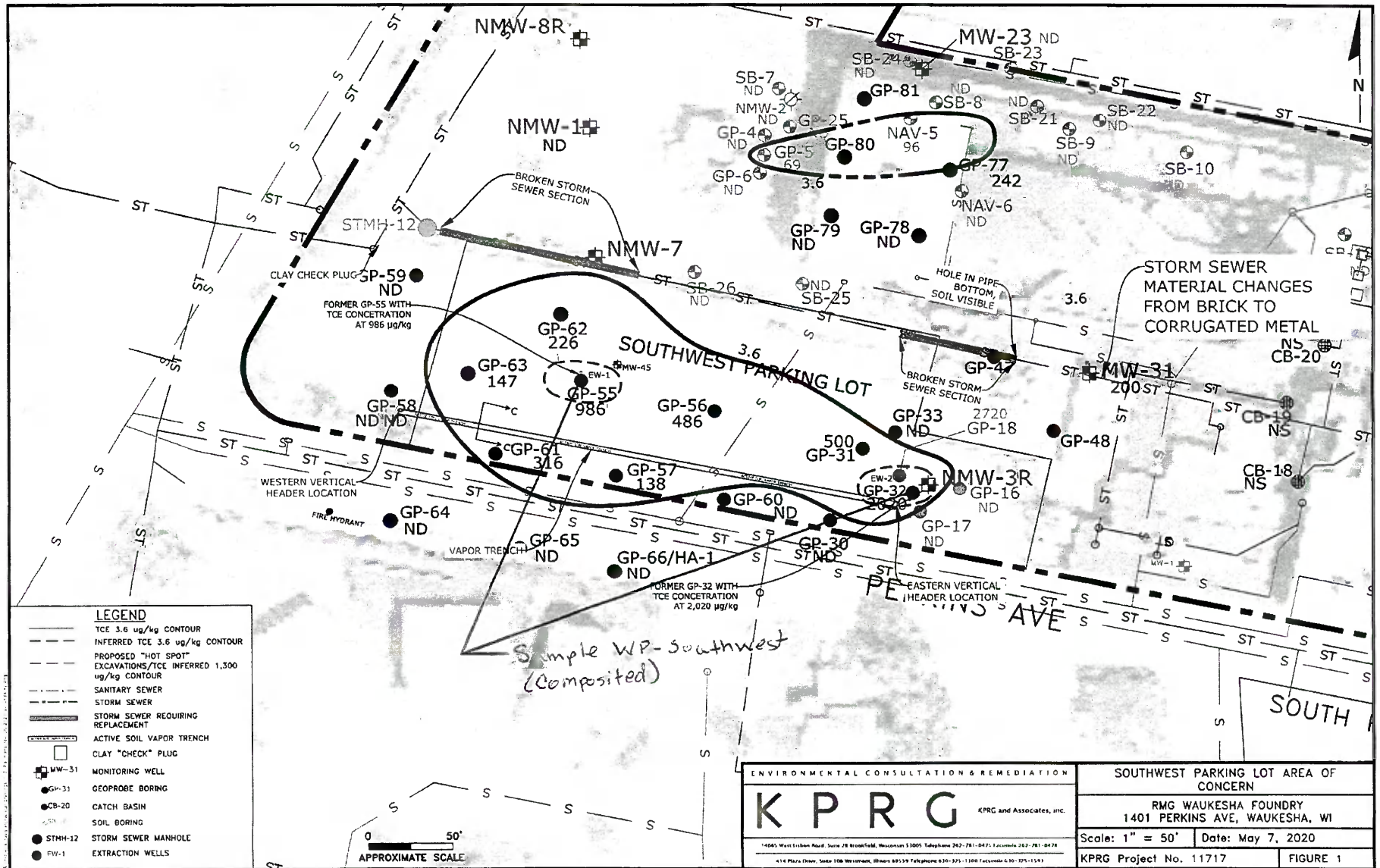
Ferdinand Alido Manager, Environmental Affairs

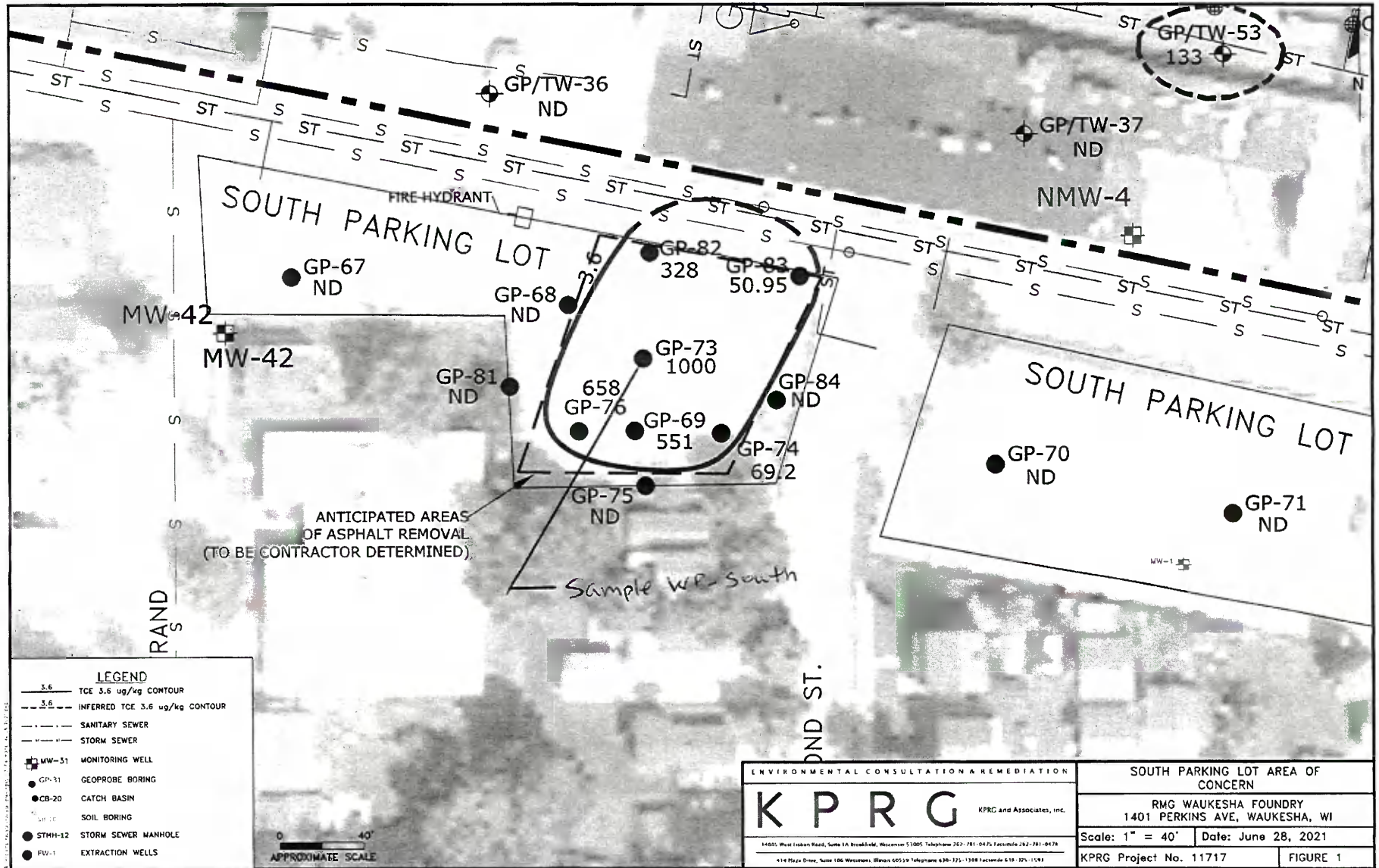
Signature



Date

9/9/21





SOUTH PARKING LOT

SOUTH PARKING LOT

ANTICIPATED AREAS OF ASPHALT REMOVAL (TO BE CONTRACTOR DETERMINED)

Sample WP-south

MW-42  
 MW-42

GP/TW-37 ND  
 NMW-4

GP/TW-53  
 133

GP/TW-36 ND

GP-67 ND

GP-68 ND

GP-73 1000

GP-82 328

GP-83 50.95

GP-81 ND

GP-69 551

GP-84 ND

GP-76 658

GP-74 69.2

GP-75 ND

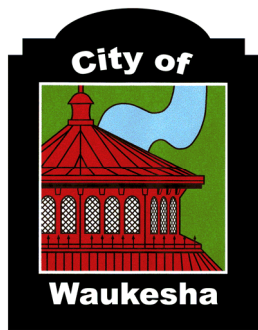
GP-70 ND

GP-71 ND

RAND

OND ST.

FIRE HYDRANT



## OFFICE OF THE DEPARTMENT OF PUBLIC WORKS

### **EROSION CONTROL / STORM WATER PERMIT**

**Permit No. EC21-00034**

**Project Name: SW & South Parking Lot Soil Remediation**

**Project Location: 1401 PERKINS AVE**

**Permit Issued Date: 11/3/2021**

**Permit Approved By: VW**

Issuance of this permit verifies that all applicable conditions of Chapter 32 of the City of Waukesha Municipal Code as well as conditions set forth in permits administered by other state and local government agencies which pertain to the construction site have been met.

Permit Display: The permit holder shall display this permit in a manner that can be seen from the nearest public road and shall protect it from damage from weather and construction activities until permit termination.

## Erosion Control / Storm Water Permit – General Requirements

Subject to Chapter 32 of the City of Waukesha Municipal Code, storm water permits are subject to all of the requirements listed below. The City may include other permit requirements that it determines are necessary to ensure compliance with the ordinance. Violation of any permit requirements shall cause the permit holder and any other responsible party (as defined) to be subject to enforcement action.

*[Definition: "Responsible party" means any person or entity holding fee title to the property or acting as the owner's representative, including any person, firm, corporation or other entity performing services, contracted, subcontracted or obligated by other agreement to design, implement, inspect, verify or maintain in the BMPs and other approved elements of erosion control and storm water plans and permits under this ordinance.]*

1. **Other Permits:** Compliance with a storm water permit does not relieve the permit holder or other responsible party of the responsibility to comply with other applicable federal, state and local laws and regulations. The City may require the applicant to obtain other permits or plan approvals prior to issuing an erosion control / storm water permit.
2. **Approved Plans:** All best management practices shall be installed and maintained in accordance with approved plans and construction schedules. A copy of the approved plans shall be kept at the construction site at all times during normal business hours.
3. **Plan Modifications:** The City shall be notified of any significant modifications proposed to be made to the approved plans. The City may require proposed changes to be submitted for review prior to incorporation into the approved plans or implementation. Any modifications made during plan implementation without prior approval by the project engineer under sub. 6 below and the City are subject to enforcement action.
4. **Notification:** The City shall be notified at least two working days before commencing any work in conjunction with approved plans. The City shall also be notified of proposed plan modifications under sub. 3 above and within one working day of completing construction of a storm water BMP. The City may require additional notification according to a schedule established by the City so that practice installations can be inspected during construction.
5. **Access:** The City or its designee shall be permitted access to the site for the purpose of inspecting the property for compliance with the approved plans and other permit requirements.
6. **Project Engineer / Landscape Architect:** The permit holder shall provide an engineer licensed in the State of Wisconsin to be responsible for achieving compliance with approved construction plans, including the implementation of the approved inspection plans and verification of construction in accordance with the City ordinance. If warm season or wetland plantings (as defined) are involved, the permit holder shall also provide a landscape architect or other qualified professional to oversee and verify the planting process and its successful establishment.

*[Definition: "Warm season and wetland plantings" means seed or plant stock that is native to a prairie or wetland setting. These types of plantings usually take a couple of years to get established and require diligent removal of invasive species during this time. Upon maturity, warm season plants generally have a deep root system, which enhances infiltration.]*

7. **Inspection Log:** The permit holder shall provide a qualified professional to conduct inspections and maintain an inspection log for the site. All best practices shall be inspected within 24 hours after each rain event of 0.5 inch or more, and at least once each week. The inspection log shall include the name of the inspector, the location, date, and time of inspection, a description of the present phase of construction, the findings of the inspection, including an assessment of the condition of erosion and sediment control measures and the installation of storm water management BMPs, and any action needed or taken to comply with this ordinance. The inspection log shall also include a record of BMP maintenance and repairs conducted under subs. 8 and 9 below. The permit holder shall maintain a copy of the inspection log at the construction site and the City may view or obtain a copy at any time during normal business hours until permit termination.
8. **BMP Maintenance:** The permit holder shall maintain and repair all best management practices within 24 hours of inspection, or upon notification by the City, unless the City approves a longer period due to weather conditions. All BMP maintenance shall be in accordance with approved plans and applicable technical standards until the site is stabilized and a permit termination letter is issued by the City. The permit holder, upon approval by the City, shall remove all temporary erosion control practices such as silt fence. The permit holder, in accordance with approved plans and applicable technical standards, shall maintain permanent storm water management practices until maintenance responsibility is transferred to another party or unit of government pursuant to the recorded maintenance agreement.
9. **Other Repairs:** The permit holder shall be responsible for any damage to adjoining properties, municipal facilities or drainage ways caused by erosion, siltation, runoff, or equipment. The City may order immediate repairs or clean-up within road right-of-ways or other public lands if the City determines that such damage is caused by activities regulated by a permit under this ordinance. With the approval of the landowner, the City may also order repairs or clean-up on other affected property.
10. **Emergency Work:** The permit holder authorizes the City, in accordance with the enforcement procedures under section 32.14 of the ordinance, to perform any work or operations necessary to bring erosion control or storm water management practices into conformance with the approved plans and consents to charging such costs against the financial assurance retained or to a special assessment or charge against the property as authorized under subch. VII of ch. 66, Wisconsin Statutes.

**ATTACHMENT 3**  
**Verification Sample Data Packages**

November 18, 2021

Rich Gnat  
KPRG AND ASSOCIATES, INC.  
14665 W. Lisbon Road  
Suite 1A  
Brookfield, WI 53005

RE: Project: 11717 NAVISTAR  
Pace Project No.: 40237059

Dear Rich Gnat:

Enclosed are the analytical results for sample(s) received by the laboratory on November 17, 2021. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Green Bay

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Dan Milewsky  
dan.milewsky@pacelabs.com  
(920)469-2436  
Project Manager

Enclosures

cc: Josh Davenport, KPRG and Associates, Inc.



## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

## CERTIFICATIONS

Project: 11717 NAVISTAR

Pace Project No.: 40237059

---

### **Pace Analytical Services Green Bay**

1241 Bellevue Street, Green Bay, WI 54302

Florida/NELAP Certification #: E87948

Illinois Certification #: 200050

Kentucky UST Certification #: 82

Louisiana Certification #: 04168

Minnesota Certification #: 055-999-334

New York Certification #: 12064

North Dakota Certification #: R-150

Virginia VELAP ID: 460263

South Carolina Certification #: 83006001

Texas Certification #: T104704529-14-1

Wisconsin Certification #: 405132750

Wisconsin DATCP Certification #: 105-444

USDA Soil Permit #: P330-16-00157

Federal Fish & Wildlife Permit #: LE51774A-0

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## REPORT OF LABORATORY ANALYSIS

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## SAMPLE SUMMARY

Project: 11717 NAVISTAR

Pace Project No.: 40237059

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40237059001	X1-S-E2	Solid	11/16/21 09:48	11/17/21 08:35
40237059002	X1-B-E2	Solid	11/16/21 09:50	11/17/21 08:35
40237059003	X1-S-E3	Solid	11/16/21 11:05	11/17/21 08:35
40237059004	X1-B-E3	Solid	11/16/21 11:03	11/17/21 08:35
40237059005	X1-S-E4	Solid	11/16/21 13:16	11/17/21 08:35
40237059006	X1-B-E4	Solid	11/16/21 13:22	11/17/21 08:35
40237059007	X1-S-D1	Solid	11/16/21 14:50	11/17/21 08:35
40237059008	X1-B-D1	Solid	11/16/21 14:52	11/17/21 08:35

## REPORT OF LABORATORY ANALYSIS

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### SAMPLE ANALYTE COUNT

Project: 11717 NAVISTAR  
Pace Project No.: 40237059

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40237059001	X1-S-E2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	MRP	1	PASI-G
40237059002	X1-B-E2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	MRP	1	PASI-G
40237059003	X1-S-E3	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	MRP	1	PASI-G
40237059004	X1-B-E3	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	MRP	1	PASI-G
40237059005	X1-S-E4	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	MRP	1	PASI-G
40237059006	X1-B-E4	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	MRP	1	PASI-G
40237059007	X1-S-D1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	MRP	1	PASI-G
40237059008	X1-B-D1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	MRP	1	PASI-G

PASI-G = Pace Analytical Services - Green Bay

### REPORT OF LABORATORY ANALYSIS

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without the written consent of Pace Analytical Services, LLC.

## SUMMARY OF DETECTION

Project: 11717 NAVISTAR  
Pace Project No.: 40237059

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
<b>40237059001</b>	<b>X1-S-E2</b>					
ASTM D2974-87	Percent Moisture	13.4	%	0.10	11/17/21 11:53	
<b>40237059002</b>	<b>X1-B-E2</b>					
ASTM D2974-87	Percent Moisture	4.2	%	0.10	11/17/21 11:53	
<b>40237059003</b>	<b>X1-S-E3</b>					
ASTM D2974-87	Percent Moisture	10.3	%	0.10	11/17/21 11:53	
<b>40237059004</b>	<b>X1-B-E3</b>					
ASTM D2974-87	Percent Moisture	4.0	%	0.10	11/17/21 11:53	
<b>40237059005</b>	<b>X1-S-E4</b>					
ASTM D2974-87	Percent Moisture	5.7	%	0.10	11/17/21 11:53	
<b>40237059006</b>	<b>X1-B-E4</b>					
ASTM D2974-87	Percent Moisture	2.6	%	0.10	11/17/21 11:53	
<b>40237059007</b>	<b>X1-S-D1</b>					
ASTM D2974-87	Percent Moisture	7.7	%	0.10	11/17/21 11:53	
<b>40237059008</b>	<b>X1-B-D1</b>					
ASTM D2974-87	Percent Moisture	5.5	%	0.10	11/17/21 11:53	

## REPORT OF LABORATORY ANALYSIS

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237059

**Sample: X1-S-E2**      **Lab ID: 40237059001**      Collected: 11/16/21 09:48      Received: 11/17/21 08:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<16.8	ug/kg	65.5	16.8	1	11/17/21 11:00	11/17/21 16:02	75-34-3	
1,2-Dichloroethane	<15.1	ug/kg	65.5	15.1	1	11/17/21 11:00	11/17/21 16:02	107-06-2	
1,1-Dichloroethene	<21.7	ug/kg	65.5	21.7	1	11/17/21 11:00	11/17/21 16:02	75-35-4	
cis-1,2-Dichloroethene	<14.0	ug/kg	65.5	14.0	1	11/17/21 11:00	11/17/21 16:02	156-59-2	
trans-1,2-Dichloroethene	<14.1	ug/kg	65.5	14.1	1	11/17/21 11:00	11/17/21 16:02	156-60-5	
Tetrachloroethene	<25.4	ug/kg	65.5	25.4	1	11/17/21 11:00	11/17/21 16:02	127-18-4	
1,1,1-Trichloroethane	<16.8	ug/kg	65.5	16.8	1	11/17/21 11:00	11/17/21 16:02	71-55-6	
1,1,2-Trichloroethane	<23.8	ug/kg	65.5	23.8	1	11/17/21 11:00	11/17/21 16:02	79-00-5	
Trichloroethene	<24.5	ug/kg	65.5	24.5	1	11/17/21 11:00	11/17/21 16:02	79-01-6	
Vinyl chloride	<13.2	ug/kg	65.5	13.2	1	11/17/21 11:00	11/17/21 16:02	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	125	%	67-159		1	11/17/21 11:00	11/17/21 16:02	2037-26-5	
4-Bromofluorobenzene (S)	122	%	66-153		1	11/17/21 11:00	11/17/21 16:02	460-00-4	
1,2-Dichlorobenzene-d4 (S)	117	%	82-158		1	11/17/21 11:00	11/17/21 16:02	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	13.4	%	0.10	0.10	1		11/17/21 11:53		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237059

**Sample: X1-B-E2**      **Lab ID: 40237059002**      Collected: 11/16/21 09:50      Received: 11/17/21 08:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<13.9	ug/kg	54.4	13.9	1	11/17/21 11:00	11/17/21 16:22	75-34-3	
1,2-Dichloroethane	<12.5	ug/kg	54.4	12.5	1	11/17/21 11:00	11/17/21 16:22	107-06-2	
1,1-Dichloroethene	<18.1	ug/kg	54.4	18.1	1	11/17/21 11:00	11/17/21 16:22	75-35-4	
cis-1,2-Dichloroethene	<11.6	ug/kg	54.4	11.6	1	11/17/21 11:00	11/17/21 16:22	156-59-2	
trans-1,2-Dichloroethene	<11.8	ug/kg	54.4	11.8	1	11/17/21 11:00	11/17/21 16:22	156-60-5	
Tetrachloroethene	<21.1	ug/kg	54.4	21.1	1	11/17/21 11:00	11/17/21 16:22	127-18-4	
1,1,1-Trichloroethane	<13.9	ug/kg	54.4	13.9	1	11/17/21 11:00	11/17/21 16:22	71-55-6	
1,1,2-Trichloroethane	<19.8	ug/kg	54.4	19.8	1	11/17/21 11:00	11/17/21 16:22	79-00-5	
Trichloroethene	<20.4	ug/kg	54.4	20.4	1	11/17/21 11:00	11/17/21 16:22	79-01-6	
Vinyl chloride	<11.0	ug/kg	54.4	11.0	1	11/17/21 11:00	11/17/21 16:22	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	121	%	67-159		1	11/17/21 11:00	11/17/21 16:22	2037-26-5	
4-Bromofluorobenzene (S)	115	%	66-153		1	11/17/21 11:00	11/17/21 16:22	460-00-4	
1,2-Dichlorobenzene-d4 (S)	109	%	82-158		1	11/17/21 11:00	11/17/21 16:22	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	4.2	%	0.10	0.10	1		11/17/21 11:53		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237059

**Sample: X1-S-E3**      **Lab ID: 40237059003**      Collected: 11/16/21 11:05      Received: 11/17/21 08:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.7	ug/kg	61.5	15.7	1	11/17/21 11:00	11/17/21 15:43	75-34-3	
1,2-Dichloroethane	<14.1	ug/kg	61.5	14.1	1	11/17/21 11:00	11/17/21 15:43	107-06-2	
1,1-Dichloroethene	<20.4	ug/kg	61.5	20.4	1	11/17/21 11:00	11/17/21 15:43	75-35-4	
cis-1,2-Dichloroethene	<13.2	ug/kg	61.5	13.2	1	11/17/21 11:00	11/17/21 15:43	156-59-2	
trans-1,2-Dichloroethene	<13.3	ug/kg	61.5	13.3	1	11/17/21 11:00	11/17/21 15:43	156-60-5	
Tetrachloroethene	<23.9	ug/kg	61.5	23.9	1	11/17/21 11:00	11/17/21 15:43	127-18-4	
1,1,1-Trichloroethane	<15.7	ug/kg	61.5	15.7	1	11/17/21 11:00	11/17/21 15:43	71-55-6	
1,1,2-Trichloroethane	<22.4	ug/kg	61.5	22.4	1	11/17/21 11:00	11/17/21 15:43	79-00-5	
Trichloroethene	<23.0	ug/kg	61.5	23.0	1	11/17/21 11:00	11/17/21 15:43	79-01-6	
Vinyl chloride	<12.4	ug/kg	61.5	12.4	1	11/17/21 11:00	11/17/21 15:43	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	120	%	67-159		1	11/17/21 11:00	11/17/21 15:43	2037-26-5	
4-Bromofluorobenzene (S)	121	%	66-153		1	11/17/21 11:00	11/17/21 15:43	460-00-4	
1,2-Dichlorobenzene-d4 (S)	115	%	82-158		1	11/17/21 11:00	11/17/21 15:43	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	<b>10.3</b>	%	0.10	0.10	1		11/17/21 11:53		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237059

**Sample: X1-B-E3**      **Lab ID: 40237059004**      Collected: 11/16/21 11:03      Received: 11/17/21 08:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<13.9	ug/kg	54.2	13.9	1	11/17/21 11:00	11/17/21 16:41	75-34-3	
1,2-Dichloroethane	<12.5	ug/kg	54.2	12.5	1	11/17/21 11:00	11/17/21 16:41	107-06-2	
1,1-Dichloroethene	<18.0	ug/kg	54.2	18.0	1	11/17/21 11:00	11/17/21 16:41	75-35-4	
cis-1,2-Dichloroethene	<11.6	ug/kg	54.2	11.6	1	11/17/21 11:00	11/17/21 16:41	156-59-2	
trans-1,2-Dichloroethene	<11.7	ug/kg	54.2	11.7	1	11/17/21 11:00	11/17/21 16:41	156-60-5	
Tetrachloroethene	<21.0	ug/kg	54.2	21.0	1	11/17/21 11:00	11/17/21 16:41	127-18-4	
1,1,1-Trichloroethane	<13.9	ug/kg	54.2	13.9	1	11/17/21 11:00	11/17/21 16:41	71-55-6	
1,1,2-Trichloroethane	<19.7	ug/kg	54.2	19.7	1	11/17/21 11:00	11/17/21 16:41	79-00-5	
Trichloroethene	<20.3	ug/kg	54.2	20.3	1	11/17/21 11:00	11/17/21 16:41	79-01-6	
Vinyl chloride	<10.9	ug/kg	54.2	10.9	1	11/17/21 11:00	11/17/21 16:41	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	122	%	67-159		1	11/17/21 11:00	11/17/21 16:41	2037-26-5	
4-Bromofluorobenzene (S)	115	%	66-153		1	11/17/21 11:00	11/17/21 16:41	460-00-4	
1,2-Dichlorobenzene-d4 (S)	111	%	82-158		1	11/17/21 11:00	11/17/21 16:41	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	4.0	%	0.10	0.10	1		11/17/21 11:53		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237059

**Sample: X1-S-E4**      **Lab ID: 40237059005**      Collected: 11/16/21 13:16      Received: 11/17/21 08:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.3	ug/kg	56.0	14.3	1	11/17/21 11:00	11/17/21 17:01	75-34-3	
1,2-Dichloroethane	<12.9	ug/kg	56.0	12.9	1	11/17/21 11:00	11/17/21 17:01	107-06-2	
1,1-Dichloroethene	<18.6	ug/kg	56.0	18.6	1	11/17/21 11:00	11/17/21 17:01	75-35-4	
cis-1,2-Dichloroethene	<12.0	ug/kg	56.0	12.0	1	11/17/21 11:00	11/17/21 17:01	156-59-2	
trans-1,2-Dichloroethene	<12.1	ug/kg	56.0	12.1	1	11/17/21 11:00	11/17/21 17:01	156-60-5	
Tetrachloroethene	<21.7	ug/kg	56.0	21.7	1	11/17/21 11:00	11/17/21 17:01	127-18-4	
1,1,1-Trichloroethane	<14.3	ug/kg	56.0	14.3	1	11/17/21 11:00	11/17/21 17:01	71-55-6	
1,1,2-Trichloroethane	<20.4	ug/kg	56.0	20.4	1	11/17/21 11:00	11/17/21 17:01	79-00-5	
Trichloroethene	<20.9	ug/kg	56.0	20.9	1	11/17/21 11:00	11/17/21 17:01	79-01-6	
Vinyl chloride	<11.3	ug/kg	56.0	11.3	1	11/17/21 11:00	11/17/21 17:01	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	125	%	67-159		1	11/17/21 11:00	11/17/21 17:01	2037-26-5	
4-Bromofluorobenzene (S)	123	%	66-153		1	11/17/21 11:00	11/17/21 17:01	460-00-4	
1,2-Dichlorobenzene-d4 (S)	115	%	82-158		1	11/17/21 11:00	11/17/21 17:01	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	5.7	%	0.10	0.10	1		11/17/21 11:53		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237059

**Sample: X1-B-E4**      **Lab ID: 40237059006**      Collected: 11/16/21 13:22      Received: 11/17/21 08:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<13.5	ug/kg	52.6	13.5	1	11/17/21 11:00	11/17/21 17:20	75-34-3	
1,2-Dichloroethane	<12.1	ug/kg	52.6	12.1	1	11/17/21 11:00	11/17/21 17:20	107-06-2	
1,1-Dichloroethene	<17.5	ug/kg	52.6	17.5	1	11/17/21 11:00	11/17/21 17:20	75-35-4	
cis-1,2-Dichloroethene	<11.3	ug/kg	52.6	11.3	1	11/17/21 11:00	11/17/21 17:20	156-59-2	
trans-1,2-Dichloroethene	<11.4	ug/kg	52.6	11.4	1	11/17/21 11:00	11/17/21 17:20	156-60-5	
Tetrachloroethene	<20.4	ug/kg	52.6	20.4	1	11/17/21 11:00	11/17/21 17:20	127-18-4	
1,1,1-Trichloroethane	<13.5	ug/kg	52.6	13.5	1	11/17/21 11:00	11/17/21 17:20	71-55-6	
1,1,2-Trichloroethane	<19.2	ug/kg	52.6	19.2	1	11/17/21 11:00	11/17/21 17:20	79-00-5	
Trichloroethene	<19.7	ug/kg	52.6	19.7	1	11/17/21 11:00	11/17/21 17:20	79-01-6	
Vinyl chloride	<10.6	ug/kg	52.6	10.6	1	11/17/21 11:00	11/17/21 17:20	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	120	%	67-159		1	11/17/21 11:00	11/17/21 17:20	2037-26-5	
4-Bromofluorobenzene (S)	121	%	66-153		1	11/17/21 11:00	11/17/21 17:20	460-00-4	
1,2-Dichlorobenzene-d4 (S)	112	%	82-158		1	11/17/21 11:00	11/17/21 17:20	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	2.6	%	0.10	0.10	1		11/17/21 11:53		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237059

**Sample: X1-S-D1**      **Lab ID: 40237059007**      Collected: 11/16/21 14:50      Received: 11/17/21 08:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.9	ug/kg	58.3	14.9	1	11/17/21 11:00	11/17/21 17:40	75-34-3	
1,2-Dichloroethane	<13.4	ug/kg	58.3	13.4	1	11/17/21 11:00	11/17/21 17:40	107-06-2	
1,1-Dichloroethene	<19.4	ug/kg	58.3	19.4	1	11/17/21 11:00	11/17/21 17:40	75-35-4	
cis-1,2-Dichloroethene	<12.5	ug/kg	58.3	12.5	1	11/17/21 11:00	11/17/21 17:40	156-59-2	
trans-1,2-Dichloroethene	<12.6	ug/kg	58.3	12.6	1	11/17/21 11:00	11/17/21 17:40	156-60-5	
Tetrachloroethene	<22.6	ug/kg	58.3	22.6	1	11/17/21 11:00	11/17/21 17:40	127-18-4	
1,1,1-Trichloroethane	<14.9	ug/kg	58.3	14.9	1	11/17/21 11:00	11/17/21 17:40	71-55-6	
1,1,2-Trichloroethane	<21.2	ug/kg	58.3	21.2	1	11/17/21 11:00	11/17/21 17:40	79-00-5	
Trichloroethene	<21.8	ug/kg	58.3	21.8	1	11/17/21 11:00	11/17/21 17:40	79-01-6	
Vinyl chloride	<11.8	ug/kg	58.3	11.8	1	11/17/21 11:00	11/17/21 17:40	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	128	%	67-159		1	11/17/21 11:00	11/17/21 17:40	2037-26-5	
4-Bromofluorobenzene (S)	126	%	66-153		1	11/17/21 11:00	11/17/21 17:40	460-00-4	
1,2-Dichlorobenzene-d4 (S)	121	%	82-158		1	11/17/21 11:00	11/17/21 17:40	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	7.7	%	0.10	0.10	1		11/17/21 11:53		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237059

**Sample: X1-B-D1**      **Lab ID: 40237059008**      Collected: 11/16/21 14:52      Received: 11/17/21 08:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.3	ug/kg	55.8	14.3	1	11/17/21 11:00	11/17/21 17:59	75-34-3	
1,2-Dichloroethane	<12.8	ug/kg	55.8	12.8	1	11/17/21 11:00	11/17/21 17:59	107-06-2	
1,1-Dichloroethene	<18.5	ug/kg	55.8	18.5	1	11/17/21 11:00	11/17/21 17:59	75-35-4	
cis-1,2-Dichloroethene	<11.9	ug/kg	55.8	11.9	1	11/17/21 11:00	11/17/21 17:59	156-59-2	
trans-1,2-Dichloroethene	<12.1	ug/kg	55.8	12.1	1	11/17/21 11:00	11/17/21 17:59	156-60-5	
Tetrachloroethene	<21.6	ug/kg	55.8	21.6	1	11/17/21 11:00	11/17/21 17:59	127-18-4	
1,1,1-Trichloroethane	<14.3	ug/kg	55.8	14.3	1	11/17/21 11:00	11/17/21 17:59	71-55-6	
1,1,2-Trichloroethane	<20.3	ug/kg	55.8	20.3	1	11/17/21 11:00	11/17/21 17:59	79-00-5	
Trichloroethene	<20.9	ug/kg	55.8	20.9	1	11/17/21 11:00	11/17/21 17:59	79-01-6	
Vinyl chloride	<11.3	ug/kg	55.8	11.3	1	11/17/21 11:00	11/17/21 17:59	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	124	%	67-159		1	11/17/21 11:00	11/17/21 17:59	2037-26-5	
4-Bromofluorobenzene (S)	120	%	66-153		1	11/17/21 11:00	11/17/21 17:59	460-00-4	
1,2-Dichlorobenzene-d4 (S)	113	%	82-158		1	11/17/21 11:00	11/17/21 17:59	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	5.5	%	0.10	0.10	1		11/17/21 11:53		

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR  
Pace Project No.: 40237059

QC Batch:	402032	Analysis Method:	EPA 8260
QC Batch Method:	EPA 5035/5030B	Analysis Description:	8260 MSV Med Level Normal List
		Laboratory:	Pace Analytical Services - Green Bay

Associated Lab Samples: 40237059001, 40237059002, 40237059003, 40237059004, 40237059005, 40237059006, 40237059007, 40237059008

METHOD BLANK: 2321656 Matrix: Solid  
Associated Lab Samples: 40237059001, 40237059002, 40237059003, 40237059004, 40237059005, 40237059006, 40237059007, 40237059008

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1,1-Trichloroethane	ug/kg	<12.8	50.0	11/17/21 13:07	
1,1,2-Trichloroethane	ug/kg	<18.2	50.0	11/17/21 13:07	
1,1-Dichloroethane	ug/kg	<12.8	50.0	11/17/21 13:07	
1,1-Dichloroethene	ug/kg	<16.6	50.0	11/17/21 13:07	
1,2-Dichloroethane	ug/kg	<11.5	50.0	11/17/21 13:07	
cis-1,2-Dichloroethene	ug/kg	<10.7	50.0	11/17/21 13:07	
Tetrachloroethene	ug/kg	31.8J	50.0	11/17/21 13:07	
trans-1,2-Dichloroethene	ug/kg	<10.8	50.0	11/17/21 13:07	
Trichloroethene	ug/kg	<18.7	50.0	11/17/21 13:07	
Vinyl chloride	ug/kg	<10.1	50.0	11/17/21 13:07	
1,2-Dichlorobenzene-d4 (S)	%	99	82-158	11/17/21 13:07	
4-Bromofluorobenzene (S)	%	105	66-153	11/17/21 13:07	
Toluene-d8 (S)	%	110	67-159	11/17/21 13:07	

LABORATORY CONTROL SAMPLE: 2321657

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/kg	2500	2390	95	70-130	
1,1,2-Trichloroethane	ug/kg	2500	2370	95	70-130	
1,1-Dichloroethane	ug/kg	2500	2060	82	70-130	
1,1-Dichloroethene	ug/kg	2500	2480	99	67-120	
1,2-Dichloroethane	ug/kg	2500	1960	79	70-130	
cis-1,2-Dichloroethene	ug/kg	2500	2340	94	70-130	
Tetrachloroethene	ug/kg	2500	2510	100	70-130	
trans-1,2-Dichloroethene	ug/kg	2500	2450	98	70-130	
Trichloroethene	ug/kg	2500	2500	100	70-130	
Vinyl chloride	ug/kg	2500	1860	74	58-121	
1,2-Dichlorobenzene-d4 (S)	%			97	82-158	
4-Bromofluorobenzene (S)	%			106	66-153	
Toluene-d8 (S)	%			103	67-159	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2321658 2321659

Parameter	Units	40237059003 Result	MS		MSD		MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
			Spike Conc.	MS Result	MSD Result							
1,1,1-Trichloroethane	ug/kg	<15.7	1230	1230	1190	1090	96	89	70-130	8	20	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

### REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR  
Pace Project No.: 40237059

Parameter	Units	2321658		2321659		MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
		40237059003 Result	MS Spike Conc.	MSD Spike Conc.	MS Result								
1,1,2-Trichloroethane	ug/kg	<22.4	1230	1230	1260	1260	103	103	70-130	0	20		
1,1-Dichloroethane	ug/kg	<15.7	1230	1230	1080	1010	88	82	70-130	6	20		
1,1-Dichloroethene	ug/kg	<20.4	1230	1230	1260	1150	103	93	64-120	9	20		
1,2-Dichloroethane	ug/kg	<14.1	1230	1230	1100	1040	90	85	70-130	6	20		
cis-1,2-Dichloroethene	ug/kg	<13.2	1230	1230	1230	1170	100	95	70-130	5	20		
Tetrachloroethene	ug/kg	<23.9	1230	1230	1260	1210	102	98	70-130	4	20		
trans-1,2-Dichloroethene	ug/kg	<13.3	1230	1230	1240	1180	101	96	70-130	5	20		
Trichloroethene	ug/kg	<23.0	1230	1230	1290	1180	105	96	70-130	9	20		
Vinyl chloride	ug/kg	<12.4	1230	1230	1040	952	85	77	43-137	9	20		
1,2-Dichlorobenzene-d4 (S)	%						116	113	82-158				
4-Bromofluorobenzene (S)	%						126	126	66-153				
Toluene-d8 (S)	%						124	126	67-159				

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR

Pace Project No.: 40237059

QC Batch: 402029

Analysis Method: ASTM D2974-87

QC Batch Method: ASTM D2974-87

Analysis Description: Dry Weight/Percent Moisture

Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40237059001, 40237059002, 40237059003, 40237059004, 40237059005, 40237059006, 40237059007, 40237059008

SAMPLE DUPLICATE: 2321647

Parameter	Units	40237070001 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	5.5	5.6	1	10	

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## QUALIFIERS

Project: 11717 NAVISTAR

Pace Project No.: 40237059

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above LOD.

J - Estimated concentration at or above the LOD and below the LOQ.

LOD - Limit of Detection adjusted for dilution factor, percent moisture, initial weight and final volume.

LOQ - Limit of Quantitation adjusted for dilution factor, percent moisture, initial weight and final volume.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected at or above the adjusted LOD.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

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### QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 11717 NAVISTAR  
Pace Project No.: 40237059

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40237059001	X1-S-E2	EPA 5035/5030B	402032	EPA 8260	402035
40237059002	X1-B-E2	EPA 5035/5030B	402032	EPA 8260	402035
40237059003	X1-S-E3	EPA 5035/5030B	402032	EPA 8260	402035
40237059004	X1-B-E3	EPA 5035/5030B	402032	EPA 8260	402035
40237059005	X1-S-E4	EPA 5035/5030B	402032	EPA 8260	402035
40237059006	X1-B-E4	EPA 5035/5030B	402032	EPA 8260	402035
40237059007	X1-S-D1	EPA 5035/5030B	402032	EPA 8260	402035
40237059008	X1-B-D1	EPA 5035/5030B	402032	EPA 8260	402035
40237059001	X1-S-E2	ASTM D2974-87	402029		
40237059002	X1-B-E2	ASTM D2974-87	402029		
40237059003	X1-S-E3	ASTM D2974-87	402029		
40237059004	X1-B-E3	ASTM D2974-87	402029		
40237059005	X1-S-E4	ASTM D2974-87	402029		
40237059006	X1-B-E4	ASTM D2974-87	402029		
40237059007	X1-S-D1	ASTM D2974-87	402029		
40237059008	X1-B-D1	ASTM D2974-87	402029		

### REPORT OF LABORATORY ANALYSIS

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(Please Print Clearly)

Company Name: **KPRG**  
 Branch/Location: **Brookfield, WI**  
 Project Contact: **Rich Grant**  
 Phone: **202-781-0475**  
 Project Number: **11717**  
 Project Name: **Nuvistar**  
 Project State: **WI**  
 Sampled By (Print): **Michael Dorian**  
 Sampled By (Sign): *[Signature]*



UPPER MIDWEST REGION  
 MN: 612-607-1700 WI: 920-469-2436

40237059

### CHAIN OF CUSTODY

**\*Preservation Codes**  
 A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH  
 H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

FILTERED?  
(YES/NO)  
 PRESERVATION  
(CODE)\*

Y/N	Pick Letter	Analyses Requested	Matrix	DATE	TIME	MATRIX
N	F	CVOCS	S	11/16	0248	S
			S	11/16	0950	S
			S	11/16	1105	S
			S	11/16	1103	S
			S	11/16	1316	S
			S	11/16	1322	S
			S	11/16	1450	S
			S	11/16	1452	S

Quote #: \_\_\_\_\_  
 Mail To Contact: \_\_\_\_\_  
 Mail To Company: \_\_\_\_\_  
 Mail To Address: \_\_\_\_\_  
 Invoice To Contact: \_\_\_\_\_  
 Invoice To Company: \_\_\_\_\_  
 Invoice To Address: \_\_\_\_\_  
 Invoice To Phone: \_\_\_\_\_  
 CLIENT COMMENTS: **RUSH TA**  
 LAB COMMENTS (Lab Use Only): \_\_\_\_\_  
 Profile #: \_\_\_\_\_

**Data Package Options** (billable)  
 EPA Level III  
 EPA Level IV

**MS/MSD**  
 On your sample (billable)  
 NOT needed on your sample

**Matrix Codes**  
 A = Air W = Water  
 B = Biota DW = Drinking Water  
 C = Charcoal GW = Ground Water  
 O = Oil SW = Surface Water  
 S = Soil WW = Waste Water  
 SI = Sludge WP = Wipe

PACE LAB #	CLIENT FIELD ID	COLLECTION		MATRIX
		DATE	TIME	
001	X1-S-E2	11/16	0248	S
002	X1-B-E2	11/16	0950	S
003	X1-S-E3	11/16	1105	S
004	X1-B-E3	11/16	1103	S
005	X1-S-E4	11/16	1316	S
006	X1-B-E4	11/16	1322	S
007	X1-S-D1	11/16	1450	S
008	X1-B-D1	11/16	1452	S

Rush Turnaround Time Requested - Prelims  
 (Rush TAT subject to approval/surcharge)  
 Date Needed: **11/17/21**

Transmit Prelim Rush Results by (complete what you want):

Email #1: **richardg@kprginc.com**  
 Email #2: \_\_\_\_\_  
 Telephone: **202-781-0475**  
 Fax: \_\_\_\_\_

Samples on HOLD are subject to special pricing and release of liability

Relinquished By: *[Signature]* / KPRG Date/Time: **11/16/21 11:00**  
 Relinquished By: **CS Logistics** Date/Time: **11/16/21 0835**  
 Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Received By: **CS Logistics** Date/Time: **11/16/21/1600**  
 Received By: *[Signature]* Date/Time: **11/17/21 0835**  
 Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

PACE Project No. **40237059**  
 Receipt Temp = **3.1 °C**  
 Sample Receipt pH **OK / Adjusted**  
 Cooler Custody Seal Present / (Not Present) **Intact / (Not Intact)**

Client Name: NRG

### Sample Preservation Receipt Form

Project # 4037059

Pace Analytical Services, LLC  
1241 Bellevue Street, Suite 9  
Green Bay, WI 54302

All containers needing preservation have been checked and noted below:  Yes  No  N/A

Initial when completed:

Date/Time:

Lab Lot# of pH paper:

Lab Std #ID of preservation (if pH adjusted):

Pace Lab #	Glass							Plastic					Vials					Jars				General			VOA Vials (>6mm) *	H2SO4 pH ≤2	NaOH+Zn Act pH ≥9	NaOH pH ≥12	HNO3 pH ≤2	pH after adjusted	Volume (mL)				
	AG1U	BG1U	AG1H	AG4S	AG4U	AG5U	AG2S	BP1U	BP3U	BP3B	BP3N	BP3S	VG9A	DG9T	VG9U	VG9H	VG9M	VG9D	JGFU	JG9U	WGFU	WPFU	SP5T	ZPLC								GN			
001																																			2.5 / 5 / 10
002																																			2.5 / 5 / 10
003																																			2.5 / 5 / 10
004																																			2.5 / 5 / 10
005																																			2.5 / 5 / 10
006																																			2.5 / 5 / 10
007																																			2.5 / 5 / 10
008																																			2.5 / 5 / 10
009																																			2.5 / 5 / 10
010																																			2.5 / 5 / 10
011																																			2.5 / 5 / 10
012																																			2.5 / 5 / 10
013																																			2.5 / 5 / 10
014																																			2.5 / 5 / 10
015																																			2.5 / 5 / 10
016																																			2.5 / 5 / 10
017																																			2.5 / 5 / 10
018																																			2.5 / 5 / 10
019																																			2.5 / 5 / 10
020																																			2.5 / 5 / 10

*Handwritten:* 11/17/21

Exceptions to preservation check: VOA, Coliform, TOC, TOX, TOH, O&G, WI DRO, Phenolics, Other: \_\_\_\_\_ Headspace in VOA Vials (>6mm) :  Yes  No  N/A \*If yes look in headspace column

AG1U	1 liter amber glass
BG1U	1 liter clear glass
AG1H	1 liter amber glass HCL
AG4S	125 mL amber glass H2SO4
AG4U	120 mL amber glass unpres
AG5U	100 mL amber glass unpres
AG2S	500 mL amber glass H2SO4
BG3U	250 mL clear glass unpres

BP1U	1 liter plastic unpres
BP3U	250 mL plastic unpres
BP3B	250 mL plastic NaOH
BP3N	250 mL plastic HNO3
BP3S	250 mL plastic H2SO4

VG9A	40 mL clear ascorbic
DG9T	40 mL amber Na Thio
VG9U	40 mL clear vial unpres
VG9H	40 mL clear vial HCL
VG9M	40 mL clear vial MeOH
VG9D	40 mL clear vial DI

JGFU	4 oz amber jar unpres
JG9U	9 oz amber jar unpres
WGFU	4 oz clear jar unpres
WPFU	4 oz plastic jar unpres
SP5T	120 mL plastic Na Thiosulfate
ZPLC	ziploc bag
GN	

**Sample Condition Upon Receipt Form (SCUR)**

Client Name: KPRG

Project #: \_\_\_\_\_

**WO# : 40237059**



Courier:  CS Logistics  Fed Ex  Speedee  UPS  Waltco  
 Client  Pace Other: \_\_\_\_\_

Tracking #: N/A

Custody Seal on Cooler/Box Present:  yes  no Seals intact:  yes  no

Custody Seal on Samples Present:  yes  no Seals intact:  yes  no

Packing Material:  Bubble Wrap  Bubble Bags  None  Other

Thermometer Used SR-114 Type of Ice Wet Blue Dry None  Samples on ice, cooling process has begun

Cooler Temperature Uncorr: 3 / Corr: 3.1

Temp Blank Present:  yes  no Biological Tissue is Frozen:  yes  no

Temp should be above freezing to 6°C.  
 Biota Samples may be received at ≤ 0°C if shipped on Dry Ice.

Person examining contents:  
 Date: 11/17/21 Initials: MP  
 Labeled By Initials: ARW

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
- VOA Samples frozen upon receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>11/17/21 MP</u>	7.
Sufficient Volume:		8.
For Analysis: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MS/MSD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
-Pace IR Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes date/time/ID/Analysis Matrix: <u>W</u>		<u>No Date/Time 11/17/21 MP on WAFUs 11/17/21 ARW</u>
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	13.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

Client Notification/ Resolution: \_\_\_\_\_ If checked, see attached form for additional comments   
 Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Comments/ Resolution: \_\_\_\_\_

November 18, 2021

Rich Gnat  
KPRG AND ASSOCIATES, INC.  
14665 W. Lisbon Road  
Suite 1A  
Brookfield, WI 53005

RE: Project: 11717 NAVISTAR  
Pace Project No.: 40237163

Dear Rich Gnat:

Enclosed are the analytical results for sample(s) received by the laboratory on November 18, 2021. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Green Bay

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Dan Milewsky  
dan.milewsky@pacelabs.com  
(920)469-2436  
Project Manager

Enclosures

cc: Josh Davenport, KPRG and Associates, Inc.



## REPORT OF LABORATORY ANALYSIS

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## CERTIFICATIONS

Project: 11717 NAVISTAR

Pace Project No.: 40237163

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### **Pace Analytical Services Green Bay**

1241 Bellevue Street, Green Bay, WI 54302

Florida/NELAP Certification #: E87948

Illinois Certification #: 200050

Kentucky UST Certification #: 82

Louisiana Certification #: 04168

Minnesota Certification #: 055-999-334

New York Certification #: 12064

North Dakota Certification #: R-150

Virginia VELAP ID: 460263

South Carolina Certification #: 83006001

Texas Certification #: T104704529-14-1

Wisconsin Certification #: 405132750

Wisconsin DATCP Certification #: 105-444

USDA Soil Permit #: P330-16-00157

Federal Fish & Wildlife Permit #: LE51774A-0

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## REPORT OF LABORATORY ANALYSIS

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## SAMPLE SUMMARY

Project: 11717 NAVISTAR

Pace Project No.: 40237163

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Lab ID	Sample ID	Matrix	Date Collected	Date Received
40237163001	X1-B-D2	Solid	11/17/21 08:00	11/18/21 08:20
40237163002	X1-B-D3	Solid	11/17/21 10:20	11/18/21 08:20
40237163003	X1-B-D4	Solid	11/17/21 12:17	11/18/21 08:20
40237163004	X1-B-C1	Solid	11/17/21 13:17	11/18/21 08:20
40237163005	X1-S-C1	Solid	11/17/21 13:20	11/18/21 08:20
40237163006	X1-B-C2	Solid	11/17/21 14:30	11/18/21 08:20

## REPORT OF LABORATORY ANALYSIS

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### SAMPLE ANALYTE COUNT

Project: 11717 NAVISTAR  
Pace Project No.: 40237163

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40237163001	X1-B-D2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237163002	X1-B-D3	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237163003	X1-B-D4	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237163004	X1-B-C1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237163005	X1-S-C1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237163006	X1-B-C2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G

PASI-G = Pace Analytical Services - Green Bay

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### SUMMARY OF DETECTION

Project: 11717 NAVISTAR

Pace Project No.: 40237163

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
<b>40237163001</b>	<b>X1-B-D2</b>					
EPA 8260	Trichloroethene	23.7J	ug/kg	54.3	11/18/21 11:31	
ASTM D2974-87	Percent Moisture	4.2	%	0.10	11/18/21 09:32	
<b>40237163002</b>	<b>X1-B-D3</b>					
ASTM D2974-87	Percent Moisture	2.9	%	0.10	11/18/21 09:32	
<b>40237163003</b>	<b>X1-B-D4</b>					
EPA 8260	Trichloroethene	45.7J	ug/kg	57.0	11/18/21 12:09	
ASTM D2974-87	Percent Moisture	6.6	%	0.10	11/18/21 09:32	
<b>40237163004</b>	<b>X1-B-C1</b>					
ASTM D2974-87	Percent Moisture	7.3	%	0.10	11/18/21 09:33	
<b>40237163005</b>	<b>X1-S-C1</b>					
ASTM D2974-87	Percent Moisture	21.8	%	0.10	11/18/21 09:33	
<b>40237163006</b>	<b>X1-B-C2</b>					
EPA 8260	Trichloroethene	38.9J	ug/kg	54.0	11/18/21 13:08	
ASTM D2974-87	Percent Moisture	3.9	%	0.10	11/18/21 09:33	

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237163

**Sample: X1-B-D2**      **Lab ID: 40237163001**      Collected: 11/17/21 08:00      Received: 11/18/21 08:20      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<13.9	ug/kg	54.3	13.9	1	11/18/21 09:30	11/18/21 11:31	75-34-3	
1,2-Dichloroethane	<12.5	ug/kg	54.3	12.5	1	11/18/21 09:30	11/18/21 11:31	107-06-2	
1,1-Dichloroethene	<18.0	ug/kg	54.3	18.0	1	11/18/21 09:30	11/18/21 11:31	75-35-4	
cis-1,2-Dichloroethene	<11.6	ug/kg	54.3	11.6	1	11/18/21 09:30	11/18/21 11:31	156-59-2	
trans-1,2-Dichloroethene	<11.7	ug/kg	54.3	11.7	1	11/18/21 09:30	11/18/21 11:31	156-60-5	
Tetrachloroethene	<21.1	ug/kg	54.3	21.1	1	11/18/21 09:30	11/18/21 11:31	127-18-4	
1,1,1-Trichloroethane	<13.9	ug/kg	54.3	13.9	1	11/18/21 09:30	11/18/21 11:31	71-55-6	
1,1,2-Trichloroethane	<19.8	ug/kg	54.3	19.8	1	11/18/21 09:30	11/18/21 11:31	79-00-5	
Trichloroethene	23.7J	ug/kg	54.3	20.3	1	11/18/21 09:30	11/18/21 11:31	79-01-6	
Vinyl chloride	<11.0	ug/kg	54.3	11.0	1	11/18/21 09:30	11/18/21 11:31	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	115	%	67-159		1	11/18/21 09:30	11/18/21 11:31	2037-26-5	
4-Bromofluorobenzene (S)	112	%	66-153		1	11/18/21 09:30	11/18/21 11:31	460-00-4	
1,2-Dichlorobenzene-d4 (S)	108	%	82-158		1	11/18/21 09:30	11/18/21 11:31	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	4.2	%	0.10	0.10	1		11/18/21 09:32		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237163

**Sample: X1-B-D3**      **Lab ID: 40237163002**      Collected: 11/17/21 10:20      Received: 11/18/21 08:20      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<13.6	ug/kg	53.0	13.6	1	11/18/21 09:30	11/18/21 11:50	75-34-3	
1,2-Dichloroethane	<12.2	ug/kg	53.0	12.2	1	11/18/21 09:30	11/18/21 11:50	107-06-2	
1,1-Dichloroethene	<17.6	ug/kg	53.0	17.6	1	11/18/21 09:30	11/18/21 11:50	75-35-4	
cis-1,2-Dichloroethene	<11.3	ug/kg	53.0	11.3	1	11/18/21 09:30	11/18/21 11:50	156-59-2	
trans-1,2-Dichloroethene	<11.4	ug/kg	53.0	11.4	1	11/18/21 09:30	11/18/21 11:50	156-60-5	
Tetrachloroethene	<20.6	ug/kg	53.0	20.6	1	11/18/21 09:30	11/18/21 11:50	127-18-4	
1,1,1-Trichloroethane	<13.6	ug/kg	53.0	13.6	1	11/18/21 09:30	11/18/21 11:50	71-55-6	
1,1,2-Trichloroethane	<19.3	ug/kg	53.0	19.3	1	11/18/21 09:30	11/18/21 11:50	79-00-5	
Trichloroethene	<19.8	ug/kg	53.0	19.8	1	11/18/21 09:30	11/18/21 11:50	79-01-6	
Vinyl chloride	<10.7	ug/kg	53.0	10.7	1	11/18/21 09:30	11/18/21 11:50	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	114	%	67-159		1	11/18/21 09:30	11/18/21 11:50	2037-26-5	
4-Bromofluorobenzene (S)	113	%	66-153		1	11/18/21 09:30	11/18/21 11:50	460-00-4	
1,2-Dichlorobenzene-d4 (S)	108	%	82-158		1	11/18/21 09:30	11/18/21 11:50	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	2.9	%	0.10	0.10	1		11/18/21 09:32		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237163

**Sample: X1-B-D4**      **Lab ID: 40237163003**      Collected: 11/17/21 12:17      Received: 11/18/21 08:20      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.6	ug/kg	57.0	14.6	1	11/18/21 09:30	11/18/21 12:09	75-34-3	
1,2-Dichloroethane	<13.1	ug/kg	57.0	13.1	1	11/18/21 09:30	11/18/21 12:09	107-06-2	
1,1-Dichloroethene	<18.9	ug/kg	57.0	18.9	1	11/18/21 09:30	11/18/21 12:09	75-35-4	
cis-1,2-Dichloroethene	<12.2	ug/kg	57.0	12.2	1	11/18/21 09:30	11/18/21 12:09	156-59-2	
trans-1,2-Dichloroethene	<12.3	ug/kg	57.0	12.3	1	11/18/21 09:30	11/18/21 12:09	156-60-5	
Tetrachloroethene	<22.1	ug/kg	57.0	22.1	1	11/18/21 09:30	11/18/21 12:09	127-18-4	
1,1,1-Trichloroethane	<14.6	ug/kg	57.0	14.6	1	11/18/21 09:30	11/18/21 12:09	71-55-6	
1,1,2-Trichloroethane	<20.8	ug/kg	57.0	20.8	1	11/18/21 09:30	11/18/21 12:09	79-00-5	
Trichloroethene	45.7J	ug/kg	57.0	21.3	1	11/18/21 09:30	11/18/21 12:09	79-01-6	
Vinyl chloride	<11.5	ug/kg	57.0	11.5	1	11/18/21 09:30	11/18/21 12:09	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	119	%	67-159		1	11/18/21 09:30	11/18/21 12:09	2037-26-5	
4-Bromofluorobenzene (S)	112	%	66-153		1	11/18/21 09:30	11/18/21 12:09	460-00-4	
1,2-Dichlorobenzene-d4 (S)	110	%	82-158		1	11/18/21 09:30	11/18/21 12:09	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	6.6	%	0.10	0.10	1		11/18/21 09:32		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237163

**Sample: X1-B-C1**      **Lab ID: 40237163004**      Collected: 11/17/21 13:17      Received: 11/18/21 08:20      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.8	ug/kg	57.9	14.8	1	11/18/21 09:30	11/18/21 12:29	75-34-3	
1,2-Dichloroethane	<13.3	ug/kg	57.9	13.3	1	11/18/21 09:30	11/18/21 12:29	107-06-2	
1,1-Dichloroethene	<19.2	ug/kg	57.9	19.2	1	11/18/21 09:30	11/18/21 12:29	75-35-4	
cis-1,2-Dichloroethene	<12.4	ug/kg	57.9	12.4	1	11/18/21 09:30	11/18/21 12:29	156-59-2	
trans-1,2-Dichloroethene	<12.5	ug/kg	57.9	12.5	1	11/18/21 09:30	11/18/21 12:29	156-60-5	
Tetrachloroethene	<22.5	ug/kg	57.9	22.5	1	11/18/21 09:30	11/18/21 12:29	127-18-4	
1,1,1-Trichloroethane	<14.8	ug/kg	57.9	14.8	1	11/18/21 09:30	11/18/21 12:29	71-55-6	
1,1,2-Trichloroethane	<21.1	ug/kg	57.9	21.1	1	11/18/21 09:30	11/18/21 12:29	79-00-5	
Trichloroethene	<21.7	ug/kg	57.9	21.7	1	11/18/21 09:30	11/18/21 12:29	79-01-6	
Vinyl chloride	<11.7	ug/kg	57.9	11.7	1	11/18/21 09:30	11/18/21 12:29	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	113	%	67-159		1	11/18/21 09:30	11/18/21 12:29	2037-26-5	
4-Bromofluorobenzene (S)	113	%	66-153		1	11/18/21 09:30	11/18/21 12:29	460-00-4	
1,2-Dichlorobenzene-d4 (S)	112	%	82-158		1	11/18/21 09:30	11/18/21 12:29	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	7.3	%	0.10	0.10	1		11/18/21 09:33		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237163

**Sample: X1-S-C1**      **Lab ID: 40237163005**      Collected: 11/17/21 13:20      Received: 11/18/21 08:20      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<19.9	ug/kg	77.8	19.9	1	11/18/21 09:30	11/18/21 12:49	75-34-3	
1,2-Dichloroethane	<17.9	ug/kg	77.8	17.9	1	11/18/21 09:30	11/18/21 12:49	107-06-2	
1,1-Dichloroethene	<25.8	ug/kg	77.8	25.8	1	11/18/21 09:30	11/18/21 12:49	75-35-4	
cis-1,2-Dichloroethene	<16.7	ug/kg	77.8	16.7	1	11/18/21 09:30	11/18/21 12:49	156-59-2	
trans-1,2-Dichloroethene	<16.8	ug/kg	77.8	16.8	1	11/18/21 09:30	11/18/21 12:49	156-60-5	
Tetrachloroethene	<30.2	ug/kg	77.8	30.2	1	11/18/21 09:30	11/18/21 12:49	127-18-4	
1,1,1-Trichloroethane	<19.9	ug/kg	77.8	19.9	1	11/18/21 09:30	11/18/21 12:49	71-55-6	
1,1,2-Trichloroethane	<28.3	ug/kg	77.8	28.3	1	11/18/21 09:30	11/18/21 12:49	79-00-5	
Trichloroethene	<29.1	ug/kg	77.8	29.1	1	11/18/21 09:30	11/18/21 12:49	79-01-6	
Vinyl chloride	<15.7	ug/kg	77.8	15.7	1	11/18/21 09:30	11/18/21 12:49	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	138	%	67-159		1	11/18/21 09:30	11/18/21 12:49	2037-26-5	
4-Bromofluorobenzene (S)	130	%	66-153		1	11/18/21 09:30	11/18/21 12:49	460-00-4	
1,2-Dichlorobenzene-d4 (S)	128	%	82-158		1	11/18/21 09:30	11/18/21 12:49	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	21.8	%	0.10	0.10	1		11/18/21 09:33		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237163

**Sample: X1-B-C2**      **Lab ID: 40237163006**      Collected: 11/17/21 14:30      Received: 11/18/21 08:20      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<13.8	ug/kg	54.0	13.8	1	11/18/21 09:30	11/18/21 13:08	75-34-3	
1,2-Dichloroethane	<12.4	ug/kg	54.0	12.4	1	11/18/21 09:30	11/18/21 13:08	107-06-2	
1,1-Dichloroethene	<17.9	ug/kg	54.0	17.9	1	11/18/21 09:30	11/18/21 13:08	75-35-4	
cis-1,2-Dichloroethene	<11.6	ug/kg	54.0	11.6	1	11/18/21 09:30	11/18/21 13:08	156-59-2	
trans-1,2-Dichloroethene	<11.7	ug/kg	54.0	11.7	1	11/18/21 09:30	11/18/21 13:08	156-60-5	
Tetrachloroethene	<21.0	ug/kg	54.0	21.0	1	11/18/21 09:30	11/18/21 13:08	127-18-4	
1,1,1-Trichloroethane	<13.8	ug/kg	54.0	13.8	1	11/18/21 09:30	11/18/21 13:08	71-55-6	
1,1,2-Trichloroethane	<19.7	ug/kg	54.0	19.7	1	11/18/21 09:30	11/18/21 13:08	79-00-5	
Trichloroethene	<b>38.9J</b>	ug/kg	54.0	20.2	1	11/18/21 09:30	11/18/21 13:08	79-01-6	
Vinyl chloride	<10.9	ug/kg	54.0	10.9	1	11/18/21 09:30	11/18/21 13:08	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	109	%	67-159		1	11/18/21 09:30	11/18/21 13:08	2037-26-5	
4-Bromofluorobenzene (S)	115	%	66-153		1	11/18/21 09:30	11/18/21 13:08	460-00-4	
1,2-Dichlorobenzene-d4 (S)	106	%	82-158		1	11/18/21 09:30	11/18/21 13:08	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	<b>3.9</b>	%	0.10	0.10	1		11/18/21 09:33		

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR  
Pace Project No.: 40237163

QC Batch: 402164 Analysis Method: EPA 8260  
QC Batch Method: EPA 5035/5030B Analysis Description: 8260 MSV Med Level Normal List  
Laboratory: Pace Analytical Services - Green Bay  
Associated Lab Samples: 40237163001, 40237163002, 40237163003, 40237163004, 40237163005, 40237163006

METHOD BLANK: 2322501 Matrix: Solid  
Associated Lab Samples: 40237163001, 40237163002, 40237163003, 40237163004, 40237163005, 40237163006

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1,1-Trichloroethane	ug/kg	<12.8	50.0	11/18/21 09:18	
1,1,2-Trichloroethane	ug/kg	<18.2	50.0	11/18/21 09:18	
1,1-Dichloroethane	ug/kg	<12.8	50.0	11/18/21 09:18	
1,1-Dichloroethene	ug/kg	<16.6	50.0	11/18/21 09:18	
1,2-Dichloroethane	ug/kg	<11.5	50.0	11/18/21 09:18	
cis-1,2-Dichloroethene	ug/kg	<10.7	50.0	11/18/21 09:18	
Tetrachloroethene	ug/kg	<19.4	50.0	11/18/21 09:18	
trans-1,2-Dichloroethene	ug/kg	<10.8	50.0	11/18/21 09:18	
Trichloroethene	ug/kg	<18.7	50.0	11/18/21 09:18	
Vinyl chloride	ug/kg	<10.1	50.0	11/18/21 09:18	
1,2-Dichlorobenzene-d4 (S)	%	103	82-158	11/18/21 09:18	
4-Bromofluorobenzene (S)	%	110	66-153	11/18/21 09:18	
Toluene-d8 (S)	%	109	67-159	11/18/21 09:18	

LABORATORY CONTROL SAMPLE: 2322502

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/kg	2500	2450	98	70-130	
1,1,2-Trichloroethane	ug/kg	2500	2570	103	70-130	
1,1-Dichloroethane	ug/kg	2500	2140	86	70-130	
1,1-Dichloroethene	ug/kg	2500	2520	101	67-120	
1,2-Dichloroethane	ug/kg	2500	2050	82	70-130	
cis-1,2-Dichloroethene	ug/kg	2500	2420	97	70-130	
Tetrachloroethene	ug/kg	2500	2650	106	70-130	
trans-1,2-Dichloroethene	ug/kg	2500	2490	100	70-130	
Trichloroethene	ug/kg	2500	2580	103	70-130	
Vinyl chloride	ug/kg	2500	1750	70	58-121	
1,2-Dichlorobenzene-d4 (S)	%			97	82-158	
4-Bromofluorobenzene (S)	%			104	66-153	
Toluene-d8 (S)	%			99	67-159	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR

Pace Project No.: 40237163

QC Batch: 402136

Analysis Method: ASTM D2974-87

QC Batch Method: ASTM D2974-87

Analysis Description: Dry Weight/Percent Moisture

Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40237163001, 40237163002, 40237163003, 40237163004, 40237163005, 40237163006

SAMPLE DUPLICATE: 2322405

Parameter	Units	40237163002 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	2.9	3.0	2	10	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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## QUALIFIERS

Project: 11717 NAVISTAR

Pace Project No.: 40237163

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above LOD.

J - Estimated concentration at or above the LOD and below the LOQ.

LOD - Limit of Detection adjusted for dilution factor, percent moisture, initial weight and final volume.

LOQ - Limit of Quantitation adjusted for dilution factor, percent moisture, initial weight and final volume.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected at or above the adjusted LOD.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

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### QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 11717 NAVISTAR  
Pace Project No.: 40237163

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40237163001	X1-B-D2	EPA 5035/5030B	402164	EPA 8260	402167
40237163002	X1-B-D3	EPA 5035/5030B	402164	EPA 8260	402167
40237163003	X1-B-D4	EPA 5035/5030B	402164	EPA 8260	402167
40237163004	X1-B-C1	EPA 5035/5030B	402164	EPA 8260	402167
40237163005	X1-S-C1	EPA 5035/5030B	402164	EPA 8260	402167
40237163006	X1-B-C2	EPA 5035/5030B	402164	EPA 8260	402167
40237163001	X1-B-D2	ASTM D2974-87	402136		
40237163002	X1-B-D3	ASTM D2974-87	402136		
40237163003	X1-B-D4	ASTM D2974-87	402136		
40237163004	X1-B-C1	ASTM D2974-87	402136		
40237163005	X1-S-C1	ASTM D2974-87	402136		
40237163006	X1-B-C2	ASTM D2974-87	402136		

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### Sample Condition Upon Receipt Form (SCUR)

Project #: \_\_\_\_\_

Client Name: KPRG

**WO#: 40237163**

Courier:  CS Logistics  Fed Ex  Speedee  UPS  Walco  
 Client  Pace Other: \_\_\_\_\_



Tracking #: \_\_\_\_\_

Custody Seal on Cooler/Box Present:  yes  no    Seals intact:  yes  no

Custody Seal on Samples Present:  yes  no    Seals intact:  yes  no

Packing Material:  Bubble Wrap  Bubble Bags  None  Other \_\_\_\_\_

Thermometer Used SR - 110    Type of Ice:  Wet  Blue  Dry  None     Samples on ice, cooling process has begun

Cooler Temperature    Uncorr: 5    /Corr: 5

Temp Blank Present:  yes  no    Biological Tissue is Frozen:  yes  no

Person examining contents:  
Date: 11/18/21 /Initials: SKW  
Labeled By Initials: SKW

Temp should be above freezing to 6°C.  
Biota Samples may be received at ≤ 0°C if shipped on Dry Ice.

Chain of Custody Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	2. <u>mail invoice</u>
Chain of Custody Relinquished: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
- VOA Samples frozen upon receipt <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:
Short Hold Time Analysis (<72hr): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6.
Rush Turn Around Time Requested: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7.
Sufficient Volume:	8.
For Analysis: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    MS/MSD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
-Pace IR Containers Used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Containers Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	12. <u>poly bottles 10's only</u>
-Includes date/time/ID/Analysis    Matrix: <u>S</u>	<u>11/18/21</u>
Trip Blank Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	13.
Trip Blank Custody Seals Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased): _____	

**Client Notification/ Resolution:** \_\_\_\_\_ If checked, see attached form for additional comments

Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Comments/ Resolution: \_\_\_\_\_

PM Review is documented electronically in LIMs. By releasing the project, the PM acknowledges they have reviewed the sample log in

November 19, 2021

Rich Gnat  
KPRG AND ASSOCIATES, INC.  
14665 W. Lisbon Road  
Suite 1A  
Brookfield, WI 53005

RE: Project: 11717 NAVISTAR  
Pace Project No.: 40237249

Dear Rich Gnat:

Enclosed are the analytical results for sample(s) received by the laboratory on November 19, 2021. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Green Bay

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Dan Milewsky  
dan.milewsky@pacelabs.com  
(920)469-2436  
Project Manager

Enclosures

cc: Josh Davenport, KPRG and Associates, Inc.



## REPORT OF LABORATORY ANALYSIS

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## CERTIFICATIONS

Project: 11717 NAVISTAR

Pace Project No.: 40237249

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### **Pace Analytical Services Green Bay**

1241 Bellevue Street, Green Bay, WI 54302

Florida/NELAP Certification #: E87948

Illinois Certification #: 200050

Kentucky UST Certification #: 82

Louisiana Certification #: 04168

Minnesota Certification #: 055-999-334

New York Certification #: 12064

North Dakota Certification #: R-150

Virginia VELAP ID: 460263

South Carolina Certification #: 83006001

Texas Certification #: T104704529-14-1

Wisconsin Certification #: 405132750

Wisconsin DATCP Certification #: 105-444

USDA Soil Permit #: P330-16-00157

Federal Fish & Wildlife Permit #: LE51774A-0

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## REPORT OF LABORATORY ANALYSIS

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## SAMPLE SUMMARY

Project: 11717 NAVISTAR

Pace Project No.: 40237249

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40237249001	X1-B-C3	Solid	11/18/21 07:50	11/19/21 07:35
40237249002	X1-B-C4	Solid	11/18/21 09:20	11/19/21 07:35
40237249003	X1-B-B1	Solid	11/18/21 11:06	11/19/21 07:35
40237249004	X1-S-B1	Solid	11/18/21 11:08	11/19/21 07:35
40237249005	X1-S-A1	Solid	11/18/21 11:30	11/19/21 07:35
40237249006	X1-B-B2	Solid	11/18/21 12:05	11/19/21 07:35
40237249007	X1-B-A2	Solid	11/18/21 12:45	11/19/21 07:35
40237249008	X1-S-A2	Solid	11/18/21 12:47	11/19/21 07:35
40237249009	X1-B-A3	Solid	11/18/21 13:35	11/19/21 07:35
40237249010	X1-S-A3	Solid	11/18/21 13:37	11/19/21 07:35
40237249011	X1-B-B3	Solid	11/18/21 14:00	11/19/21 07:35

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### SAMPLE ANALYTE COUNT

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40237249001	X1-B-C3	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237249002	X1-B-C4	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237249003	X1-B-B1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237249004	X1-S-B1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237249005	X1-S-A1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237249006	X1-B-B2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237249007	X1-B-A2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237249008	X1-S-A2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237249009	X1-B-A3	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237249010	X1-S-A3	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G
40237249011	X1-B-B3	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	HXB	1	PASI-G

PASI-G = Pace Analytical Services - Green Bay

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### SUMMARY OF DETECTION

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
<b>40237249001</b>	<b>X1-B-C3</b>					
EPA 8260	Trichloroethene	41.7J	ug/kg	66.4	11/19/21 10:41	
ASTM D2974-87	Percent Moisture	14.1	%	0.10	11/19/21 08:21	
<b>40237249002</b>	<b>X1-B-C4</b>					
EPA 8260	Trichloroethene	56.5J	ug/kg	60.5	11/19/21 11:00	
ASTM D2974-87	Percent Moisture	9.5	%	0.10	11/19/21 08:21	
<b>40237249003</b>	<b>X1-B-B1</b>					
ASTM D2974-87	Percent Moisture	4.3	%	0.10	11/19/21 08:21	
<b>40237249004</b>	<b>X1-S-B1</b>					
ASTM D2974-87	Percent Moisture	5.2	%	0.10	11/19/21 08:21	
<b>40237249005</b>	<b>X1-S-A1</b>					
EPA 8260	Trichloroethene	120	ug/kg	77.0	11/19/21 12:00	
ASTM D2974-87	Percent Moisture	21.2	%	0.10	11/19/21 08:21	
<b>40237249006</b>	<b>X1-B-B2</b>					
ASTM D2974-87	Percent Moisture	4.0	%	0.10	11/19/21 08:21	
<b>40237249007</b>	<b>X1-B-A2</b>					
EPA 8260	Trichloroethene	21.5J	ug/kg	55.1	11/19/21 12:39	
ASTM D2974-87	Percent Moisture	4.9	%	0.10	11/19/21 08:21	
<b>40237249008</b>	<b>X1-S-A2</b>					
EPA 8260	Trichloroethene	31.3J	ug/kg	64.4	11/19/21 12:58	
ASTM D2974-87	Percent Moisture	12.6	%	0.10	11/19/21 08:21	
<b>40237249009</b>	<b>X1-B-A3</b>					
ASTM D2974-87	Percent Moisture	10.4	%	0.10	11/19/21 08:21	
<b>40237249010</b>	<b>X1-S-A3</b>					
ASTM D2974-87	Percent Moisture	13.3	%	0.10	11/19/21 08:21	
<b>40237249011</b>	<b>X1-B-B3</b>					
EPA 8260	Trichloroethene	53.4J	ug/kg	57.3	11/19/21 13:57	
ASTM D2974-87	Percent Moisture	6.8	%	0.10	11/19/21 08:22	

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

**Sample: X1-B-C3**      **Lab ID: 40237249001**      Collected: 11/18/21 07:50      Received: 11/19/21 07:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<17.0	ug/kg	66.4	17.0	1	11/19/21 08:00	11/19/21 10:41	75-34-3	
1,2-Dichloroethane	<15.3	ug/kg	66.4	15.3	1	11/19/21 08:00	11/19/21 10:41	107-06-2	
1,1-Dichloroethene	<22.0	ug/kg	66.4	22.0	1	11/19/21 08:00	11/19/21 10:41	75-35-4	
cis-1,2-Dichloroethene	<14.2	ug/kg	66.4	14.2	1	11/19/21 08:00	11/19/21 10:41	156-59-2	
trans-1,2-Dichloroethene	<14.3	ug/kg	66.4	14.3	1	11/19/21 08:00	11/19/21 10:41	156-60-5	
Tetrachloroethene	<25.8	ug/kg	66.4	25.8	1	11/19/21 08:00	11/19/21 10:41	127-18-4	
1,1,1-Trichloroethane	<17.0	ug/kg	66.4	17.0	1	11/19/21 08:00	11/19/21 10:41	71-55-6	
1,1,2-Trichloroethane	<24.2	ug/kg	66.4	24.2	1	11/19/21 08:00	11/19/21 10:41	79-00-5	
Trichloroethene	41.7J	ug/kg	66.4	24.8	1	11/19/21 08:00	11/19/21 10:41	79-01-6	
Vinyl chloride	<13.4	ug/kg	66.4	13.4	1	11/19/21 08:00	11/19/21 10:41	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	112	%	67-159		1	11/19/21 08:00	11/19/21 10:41	2037-26-5	
4-Bromofluorobenzene (S)	114	%	66-153		1	11/19/21 08:00	11/19/21 10:41	460-00-4	
1,2-Dichlorobenzene-d4 (S)	106	%	82-158		1	11/19/21 08:00	11/19/21 10:41	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	14.1	%	0.10	0.10	1		11/19/21 08:21		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237249

**Sample: X1-B-C4**      **Lab ID: 40237249002**      Collected: 11/18/21 09:20      Received: 11/19/21 07:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.5	ug/kg	60.5	15.5	1	11/19/21 08:00	11/19/21 11:00	75-34-3	
1,2-Dichloroethane	<13.9	ug/kg	60.5	13.9	1	11/19/21 08:00	11/19/21 11:00	107-06-2	
1,1-Dichloroethene	<20.1	ug/kg	60.5	20.1	1	11/19/21 08:00	11/19/21 11:00	75-35-4	
cis-1,2-Dichloroethene	<12.9	ug/kg	60.5	12.9	1	11/19/21 08:00	11/19/21 11:00	156-59-2	
trans-1,2-Dichloroethene	<13.1	ug/kg	60.5	13.1	1	11/19/21 08:00	11/19/21 11:00	156-60-5	
Tetrachloroethene	<23.5	ug/kg	60.5	23.5	1	11/19/21 08:00	11/19/21 11:00	127-18-4	
1,1,1-Trichloroethane	<15.5	ug/kg	60.5	15.5	1	11/19/21 08:00	11/19/21 11:00	71-55-6	
1,1,2-Trichloroethane	<22.0	ug/kg	60.5	22.0	1	11/19/21 08:00	11/19/21 11:00	79-00-5	
Trichloroethene	56.5J	ug/kg	60.5	22.6	1	11/19/21 08:00	11/19/21 11:00	79-01-6	
Vinyl chloride	<12.2	ug/kg	60.5	12.2	1	11/19/21 08:00	11/19/21 11:00	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	117	%	67-159		1	11/19/21 08:00	11/19/21 11:00	2037-26-5	
4-Bromofluorobenzene (S)	123	%	66-153		1	11/19/21 08:00	11/19/21 11:00	460-00-4	
1,2-Dichlorobenzene-d4 (S)	110	%	82-158		1	11/19/21 08:00	11/19/21 11:00	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	9.5	%	0.10	0.10	1		11/19/21 08:21		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

**Sample: X1-B-B1**      **Lab ID: 40237249003**      Collected: 11/18/21 11:06      Received: 11/19/21 07:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<13.9	ug/kg	54.4	13.9	1	11/19/21 08:00	11/19/21 11:21	75-34-3	
1,2-Dichloroethane	<12.5	ug/kg	54.4	12.5	1	11/19/21 08:00	11/19/21 11:21	107-06-2	
1,1-Dichloroethene	<18.1	ug/kg	54.4	18.1	1	11/19/21 08:00	11/19/21 11:21	75-35-4	
cis-1,2-Dichloroethene	<11.7	ug/kg	54.4	11.7	1	11/19/21 08:00	11/19/21 11:21	156-59-2	
trans-1,2-Dichloroethene	<11.8	ug/kg	54.4	11.8	1	11/19/21 08:00	11/19/21 11:21	156-60-5	
Tetrachloroethene	<21.1	ug/kg	54.4	21.1	1	11/19/21 08:00	11/19/21 11:21	127-18-4	
1,1,1-Trichloroethane	<13.9	ug/kg	54.4	13.9	1	11/19/21 08:00	11/19/21 11:21	71-55-6	
1,1,2-Trichloroethane	<19.8	ug/kg	54.4	19.8	1	11/19/21 08:00	11/19/21 11:21	79-00-5	
Trichloroethene	<20.4	ug/kg	54.4	20.4	1	11/19/21 08:00	11/19/21 11:21	79-01-6	
Vinyl chloride	<11.0	ug/kg	54.4	11.0	1	11/19/21 08:00	11/19/21 11:21	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	119	%	67-159		1	11/19/21 08:00	11/19/21 11:21	2037-26-5	
4-Bromofluorobenzene (S)	119	%	66-153		1	11/19/21 08:00	11/19/21 11:21	460-00-4	
1,2-Dichlorobenzene-d4 (S)	114	%	82-158		1	11/19/21 08:00	11/19/21 11:21	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	4.3	%	0.10	0.10	1		11/19/21 08:21		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237249

**Sample: X1-S-B1**      **Lab ID: 40237249004**      Collected: 11/18/21 11:08      Received: 11/19/21 07:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.2	ug/kg	55.5	14.2	1	11/19/21 08:00	11/19/21 11:40	75-34-3	
1,2-Dichloroethane	<12.8	ug/kg	55.5	12.8	1	11/19/21 08:00	11/19/21 11:40	107-06-2	
1,1-Dichloroethene	<18.4	ug/kg	55.5	18.4	1	11/19/21 08:00	11/19/21 11:40	75-35-4	
cis-1,2-Dichloroethene	<11.9	ug/kg	55.5	11.9	1	11/19/21 08:00	11/19/21 11:40	156-59-2	
trans-1,2-Dichloroethene	<12.0	ug/kg	55.5	12.0	1	11/19/21 08:00	11/19/21 11:40	156-60-5	
Tetrachloroethene	<21.5	ug/kg	55.5	21.5	1	11/19/21 08:00	11/19/21 11:40	127-18-4	
1,1,1-Trichloroethane	<14.2	ug/kg	55.5	14.2	1	11/19/21 08:00	11/19/21 11:40	71-55-6	
1,1,2-Trichloroethane	<20.2	ug/kg	55.5	20.2	1	11/19/21 08:00	11/19/21 11:40	79-00-5	
Trichloroethene	<20.8	ug/kg	55.5	20.8	1	11/19/21 08:00	11/19/21 11:40	79-01-6	
Vinyl chloride	<11.2	ug/kg	55.5	11.2	1	11/19/21 08:00	11/19/21 11:40	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	127	%	67-159		1	11/19/21 08:00	11/19/21 11:40	2037-26-5	
4-Bromofluorobenzene (S)	134	%	66-153		1	11/19/21 08:00	11/19/21 11:40	460-00-4	
1,2-Dichlorobenzene-d4 (S)	123	%	82-158		1	11/19/21 08:00	11/19/21 11:40	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	5.2	%	0.10	0.10	1		11/19/21 08:21		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

**Sample: X1-S-A1**      **Lab ID: 40237249005**      Collected: 11/18/21 11:30      Received: 11/19/21 07:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<19.7	ug/kg	77.0	19.7	1	11/19/21 08:00	11/19/21 12:00	75-34-3	
1,2-Dichloroethane	<17.7	ug/kg	77.0	17.7	1	11/19/21 08:00	11/19/21 12:00	107-06-2	
1,1-Dichloroethene	<25.6	ug/kg	77.0	25.6	1	11/19/21 08:00	11/19/21 12:00	75-35-4	
cis-1,2-Dichloroethene	<16.5	ug/kg	77.0	16.5	1	11/19/21 08:00	11/19/21 12:00	156-59-2	
trans-1,2-Dichloroethene	<16.6	ug/kg	77.0	16.6	1	11/19/21 08:00	11/19/21 12:00	156-60-5	
Tetrachloroethene	<29.9	ug/kg	77.0	29.9	1	11/19/21 08:00	11/19/21 12:00	127-18-4	
1,1,1-Trichloroethane	<19.7	ug/kg	77.0	19.7	1	11/19/21 08:00	11/19/21 12:00	71-55-6	
1,1,2-Trichloroethane	<28.0	ug/kg	77.0	28.0	1	11/19/21 08:00	11/19/21 12:00	79-00-5	
Trichloroethene	120	ug/kg	77.0	28.8	1	11/19/21 08:00	11/19/21 12:00	79-01-6	
Vinyl chloride	<15.5	ug/kg	77.0	15.5	1	11/19/21 08:00	11/19/21 12:00	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	146	%	67-159		1	11/19/21 08:00	11/19/21 12:00	2037-26-5	
4-Bromofluorobenzene (S)	147	%	66-153		1	11/19/21 08:00	11/19/21 12:00	460-00-4	
1,2-Dichlorobenzene-d4 (S)	135	%	82-158		1	11/19/21 08:00	11/19/21 12:00	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	21.2	%	0.10	0.10	1		11/19/21 08:21		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

**Sample: X1-B-B2**      **Lab ID: 40237249006**      Collected: 11/18/21 12:05      Received: 11/19/21 07:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<13.9	ug/kg	54.1	13.9	1	11/19/21 08:00	11/19/21 12:19	75-34-3	
1,2-Dichloroethane	<12.4	ug/kg	54.1	12.4	1	11/19/21 08:00	11/19/21 12:19	107-06-2	
1,1-Dichloroethene	<18.0	ug/kg	54.1	18.0	1	11/19/21 08:00	11/19/21 12:19	75-35-4	
cis-1,2-Dichloroethene	<11.6	ug/kg	54.1	11.6	1	11/19/21 08:00	11/19/21 12:19	156-59-2	
trans-1,2-Dichloroethene	<11.7	ug/kg	54.1	11.7	1	11/19/21 08:00	11/19/21 12:19	156-60-5	
Tetrachloroethene	<21.0	ug/kg	54.1	21.0	1	11/19/21 08:00	11/19/21 12:19	127-18-4	
1,1,1-Trichloroethane	<13.9	ug/kg	54.1	13.9	1	11/19/21 08:00	11/19/21 12:19	71-55-6	
1,1,2-Trichloroethane	<19.7	ug/kg	54.1	19.7	1	11/19/21 08:00	11/19/21 12:19	79-00-5	
Trichloroethene	<20.2	ug/kg	54.1	20.2	1	11/19/21 08:00	11/19/21 12:19	79-01-6	
Vinyl chloride	<10.9	ug/kg	54.1	10.9	1	11/19/21 08:00	11/19/21 12:19	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	114	%	67-159		1	11/19/21 08:00	11/19/21 12:19	2037-26-5	
4-Bromofluorobenzene (S)	115	%	66-153		1	11/19/21 08:00	11/19/21 12:19	460-00-4	
1,2-Dichlorobenzene-d4 (S)	109	%	82-158		1	11/19/21 08:00	11/19/21 12:19	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	4.0	%	0.10	0.10	1		11/19/21 08:21		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

**Sample: X1-B-A2**      **Lab ID: 40237249007**      Collected: 11/18/21 12:45      Received: 11/19/21 07:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.1	ug/kg	55.1	14.1	1	11/19/21 08:00	11/19/21 12:39	75-34-3	
1,2-Dichloroethane	<12.7	ug/kg	55.1	12.7	1	11/19/21 08:00	11/19/21 12:39	107-06-2	
1,1-Dichloroethene	<18.3	ug/kg	55.1	18.3	1	11/19/21 08:00	11/19/21 12:39	75-35-4	
cis-1,2-Dichloroethene	<11.8	ug/kg	55.1	11.8	1	11/19/21 08:00	11/19/21 12:39	156-59-2	
trans-1,2-Dichloroethene	<11.9	ug/kg	55.1	11.9	1	11/19/21 08:00	11/19/21 12:39	156-60-5	
Tetrachloroethene	<21.4	ug/kg	55.1	21.4	1	11/19/21 08:00	11/19/21 12:39	127-18-4	
1,1,1-Trichloroethane	<14.1	ug/kg	55.1	14.1	1	11/19/21 08:00	11/19/21 12:39	71-55-6	
1,1,2-Trichloroethane	<20.1	ug/kg	55.1	20.1	1	11/19/21 08:00	11/19/21 12:39	79-00-5	
Trichloroethene	21.5J	ug/kg	55.1	20.6	1	11/19/21 08:00	11/19/21 12:39	79-01-6	
Vinyl chloride	<11.1	ug/kg	55.1	11.1	1	11/19/21 08:00	11/19/21 12:39	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	118	%	67-159		1	11/19/21 08:00	11/19/21 12:39	2037-26-5	
4-Bromofluorobenzene (S)	122	%	66-153		1	11/19/21 08:00	11/19/21 12:39	460-00-4	
1,2-Dichlorobenzene-d4 (S)	113	%	82-158		1	11/19/21 08:00	11/19/21 12:39	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	4.9	%	0.10	0.10	1		11/19/21 08:21		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237249

**Sample: X1-S-A2**      **Lab ID: 40237249008**      Collected: 11/18/21 12:47      Received: 11/19/21 07:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<16.5	ug/kg	64.4	16.5	1	11/19/21 08:00	11/19/21 12:58	75-34-3	
1,2-Dichloroethane	<14.8	ug/kg	64.4	14.8	1	11/19/21 08:00	11/19/21 12:58	107-06-2	
1,1-Dichloroethene	<21.4	ug/kg	64.4	21.4	1	11/19/21 08:00	11/19/21 12:58	75-35-4	
cis-1,2-Dichloroethene	<13.8	ug/kg	64.4	13.8	1	11/19/21 08:00	11/19/21 12:58	156-59-2	
trans-1,2-Dichloroethene	<13.9	ug/kg	64.4	13.9	1	11/19/21 08:00	11/19/21 12:58	156-60-5	
Tetrachloroethene	<25.0	ug/kg	64.4	25.0	1	11/19/21 08:00	11/19/21 12:58	127-18-4	
1,1,1-Trichloroethane	<16.5	ug/kg	64.4	16.5	1	11/19/21 08:00	11/19/21 12:58	71-55-6	
1,1,2-Trichloroethane	<23.5	ug/kg	64.4	23.5	1	11/19/21 08:00	11/19/21 12:58	79-00-5	
Trichloroethene	31.3J	ug/kg	64.4	24.1	1	11/19/21 08:00	11/19/21 12:58	79-01-6	
Vinyl chloride	<13.0	ug/kg	64.4	13.0	1	11/19/21 08:00	11/19/21 12:58	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	128	%	67-159		1	11/19/21 08:00	11/19/21 12:58	2037-26-5	
4-Bromofluorobenzene (S)	131	%	66-153		1	11/19/21 08:00	11/19/21 12:58	460-00-4	
1,2-Dichlorobenzene-d4 (S)	121	%	82-158		1	11/19/21 08:00	11/19/21 12:58	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	12.6	%	0.10	0.10	1		11/19/21 08:21		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

**Sample: X1-B-A3**      **Lab ID: 40237249009**      Collected: 11/18/21 13:35      Received: 11/19/21 07:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.8	ug/kg	61.6	15.8	1	11/19/21 08:00	11/19/21 13:18	75-34-3	
1,2-Dichloroethane	<14.2	ug/kg	61.6	14.2	1	11/19/21 08:00	11/19/21 13:18	107-06-2	
1,1-Dichloroethene	<20.4	ug/kg	61.6	20.4	1	11/19/21 08:00	11/19/21 13:18	75-35-4	
cis-1,2-Dichloroethene	<13.2	ug/kg	61.6	13.2	1	11/19/21 08:00	11/19/21 13:18	156-59-2	
trans-1,2-Dichloroethene	<13.3	ug/kg	61.6	13.3	1	11/19/21 08:00	11/19/21 13:18	156-60-5	
Tetrachloroethene	<23.9	ug/kg	61.6	23.9	1	11/19/21 08:00	11/19/21 13:18	127-18-4	
1,1,1-Trichloroethane	<15.8	ug/kg	61.6	15.8	1	11/19/21 08:00	11/19/21 13:18	71-55-6	
1,1,2-Trichloroethane	<22.4	ug/kg	61.6	22.4	1	11/19/21 08:00	11/19/21 13:18	79-00-5	
Trichloroethene	<23.0	ug/kg	61.6	23.0	1	11/19/21 08:00	11/19/21 13:18	79-01-6	
Vinyl chloride	<12.4	ug/kg	61.6	12.4	1	11/19/21 08:00	11/19/21 13:18	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	128	%	67-159		1	11/19/21 08:00	11/19/21 13:18	2037-26-5	
4-Bromofluorobenzene (S)	134	%	66-153		1	11/19/21 08:00	11/19/21 13:18	460-00-4	
1,2-Dichlorobenzene-d4 (S)	125	%	82-158		1	11/19/21 08:00	11/19/21 13:18	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	<b>10.4</b>	%	0.10	0.10	1		11/19/21 08:21		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

**Sample: X1-S-A3**      **Lab ID: 40237249010**      Collected: 11/18/21 13:37      Received: 11/19/21 07:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<16.7	ug/kg	65.3	16.7	1	11/19/21 08:00	11/19/21 13:37	75-34-3	
1,2-Dichloroethane	<15.0	ug/kg	65.3	15.0	1	11/19/21 08:00	11/19/21 13:37	107-06-2	
1,1-Dichloroethene	<21.7	ug/kg	65.3	21.7	1	11/19/21 08:00	11/19/21 13:37	75-35-4	
cis-1,2-Dichloroethene	<14.0	ug/kg	65.3	14.0	1	11/19/21 08:00	11/19/21 13:37	156-59-2	
trans-1,2-Dichloroethene	<14.1	ug/kg	65.3	14.1	1	11/19/21 08:00	11/19/21 13:37	156-60-5	
Tetrachloroethene	<25.3	ug/kg	65.3	25.3	1	11/19/21 08:00	11/19/21 13:37	127-18-4	
1,1,1-Trichloroethane	<16.7	ug/kg	65.3	16.7	1	11/19/21 08:00	11/19/21 13:37	71-55-6	
1,1,2-Trichloroethane	<23.8	ug/kg	65.3	23.8	1	11/19/21 08:00	11/19/21 13:37	79-00-5	
Trichloroethene	<24.4	ug/kg	65.3	24.4	1	11/19/21 08:00	11/19/21 13:37	79-01-6	
Vinyl chloride	<13.2	ug/kg	65.3	13.2	1	11/19/21 08:00	11/19/21 13:37	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	130	%	67-159		1	11/19/21 08:00	11/19/21 13:37	2037-26-5	
4-Bromofluorobenzene (S)	131	%	66-153		1	11/19/21 08:00	11/19/21 13:37	460-00-4	
1,2-Dichlorobenzene-d4 (S)	123	%	82-158		1	11/19/21 08:00	11/19/21 13:37	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	13.3	%	0.10	0.10	1		11/19/21 08:21		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

**Sample: X1-B-B3**      **Lab ID: 40237249011**      Collected: 11/18/21 14:00      Received: 11/19/21 07:35      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.7	ug/kg	57.3	14.7	1	11/19/21 08:00	11/19/21 13:57	75-34-3	
1,2-Dichloroethane	<13.2	ug/kg	57.3	13.2	1	11/19/21 08:00	11/19/21 13:57	107-06-2	
1,1-Dichloroethene	<19.0	ug/kg	57.3	19.0	1	11/19/21 08:00	11/19/21 13:57	75-35-4	
cis-1,2-Dichloroethene	<12.3	ug/kg	57.3	12.3	1	11/19/21 08:00	11/19/21 13:57	156-59-2	
trans-1,2-Dichloroethene	<12.4	ug/kg	57.3	12.4	1	11/19/21 08:00	11/19/21 13:57	156-60-5	
Tetrachloroethene	<22.2	ug/kg	57.3	22.2	1	11/19/21 08:00	11/19/21 13:57	127-18-4	
1,1,1-Trichloroethane	<14.7	ug/kg	57.3	14.7	1	11/19/21 08:00	11/19/21 13:57	71-55-6	
1,1,2-Trichloroethane	<20.9	ug/kg	57.3	20.9	1	11/19/21 08:00	11/19/21 13:57	79-00-5	
Trichloroethene	53.4J	ug/kg	57.3	21.4	1	11/19/21 08:00	11/19/21 13:57	79-01-6	
Vinyl chloride	<11.6	ug/kg	57.3	11.6	1	11/19/21 08:00	11/19/21 13:57	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	125	%	67-159		1	11/19/21 08:00	11/19/21 13:57	2037-26-5	
4-Bromofluorobenzene (S)	128	%	66-153		1	11/19/21 08:00	11/19/21 13:57	460-00-4	
1,2-Dichlorobenzene-d4 (S)	115	%	82-158		1	11/19/21 08:00	11/19/21 13:57	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	6.8	%	0.10	0.10	1		11/19/21 08:22		

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

QC Batch:	402300	Analysis Method:	EPA 8260
QC Batch Method:	EPA 5035/5030B	Analysis Description:	8260 MSV Med Level Normal List
		Laboratory:	Pace Analytical Services - Green Bay

Associated Lab Samples: 40237249001, 40237249002, 40237249003, 40237249004, 40237249005, 40237249006, 40237249007, 40237249008, 40237249009, 40237249010, 40237249011

METHOD BLANK: 2323333 Matrix: Solid  
Associated Lab Samples: 40237249001, 40237249002, 40237249003, 40237249004, 40237249005, 40237249006, 40237249007, 40237249008, 40237249009, 40237249010, 40237249011

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1,1-Trichloroethane	ug/kg	<12.8	50.0	11/19/21 08:58	
1,1,2-Trichloroethane	ug/kg	<18.2	50.0	11/19/21 08:58	
1,1-Dichloroethane	ug/kg	<12.8	50.0	11/19/21 08:58	
1,1-Dichloroethene	ug/kg	<16.6	50.0	11/19/21 08:58	
1,2-Dichloroethane	ug/kg	<11.5	50.0	11/19/21 08:58	
cis-1,2-Dichloroethene	ug/kg	<10.7	50.0	11/19/21 08:58	
Tetrachloroethene	ug/kg	<19.4	50.0	11/19/21 08:58	
trans-1,2-Dichloroethene	ug/kg	<10.8	50.0	11/19/21 08:58	
Trichloroethene	ug/kg	<18.7	50.0	11/19/21 08:58	
Vinyl chloride	ug/kg	<10.1	50.0	11/19/21 08:58	
1,2-Dichlorobenzene-d4 (S)	%	93	82-158	11/19/21 08:58	
4-Bromofluorobenzene (S)	%	97	66-153	11/19/21 08:58	
Toluene-d8 (S)	%	96	67-159	11/19/21 08:58	

LABORATORY CONTROL SAMPLE: 2323334

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/kg	2500	2540	102	70-130	
1,1,2-Trichloroethane	ug/kg	2500	2480	99	70-130	
1,1-Dichloroethane	ug/kg	2500	2320	93	70-130	
1,1-Dichloroethene	ug/kg	2500	2610	104	67-120	
1,2-Dichloroethane	ug/kg	2500	2260	91	70-130	
cis-1,2-Dichloroethene	ug/kg	2500	2500	100	70-130	
Tetrachloroethene	ug/kg	2500	2360	94	70-130	
trans-1,2-Dichloroethene	ug/kg	2500	2580	103	70-130	
Trichloroethene	ug/kg	2500	2680	107	70-130	
Vinyl chloride	ug/kg	2500	1920	77	58-121	
1,2-Dichlorobenzene-d4 (S)	%			105	82-158	
4-Bromofluorobenzene (S)	%			116	66-153	
Toluene-d8 (S)	%			107	67-159	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2323335 2323336

Parameter	Units	40237249001 Result	MS		MSD		MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
			Spike Conc.	MS Result	MSD Result							
1,1,1-Trichloroethane	ug/kg	<17.0	1330	1330	1310	1290	99	97	70-130	2	20	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR

Pace Project No.: 40237249

Parameter	Units	2323335			2323336			% Rec	% Rec	% Rec	Limits	RPD	Max RPD	Qual
		40237249001	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec							
1,1,2-Trichloroethane	ug/kg	<24.2	1330	1330	1280	1290	97	97	97	70-130	1	20		
1,1-Dichloroethane	ug/kg	<17.0	1330	1330	1260	1180	95	89	89	70-130	7	20		
1,1-Dichloroethene	ug/kg	<22.0	1330	1330	1320	1290	100	97	97	64-120	3	20		
1,2-Dichloroethane	ug/kg	<15.3	1330	1330	1210	1140	91	86	86	70-130	6	20		
cis-1,2-Dichloroethene	ug/kg	<14.2	1330	1330	1300	1330	98	100	100	70-130	2	20		
Tetrachloroethene	ug/kg	<25.8	1330	1330	1180	1250	89	94	94	70-130	6	20		
trans-1,2-Dichloroethene	ug/kg	<14.3	1330	1330	1390	1320	105	100	100	70-130	5	20		
Trichloroethene	ug/kg	41.7J	1330	1330	1410	1320	103	96	96	70-130	7	20		
Vinyl chloride	ug/kg	<13.4	1330	1330	1100	1090	82	82	82	43-137	0	20		
1,2-Dichlorobenzene-d4 (S)	%						113	113	113	82-158				
4-Bromofluorobenzene (S)	%						129	126	126	66-153				
Toluene-d8 (S)	%						113	120	120	67-159				

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

### REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

---

QC Batch:	402270	Analysis Method:	ASTM D2974-87
QC Batch Method:	ASTM D2974-87	Analysis Description:	Dry Weight/Percent Moisture
		Laboratory:	Pace Analytical Services - Green Bay

Associated Lab Samples: 40237249001, 40237249002, 40237249003, 40237249004, 40237249005, 40237249006, 40237249007, 40237249008, 40237249009, 40237249010, 40237249011

---

SAMPLE DUPLICATE: 2323174

Parameter	Units	40237249003 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	4.3	4.5	6	10	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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## QUALIFIERS

Project: 11717 NAVISTAR

Pace Project No.: 40237249

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above LOD.

J - Estimated concentration at or above the LOD and below the LOQ.

LOD - Limit of Detection adjusted for dilution factor, percent moisture, initial weight and final volume.

LOQ - Limit of Quantitation adjusted for dilution factor, percent moisture, initial weight and final volume.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected at or above the adjusted LOD.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

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### QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 11717 NAVISTAR  
Pace Project No.: 40237249

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40237249001	X1-B-C3	EPA 5035/5030B	402300	EPA 8260	402303
40237249002	X1-B-C4	EPA 5035/5030B	402300	EPA 8260	402303
40237249003	X1-B-B1	EPA 5035/5030B	402300	EPA 8260	402303
40237249004	X1-S-B1	EPA 5035/5030B	402300	EPA 8260	402303
40237249005	X1-S-A1	EPA 5035/5030B	402300	EPA 8260	402303
40237249006	X1-B-B2	EPA 5035/5030B	402300	EPA 8260	402303
40237249007	X1-B-A2	EPA 5035/5030B	402300	EPA 8260	402303
40237249008	X1-S-A2	EPA 5035/5030B	402300	EPA 8260	402303
40237249009	X1-B-A3	EPA 5035/5030B	402300	EPA 8260	402303
40237249010	X1-S-A3	EPA 5035/5030B	402300	EPA 8260	402303
40237249011	X1-B-B3	EPA 5035/5030B	402300	EPA 8260	402303
40237249001	X1-B-C3	ASTM D2974-87	402270		
40237249002	X1-B-C4	ASTM D2974-87	402270		
40237249003	X1-B-B1	ASTM D2974-87	402270		
40237249004	X1-S-B1	ASTM D2974-87	402270		
40237249005	X1-S-A1	ASTM D2974-87	402270		
40237249006	X1-B-B2	ASTM D2974-87	402270		
40237249007	X1-B-A2	ASTM D2974-87	402270		
40237249008	X1-S-A2	ASTM D2974-87	402270		
40237249009	X1-B-A3	ASTM D2974-87	402270		
40237249010	X1-S-A3	ASTM D2974-87	402270		
40237249011	X1-B-B3	ASTM D2974-87	402270		

### REPORT OF LABORATORY ANALYSIS

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### Sample Preservation Receipt Form

Client Name: KPRCA

Project # 40237249

All containers needing preservation have been checked and noted below:  Yes  No  N/A

Initial when completed:

Date/Time:

Lab Lot# of pH paper:

Lab Std #ID of preservation (if pH adjusted):

Pace Lab #	Glass							Plastic					Vials					Jars				General			VOA Vials (>6mm) *	H2SO4 pH ≤2	NaOH+Zn Act pH ≥9	NaOH pH ≥12	HNO3 pH ≤2	pH after adjusted	Volume (mL)				
	AG1U	BG1U	AG1H	AG4S	AG4U	AG5U	AG2S	BP1U	BP3U	BP3B	BP3N	BP3S	VG9A	DG9T	VG9U	VG9H	VG9M	VG9D	JGFU	JG9U	WGFU	WPFU	SP5T	ZPLC								GN			
001																																			2.5 / 5 / 10
002																																			2.5 / 5 / 10
003																																			2.5 / 5 / 10
004																																			2.5 / 5 / 10
005																																			2.5 / 5 / 10
006																																			2.5 / 5 / 10
007																																			2.5 / 5 / 10
008																																			2.5 / 5 / 10
009																																			2.5 / 5 / 10
010																																			2.5 / 5 / 10
011																																			2.5 / 5 / 10
012																																			2.5 / 5 / 10
013																																			2.5 / 5 / 10
014																																			2.5 / 5 / 10
015																																			2.5 / 5 / 10
016																																			2.5 / 5 / 10
017																																			2.5 / 5 / 10
018																																			2.5 / 5 / 10
019																																			2.5 / 5 / 10
020																																			2.5 / 5 / 10

*400 liter (2)*

Exceptions to preservation check: VOA, Coliform, TOC, TOX, TOH, O&G, WI DRO, Phenolics, Other: \_\_\_\_\_ Headspace in VOA Vials (>6mm) :  Yes  No  N/A \*If yes look in headspace column

AG1U	1 liter amber glass	BP1U	1 liter plastic unpres	VG9A	40 mL clear ascorbic	JGFU	4 oz amber jar unpres
BG1U	1 liter clear glass	BP3U	250 mL plastic unpres	DG9T	40 mL amber Na Thio	JG9U	9 oz amber jar unpres
AG1H	1 liter amber glass HCL	BP3B	250 mL plastic NaOH	VG9U	40 mL clear vial unpres	WGFU	4 oz clear jar unpres
AG4S	125 mL amber glass H2SO4	BP3N	250 mL plastic HNO3	VG9H	40 mL clear vial HCL	WPFU	4 oz plastic jar unpres
AG4U	120 mL amber glass unpres	BP3S	250 mL plastic H2SO4	VG9M	40 mL clear vial MeOH	SP5T	120 mL plastic Na Thiosulfate
AG5U	100 mL amber glass unpres			VG9D	40 mL clear vial DI	ZPLC	ziploc bag
AG2S	500 mL amber glass H2SO4					GN	
BG3U	250 mL clear glass unpres						

**Sample Condition Upon Receipt Form (SCUR)**

Project #: \_\_\_\_\_

**Client Name:** KPRG

**WO# : 40237249**

Courier:  CS Logistics  Fed Ex  Speedee  UPS  Waltco  
 Client  Pace Other: \_\_\_\_\_



Tracking #: \_\_\_\_\_

Custody Seal on Cooler/Box Present:  yes  no    Seals intact:  yes  no

Custody Seal on Samples Present:  yes  no    Seals intact:  yes  no

Packing Material:  Bubble Wrap  Bubble Bags  None  Other \_\_\_\_\_

Thermometer Used SR - 110    Type of Ice:  Wet  Blue  Dry  None     Samples on ice, cooling process has begun

Cooler Temperature    Uncorr: 4    /Corr: 4

Temp Blank Present:  yes  no    Biological Tissue is Frozen:  yes  no

Temp should be above freezing to 6°C.

Biota Samples may be received at ≤ 0°C if shipped on Dry Ice.

**Person examining contents:**

Date: 11/19/21 / Initials: [Signature]

Labeled By Initials: [Signature]

Chain of Custody Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	2. <u>mail invoice</u>
Chain of Custody Relinquished: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
- VOA Samples frozen upon receipt <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:
Short Hold Time Analysis (<72hr): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6.
Rush Turn Around Time Requested: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7.
Sufficient Volume:	8.
For Analysis: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    MS/MSD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
-Pace IR Containers Used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Containers Intact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	12. <u>polys IDS only</u>
-Includes date/time/ID/Analysis    Matrix: <u>S</u>	<u>11/19/21</u>
Trip Blank Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	13.
Trip Blank Custody Seals Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased): _____	

**Client Notification/ Resolution:** \_\_\_\_\_ If checked, see attached form for additional comments

Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Comments/ Resolution: \_\_\_\_\_

PM Review is documented electronically in LIMs. By releasing the project, the PM acknowledges they have reviewed the sample logi

November 22, 2021

Rich Gnat  
KPRG AND ASSOCIATES, INC.  
14665 W. Lisbon Road  
Suite 1A  
Brookfield, WI 53005

RE: Project: 11717 NAVISTAR  
Pace Project No.: 40237347

Dear Rich Gnat:

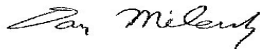
Enclosed are the analytical results for sample(s) received by the laboratory on November 20, 2021. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Green Bay

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Dan Milewsky  
dan.milewsky@pacelabs.com  
(920)469-2436  
Project Manager

Enclosures

cc: Josh Davenport, KPRG and Associates, Inc.



## REPORT OF LABORATORY ANALYSIS

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## CERTIFICATIONS

Project: 11717 NAVISTAR

Pace Project No.: 40237347

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### **Pace Analytical Services Green Bay**

1241 Bellevue Street, Green Bay, WI 54302

Florida/NELAP Certification #: E87948

Illinois Certification #: 200050

Kentucky UST Certification #: 82

Louisiana Certification #: 04168

Minnesota Certification #: 055-999-334

New York Certification #: 12064

North Dakota Certification #: R-150

Virginia VELAP ID: 460263

South Carolina Certification #: 83006001

Texas Certification #: T104704529-14-1

Wisconsin Certification #: 405132750

Wisconsin DATCP Certification #: 105-444

USDA Soil Permit #: P330-16-00157

Federal Fish & Wildlife Permit #: LE51774A-0

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## REPORT OF LABORATORY ANALYSIS

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## SAMPLE SUMMARY

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40237347001	X1-B-E5	Solid	11/19/21 07:50	11/20/21 08:50
40237347002	X1-S1-E5	Solid	11/19/21 07:52	11/20/21 08:50
40237347003	X1-S2-E5	Solid	11/19/21 07:54	11/20/21 08:50
40237347004	X1-B-D5	Solid	11/19/21 09:30	11/20/21 08:50
40237347005	X1-S-D5	Solid	11/19/21 09:27	11/20/21 08:50
40237347006	X2-S-A2	Solid	11/19/21 09:40	11/20/21 08:50
40237347007	X2-S-A3	Solid	11/19/21 09:42	11/20/21 08:50
40237347008	X1-B-A4	Solid	11/19/21 10:35	11/20/21 08:50
40237347009	X1-S-A4	Solid	11/19/21 10:36	11/20/21 08:50
40237347010	X1-B-B4	Solid	11/19/21 10:38	11/20/21 08:50
40237347011	X1-S2-C5	Solid	11/19/21 11:25	11/20/21 08:50
40237347012	X1-S1-C5	Solid	11/19/21 11:43	11/20/21 08:50
40237347013	X1-S-B4	Solid	11/19/21 11:40	11/20/21 08:50
40237347014	X1-S1-A5	Solid	11/19/21 12:52	11/20/21 08:50
40237347015	X1-S2-A5	Solid	11/19/21 12:54	11/20/21 08:50
40237347016	X1-S3-A5	Solid	11/19/21 12:56	11/20/21 08:50

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### SAMPLE ANALYTE COUNT

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40237347001	X1-B-E5	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347002	X1-S1-E5	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347003	X1-S2-E5	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347004	X1-B-D5	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347005	X1-S-D5	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347006	X2-S-A2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347007	X2-S-A3	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347008	X1-B-A4	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347009	X1-S-A4	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347010	X1-B-B4	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347011	X1-S2-C5	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347012	X1-S1-C5	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347013	X1-S-B4	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347014	X1-S1-A5	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347015	X1-S2-A5	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G
40237347016	X1-S3-A5	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AXW	1	PASI-G

PASI-G = Pace Analytical Services - Green Bay

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### SUMMARY OF DETECTION

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
<b>40237347001</b>	<b>X1-B-E5</b>					
EPA 8260	Trichloroethene	28.9J	ug/kg	57.6	11/20/21 21:10	
ASTM D2974-87	Percent Moisture	7.1	%	0.10	11/20/21 16:28	
<b>40237347002</b>	<b>X1-S1-E5</b>					
ASTM D2974-87	Percent Moisture	7.8	%	0.10	11/20/21 16:28	
<b>40237347003</b>	<b>X1-S2-E5</b>					
EPA 8260	Trichloroethene	117	ug/kg	70.4	11/20/21 21:49	
ASTM D2974-87	Percent Moisture	17.0	%	0.10	11/20/21 16:28	
<b>40237347004</b>	<b>X1-B-D5</b>					
EPA 8260	1,1,1-Trichloroethane	18.0J	ug/kg	63.4	11/20/21 22:09	
EPA 8260	Trichloroethene	136	ug/kg	63.4	11/20/21 22:09	
ASTM D2974-87	Percent Moisture	11.8	%	0.10	11/20/21 16:28	
<b>40237347005</b>	<b>X1-S-D5</b>					
ASTM D2974-87	Percent Moisture	13.8	%	0.10	11/20/21 16:28	
<b>40237347006</b>	<b>X2-S-A2</b>					
ASTM D2974-87	Percent Moisture	7.8	%	0.10	11/20/21 16:29	
<b>40237347007</b>	<b>X2-S-A3</b>					
EPA 8260	Trichloroethene	26.4J	ug/kg	62.6	11/20/21 23:07	
ASTM D2974-87	Percent Moisture	11.2	%	0.10	11/20/21 16:29	
<b>40237347008</b>	<b>X1-B-A4</b>					
ASTM D2974-87	Percent Moisture	10.8	%	0.10	11/20/21 16:29	
<b>40237347009</b>	<b>X1-S-A4</b>					
ASTM D2974-87	Percent Moisture	15.6	%	0.10	11/20/21 16:29	
<b>40237347010</b>	<b>X1-B-B4</b>					
ASTM D2974-87	Percent Moisture	15.1	%	0.10	11/20/21 16:29	
<b>40237347011</b>	<b>X1-S2-C5</b>					
ASTM D2974-87	Percent Moisture	16.0	%	0.10	11/20/21 16:29	
<b>40237347012</b>	<b>X1-S1-C5</b>					
EPA 8260	Trichloroethene	145	ug/kg	66.2	11/20/21 20:51	
ASTM D2974-87	Percent Moisture	13.9	%	0.10	11/20/21 16:29	
<b>40237347013</b>	<b>X1-S-B4</b>					
ASTM D2974-87	Percent Moisture	15.6	%	0.10	11/20/21 16:29	
<b>40237347014</b>	<b>X1-S1-A5</b>					
ASTM D2974-87	Percent Moisture	35.2	%	0.10	11/20/21 16:29	
<b>40237347015</b>	<b>X1-S2-A5</b>					
ASTM D2974-87	Percent Moisture	6.6	%	0.10	11/20/21 16:29	
<b>40237347016</b>	<b>X1-S3-A5</b>					
ASTM D2974-87	Percent Moisture	53.0	%	0.10	11/20/21 16:29	

### REPORT OF LABORATORY ANALYSIS

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

**Sample: X1-B-E5**      **Lab ID: 40237347001**      Collected: 11/19/21 07:50      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.8	ug/kg	57.6	14.8	1	11/20/21 12:00	11/20/21 21:10	75-34-3	
1,2-Dichloroethane	<13.3	ug/kg	57.6	13.3	1	11/20/21 12:00	11/20/21 21:10	107-06-2	
1,1-Dichloroethene	<19.1	ug/kg	57.6	19.1	1	11/20/21 12:00	11/20/21 21:10	75-35-4	
cis-1,2-Dichloroethene	<12.3	ug/kg	57.6	12.3	1	11/20/21 12:00	11/20/21 21:10	156-59-2	
trans-1,2-Dichloroethene	<12.5	ug/kg	57.6	12.5	1	11/20/21 12:00	11/20/21 21:10	156-60-5	
Tetrachloroethene	<22.4	ug/kg	57.6	22.4	1	11/20/21 12:00	11/20/21 21:10	127-18-4	
1,1,1-Trichloroethane	<14.8	ug/kg	57.6	14.8	1	11/20/21 12:00	11/20/21 21:10	71-55-6	
1,1,2-Trichloroethane	<21.0	ug/kg	57.6	21.0	1	11/20/21 12:00	11/20/21 21:10	79-00-5	
Trichloroethene	28.9J	ug/kg	57.6	21.6	1	11/20/21 12:00	11/20/21 21:10	79-01-6	
Vinyl chloride	<11.6	ug/kg	57.6	11.6	1	11/20/21 12:00	11/20/21 21:10	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	108	%	67-159		1	11/20/21 12:00	11/20/21 21:10	2037-26-5	
4-Bromofluorobenzene (S)	120	%	66-153		1	11/20/21 12:00	11/20/21 21:10	460-00-4	
1,2-Dichlorobenzene-d4 (S)	107	%	82-158		1	11/20/21 12:00	11/20/21 21:10	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	7.1	%	0.10	0.10	1		11/20/21 16:28		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

**Sample: X1-S1-E5**      **Lab ID: 40237347002**      Collected: 11/19/21 07:52      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.0	ug/kg	58.4	15.0	1	11/20/21 12:00	11/20/21 21:30	75-34-3	
1,2-Dichloroethane	<13.4	ug/kg	58.4	13.4	1	11/20/21 12:00	11/20/21 21:30	107-06-2	
1,1-Dichloroethene	<19.4	ug/kg	58.4	19.4	1	11/20/21 12:00	11/20/21 21:30	75-35-4	
cis-1,2-Dichloroethene	<12.5	ug/kg	58.4	12.5	1	11/20/21 12:00	11/20/21 21:30	156-59-2	
trans-1,2-Dichloroethene	<12.6	ug/kg	58.4	12.6	1	11/20/21 12:00	11/20/21 21:30	156-60-5	
Tetrachloroethene	<22.7	ug/kg	58.4	22.7	1	11/20/21 12:00	11/20/21 21:30	127-18-4	
1,1,1-Trichloroethane	<15.0	ug/kg	58.4	15.0	1	11/20/21 12:00	11/20/21 21:30	71-55-6	
1,1,2-Trichloroethane	<21.3	ug/kg	58.4	21.3	1	11/20/21 12:00	11/20/21 21:30	79-00-5	
Trichloroethene	<21.8	ug/kg	58.4	21.8	1	11/20/21 12:00	11/20/21 21:30	79-01-6	
Vinyl chloride	<11.8	ug/kg	58.4	11.8	1	11/20/21 12:00	11/20/21 21:30	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	110	%	67-159		1	11/20/21 12:00	11/20/21 21:30	2037-26-5	
4-Bromofluorobenzene (S)	118	%	66-153		1	11/20/21 12:00	11/20/21 21:30	460-00-4	
1,2-Dichlorobenzene-d4 (S)	106	%	82-158		1	11/20/21 12:00	11/20/21 21:30	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	7.8	%	0.10	0.10	1		11/20/21 16:28		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

**Sample: X1-S2-E5**      **Lab ID: 40237347003**      Collected: 11/19/21 07:54      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<18.0	ug/kg	70.4	18.0	1	11/20/21 12:00	11/20/21 21:49	75-34-3	
1,2-Dichloroethane	<16.2	ug/kg	70.4	16.2	1	11/20/21 12:00	11/20/21 21:49	107-06-2	
1,1-Dichloroethene	<23.4	ug/kg	70.4	23.4	1	11/20/21 12:00	11/20/21 21:49	75-35-4	
cis-1,2-Dichloroethene	<15.1	ug/kg	70.4	15.1	1	11/20/21 12:00	11/20/21 21:49	156-59-2	
trans-1,2-Dichloroethene	<15.2	ug/kg	70.4	15.2	1	11/20/21 12:00	11/20/21 21:49	156-60-5	
Tetrachloroethene	<27.3	ug/kg	70.4	27.3	1	11/20/21 12:00	11/20/21 21:49	127-18-4	
1,1,1-Trichloroethane	<18.0	ug/kg	70.4	18.0	1	11/20/21 12:00	11/20/21 21:49	71-55-6	
1,1,2-Trichloroethane	<25.6	ug/kg	70.4	25.6	1	11/20/21 12:00	11/20/21 21:49	79-00-5	
Trichloroethene	117	ug/kg	70.4	26.3	1	11/20/21 12:00	11/20/21 21:49	79-01-6	
Vinyl chloride	<14.2	ug/kg	70.4	14.2	1	11/20/21 12:00	11/20/21 21:49	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	115	%	67-159		1	11/20/21 12:00	11/20/21 21:49	2037-26-5	
4-Bromofluorobenzene (S)	117	%	66-153		1	11/20/21 12:00	11/20/21 21:49	460-00-4	
1,2-Dichlorobenzene-d4 (S)	108	%	82-158		1	11/20/21 12:00	11/20/21 21:49	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	17.0	%	0.10	0.10	1		11/20/21 16:28		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

**Sample: X1-B-D5**      **Lab ID: 40237347004**      Collected: 11/19/21 09:30      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<16.2	ug/kg	63.4	16.2	1	11/20/21 12:00	11/20/21 22:09	75-34-3	
1,2-Dichloroethane	<14.6	ug/kg	63.4	14.6	1	11/20/21 12:00	11/20/21 22:09	107-06-2	
1,1-Dichloroethene	<21.0	ug/kg	63.4	21.0	1	11/20/21 12:00	11/20/21 22:09	75-35-4	
cis-1,2-Dichloroethene	<13.6	ug/kg	63.4	13.6	1	11/20/21 12:00	11/20/21 22:09	156-59-2	
trans-1,2-Dichloroethene	<13.7	ug/kg	63.4	13.7	1	11/20/21 12:00	11/20/21 22:09	156-60-5	
Tetrachloroethene	<24.6	ug/kg	63.4	24.6	1	11/20/21 12:00	11/20/21 22:09	127-18-4	
1,1,1-Trichloroethane	18.0J	ug/kg	63.4	16.2	1	11/20/21 12:00	11/20/21 22:09	71-55-6	
1,1,2-Trichloroethane	<23.1	ug/kg	63.4	23.1	1	11/20/21 12:00	11/20/21 22:09	79-00-5	
Trichloroethene	136	ug/kg	63.4	23.7	1	11/20/21 12:00	11/20/21 22:09	79-01-6	
Vinyl chloride	<12.8	ug/kg	63.4	12.8	1	11/20/21 12:00	11/20/21 22:09	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	104	%	67-159		1	11/20/21 12:00	11/20/21 22:09	2037-26-5	
4-Bromofluorobenzene (S)	114	%	66-153		1	11/20/21 12:00	11/20/21 22:09	460-00-4	
1,2-Dichlorobenzene-d4 (S)	103	%	82-158		1	11/20/21 12:00	11/20/21 22:09	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	11.8	%	0.10	0.10	1		11/20/21 16:28		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237347

**Sample: X1-S-D5**      **Lab ID: 40237347005**      Collected: 11/19/21 09:27      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<16.9	ug/kg	66.1	16.9	1	11/20/21 12:00	11/20/21 22:28	75-34-3	
1,2-Dichloroethane	<15.2	ug/kg	66.1	15.2	1	11/20/21 12:00	11/20/21 22:28	107-06-2	
1,1-Dichloroethene	<21.9	ug/kg	66.1	21.9	1	11/20/21 12:00	11/20/21 22:28	75-35-4	
cis-1,2-Dichloroethene	<14.1	ug/kg	66.1	14.1	1	11/20/21 12:00	11/20/21 22:28	156-59-2	
trans-1,2-Dichloroethene	<14.3	ug/kg	66.1	14.3	1	11/20/21 12:00	11/20/21 22:28	156-60-5	
Tetrachloroethene	<25.6	ug/kg	66.1	25.6	1	11/20/21 12:00	11/20/21 22:28	127-18-4	
1,1,1-Trichloroethane	<16.9	ug/kg	66.1	16.9	1	11/20/21 12:00	11/20/21 22:28	71-55-6	
1,1,2-Trichloroethane	<24.1	ug/kg	66.1	24.1	1	11/20/21 12:00	11/20/21 22:28	79-00-5	
Trichloroethene	<24.7	ug/kg	66.1	24.7	1	11/20/21 12:00	11/20/21 22:28	79-01-6	
Vinyl chloride	<13.3	ug/kg	66.1	13.3	1	11/20/21 12:00	11/20/21 22:28	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	108	%	67-159		1	11/20/21 12:00	11/20/21 22:28	2037-26-5	
4-Bromofluorobenzene (S)	109	%	66-153		1	11/20/21 12:00	11/20/21 22:28	460-00-4	
1,2-Dichlorobenzene-d4 (S)	105	%	82-158		1	11/20/21 12:00	11/20/21 22:28	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	13.8	%	0.10	0.10	1		11/20/21 16:28		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

**Sample: X2-S-A2**      **Lab ID: 40237347006**      Collected: 11/19/21 09:40      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.0	ug/kg	58.5	15.0	1	11/20/21 12:00	11/20/21 22:48	75-34-3	
1,2-Dichloroethane	<13.5	ug/kg	58.5	13.5	1	11/20/21 12:00	11/20/21 22:48	107-06-2	
1,1-Dichloroethene	<19.4	ug/kg	58.5	19.4	1	11/20/21 12:00	11/20/21 22:48	75-35-4	
cis-1,2-Dichloroethene	<12.5	ug/kg	58.5	12.5	1	11/20/21 12:00	11/20/21 22:48	156-59-2	
trans-1,2-Dichloroethene	<12.6	ug/kg	58.5	12.6	1	11/20/21 12:00	11/20/21 22:48	156-60-5	
Tetrachloroethene	<22.7	ug/kg	58.5	22.7	1	11/20/21 12:00	11/20/21 22:48	127-18-4	
1,1,1-Trichloroethane	<15.0	ug/kg	58.5	15.0	1	11/20/21 12:00	11/20/21 22:48	71-55-6	
1,1,2-Trichloroethane	<21.3	ug/kg	58.5	21.3	1	11/20/21 12:00	11/20/21 22:48	79-00-5	
Trichloroethene	<21.9	ug/kg	58.5	21.9	1	11/20/21 12:00	11/20/21 22:48	79-01-6	
Vinyl chloride	<11.8	ug/kg	58.5	11.8	1	11/20/21 12:00	11/20/21 22:48	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	102	%	67-159		1	11/20/21 12:00	11/20/21 22:48	2037-26-5	
4-Bromofluorobenzene (S)	111	%	66-153		1	11/20/21 12:00	11/20/21 22:48	460-00-4	
1,2-Dichlorobenzene-d4 (S)	102	%	82-158		1	11/20/21 12:00	11/20/21 22:48	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	7.8	%	0.10	0.10	1		11/20/21 16:29		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

**Sample: X2-S-A3**      **Lab ID: 40237347007**      Collected: 11/19/21 09:42      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<16.0	ug/kg	62.6	16.0	1	11/20/21 12:00	11/20/21 23:07	75-34-3	
1,2-Dichloroethane	<14.4	ug/kg	62.6	14.4	1	11/20/21 12:00	11/20/21 23:07	107-06-2	
1,1-Dichloroethene	<20.8	ug/kg	62.6	20.8	1	11/20/21 12:00	11/20/21 23:07	75-35-4	
cis-1,2-Dichloroethene	<13.4	ug/kg	62.6	13.4	1	11/20/21 12:00	11/20/21 23:07	156-59-2	
trans-1,2-Dichloroethene	<13.5	ug/kg	62.6	13.5	1	11/20/21 12:00	11/20/21 23:07	156-60-5	
Tetrachloroethene	<24.3	ug/kg	62.6	24.3	1	11/20/21 12:00	11/20/21 23:07	127-18-4	
1,1,1-Trichloroethane	<16.0	ug/kg	62.6	16.0	1	11/20/21 12:00	11/20/21 23:07	71-55-6	
1,1,2-Trichloroethane	<22.8	ug/kg	62.6	22.8	1	11/20/21 12:00	11/20/21 23:07	79-00-5	
Trichloroethene	26.4J	ug/kg	62.6	23.4	1	11/20/21 12:00	11/20/21 23:07	79-01-6	
Vinyl chloride	<12.6	ug/kg	62.6	12.6	1	11/20/21 12:00	11/20/21 23:07	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	105	%	67-159		1	11/20/21 12:00	11/20/21 23:07	2037-26-5	
4-Bromofluorobenzene (S)	115	%	66-153		1	11/20/21 12:00	11/20/21 23:07	460-00-4	
1,2-Dichlorobenzene-d4 (S)	103	%	82-158		1	11/20/21 12:00	11/20/21 23:07	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	11.2	%	0.10	0.10	1		11/20/21 16:29		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237347

**Sample: X1-B-A4**      **Lab ID: 40237347008**      Collected: 11/19/21 10:35      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.9	ug/kg	62.2	15.9	1	11/20/21 12:00	11/20/21 23:27	75-34-3	
1,2-Dichloroethane	<14.3	ug/kg	62.2	14.3	1	11/20/21 12:00	11/20/21 23:27	107-06-2	
1,1-Dichloroethene	<20.6	ug/kg	62.2	20.6	1	11/20/21 12:00	11/20/21 23:27	75-35-4	
cis-1,2-Dichloroethene	<13.3	ug/kg	62.2	13.3	1	11/20/21 12:00	11/20/21 23:27	156-59-2	
trans-1,2-Dichloroethene	<13.4	ug/kg	62.2	13.4	1	11/20/21 12:00	11/20/21 23:27	156-60-5	
Tetrachloroethene	<24.1	ug/kg	62.2	24.1	1	11/20/21 12:00	11/20/21 23:27	127-18-4	
1,1,1-Trichloroethane	<15.9	ug/kg	62.2	15.9	1	11/20/21 12:00	11/20/21 23:27	71-55-6	
1,1,2-Trichloroethane	<22.6	ug/kg	62.2	22.6	1	11/20/21 12:00	11/20/21 23:27	79-00-5	
Trichloroethene	<23.2	ug/kg	62.2	23.2	1	11/20/21 12:00	11/20/21 23:27	79-01-6	
Vinyl chloride	<12.6	ug/kg	62.2	12.6	1	11/20/21 12:00	11/20/21 23:27	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	105	%	67-159		1	11/20/21 12:00	11/20/21 23:27	2037-26-5	
4-Bromofluorobenzene (S)	119	%	66-153		1	11/20/21 12:00	11/20/21 23:27	460-00-4	
1,2-Dichlorobenzene-d4 (S)	106	%	82-158		1	11/20/21 12:00	11/20/21 23:27	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	<b>10.8</b>	%	0.10	0.10	1		11/20/21 16:29		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237347

**Sample: X1-S-A4**      **Lab ID: 40237347009**      Collected: 11/19/21 10:36      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<17.5	ug/kg	68.4	17.5	1	11/20/21 12:00	11/20/21 23:46	75-34-3	
1,2-Dichloroethane	<15.7	ug/kg	68.4	15.7	1	11/20/21 12:00	11/20/21 23:46	107-06-2	
1,1-Dichloroethene	<22.7	ug/kg	68.4	22.7	1	11/20/21 12:00	11/20/21 23:46	75-35-4	
cis-1,2-Dichloroethene	<14.6	ug/kg	68.4	14.6	1	11/20/21 12:00	11/20/21 23:46	156-59-2	
trans-1,2-Dichloroethene	<14.8	ug/kg	68.4	14.8	1	11/20/21 12:00	11/20/21 23:46	156-60-5	
Tetrachloroethene	<26.6	ug/kg	68.4	26.6	1	11/20/21 12:00	11/20/21 23:46	127-18-4	
1,1,1-Trichloroethane	<17.5	ug/kg	68.4	17.5	1	11/20/21 12:00	11/20/21 23:46	71-55-6	
1,1,2-Trichloroethane	<24.9	ug/kg	68.4	24.9	1	11/20/21 12:00	11/20/21 23:46	79-00-5	
Trichloroethene	<25.6	ug/kg	68.4	25.6	1	11/20/21 12:00	11/20/21 23:46	79-01-6	
Vinyl chloride	<13.8	ug/kg	68.4	13.8	1	11/20/21 12:00	11/20/21 23:46	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	110	%	67-159		1	11/20/21 12:00	11/20/21 23:46	2037-26-5	
4-Bromofluorobenzene (S)	114	%	66-153		1	11/20/21 12:00	11/20/21 23:46	460-00-4	
1,2-Dichlorobenzene-d4 (S)	106	%	82-158		1	11/20/21 12:00	11/20/21 23:46	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	15.6	%	0.10	0.10	1		11/20/21 16:29		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

**Sample: X1-B-B4**      **Lab ID: 40237347010**      Collected: 11/19/21 10:38      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<17.3	ug/kg	67.8	17.3	1	11/20/21 12:00	11/21/21 00:06	75-34-3	
1,2-Dichloroethane	<15.6	ug/kg	67.8	15.6	1	11/20/21 12:00	11/21/21 00:06	107-06-2	
1,1-Dichloroethene	<22.5	ug/kg	67.8	22.5	1	11/20/21 12:00	11/21/21 00:06	75-35-4	
cis-1,2-Dichloroethene	<14.5	ug/kg	67.8	14.5	1	11/20/21 12:00	11/21/21 00:06	156-59-2	
trans-1,2-Dichloroethene	<14.6	ug/kg	67.8	14.6	1	11/20/21 12:00	11/21/21 00:06	156-60-5	
Tetrachloroethene	<26.3	ug/kg	67.8	26.3	1	11/20/21 12:00	11/21/21 00:06	127-18-4	
1,1,1-Trichloroethane	<17.3	ug/kg	67.8	17.3	1	11/20/21 12:00	11/21/21 00:06	71-55-6	
1,1,2-Trichloroethane	<24.7	ug/kg	67.8	24.7	1	11/20/21 12:00	11/21/21 00:06	79-00-5	
Trichloroethene	<25.3	ug/kg	67.8	25.3	1	11/20/21 12:00	11/21/21 00:06	79-01-6	
Vinyl chloride	<13.7	ug/kg	67.8	13.7	1	11/20/21 12:00	11/21/21 00:06	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	111	%	67-159		1	11/20/21 12:00	11/21/21 00:06	2037-26-5	
4-Bromofluorobenzene (S)	118	%	66-153		1	11/20/21 12:00	11/21/21 00:06	460-00-4	
1,2-Dichlorobenzene-d4 (S)	109	%	82-158		1	11/20/21 12:00	11/21/21 00:06	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	15.1	%	0.10	0.10	1		11/20/21 16:29		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237347

**Sample: X1-S2-C5**      **Lab ID: 40237347011**      Collected: 11/19/21 11:25      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<17.7	ug/kg	69.0	17.7	1	11/20/21 12:00	11/21/21 00:25	75-34-3	
1,2-Dichloroethane	<15.9	ug/kg	69.0	15.9	1	11/20/21 12:00	11/21/21 00:25	107-06-2	
1,1-Dichloroethene	<22.9	ug/kg	69.0	22.9	1	11/20/21 12:00	11/21/21 00:25	75-35-4	
cis-1,2-Dichloroethene	<14.8	ug/kg	69.0	14.8	1	11/20/21 12:00	11/21/21 00:25	156-59-2	
trans-1,2-Dichloroethene	<14.9	ug/kg	69.0	14.9	1	11/20/21 12:00	11/21/21 00:25	156-60-5	
Tetrachloroethene	<26.8	ug/kg	69.0	26.8	1	11/20/21 12:00	11/21/21 00:25	127-18-4	
1,1,1-Trichloroethane	<17.7	ug/kg	69.0	17.7	1	11/20/21 12:00	11/21/21 00:25	71-55-6	
1,1,2-Trichloroethane	<25.1	ug/kg	69.0	25.1	1	11/20/21 12:00	11/21/21 00:25	79-00-5	
Trichloroethene	<25.8	ug/kg	69.0	25.8	1	11/20/21 12:00	11/21/21 00:25	79-01-6	
Vinyl chloride	<13.9	ug/kg	69.0	13.9	1	11/20/21 12:00	11/21/21 00:25	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	118	%	67-159		1	11/20/21 12:00	11/21/21 00:25	2037-26-5	
4-Bromofluorobenzene (S)	122	%	66-153		1	11/20/21 12:00	11/21/21 00:25	460-00-4	
1,2-Dichlorobenzene-d4 (S)	111	%	82-158		1	11/20/21 12:00	11/21/21 00:25	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	16.0	%	0.10	0.10	1		11/20/21 16:29		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237347

**Sample: X1-S1-C5**      **Lab ID: 40237347012**      Collected: 11/19/21 11:43      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<16.9	ug/kg	66.2	16.9	1	11/20/21 12:00	11/20/21 20:51	75-34-3	
1,2-Dichloroethane	<15.2	ug/kg	66.2	15.2	1	11/20/21 12:00	11/20/21 20:51	107-06-2	
1,1-Dichloroethene	<22.0	ug/kg	66.2	22.0	1	11/20/21 12:00	11/20/21 20:51	75-35-4	
cis-1,2-Dichloroethene	<14.2	ug/kg	66.2	14.2	1	11/20/21 12:00	11/20/21 20:51	156-59-2	
trans-1,2-Dichloroethene	<14.3	ug/kg	66.2	14.3	1	11/20/21 12:00	11/20/21 20:51	156-60-5	
Tetrachloroethene	<25.7	ug/kg	66.2	25.7	1	11/20/21 12:00	11/20/21 20:51	127-18-4	
1,1,1-Trichloroethane	<16.9	ug/kg	66.2	16.9	1	11/20/21 12:00	11/20/21 20:51	71-55-6	
1,1,2-Trichloroethane	<24.1	ug/kg	66.2	24.1	1	11/20/21 12:00	11/20/21 20:51	79-00-5	
Trichloroethene	145	ug/kg	66.2	24.7	1	11/20/21 12:00	11/20/21 20:51	79-01-6	
Vinyl chloride	<13.4	ug/kg	66.2	13.4	1	11/20/21 12:00	11/20/21 20:51	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	104	%	67-159		1	11/20/21 12:00	11/20/21 20:51	2037-26-5	
4-Bromofluorobenzene (S)	114	%	66-153		1	11/20/21 12:00	11/20/21 20:51	460-00-4	
1,2-Dichlorobenzene-d4 (S)	100	%	82-158		1	11/20/21 12:00	11/20/21 20:51	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	13.9	%	0.10	0.10	1		11/20/21 16:29		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237347

**Sample: X1-S-B4**      **Lab ID: 40237347013**      Collected: 11/19/21 11:40      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<17.5	ug/kg	68.5	17.5	1	11/20/21 12:00	11/21/21 01:43	75-34-3	
1,2-Dichloroethane	<15.8	ug/kg	68.5	15.8	1	11/20/21 12:00	11/21/21 01:43	107-06-2	
1,1-Dichloroethene	<22.8	ug/kg	68.5	22.8	1	11/20/21 12:00	11/21/21 01:43	75-35-4	
cis-1,2-Dichloroethene	<14.7	ug/kg	68.5	14.7	1	11/20/21 12:00	11/21/21 01:43	156-59-2	
trans-1,2-Dichloroethene	<14.8	ug/kg	68.5	14.8	1	11/20/21 12:00	11/21/21 01:43	156-60-5	
Tetrachloroethene	<26.6	ug/kg	68.5	26.6	1	11/20/21 12:00	11/21/21 01:43	127-18-4	
1,1,1-Trichloroethane	<17.5	ug/kg	68.5	17.5	1	11/20/21 12:00	11/21/21 01:43	71-55-6	
1,1,2-Trichloroethane	<24.9	ug/kg	68.5	24.9	1	11/20/21 12:00	11/21/21 01:43	79-00-5	
Trichloroethene	<25.6	ug/kg	68.5	25.6	1	11/20/21 12:00	11/21/21 01:43	79-01-6	
Vinyl chloride	<13.8	ug/kg	68.5	13.8	1	11/20/21 12:00	11/21/21 01:43	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	123	%	67-159		1	11/20/21 12:00	11/21/21 01:43	2037-26-5	
4-Bromofluorobenzene (S)	126	%	66-153		1	11/20/21 12:00	11/21/21 01:43	460-00-4	
1,2-Dichlorobenzene-d4 (S)	118	%	82-158		1	11/20/21 12:00	11/21/21 01:43	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	15.6	%	0.10	0.10	1		11/20/21 16:29		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237347

**Sample: X1-S1-A5**      **Lab ID: 40237347014**      Collected: 11/19/21 12:52      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<26.7	ug/kg	104	26.7	1	11/20/21 12:00	11/21/21 00:45	75-34-3	
1,2-Dichloroethane	<24.0	ug/kg	104	24.0	1	11/20/21 12:00	11/21/21 00:45	107-06-2	
1,1-Dichloroethene	<34.6	ug/kg	104	34.6	1	11/20/21 12:00	11/21/21 00:45	75-35-4	
cis-1,2-Dichloroethene	<22.3	ug/kg	104	22.3	1	11/20/21 12:00	11/21/21 00:45	156-59-2	
trans-1,2-Dichloroethene	<22.5	ug/kg	104	22.5	1	11/20/21 12:00	11/21/21 00:45	156-60-5	
Tetrachloroethene	<40.5	ug/kg	104	40.5	1	11/20/21 12:00	11/21/21 00:45	127-18-4	
1,1,1-Trichloroethane	<26.7	ug/kg	104	26.7	1	11/20/21 12:00	11/21/21 00:45	71-55-6	
1,1,2-Trichloroethane	<38.0	ug/kg	104	38.0	1	11/20/21 12:00	11/21/21 00:45	79-00-5	
Trichloroethene	<39.0	ug/kg	104	39.0	1	11/20/21 12:00	11/21/21 00:45	79-01-6	
Vinyl chloride	<21.1	ug/kg	104	21.1	1	11/20/21 12:00	11/21/21 00:45	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	111	%	67-159		1	11/20/21 12:00	11/21/21 00:45	2037-26-5	
4-Bromofluorobenzene (S)	122	%	66-153		1	11/20/21 12:00	11/21/21 00:45	460-00-4	
1,2-Dichlorobenzene-d4 (S)	106	%	82-158		1	11/20/21 12:00	11/21/21 00:45	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	35.2	%	0.10	0.10	1		11/20/21 16:29		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

**Sample: X1-S2-A5**      **Lab ID: 40237347015**      Collected: 11/19/21 12:54      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.6	ug/kg	57.1	14.6	1	11/20/21 12:00	11/21/21 01:04	75-34-3	
1,2-Dichloroethane	<13.1	ug/kg	57.1	13.1	1	11/20/21 12:00	11/21/21 01:04	107-06-2	
1,1-Dichloroethene	<19.0	ug/kg	57.1	19.0	1	11/20/21 12:00	11/21/21 01:04	75-35-4	
cis-1,2-Dichloroethene	<12.2	ug/kg	57.1	12.2	1	11/20/21 12:00	11/21/21 01:04	156-59-2	
trans-1,2-Dichloroethene	<12.3	ug/kg	57.1	12.3	1	11/20/21 12:00	11/21/21 01:04	156-60-5	
Tetrachloroethene	<22.2	ug/kg	57.1	22.2	1	11/20/21 12:00	11/21/21 01:04	127-18-4	
1,1,1-Trichloroethane	<14.6	ug/kg	57.1	14.6	1	11/20/21 12:00	11/21/21 01:04	71-55-6	
1,1,2-Trichloroethane	<20.8	ug/kg	57.1	20.8	1	11/20/21 12:00	11/21/21 01:04	79-00-5	
Trichloroethene	<21.4	ug/kg	57.1	21.4	1	11/20/21 12:00	11/21/21 01:04	79-01-6	
Vinyl chloride	<11.5	ug/kg	57.1	11.5	1	11/20/21 12:00	11/21/21 01:04	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	112	%	67-159		1	11/20/21 12:00	11/21/21 01:04	2037-26-5	
4-Bromofluorobenzene (S)	116	%	66-153		1	11/20/21 12:00	11/21/21 01:04	460-00-4	
1,2-Dichlorobenzene-d4 (S)	110	%	82-158		1	11/20/21 12:00	11/21/21 01:04	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	6.6	%	0.10	0.10	1		11/20/21 16:29		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

**Sample: X1-S3-A5**      **Lab ID: 40237347016**      Collected: 11/19/21 12:56      Received: 11/20/21 08:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<41.6	ug/kg	163	41.6	1	11/20/21 12:00	11/21/21 01:24	75-34-3	
1,2-Dichloroethane	<37.4	ug/kg	163	37.4	1	11/20/21 12:00	11/21/21 01:24	107-06-2	
1,1-Dichloroethene	<54.0	ug/kg	163	54.0	1	11/20/21 12:00	11/21/21 01:24	75-35-4	
cis-1,2-Dichloroethene	<34.8	ug/kg	163	34.8	1	11/20/21 12:00	11/21/21 01:24	156-59-2	
trans-1,2-Dichloroethene	<35.1	ug/kg	163	35.1	1	11/20/21 12:00	11/21/21 01:24	156-60-5	
Tetrachloroethene	<63.1	ug/kg	163	63.1	1	11/20/21 12:00	11/21/21 01:24	127-18-4	
1,1,1-Trichloroethane	<41.6	ug/kg	163	41.6	1	11/20/21 12:00	11/21/21 01:24	71-55-6	
1,1,2-Trichloroethane	<59.2	ug/kg	163	59.2	1	11/20/21 12:00	11/21/21 01:24	79-00-5	
Trichloroethene	<60.8	ug/kg	163	60.8	1	11/20/21 12:00	11/21/21 01:24	79-01-6	
Vinyl chloride	<32.8	ug/kg	163	32.8	1	11/20/21 12:00	11/21/21 01:24	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	143	%	67-159		1	11/20/21 12:00	11/21/21 01:24	2037-26-5	
4-Bromofluorobenzene (S)	137	%	66-153		1	11/20/21 12:00	11/21/21 01:24	460-00-4	
1,2-Dichlorobenzene-d4 (S)	128	%	82-158		1	11/20/21 12:00	11/21/21 01:24	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	<b>53.0</b>	%	0.10	0.10	1		11/20/21 16:29		

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR

Pace Project No.: 40237347

QC Batch: 402368

Analysis Method: EPA 8260

QC Batch Method: EPA 5035/5030B

Analysis Description: 8260 MSV Med Level Normal List

Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40237347001, 40237347002, 40237347003, 40237347004, 40237347005, 40237347006, 40237347007, 40237347008, 40237347009, 40237347010, 40237347011, 40237347012, 40237347013, 40237347014, 40237347015, 40237347016

METHOD BLANK: 2324163

Matrix: Solid

Associated Lab Samples: 40237347001, 40237347002, 40237347003, 40237347004, 40237347005, 40237347006, 40237347007, 40237347008, 40237347009, 40237347010, 40237347011, 40237347012, 40237347013, 40237347014, 40237347015, 40237347016

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1,1-Trichloroethane	ug/kg	<12.8	50.0	11/20/21 17:55	
1,1,2-Trichloroethane	ug/kg	<18.2	50.0	11/20/21 17:55	
1,1-Dichloroethane	ug/kg	<12.8	50.0	11/20/21 17:55	
1,1-Dichloroethene	ug/kg	<16.6	50.0	11/20/21 17:55	
1,2-Dichloroethane	ug/kg	<11.5	50.0	11/20/21 17:55	
cis-1,2-Dichloroethene	ug/kg	<10.7	50.0	11/20/21 17:55	
Tetrachloroethene	ug/kg	<19.4	50.0	11/20/21 17:55	
trans-1,2-Dichloroethene	ug/kg	<10.8	50.0	11/20/21 17:55	
Trichloroethene	ug/kg	<18.7	50.0	11/20/21 17:55	
Vinyl chloride	ug/kg	<10.1	50.0	11/20/21 17:55	
1,2-Dichlorobenzene-d4 (S)	%	101	82-158	11/20/21 17:55	
4-Bromofluorobenzene (S)	%	111	66-153	11/20/21 17:55	
Toluene-d8 (S)	%	107	67-159	11/20/21 17:55	

LABORATORY CONTROL SAMPLE: 2324164

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/kg	2500	2510	100	70-130	
1,1,2-Trichloroethane	ug/kg	2500	2340	94	70-130	
1,1-Dichloroethane	ug/kg	2500	2210	88	70-130	
1,1-Dichloroethene	ug/kg	2500	2490	100	67-120	
1,2-Dichloroethane	ug/kg	2500	2230	89	70-130	
cis-1,2-Dichloroethene	ug/kg	2500	2360	95	70-130	
Tetrachloroethene	ug/kg	2500	2210	88	70-130	
trans-1,2-Dichloroethene	ug/kg	2500	2490	99	70-130	
Trichloroethene	ug/kg	2500	2480	99	70-130	
Vinyl chloride	ug/kg	2500	2210	88	58-121	
1,2-Dichlorobenzene-d4 (S)	%			96	82-158	
4-Bromofluorobenzene (S)	%			114	66-153	
Toluene-d8 (S)	%			104	67-159	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

### REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR

Pace Project No.: 40237347

Parameter	Units	2324281		2324282		MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
		40237347012 Result	MS Spike Conc.	MSD Spike Conc.	MS Result								
1,1,1-Trichloroethane	ug/kg	<16.9	1320	1320	1240	1270	94	96	70-130	2	20		
1,1,2-Trichloroethane	ug/kg	<24.1	1320	1320	1290	1270	97	96	70-130	2	20		
1,1-Dichloroethane	ug/kg	<16.9	1320	1320	1180	1180	89	89	70-130	1	20		
1,1-Dichloroethene	ug/kg	<22.0	1320	1320	1280	1230	97	93	64-120	5	20		
1,2-Dichloroethane	ug/kg	<15.2	1320	1320	1230	1210	93	91	70-130	2	20		
cis-1,2-Dichloroethene	ug/kg	<14.2	1320	1320	1250	1320	95	100	70-130	5	20		
Tetrachloroethene	ug/kg	<25.7	1320	1320	1120	1110	84	84	70-130	1	20		
trans-1,2-Dichloroethene	ug/kg	<14.3	1320	1320	1330	1330	100	100	70-130	0	20		
Trichloroethene	ug/kg	145	1320	1320	1500	1450	102	99	70-130	3	20		
Vinyl chloride	ug/kg	<13.4	1320	1320	945	980	71	74	43-137	4	20		
1,2-Dichlorobenzene-d4 (S)	%						103	103	82-158				
4-Bromofluorobenzene (S)	%						120	120	66-153				
Toluene-d8 (S)	%						107	104	67-159				

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR

Pace Project No.: 40237347

QC Batch: 402377

Analysis Method: ASTM D2974-87

QC Batch Method: ASTM D2974-87

Analysis Description: Dry Weight/Percent Moisture

Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40237347001, 40237347002, 40237347003, 40237347004, 40237347005, 40237347006, 40237347007, 40237347008, 40237347009, 40237347010, 40237347011, 40237347012, 40237347013, 40237347014, 40237347015, 40237347016

SAMPLE DUPLICATE: 2324293

Parameter	Units	40237345001 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	5.5	5.5	0	10	

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## QUALIFIERS

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above LOD.

J - Estimated concentration at or above the LOD and below the LOQ.

LOD - Limit of Detection adjusted for dilution factor, percent moisture, initial weight and final volume.

LOQ - Limit of Quantitation adjusted for dilution factor, percent moisture, initial weight and final volume.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected at or above the adjusted LOD.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

## REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 11717 NAVISTAR  
Pace Project No.: 40237347

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40237347001	X1-B-E5	EPA 5035/5030B	402368	EPA 8260	402370
40237347002	X1-S1-E5	EPA 5035/5030B	402368	EPA 8260	402370
40237347003	X1-S2-E5	EPA 5035/5030B	402368	EPA 8260	402370
40237347004	X1-B-D5	EPA 5035/5030B	402368	EPA 8260	402370
40237347005	X1-S-D5	EPA 5035/5030B	402368	EPA 8260	402370
40237347006	X2-S-A2	EPA 5035/5030B	402368	EPA 8260	402370
40237347007	X2-S-A3	EPA 5035/5030B	402368	EPA 8260	402370
40237347008	X1-B-A4	EPA 5035/5030B	402368	EPA 8260	402370
40237347009	X1-S-A4	EPA 5035/5030B	402368	EPA 8260	402370
40237347010	X1-B-B4	EPA 5035/5030B	402368	EPA 8260	402370
40237347011	X1-S2-C5	EPA 5035/5030B	402368	EPA 8260	402370
40237347012	X1-S1-C5	EPA 5035/5030B	402368	EPA 8260	402370
40237347013	X1-S-B4	EPA 5035/5030B	402368	EPA 8260	402370
40237347014	X1-S1-A5	EPA 5035/5030B	402368	EPA 8260	402370
40237347015	X1-S2-A5	EPA 5035/5030B	402368	EPA 8260	402370
40237347016	X1-S3-A5	EPA 5035/5030B	402368	EPA 8260	402370
40237347001	X1-B-E5	ASTM D2974-87	402377		
40237347002	X1-S1-E5	ASTM D2974-87	402377		
40237347003	X1-S2-E5	ASTM D2974-87	402377		
40237347004	X1-B-D5	ASTM D2974-87	402377		
40237347005	X1-S-D5	ASTM D2974-87	402377		
40237347006	X2-S-A2	ASTM D2974-87	402377		
40237347007	X2-S-A3	ASTM D2974-87	402377		
40237347008	X1-B-A4	ASTM D2974-87	402377		
40237347009	X1-S-A4	ASTM D2974-87	402377		
40237347010	X1-B-B4	ASTM D2974-87	402377		
40237347011	X1-S2-C5	ASTM D2974-87	402377		
40237347012	X1-S1-C5	ASTM D2974-87	402377		
40237347013	X1-S-B4	ASTM D2974-87	402377		
40237347014	X1-S1-A5	ASTM D2974-87	402377		
40237347015	X1-S2-A5	ASTM D2974-87	402377		
40237347016	X1-S3-A5	ASTM D2974-87	402377		

### REPORT OF LABORATORY ANALYSIS

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(Please Print Clearly)

Company Name: **KPRG and Associates**  
 Branch/Location: **BROOKFIELD**  
 Project Contact: **Richard Gnat**  
 Phone: **262-781-0475**  
 Project Number: **11717**  
 Project Name: **NAVISTAR**  
 Project State: **WI**  
 Sampled By (Print): **Viviana Sanchez**  
 Sampled By (Sign): *[Signature]*  
 PO #: \_\_\_\_\_ Regulatory Program: \_\_\_\_\_



UPPER MIDWEST REGION

MN: 612-607-1700 WI: 920-469-2436

40237347

### CHAIN OF CUSTODY

**\*Preservation Codes**  
 A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH  
 H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

FILTERED?  
(YES/NO)  
 PRESERVATION  
(CODE)\*

Y/N	N																				

Analyses Requested

CVOC

Quote #: \_\_\_\_\_  
 Mail To Contact: **SAME**  
 Mail To Company: **SAME**  
 Mail To Address: **SAME**  
 Invoice To Contact: **SAME**  
 Invoice To Company: **SAME**  
 Invoice To Address: **SAME**  
 Invoice To Phone: **SAME**  
 CLIENT COMMENTS: **Rush T.A.**  
 LAB COMMENTS (Lab Use Only): \_\_\_\_\_  
 Profile #: \_\_\_\_\_

**Data Package Options** (billable)  
 EPA Level III  
 EPA Level IV

**MS/MSD**  
 On your sample (billable)  
 NOT needed on your sample

**Matrix Codes**  
 A = Air W = Water  
 B = Biota DW = Drinking Water  
 C = Charcoal GW = Ground Water  
 O = Oil SW = Surface Water  
 S = Soil WW = Waste Water  
 Sl = Sludge WP = Wipe

PACE LAB #	CLIENT FIELD ID	COLLECTION		MATRIX	Y/N	N																	
		DATE	TIME																				
001	X1-B-E5	11/19	0750	S																			
002	X1-S1-E5	11/19	0752	S																			
003	X1-S2-E5	11/19	0754	S																			
004	X1-B-D5	11/19	0930	S																			
005	X1-S-D5	11/19	0927	S																			
006	X2-S-A2	11/19	0940	S																			
007	X2-S-A3	11/19	0942	S																			
008	X1-B-A4	11/19	1035	S																			
009	X1-S-A4	11/19	1036	S																			
010	X1-B-B4	11/19	1038	S																			
011	X1-S2-C5	11/19	1125	S																			
012	X1-S1-C5	11/19	1143	S																			
013	X1-S-B4	11/19	1140	S																			

Rush Turnaround Time Requested - Prelims (Rush TAT subject to approval/surcharge)  
 Date Needed: **11/20/21**

Transmit Prelim Rush Results by (complete what you want):

Relinquished By: *[Signature]* Date/Time: **11/20/21 1400**  
 Received By: **CS Logistics** Date/Time: \_\_\_\_\_

Relinquished By: **CS logistics** Date/Time: **11/20/21 850**  
 Received By: *[Signature]* Date/Time: **11/20/21**

Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

PACE Project No. **40237347**  
 Receipt Temp = **1.6 °C**  
 Sample Receipt pH **OK / Adjusted**  
 Cooler Custody Seal **Present / Not Present**  
 (Intact / Not Intact)





Client Name: KPRG

Sample Preservation Receipt Form

Project # 4057347

Pace Analytical Services, LLC  
1241 Bellevue Street, Suite 9  
Green Bay, WI 54302

All containers needing preservation have been checked and noted below:  Yes  No  N/A

Lab Lot# of pH paper:

Lab Std #ID of preservation (if pH adjusted):

Initial when completed:


Date/Time:

Pace Lab #	Glass								Plastic					Vials					Jars				General			VOA Vials (>6mm) *	H2SO4 pH ≤2	NaOH+Zn Act pH ≥9	NaOH pH ≥12	HNO3 pH ≤2	pH after adjusted	Volume (mL)				
	AG1U	BG1U	AG1H	AG4S	AG4U	AG5U	AG2S	BG3U	BP1U	BP3U	BP3B	BP3N	BP3S	VG9A	DG9T	VG9U	VG9H	VG9M	VG9D	JGFU	JG9U	WGFU	WPFU	SP5T	ZPLC								GN			
001																																				2.5 / 5 / 10
002																																				2.5 / 5 / 10
003																																				2.5 / 5 / 10
004																																				2.5 / 5 / 10
005																																				2.5 / 5 / 10
006																																				2.5 / 5 / 10
007																																				2.5 / 5 / 10
008																																				2.5 / 5 / 10
009																																				2.5 / 5 / 10
010																																				2.5 / 5 / 10
011																																				2.5 / 5 / 10
012																																				2.5 / 5 / 10
013																																				2.5 / 5 / 10
014																																				2.5 / 5 / 10
015																																				2.5 / 5 / 10
016																																				2.5 / 5 / 10
017																																				2.5 / 5 / 10
018																																				2.5 / 5 / 10
019																																				2.5 / 5 / 10
020																																				2.5 / 5 / 10

11/20/21 mp

Exceptions to preservation check: VOA, Coliform, TOC, TOX, TOH, O&G, WI DRO, Phenolics, Other: \_\_\_\_\_ Headspace in VOA Vials (>6mm) :  Yes  No  N/A \*If yes look in headspace column

AG1U	1 liter amber glass	BP1U	1 liter plastic unpres	VG9A	40 mL clear ascorbic	JGFU	4 oz amber jar unpres
BG1U	1 liter clear glass	BP3U	250 mL plastic unpres	DG9T	40 mL amber Na Thio	JG9U	9 oz amber jar unpres
AG1H	1 liter amber glass HCL	BP3B	250 mL plastic NaOH	VG9U	40 mL clear vial unpres	WGFU	4 oz clear jar unpres
AG4S	125 mL amber glass H2SO4	BP3N	250 mL plastic HNO3	VG9H	40 mL clear vial HCL	WPFU	4 oz plastic jar unpres
AG4U	120 mL amber glass unpres	BP3S	250 mL plastic H2SO4	VG9M	40 mL clear vial MeOH	SP5T	120 mL plastic Na Thiosulfate
AG5U	100 mL amber glass unpres			VG9D	40 mL clear vial DI	ZPLC	ziploc bag
AG2S	500 mL amber glass H2SO4					GN	
BG3U	250 mL clear glass unpres						

 1241 Bellevue Street, Green Bay, WI 54302	Document Name: <b>Sample Condition Upon Receipt (SCUR)</b>	Document Revised: 26Mar2020
	Document No.: <b>ENV-FRM-GBAY-0014-Rev.00</b>	Author: Pace Green Bay Quality Office

### Sample Condition Upon Receipt Form (SCUR)

**Client Name:** KPRG **Project #:** WO# : 40237347  
**Courier:**  CS Logistics  Fed Ex  Speedee  UPS  Waltco  
 Client  Pace Other: \_\_\_\_\_  
**Tracking #:** N/A



**Custody Seal on Cooler/Box Present:**  yes  no **Seals intact:**  yes  no  
**Custody Seal on Samples Present:**  yes  no **Seals intact:**  yes  no  
**Packing Material:**  Bubble Wrap  Bubble Bags  None  Other \_\_\_\_\_  
**Thermometer Used:** SR - 114 **Type of Ice:** Wet Blue Dry None  Samples on ice, cooling process has begun  
**Cooler Temperature:** Uncorr: 1.5 / Corr: 1.6  
**Temp Blank Present:**  yes  no **Biological Tissue is Frozen:**  yes  no  
 Temp should be above freezing to 6°C.  
 Biota Samples may be received at ≤ 0°C if shipped on Dry Ice.

**Person examining contents:**  
**Date:** 11/20/21 **Initials:** MP  
**Labeled By Initials:** AL

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
- VOA Samples frozen upon receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7.
Sufficient Volume:		8.
For Analysis:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MS/MSD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
-Pace IR Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes date/time/D Analysis Matrix:	<u>11/20/21 MP</u> <u>11/20/21 MP</u> <u>11/20/21 MP</u>	<u>01211 X1-51 E5 11/20/21 MP</u> <u>No Dates/Times on WPF U 11/20/21 MP</u>
Trip Blank Present:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	13.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

**Client Notification/ Resolution:** If checked, see attached form for additional comments   
 Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Comments/ Resolution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

November 23, 2021

Rich Gnat  
KPRG AND ASSOCIATES, INC.  
14665 W. Lisbon Road  
Suite 1A  
Brookfield, WI 53005

RE: Project: 11717 NAVISTAR  
Pace Project No.: 40237397

Dear Rich Gnat:

Enclosed are the analytical results for sample(s) received by the laboratory on November 23, 2021. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Green Bay

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Tod Noltemeyer for  
Dan Milewsky  
dan.milewsky@pacelabs.com  
(920)469-2436  
Project Manager

Enclosures

cc: Josh Davenport, KPRG and Associates, Inc.



## REPORT OF LABORATORY ANALYSIS

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## CERTIFICATIONS

Project: 11717 NAVISTAR

Pace Project No.: 40237397

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### **Pace Analytical Services Green Bay**

1241 Bellevue Street, Green Bay, WI 54302

Florida/NELAP Certification #: E87948

Illinois Certification #: 200050

Kentucky UST Certification #: 82

Louisiana Certification #: 04168

Minnesota Certification #: 055-999-334

New York Certification #: 12064

North Dakota Certification #: R-150

Virginia VELAP ID: 460263

South Carolina Certification #: 83006001

Texas Certification #: T104704529-14-1

Wisconsin Certification #: 405132750

Wisconsin DATCP Certification #: 105-444

USDA Soil Permit #: P330-16-00157

Federal Fish & Wildlife Permit #: LE51774A-0

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## REPORT OF LABORATORY ANALYSIS

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## SAMPLE SUMMARY

Project: 11717 NAVISTAR

Pace Project No.: 40237397

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40237397001	X3-B-A1	Solid	11/22/21 11:15	11/23/21 09:05
40237397002	X3-S1-A1	Solid	11/22/21 11:17	11/23/21 09:05
40237397003	X3-S1-B1	Solid	11/22/21 11:19	11/23/21 09:05
40237397004	X3-B-B1	Solid	11/22/21 11:30	11/23/21 09:05
40237397005	X3-S2-A1	Solid	11/22/21 11:48	11/23/21 09:05
40237397006	X3-S2-B1	Solid	11/22/21 11:50	11/23/21 09:05
40237397007	X3-S1-B2	Solid	11/22/21 12:10	11/23/21 09:05
40237397008	X3-S2-B2	Solid	11/22/21 12:12	11/23/21 09:05
40237397009	X3-S1-A2	Solid	11/22/21 12:14	11/23/21 09:05
40237397010	X3-S2-A2	Solid	11/22/21 12:16	11/23/21 09:05
40237397011	X2-B-A1	Solid	11/22/21 13:50	11/23/21 09:05

## REPORT OF LABORATORY ANALYSIS

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### SAMPLE ANALYTE COUNT

Project: 11717 NAVISTAR

Pace Project No.: 40237397

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40237397001	X3-B-A1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237397002	X3-S1-A1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237397003	X3-S1-B1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237397004	X3-B-B1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237397005	X3-S2-A1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237397006	X3-S2-B1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237397007	X3-S1-B2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237397008	X3-S2-B2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237397009	X3-S1-A2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237397010	X3-S2-A2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237397011	X2-B-A1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G

PASI-G = Pace Analytical Services - Green Bay

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## SUMMARY OF DETECTION

Project: 11717 NAVISTAR  
Pace Project No.: 40237397

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
<b>40237397001</b>	<b>X3-B-A1</b>					
EPA 8260	Trichloroethene	29.3J	ug/kg	57.7	11/23/21 13:30	
ASTM D2974-87	Percent Moisture	7.2	%	0.10	11/23/21 09:42	
<b>40237397002</b>	<b>X3-S1-A1</b>					
EPA 8260	Trichloroethene	41.8J	ug/kg	59.1	11/23/21 13:50	
ASTM D2974-87	Percent Moisture	8.4	%	0.10	11/23/21 09:42	
<b>40237397003</b>	<b>X3-S1-B1</b>					
ASTM D2974-87	Percent Moisture	9.1	%	0.10	11/23/21 09:42	
<b>40237397004</b>	<b>X3-B-B1</b>					
ASTM D2974-87	Percent Moisture	7.9	%	0.10	11/23/21 09:42	
<b>40237397005</b>	<b>X3-S2-A1</b>					
EPA 8260	Trichloroethene	127	ug/kg	60.8	11/23/21 14:48	
ASTM D2974-87	Percent Moisture	9.8	%	0.10	11/23/21 09:42	
<b>40237397006</b>	<b>X3-S2-B1</b>					
ASTM D2974-87	Percent Moisture	16.1	%	0.10	11/23/21 09:42	
<b>40237397007</b>	<b>X3-S1-B2</b>					
EPA 8260	Trichloroethene	46.4J	ug/kg	63.0	11/23/21 15:27	
ASTM D2974-87	Percent Moisture	11.5	%	0.10	11/23/21 09:42	
<b>40237397008</b>	<b>X3-S2-B2</b>					
ASTM D2974-87	Percent Moisture	9.0	%	0.10	11/23/21 09:42	
<b>40237397009</b>	<b>X3-S1-A2</b>					
EPA 8260	Trichloroethene	26.0J	ug/kg	59.2	11/23/21 15:46	
ASTM D2974-87	Percent Moisture	8.4	%	0.10	11/23/21 09:42	
<b>40237397010</b>	<b>X3-S2-A2</b>					
ASTM D2974-87	Percent Moisture	6.4	%	0.10	11/23/21 09:42	
<b>40237397011</b>	<b>X2-B-A1</b>					
ASTM D2974-87	Percent Moisture	9.5	%	0.10	11/23/21 09:43	

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237397

**Sample: X3-B-A1**      **Lab ID: 40237397001**      Collected: 11/22/21 11:15      Received: 11/23/21 09:05      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.8	ug/kg	57.7	14.8	1	11/23/21 10:30	11/23/21 13:30	75-34-3	
1,2-Dichloroethane	<13.3	ug/kg	57.7	13.3	1	11/23/21 10:30	11/23/21 13:30	107-06-2	
1,1-Dichloroethene	<19.2	ug/kg	57.7	19.2	1	11/23/21 10:30	11/23/21 13:30	75-35-4	
cis-1,2-Dichloroethene	<12.4	ug/kg	57.7	12.4	1	11/23/21 10:30	11/23/21 13:30	156-59-2	
trans-1,2-Dichloroethene	<12.5	ug/kg	57.7	12.5	1	11/23/21 10:30	11/23/21 13:30	156-60-5	
Tetrachloroethene	<22.4	ug/kg	57.7	22.4	1	11/23/21 10:30	11/23/21 13:30	127-18-4	
1,1,1-Trichloroethane	<14.8	ug/kg	57.7	14.8	1	11/23/21 10:30	11/23/21 13:30	71-55-6	
1,1,2-Trichloroethane	<21.0	ug/kg	57.7	21.0	1	11/23/21 10:30	11/23/21 13:30	79-00-5	
Trichloroethene	29.3J	ug/kg	57.7	21.6	1	11/23/21 10:30	11/23/21 13:30	79-01-6	
Vinyl chloride	<11.7	ug/kg	57.7	11.7	1	11/23/21 10:30	11/23/21 13:30	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	117	%	67-159		1	11/23/21 10:30	11/23/21 13:30	2037-26-5	
4-Bromofluorobenzene (S)	126	%	66-153		1	11/23/21 10:30	11/23/21 13:30	460-00-4	
1,2-Dichlorobenzene-d4 (S)	114	%	82-158		1	11/23/21 10:30	11/23/21 13:30	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	7.2	%	0.10	0.10	1		11/23/21 09:42		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237397

**Sample: X3-S1-A1**      **Lab ID: 40237397002**      Collected: 11/22/21 11:17      Received: 11/23/21 09:05      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.1	ug/kg	59.1	15.1	1	11/23/21 10:30	11/23/21 13:50	75-34-3	
1,2-Dichloroethane	<13.6	ug/kg	59.1	13.6	1	11/23/21 10:30	11/23/21 13:50	107-06-2	
1,1-Dichloroethene	<19.6	ug/kg	59.1	19.6	1	11/23/21 10:30	11/23/21 13:50	75-35-4	
cis-1,2-Dichloroethene	<12.7	ug/kg	59.1	12.7	1	11/23/21 10:30	11/23/21 13:50	156-59-2	
trans-1,2-Dichloroethene	<12.8	ug/kg	59.1	12.8	1	11/23/21 10:30	11/23/21 13:50	156-60-5	
Tetrachloroethene	<22.9	ug/kg	59.1	22.9	1	11/23/21 10:30	11/23/21 13:50	127-18-4	
1,1,1-Trichloroethane	<15.1	ug/kg	59.1	15.1	1	11/23/21 10:30	11/23/21 13:50	71-55-6	
1,1,2-Trichloroethane	<21.5	ug/kg	59.1	21.5	1	11/23/21 10:30	11/23/21 13:50	79-00-5	
Trichloroethene	41.8J	ug/kg	59.1	22.1	1	11/23/21 10:30	11/23/21 13:50	79-01-6	
Vinyl chloride	<11.9	ug/kg	59.1	11.9	1	11/23/21 10:30	11/23/21 13:50	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	119	%	67-159		1	11/23/21 10:30	11/23/21 13:50	2037-26-5	
4-Bromofluorobenzene (S)	127	%	66-153		1	11/23/21 10:30	11/23/21 13:50	460-00-4	
1,2-Dichlorobenzene-d4 (S)	117	%	82-158		1	11/23/21 10:30	11/23/21 13:50	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	8.4	%	0.10	0.10	1		11/23/21 09:42		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237397

**Sample: X3-S1-B1**      **Lab ID: 40237397003**      Collected: 11/22/21 11:19      Received: 11/23/21 09:05      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.4	ug/kg	60.0	15.4	1	11/23/21 10:30	11/23/21 14:09	75-34-3	
1,2-Dichloroethane	<13.8	ug/kg	60.0	13.8	1	11/23/21 10:30	11/23/21 14:09	107-06-2	
1,1-Dichloroethene	<19.9	ug/kg	60.0	19.9	1	11/23/21 10:30	11/23/21 14:09	75-35-4	
cis-1,2-Dichloroethene	<12.8	ug/kg	60.0	12.8	1	11/23/21 10:30	11/23/21 14:09	156-59-2	
trans-1,2-Dichloroethene	<13.0	ug/kg	60.0	13.0	1	11/23/21 10:30	11/23/21 14:09	156-60-5	
Tetrachloroethene	<23.3	ug/kg	60.0	23.3	1	11/23/21 10:30	11/23/21 14:09	127-18-4	
1,1,1-Trichloroethane	<15.4	ug/kg	60.0	15.4	1	11/23/21 10:30	11/23/21 14:09	71-55-6	
1,1,2-Trichloroethane	<21.8	ug/kg	60.0	21.8	1	11/23/21 10:30	11/23/21 14:09	79-00-5	
Trichloroethene	<22.4	ug/kg	60.0	22.4	1	11/23/21 10:30	11/23/21 14:09	79-01-6	
Vinyl chloride	<12.1	ug/kg	60.0	12.1	1	11/23/21 10:30	11/23/21 14:09	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	124	%	67-159		1	11/23/21 10:30	11/23/21 14:09	2037-26-5	
4-Bromofluorobenzene (S)	132	%	66-153		1	11/23/21 10:30	11/23/21 14:09	460-00-4	
1,2-Dichlorobenzene-d4 (S)	119	%	82-158		1	11/23/21 10:30	11/23/21 14:09	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	9.1	%	0.10	0.10	1		11/23/21 09:42		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237397

**Sample: X3-B-B1**      **Lab ID: 40237397004**      Collected: 11/22/21 11:30      Received: 11/23/21 09:05      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.0	ug/kg	58.6	15.0	1	11/23/21 10:30	11/23/21 14:28	75-34-3	
1,2-Dichloroethane	<13.5	ug/kg	58.6	13.5	1	11/23/21 10:30	11/23/21 14:28	107-06-2	
1,1-Dichloroethene	<19.4	ug/kg	58.6	19.4	1	11/23/21 10:30	11/23/21 14:28	75-35-4	
cis-1,2-Dichloroethene	<12.5	ug/kg	58.6	12.5	1	11/23/21 10:30	11/23/21 14:28	156-59-2	
trans-1,2-Dichloroethene	<12.7	ug/kg	58.6	12.7	1	11/23/21 10:30	11/23/21 14:28	156-60-5	
Tetrachloroethene	<22.7	ug/kg	58.6	22.7	1	11/23/21 10:30	11/23/21 14:28	127-18-4	
1,1,1-Trichloroethane	<15.0	ug/kg	58.6	15.0	1	11/23/21 10:30	11/23/21 14:28	71-55-6	
1,1,2-Trichloroethane	<21.3	ug/kg	58.6	21.3	1	11/23/21 10:30	11/23/21 14:28	79-00-5	
Trichloroethene	<21.9	ug/kg	58.6	21.9	1	11/23/21 10:30	11/23/21 14:28	79-01-6	
Vinyl chloride	<11.8	ug/kg	58.6	11.8	1	11/23/21 10:30	11/23/21 14:28	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	118	%	67-159		1	11/23/21 10:30	11/23/21 14:28	2037-26-5	
4-Bromofluorobenzene (S)	129	%	66-153		1	11/23/21 10:30	11/23/21 14:28	460-00-4	
1,2-Dichlorobenzene-d4 (S)	118	%	82-158		1	11/23/21 10:30	11/23/21 14:28	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	7.9	%	0.10	0.10	1		11/23/21 09:42		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237397

**Sample: X3-S2-A1**      **Lab ID: 40237397005**      Collected: 11/22/21 11:48      Received: 11/23/21 09:05      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.6	ug/kg	60.8	15.6	1	11/23/21 10:30	11/23/21 14:48	75-34-3	
1,2-Dichloroethane	<14.0	ug/kg	60.8	14.0	1	11/23/21 10:30	11/23/21 14:48	107-06-2	
1,1-Dichloroethene	<20.2	ug/kg	60.8	20.2	1	11/23/21 10:30	11/23/21 14:48	75-35-4	
cis-1,2-Dichloroethene	<13.0	ug/kg	60.8	13.0	1	11/23/21 10:30	11/23/21 14:48	156-59-2	
trans-1,2-Dichloroethene	<13.1	ug/kg	60.8	13.1	1	11/23/21 10:30	11/23/21 14:48	156-60-5	
Tetrachloroethene	<23.6	ug/kg	60.8	23.6	1	11/23/21 10:30	11/23/21 14:48	127-18-4	
1,1,1-Trichloroethane	<15.6	ug/kg	60.8	15.6	1	11/23/21 10:30	11/23/21 14:48	71-55-6	
1,1,2-Trichloroethane	<22.1	ug/kg	60.8	22.1	1	11/23/21 10:30	11/23/21 14:48	79-00-5	
Trichloroethene	127	ug/kg	60.8	22.8	1	11/23/21 10:30	11/23/21 14:48	79-01-6	
Vinyl chloride	<12.3	ug/kg	60.8	12.3	1	11/23/21 10:30	11/23/21 14:48	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	124	%	67-159		1	11/23/21 10:30	11/23/21 14:48	2037-26-5	
4-Bromofluorobenzene (S)	140	%	66-153		1	11/23/21 10:30	11/23/21 14:48	460-00-4	
1,2-Dichlorobenzene-d4 (S)	125	%	82-158		1	11/23/21 10:30	11/23/21 14:48	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	9.8	%	0.10	0.10	1		11/23/21 09:42		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237397

**Sample: X3-S2-B1**      **Lab ID: 40237397006**      Collected: 11/22/21 11:50      Received: 11/23/21 09:05      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<17.7	ug/kg	69.2	17.7	1	11/23/21 10:30	11/23/21 15:07	75-34-3	
1,2-Dichloroethane	<15.9	ug/kg	69.2	15.9	1	11/23/21 10:30	11/23/21 15:07	107-06-2	
1,1-Dichloroethene	<23.0	ug/kg	69.2	23.0	1	11/23/21 10:30	11/23/21 15:07	75-35-4	
cis-1,2-Dichloroethene	<14.8	ug/kg	69.2	14.8	1	11/23/21 10:30	11/23/21 15:07	156-59-2	
trans-1,2-Dichloroethene	<14.9	ug/kg	69.2	14.9	1	11/23/21 10:30	11/23/21 15:07	156-60-5	
Tetrachloroethene	<26.8	ug/kg	69.2	26.8	1	11/23/21 10:30	11/23/21 15:07	127-18-4	
1,1,1-Trichloroethane	<17.7	ug/kg	69.2	17.7	1	11/23/21 10:30	11/23/21 15:07	71-55-6	
1,1,2-Trichloroethane	<25.2	ug/kg	69.2	25.2	1	11/23/21 10:30	11/23/21 15:07	79-00-5	
Trichloroethene	<25.9	ug/kg	69.2	25.9	1	11/23/21 10:30	11/23/21 15:07	79-01-6	
Vinyl chloride	<14.0	ug/kg	69.2	14.0	1	11/23/21 10:30	11/23/21 15:07	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	130	%	67-159		1	11/23/21 10:30	11/23/21 15:07	2037-26-5	
4-Bromofluorobenzene (S)	140	%	66-153		1	11/23/21 10:30	11/23/21 15:07	460-00-4	
1,2-Dichlorobenzene-d4 (S)	130	%	82-158		1	11/23/21 10:30	11/23/21 15:07	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	16.1	%	0.10	0.10	1		11/23/21 09:42		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237397

**Sample: X3-S1-B2**      **Lab ID: 40237397007**      Collected: 11/22/21 12:10      Received: 11/23/21 09:05      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<16.1	ug/kg	63.0	16.1	1	11/23/21 10:30	11/23/21 15:27	75-34-3	
1,2-Dichloroethane	<14.5	ug/kg	63.0	14.5	1	11/23/21 10:30	11/23/21 15:27	107-06-2	
1,1-Dichloroethene	<20.9	ug/kg	63.0	20.9	1	11/23/21 10:30	11/23/21 15:27	75-35-4	
cis-1,2-Dichloroethene	<13.5	ug/kg	63.0	13.5	1	11/23/21 10:30	11/23/21 15:27	156-59-2	
trans-1,2-Dichloroethene	<13.6	ug/kg	63.0	13.6	1	11/23/21 10:30	11/23/21 15:27	156-60-5	
Tetrachloroethene	<24.4	ug/kg	63.0	24.4	1	11/23/21 10:30	11/23/21 15:27	127-18-4	
1,1,1-Trichloroethane	<16.1	ug/kg	63.0	16.1	1	11/23/21 10:30	11/23/21 15:27	71-55-6	
1,1,2-Trichloroethane	<22.9	ug/kg	63.0	22.9	1	11/23/21 10:30	11/23/21 15:27	79-00-5	
Trichloroethene	46.4J	ug/kg	63.0	23.5	1	11/23/21 10:30	11/23/21 15:27	79-01-6	
Vinyl chloride	<12.7	ug/kg	63.0	12.7	1	11/23/21 10:30	11/23/21 15:27	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	129	%	67-159		1	11/23/21 10:30	11/23/21 15:27	2037-26-5	
4-Bromofluorobenzene (S)	136	%	66-153		1	11/23/21 10:30	11/23/21 15:27	460-00-4	
1,2-Dichlorobenzene-d4 (S)	125	%	82-158		1	11/23/21 10:30	11/23/21 15:27	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	11.5	%	0.10	0.10	1		11/23/21 09:42		

## REPORT OF LABORATORY ANALYSIS

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237397

**Sample: X3-S2-B2**      **Lab ID: 40237397008**      Collected: 11/22/21 12:12      Received: 11/23/21 09:05      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.3	ug/kg	59.9	15.3	1	11/23/21 10:30	11/23/21 13:11	75-34-3	
1,2-Dichloroethane	<13.8	ug/kg	59.9	13.8	1	11/23/21 10:30	11/23/21 13:11	107-06-2	
1,1-Dichloroethene	<19.9	ug/kg	59.9	19.9	1	11/23/21 10:30	11/23/21 13:11	75-35-4	
cis-1,2-Dichloroethene	<12.8	ug/kg	59.9	12.8	1	11/23/21 10:30	11/23/21 13:11	156-59-2	
trans-1,2-Dichloroethene	<12.9	ug/kg	59.9	12.9	1	11/23/21 10:30	11/23/21 13:11	156-60-5	
Tetrachloroethene	<23.3	ug/kg	59.9	23.3	1	11/23/21 10:30	11/23/21 13:11	127-18-4	
1,1,1-Trichloroethane	<15.3	ug/kg	59.9	15.3	1	11/23/21 10:30	11/23/21 13:11	71-55-6	
1,1,2-Trichloroethane	<21.8	ug/kg	59.9	21.8	1	11/23/21 10:30	11/23/21 13:11	79-00-5	
Trichloroethene	<22.4	ug/kg	59.9	22.4	1	11/23/21 10:30	11/23/21 13:11	79-01-6	
Vinyl chloride	<12.1	ug/kg	59.9	12.1	1	11/23/21 10:30	11/23/21 13:11	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	115	%	67-159		1	11/23/21 10:30	11/23/21 13:11	2037-26-5	
4-Bromofluorobenzene (S)	127	%	66-153		1	11/23/21 10:30	11/23/21 13:11	460-00-4	
1,2-Dichlorobenzene-d4 (S)	112	%	82-158		1	11/23/21 10:30	11/23/21 13:11	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	9.0	%	0.10	0.10	1		11/23/21 09:42		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237397

**Sample: X3-S1-A2**      **Lab ID: 40237397009**      Collected: 11/22/21 12:14      Received: 11/23/21 09:05      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.2	ug/kg	59.2	15.2	1	11/23/21 10:30	11/23/21 15:46	75-34-3	
1,2-Dichloroethane	<13.6	ug/kg	59.2	13.6	1	11/23/21 10:30	11/23/21 15:46	107-06-2	
1,1-Dichloroethene	<19.7	ug/kg	59.2	19.7	1	11/23/21 10:30	11/23/21 15:46	75-35-4	
cis-1,2-Dichloroethene	<12.7	ug/kg	59.2	12.7	1	11/23/21 10:30	11/23/21 15:46	156-59-2	
trans-1,2-Dichloroethene	<12.8	ug/kg	59.2	12.8	1	11/23/21 10:30	11/23/21 15:46	156-60-5	
Tetrachloroethene	<23.0	ug/kg	59.2	23.0	1	11/23/21 10:30	11/23/21 15:46	127-18-4	
1,1,1-Trichloroethane	<15.2	ug/kg	59.2	15.2	1	11/23/21 10:30	11/23/21 15:46	71-55-6	
1,1,2-Trichloroethane	<21.6	ug/kg	59.2	21.6	1	11/23/21 10:30	11/23/21 15:46	79-00-5	
Trichloroethene	26.0J	ug/kg	59.2	22.1	1	11/23/21 10:30	11/23/21 15:46	79-01-6	
Vinyl chloride	<12.0	ug/kg	59.2	12.0	1	11/23/21 10:30	11/23/21 15:46	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	124	%	67-159		1	11/23/21 10:30	11/23/21 15:46	2037-26-5	
4-Bromofluorobenzene (S)	135	%	66-153		1	11/23/21 10:30	11/23/21 15:46	460-00-4	
1,2-Dichlorobenzene-d4 (S)	123	%	82-158		1	11/23/21 10:30	11/23/21 15:46	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	8.4	%	0.10	0.10	1		11/23/21 09:42		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237397

**Sample: X3-S2-A2**      **Lab ID: 40237397010**      Collected: 11/22/21 12:16      Received: 11/23/21 09:05      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.6	ug/kg	56.9	14.6	1	11/23/21 10:30	11/23/21 16:06	75-34-3	
1,2-Dichloroethane	<13.1	ug/kg	56.9	13.1	1	11/23/21 10:30	11/23/21 16:06	107-06-2	
1,1-Dichloroethene	<18.9	ug/kg	56.9	18.9	1	11/23/21 10:30	11/23/21 16:06	75-35-4	
cis-1,2-Dichloroethene	<12.2	ug/kg	56.9	12.2	1	11/23/21 10:30	11/23/21 16:06	156-59-2	
trans-1,2-Dichloroethene	<12.3	ug/kg	56.9	12.3	1	11/23/21 10:30	11/23/21 16:06	156-60-5	
Tetrachloroethene	<22.1	ug/kg	56.9	22.1	1	11/23/21 10:30	11/23/21 16:06	127-18-4	
1,1,1-Trichloroethane	<14.6	ug/kg	56.9	14.6	1	11/23/21 10:30	11/23/21 16:06	71-55-6	
1,1,2-Trichloroethane	<20.7	ug/kg	56.9	20.7	1	11/23/21 10:30	11/23/21 16:06	79-00-5	
Trichloroethene	<21.3	ug/kg	56.9	21.3	1	11/23/21 10:30	11/23/21 16:06	79-01-6	
Vinyl chloride	<11.5	ug/kg	56.9	11.5	1	11/23/21 10:30	11/23/21 16:06	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	114	%	67-159		1	11/23/21 10:30	11/23/21 16:06	2037-26-5	
4-Bromofluorobenzene (S)	122	%	66-153		1	11/23/21 10:30	11/23/21 16:06	460-00-4	
1,2-Dichlorobenzene-d4 (S)	108	%	82-158		1	11/23/21 10:30	11/23/21 16:06	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	6.4	%	0.10	0.10	1		11/23/21 09:42		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237397

**Sample: X2-B-A1**      **Lab ID: 40237397011**      Collected: 11/22/21 13:50      Received: 11/23/21 09:05      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.5	ug/kg	60.5	15.5	1	11/23/21 10:30	11/23/21 16:25	75-34-3	
1,2-Dichloroethane	<13.9	ug/kg	60.5	13.9	1	11/23/21 10:30	11/23/21 16:25	107-06-2	
1,1-Dichloroethene	<20.1	ug/kg	60.5	20.1	1	11/23/21 10:30	11/23/21 16:25	75-35-4	
cis-1,2-Dichloroethene	<12.9	ug/kg	60.5	12.9	1	11/23/21 10:30	11/23/21 16:25	156-59-2	
trans-1,2-Dichloroethene	<13.1	ug/kg	60.5	13.1	1	11/23/21 10:30	11/23/21 16:25	156-60-5	
Tetrachloroethene	<23.5	ug/kg	60.5	23.5	1	11/23/21 10:30	11/23/21 16:25	127-18-4	
1,1,1-Trichloroethane	<15.5	ug/kg	60.5	15.5	1	11/23/21 10:30	11/23/21 16:25	71-55-6	
1,1,2-Trichloroethane	<22.0	ug/kg	60.5	22.0	1	11/23/21 10:30	11/23/21 16:25	79-00-5	
Trichloroethene	<22.6	ug/kg	60.5	22.6	1	11/23/21 10:30	11/23/21 16:25	79-01-6	
Vinyl chloride	<12.2	ug/kg	60.5	12.2	1	11/23/21 10:30	11/23/21 16:25	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	139	%	67-159		1	11/23/21 10:30	11/23/21 16:25	2037-26-5	
4-Bromofluorobenzene (S)	143	%	66-153		1	11/23/21 10:30	11/23/21 16:25	460-00-4	
1,2-Dichlorobenzene-d4 (S)	133	%	82-158		1	11/23/21 10:30	11/23/21 16:25	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	9.5	%	0.10	0.10	1		11/23/21 09:43		

### REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR  
Pace Project No.: 40237397

QC Batch:	402603	Analysis Method:	EPA 8260
QC Batch Method:	EPA 5035/5030B	Analysis Description:	8260 MSV Med Level Normal List
		Laboratory:	Pace Analytical Services - Green Bay

Associated Lab Samples: 40237397001, 40237397002, 40237397003, 40237397004, 40237397005, 40237397006, 40237397007, 40237397008, 40237397009, 40237397010, 40237397011

METHOD BLANK: 2325063 Matrix: Solid  
Associated Lab Samples: 40237397001, 40237397002, 40237397003, 40237397004, 40237397005, 40237397006, 40237397007, 40237397008, 40237397009, 40237397010, 40237397011

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1,1-Trichloroethane	ug/kg	<12.8	50.0	11/23/21 09:29	
1,1,2-Trichloroethane	ug/kg	<18.2	50.0	11/23/21 09:29	
1,1-Dichloroethane	ug/kg	<12.8	50.0	11/23/21 09:29	
1,1-Dichloroethene	ug/kg	<16.6	50.0	11/23/21 09:29	
1,2-Dichloroethane	ug/kg	<11.5	50.0	11/23/21 09:29	
cis-1,2-Dichloroethene	ug/kg	<10.7	50.0	11/23/21 09:29	
Tetrachloroethene	ug/kg	<19.4	50.0	11/23/21 09:29	
trans-1,2-Dichloroethene	ug/kg	<10.8	50.0	11/23/21 09:29	
Trichloroethene	ug/kg	<18.7	50.0	11/23/21 09:29	
Vinyl chloride	ug/kg	<10.1	50.0	11/23/21 09:29	
1,2-Dichlorobenzene-d4 (S)	%	106	82-158	11/23/21 09:29	
4-Bromofluorobenzene (S)	%	113	66-153	11/23/21 09:29	
Toluene-d8 (S)	%	109	67-159	11/23/21 09:29	

LABORATORY CONTROL SAMPLE: 2325064

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/kg	2500	2560	102	70-130	
1,1,2-Trichloroethane	ug/kg	2500	2450	98	70-130	
1,1-Dichloroethane	ug/kg	2500	2280	91	70-130	
1,1-Dichloroethene	ug/kg	2500	2620	105	67-120	
1,2-Dichloroethane	ug/kg	2500	2310	92	70-130	
cis-1,2-Dichloroethene	ug/kg	2500	2480	99	70-130	
Tetrachloroethene	ug/kg	2500	2320	93	70-130	
trans-1,2-Dichloroethene	ug/kg	2500	2550	102	70-130	
Trichloroethene	ug/kg	2500	2600	104	70-130	
Vinyl chloride	ug/kg	2500	2160	86	58-121	
1,2-Dichlorobenzene-d4 (S)	%			107	82-158	
4-Bromofluorobenzene (S)	%			115	66-153	
Toluene-d8 (S)	%			98	67-159	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2325065 2325066

Parameter	Units	40237397008 Result	MS		MSD		MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
			Spike Conc.	MS Result	MSD Result							
1,1,1-Trichloroethane	ug/kg	<15.3	1200	1200	1120	1090	93	91	70-130	2	20	

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR

Pace Project No.: 40237397

Parameter	Units	2325065		2325066		MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
		40237397008 Result	MS Spike Conc.	MSD Spike Conc.	MS Result								
1,1,2-Trichloroethane	ug/kg	<21.8	1200	1200	1110	1170	92	98	70-130	6	20		
1,1-Dichloroethane	ug/kg	<15.3	1200	1200	1000	1030	84	86	70-130	2	20		
1,1-Dichloroethene	ug/kg	<19.9	1200	1200	1070	1030	90	86	64-120	5	20		
1,2-Dichloroethane	ug/kg	<13.8	1200	1200	1060	1060	89	89	70-130	0	20		
cis-1,2-Dichloroethene	ug/kg	<12.8	1200	1200	1150	1120	96	93	70-130	3	20		
Tetrachloroethene	ug/kg	<23.3	1200	1200	1020	1060	85	88	70-130	4	20		
trans-1,2-Dichloroethene	ug/kg	<12.9	1200	1200	1210	1130	101	94	70-130	7	20		
Trichloroethene	ug/kg	<22.4	1200	1200	1190	1150	98	95	70-130	3	20		
Vinyl chloride	ug/kg	<12.1	1200	1200	821	787	69	66	43-137	4	20		
1,2-Dichlorobenzene-d4 (S)	%						110	109	82-158				
4-Bromofluorobenzene (S)	%						126	121	66-153				
Toluene-d8 (S)	%						117	117	67-159				

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR

Pace Project No.: 40237397

QC Batch: 402582

Analysis Method: ASTM D2974-87

QC Batch Method: ASTM D2974-87

Analysis Description: Dry Weight/Percent Moisture

Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40237397001, 40237397002, 40237397003, 40237397004, 40237397005, 40237397006, 40237397007, 40237397008, 40237397009, 40237397010, 40237397011

SAMPLE DUPLICATE: 2324936

Parameter	Units	40237009001 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	5.3	5.4	1	10	

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## QUALIFIERS

Project: 11717 NAVISTAR

Pace Project No.: 40237397

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above LOD.

J - Estimated concentration at or above the LOD and below the LOQ.

LOD - Limit of Detection adjusted for dilution factor, percent moisture, initial weight and final volume.

LOQ - Limit of Quantitation adjusted for dilution factor, percent moisture, initial weight and final volume.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected at or above the adjusted LOD.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

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### QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 11717 NAVISTAR  
Pace Project No.: 40237397

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40237397001	X3-B-A1	EPA 5035/5030B	402603	EPA 8260	402625
40237397002	X3-S1-A1	EPA 5035/5030B	402603	EPA 8260	402625
40237397003	X3-S1-B1	EPA 5035/5030B	402603	EPA 8260	402625
40237397004	X3-B-B1	EPA 5035/5030B	402603	EPA 8260	402625
40237397005	X3-S2-A1	EPA 5035/5030B	402603	EPA 8260	402625
40237397006	X3-S2-B1	EPA 5035/5030B	402603	EPA 8260	402625
40237397007	X3-S1-B2	EPA 5035/5030B	402603	EPA 8260	402625
40237397008	X3-S2-B2	EPA 5035/5030B	402603	EPA 8260	402625
40237397009	X3-S1-A2	EPA 5035/5030B	402603	EPA 8260	402625
40237397010	X3-S2-A2	EPA 5035/5030B	402603	EPA 8260	402625
40237397011	X2-B-A1	EPA 5035/5030B	402603	EPA 8260	402625
40237397001	X3-B-A1	ASTM D2974-87	402582		
40237397002	X3-S1-A1	ASTM D2974-87	402582		
40237397003	X3-S1-B1	ASTM D2974-87	402582		
40237397004	X3-B-B1	ASTM D2974-87	402582		
40237397005	X3-S2-A1	ASTM D2974-87	402582		
40237397006	X3-S2-B1	ASTM D2974-87	402582		
40237397007	X3-S1-B2	ASTM D2974-87	402582		
40237397008	X3-S2-B2	ASTM D2974-87	402582		
40237397009	X3-S1-A2	ASTM D2974-87	402582		
40237397010	X3-S2-A2	ASTM D2974-87	402582		
40237397011	X2-B-A1	ASTM D2974-87	402582		

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(Please Print Clearly)

Company Name: **KSPRG**  
 Branch/Location: **Brookfield, WI**  
 Project Contact: **Rich Gnat**  
 Phone: **262-781-0475**  
 Project Number: **11717**  
 Project Name: **Navistar**  
 Project State: **WI**  
 Sampled By (Print): **M. Michel Dolan**  
 Sampled By (Sign): *[Signature]*



UPPER MIDWEST REGION  
 MN: 612-607-1700 WI: 920-469-2436

40237397

### CHAIN OF CUSTODY

**\*Preservation Codes**  
 A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH  
 H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

FILTERED?  
(YES/NO)  
 PRESERVATION  
(CODE)\*

Y/N	Pick Letter	Analyses Requested																
N	F	C/10CS																

Quote #: \_\_\_\_\_  
 Mail To Contact: \_\_\_\_\_  
 Mail To Company: \_\_\_\_\_  
 Mail To Address: \_\_\_\_\_  
 Invoice To Contact: \_\_\_\_\_  
 Invoice To Company: \_\_\_\_\_  
 Invoice To Address: \_\_\_\_\_  
 Invoice To Phone: \_\_\_\_\_  
 CLIENT COMMENTS: **Rush T.A.**  
 LAB COMMENTS (Lab Use Only): \_\_\_\_\_  
 Profile #: \_\_\_\_\_

**Data Package Options** (billable)  
 EPA Level III  
 EPA Level IV

**MS/MSD**  
 On your sample (billable)  
 NOT needed on your sample

**Matrix Codes**  
 A = Air W = Water  
 B = Biota DW = Drinking Water  
 C = Charcoal GW = Ground Water  
 O = Oil SW = Surface Water  
 S = Soil WW = Waste Water  
 SI = Sludge WP = Wipe

PACE LAB #	CLIENT FIELD ID	COLLECTION		MATRIX	Y/N	Pick Letter	Analyses Requested
		DATE	TIME				
001	X3-B-A1	11/22	1115	S		X	
002	X3-S1-A1	11/22	1117	S		X	
003	X3-S1-B1	11/22	1114	S		X	
004	X3-B-B1	11/22	1130	S		X	
005	X3-S2-A1	11/22	1148	S		X	
006	X3-S2-B1	11/22	1150	S		X	
007	X3-S1-B2	11/22	1210	S		X	
008	X3-S2-B2	11/22	1212	S		X	
009	X3-S1-A2	11/22	1214	S		X	
010	X3-S2-A2	11/22	1216	S		X	
OH	TEMP BLANK	-	-	-		-	
011	X2-B-A1	11/22	1350	S		X	

Rush Turnaround Time Requested - Prelims  
 (Rush TAT subject to approval/surcharge)  
 Date Needed: **11/24/21**

Transmit Prelim Rush Results by (complete what you want):

Email #1: **richard.yd@kprginc.com**  
 Email #2: \_\_\_\_\_  
 Telephone: **262-781-0475**  
 Fax: \_\_\_\_\_

Samples on HOLD are subject to special pricing and release of liability

Relinquished By: *[Signature]* Date/Time: **11/22/21 11530**  
 Relinquished By: *[Signature]* Date/Time: **11/23/21 0905**  
 Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Relinquished By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Received By: *[Signature]* Date/Time: **11/22/21/1530**  
 Received By: *[Signature]* Date/Time: **11/23/21 0945**  
 Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

PACE Project No. **40237397**  
 Receipt Temp = **1** °C  
 Sample Receipt pH **OK / Adjusted**  
 Cooler Custody Seal **Present / Not Present**  
 Intact / Not Intact

### Sample Preservation Receipt Form

Client Name: KPRG

Project # 40237397

All containers needing preservation have been checked and noted below:  Yes  No  N/A

Initial when completed:

Date/Time:

Lab Lot# of pH paper:

Lab Std #ID of preservation (if pH adjusted):

Pace Lab #	Glass							Plastic					Vials					Jars				General			VOA Vials (>6mm) *	H2SO4 pH ≤2	NaOH+Zn Act pH ≥9	NaOH pH ≥12	HNO3 pH ≤2	pH after adjusted	Volume (mL)						
	AG1U	BG1U	AG1H	AG4S	AG4U	AG5U	AG2S	BG3U	BP1U	BP3U	BP3B	BP3N	BP3S	VG9A	DG9T	VG9U	VG9H	VG9M	VG9D	JGFU	JG9U	WGFU	WPFU	SP5T								ZPLC	GN				
001																																					2.5 / 5 / 10
002																																					2.5 / 5 / 10
003																																					2.5 / 5 / 10
004																																					2.5 / 5 / 10
005																																					2.5 / 5 / 10
006																																					2.5 / 5 / 10
007																																					2.5 / 5 / 10
008																																					2.5 / 5 / 10
009																																					2.5 / 5 / 10
010																																					2.5 / 5 / 10
011																																					2.5 / 5 / 10
012																																					2.5 / 5 / 10
013																																					2.5 / 5 / 10
014																																					2.5 / 5 / 10
015																																					2.5 / 5 / 10
016																																					2.5 / 5 / 10
017																																					2.5 / 5 / 10
018																																					2.5 / 5 / 10
019																																					2.5 / 5 / 10
020																																					2.5 / 5 / 10

Exceptions to preservation check: VOA, Coliform, TOC, TOX, TOH, O&G, WI DRO, Phenolics, Other: \_\_\_\_\_ Headspace in VOA Vials (>6mm) :  Yes  No  N/A \*If yes look in headspace column

AG1U	1 liter amber glass	BP1U	1 liter plastic unpres	VG9A	40 mL clear ascorbic	JGFU	4 oz amber jar unpres
BG1U	1 liter clear glass	BP3U	250 mL plastic unpres	DG9T	40 mL amber Na Thio	JG9U	9 oz amber jar unpres
AG1H	1 liter amber glass HCL	BP3B	250 mL plastic NaOH	VG9U	40 mL clear vial unpres	WGFU	4 oz clear jar unpres
AG4S	125 mL amber glass H2SO4	BP3N	250 mL plastic HNO3	VG9H	40 mL clear vial HCL	WPFU	4 oz plastic jar unpres
AG4U	120 mL amber glass unpres	BP3S	250 mL plastic H2SO4	VG9M	40 mL clear vial MeOH	SP5T	120 mL plastic Na Thiosulfate
AG5U	100 mL amber glass unpres			VG9D	40 mL clear vial DI	ZPLC	ziploc bag
AG2S	500 mL amber glass H2SO4					GN	
BG3U	250 mL clear glass unpres						

**Sample Condition Upon Receipt Form (SCUR)**

Client Name: KPRG

Project #: \_\_\_\_\_

**WO#: 40237397**



Courier:  CS Logistics  Fed Ex  Speedee  UPS  Waltco  
 Client  Pace Other: \_\_\_\_\_

Tracking #: \_\_\_\_\_

Custody Seal on Cooler/Box Present:  yes  no Seals intact:  yes  no

Custody Seal on Samples Present:  yes  no Seals intact:  yes  no

Packing Material:  Bubble Wrap  Bubble Bags  None  Other

Thermometer Used SR - 105 Type of Ice:  Wet  Blue  Dry  None  Samples on ice, cooling process has begun

Cooler Temperature Uncorr: 1.5 / Corr: 1

Temp Blank Present:  yes  no

Biological Tissue is Frozen:  yes  no

Temp should be above freezing to 6°C.

Biota Samples may be received at ≤ 0°C if shipped on Dry Ice.

Person examining contents:  
Date: 11/23/21 /Initials: SKW  
Labeled By Initials: AKD

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	2. <u>Mail + Inv. Info</u> <span style="float: right;"><u>11/23/21</u></span>
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
- VOA Samples frozen upon receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7.
Sufficient Volume:		8.
For Analysis: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MS/MSD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
-Pace IR Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	12. <u>no date &amp; time on all WPFUS</u> <span style="float: right;"><u>11/23/21</u></span>
-Includes date/time/ID/Analysis Matrix: <u>S</u>		
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	13.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

Client Notification/ Resolution:

If checked, see attached form for additional comments

Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Comments/ Resolution: \_\_\_\_\_

PM Review is documented electronically in LIMs. By releasing the project, the PM acknowledges they have reviewed the sample logir

November 24, 2021

Rich Gnat  
KPRG AND ASSOCIATES, INC.  
14665 W. Lisbon Road  
Suite 1A  
Brookfield, WI 53005

RE: Project: 11717 NAVISTAR  
Pace Project No.: 40237456

Dear Rich Gnat:

Enclosed are the analytical results for sample(s) received by the laboratory on November 24, 2021. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Green Bay

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Tod Noltemeyer for  
Dan Milewsky  
dan.milewsky@pacelabs.com  
(920)469-2436  
Project Manager

Enclosures

cc: Josh Davenport, KPRG and Associates, Inc.



## REPORT OF LABORATORY ANALYSIS

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## CERTIFICATIONS

Project: 11717 NAVISTAR

Pace Project No.: 40237456

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### **Pace Analytical Services Green Bay**

1241 Bellevue Street, Green Bay, WI 54302

Florida/NELAP Certification #: E87948

Illinois Certification #: 200050

Kentucky UST Certification #: 82

Louisiana Certification #: 04168

Minnesota Certification #: 055-999-334

New York Certification #: 12064

North Dakota Certification #: R-150

Virginia VELAP ID: 460263

South Carolina Certification #: 83006001

Texas Certification #: T104704529-14-1

Wisconsin Certification #: 405132750

Wisconsin DATCP Certification #: 105-444

USDA Soil Permit #: P330-16-00157

Federal Fish & Wildlife Permit #: LE51774A-0

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## REPORT OF LABORATORY ANALYSIS

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## SAMPLE SUMMARY

Project: 11717 NAVISTAR

Pace Project No.: 40237456

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40237456001	X2-B-B1	Solid	11/23/21 07:07	11/24/21 07:50
40237456002	X2-S1-B3	Solid	11/23/21 07:10	11/24/21 07:50
40237456003	X2-S2-A3	Solid	11/23/21 07:13	11/24/21 07:50
40237456004	X2-S2-B3	Solid	11/23/21 07:17	11/24/21 07:50
40237456005	X2-S-B2	Solid	11/23/21 07:20	11/24/21 07:50
40237456006	X2-S-A1	Solid	11/23/21 07:22	11/24/21 07:50
40237456007	X2-S-B1	Solid	11/23/21 07:28	11/24/21 07:50
40237456008	X1-B-A5	Solid	11/23/21 07:42	11/24/21 07:50
40237456009	X1-B-E6	Solid	11/23/21 08:35	11/24/21 07:50
40237456010	X1-S-E6	Solid	11/23/21 08:40	11/24/21 07:50
40237456011	X1-B-C6	Solid	11/23/21 10:07	11/24/21 07:50
40237456012	X1-S-C6	Solid	11/23/21 10:09	11/24/21 07:50
40237456013	X1-B-C5	Solid	11/23/21 10:21	11/24/21 07:50
40237456014	X1-B-C2	Solid	11/23/21 12:10	11/24/21 07:50
40237456015	X1-B-D2	Solid	11/23/21 12:12	11/24/21 07:50
40237456016	X1-B-B3	Solid	11/23/21 12:15	11/24/21 07:50
40237456017	X1-B-A1	Solid	11/23/21 12:19	11/24/21 07:50
40237456018	X1-S-A1	Solid	11/23/21 12:20	11/24/21 07:50
40237456019	X1-B-D4	Solid	11/23/21 12:23	11/24/21 07:50
40237456020	X1-B-C4	Solid	11/23/21 12:25	11/24/21 07:50
40237456021	X1-B-A2	Solid	11/23/21 13:18	11/24/21 07:50
40237456022	X1-B-E5	Solid	11/23/21 13:25	11/24/21 07:50

## REPORT OF LABORATORY ANALYSIS

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### SAMPLE ANALYTE COUNT

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40237456001	X2-B-B1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456002	X2-S1-B3	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456003	X2-S2-A3	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456004	X2-S2-B3	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456005	X2-S-B2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456006	X2-S-A1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456007	X2-S-B1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456008	X1-B-A5	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456009	X1-B-E6	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456010	X1-S-E6	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456011	X1-B-C6	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456012	X1-S-C6	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456013	X1-B-C5	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456014	X1-B-C2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456015	X1-B-D2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456016	X1-B-B3	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456017	X1-B-A1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456018	X1-S-A1	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G
40237456019	X1-B-D4	EPA 8260	ALD	13	PASI-G

### REPORT OF LABORATORY ANALYSIS

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### SAMPLE ANALYTE COUNT

Project: 11717 NAVISTAR

Pace Project No.: 40237456

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40237456020	X1-B-C4	ASTM D2974-87	AH	1	PASI-G
		EPA 8260	ALD	13	PASI-G
40237456021	X1-B-A2	ASTM D2974-87	AH	1	PASI-G
		EPA 8260	ALD	13	PASI-G
40237456022	X1-B-E5	ASTM D2974-87	AH	1	PASI-G
		EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G

PASI-G = Pace Analytical Services - Green Bay

### REPORT OF LABORATORY ANALYSIS

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### SUMMARY OF DETECTION

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
<b>40237456001</b>	<b>X2-B-B1</b>					
ASTM D2974-87	Percent Moisture	11.9	%	0.10	11/24/21 09:12	
<b>40237456002</b>	<b>X2-S1-B3</b>					
ASTM D2974-87	Percent Moisture	20.2	%	0.10	11/24/21 09:12	
<b>40237456003</b>	<b>X2-S2-A3</b>					
EPA 8260	Trichloroethene	34.9J	ug/kg	73.9	11/24/21 10:55	
ASTM D2974-87	Percent Moisture	19.3	%	0.10	11/24/21 09:12	
<b>40237456004</b>	<b>X2-S2-B3</b>					
EPA 8260	Trichloroethene	29.8J	ug/kg	65.1	11/24/21 11:15	
ASTM D2974-87	Percent Moisture	13.1	%	0.10	11/24/21 09:12	
<b>40237456005</b>	<b>X2-S-B2</b>					
ASTM D2974-87	Percent Moisture	14.9	%	0.10	11/24/21 09:12	
<b>40237456006</b>	<b>X2-S-A1</b>					
EPA 8260	Trichloroethene	67.9J	ug/kg	68.2	11/24/21 11:54	
ASTM D2974-87	Percent Moisture	15.4	%	0.10	11/24/21 09:12	
<b>40237456007</b>	<b>X2-S-B1</b>					
ASTM D2974-87	Percent Moisture	10	%	0.10	11/24/21 09:12	
<b>40237456008</b>	<b>X1-B-A5</b>					
ASTM D2974-87	Percent Moisture	15.8	%	0.10	11/24/21 09:12	
<b>40237456009</b>	<b>X1-B-E6</b>					
EPA 8260	Trichloroethene	93.4	ug/kg	59.2	11/24/21 12:54	
ASTM D2974-87	Percent Moisture	8.4	%	0.10	11/24/21 09:12	
<b>40237456010</b>	<b>X1-S-E6</b>					
ASTM D2974-87	Percent Moisture	16.6	%	0.10	11/24/21 09:12	
<b>40237456011</b>	<b>X1-B-C6</b>					
ASTM D2974-87	Percent Moisture	16.2	%	0.10	11/24/21 09:12	
<b>40237456012</b>	<b>X1-S-C6</b>					
ASTM D2974-87	Percent Moisture	21.7	%	0.10	11/24/21 09:12	
<b>40237456013</b>	<b>X1-B-C5</b>					
EPA 8260	1,1,1-Trichloroethane	16.9J	ug/kg	64.0	11/24/21 14:12	
EPA 8260	Trichloroethene	123	ug/kg	64.0	11/24/21 14:12	
ASTM D2974-87	Percent Moisture	12.3	%	0.10	11/24/21 09:12	
<b>40237456014</b>	<b>X1-B-C2</b>					
EPA 8260	Trichloroethene	31.5J	ug/kg	57.8	11/24/21 11:22	
ASTM D2974-87	Percent Moisture	7.3	%	0.10	11/24/21 09:12	
<b>40237456015</b>	<b>X1-B-D2</b>					
EPA 8260	Trichloroethene	26.5J	ug/kg	52.8	11/24/21 11:42	
ASTM D2974-87	Percent Moisture	2.7	%	0.10	11/24/21 09:13	

### REPORT OF LABORATORY ANALYSIS

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## SUMMARY OF DETECTION

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
<b>40237456016</b>	<b>X1-B-B3</b>					
ASTM D2974-87	Percent Moisture	6.1	%	0.10	11/24/21 09:13	
<b>40237456017</b>	<b>X1-B-A1</b>					
EPA 8260	Trichloroethene	25.0J	ug/kg	54.7	11/24/21 12:22	
ASTM D2974-87	Percent Moisture	4.5	%	0.10	11/24/21 09:13	
<b>40237456018</b>	<b>X1-S-A1</b>					
ASTM D2974-87	Percent Moisture	3.9	%	0.10	11/24/21 09:13	
<b>40237456019</b>	<b>X1-B-D4</b>					
ASTM D2974-87	Percent Moisture	5.4	%	0.10	11/24/21 09:13	
<b>40237456020</b>	<b>X1-B-C4</b>					
ASTM D2974-87	Percent Moisture	7.8	%	0.10	11/24/21 09:13	
<b>40237456021</b>	<b>X1-B-A2</b>					
EPA 8260	Trichloroethene	26.3J	ug/kg	56.1	11/24/21 13:43	
ASTM D2974-87	Percent Moisture	5.7	%	0.10	11/24/21 09:21	
<b>40237456022</b>	<b>X1-B-E5</b>					
ASTM D2974-87	Percent Moisture	4.2	%	0.10	11/24/21 09:21	

## REPORT OF LABORATORY ANALYSIS

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X2-B-B1**      **Lab ID: 40237456001**      Collected: 11/23/21 07:07      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<16.2	ug/kg	63.5	16.2	1	11/24/21 09:00	11/24/21 10:16	75-34-3	
1,2-Dichloroethane	<14.6	ug/kg	63.5	14.6	1	11/24/21 09:00	11/24/21 10:16	107-06-2	
1,1-Dichloroethene	<21.1	ug/kg	63.5	21.1	1	11/24/21 09:00	11/24/21 10:16	75-35-4	
cis-1,2-Dichloroethene	<13.6	ug/kg	63.5	13.6	1	11/24/21 09:00	11/24/21 10:16	156-59-2	
trans-1,2-Dichloroethene	<13.7	ug/kg	63.5	13.7	1	11/24/21 09:00	11/24/21 10:16	156-60-5	
Tetrachloroethene	<24.6	ug/kg	63.5	24.6	1	11/24/21 09:00	11/24/21 10:16	127-18-4	
1,1,1-Trichloroethane	<16.2	ug/kg	63.5	16.2	1	11/24/21 09:00	11/24/21 10:16	71-55-6	
1,1,2-Trichloroethane	<23.1	ug/kg	63.5	23.1	1	11/24/21 09:00	11/24/21 10:16	79-00-5	
Trichloroethene	<23.7	ug/kg	63.5	23.7	1	11/24/21 09:00	11/24/21 10:16	79-01-6	
Vinyl chloride	<12.8	ug/kg	63.5	12.8	1	11/24/21 09:00	11/24/21 10:16	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	117	%	67-159		1	11/24/21 09:00	11/24/21 10:16	2037-26-5	
4-Bromofluorobenzene (S)	129	%	66-153		1	11/24/21 09:00	11/24/21 10:16	460-00-4	
1,2-Dichlorobenzene-d4 (S)	104	%	82-158		1	11/24/21 09:00	11/24/21 10:16	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	11.9	%	0.10	0.10	1		11/24/21 09:12		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X2-S1-B3**      **Lab ID: 40237456002**      Collected: 11/23/21 07:10      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<19.3	ug/kg	75.4	19.3	1	11/24/21 09:00	11/24/21 10:36	75-34-3	
1,2-Dichloroethane	<17.3	ug/kg	75.4	17.3	1	11/24/21 09:00	11/24/21 10:36	107-06-2	
1,1-Dichloroethene	<25.0	ug/kg	75.4	25.0	1	11/24/21 09:00	11/24/21 10:36	75-35-4	
cis-1,2-Dichloroethene	<16.1	ug/kg	75.4	16.1	1	11/24/21 09:00	11/24/21 10:36	156-59-2	
trans-1,2-Dichloroethene	<16.3	ug/kg	75.4	16.3	1	11/24/21 09:00	11/24/21 10:36	156-60-5	
Tetrachloroethene	<29.2	ug/kg	75.4	29.2	1	11/24/21 09:00	11/24/21 10:36	127-18-4	
1,1,1-Trichloroethane	<19.3	ug/kg	75.4	19.3	1	11/24/21 09:00	11/24/21 10:36	71-55-6	
1,1,2-Trichloroethane	<27.4	ug/kg	75.4	27.4	1	11/24/21 09:00	11/24/21 10:36	79-00-5	
Trichloroethene	<28.2	ug/kg	75.4	28.2	1	11/24/21 09:00	11/24/21 10:36	79-01-6	
Vinyl chloride	<15.2	ug/kg	75.4	15.2	1	11/24/21 09:00	11/24/21 10:36	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	113	%	67-159		1	11/24/21 09:00	11/24/21 10:36	2037-26-5	
4-Bromofluorobenzene (S)	133	%	66-153		1	11/24/21 09:00	11/24/21 10:36	460-00-4	
1,2-Dichlorobenzene-d4 (S)	105	%	82-158		1	11/24/21 09:00	11/24/21 10:36	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	20.2	%	0.10	0.10	1		11/24/21 09:12		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X2-S2-A3**      **Lab ID: 40237456003**      Collected: 11/23/21 07:13      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<18.9	ug/kg	73.9	18.9	1	11/24/21 09:00	11/24/21 10:55	75-34-3	
1,2-Dichloroethane	<17.0	ug/kg	73.9	17.0	1	11/24/21 09:00	11/24/21 10:55	107-06-2	
1,1-Dichloroethene	<24.5	ug/kg	73.9	24.5	1	11/24/21 09:00	11/24/21 10:55	75-35-4	
cis-1,2-Dichloroethene	<15.8	ug/kg	73.9	15.8	1	11/24/21 09:00	11/24/21 10:55	156-59-2	
trans-1,2-Dichloroethene	<16.0	ug/kg	73.9	16.0	1	11/24/21 09:00	11/24/21 10:55	156-60-5	
Tetrachloroethene	<28.7	ug/kg	73.9	28.7	1	11/24/21 09:00	11/24/21 10:55	127-18-4	
1,1,1-Trichloroethane	<18.9	ug/kg	73.9	18.9	1	11/24/21 09:00	11/24/21 10:55	71-55-6	
1,1,2-Trichloroethane	<26.9	ug/kg	73.9	26.9	1	11/24/21 09:00	11/24/21 10:55	79-00-5	
Trichloroethene	<b>34.9J</b>	ug/kg	73.9	27.6	1	11/24/21 09:00	11/24/21 10:55	79-01-6	
Vinyl chloride	<14.9	ug/kg	73.9	14.9	1	11/24/21 09:00	11/24/21 10:55	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	114	%	67-159		1	11/24/21 09:00	11/24/21 10:55	2037-26-5	
4-Bromofluorobenzene (S)	136	%	66-153		1	11/24/21 09:00	11/24/21 10:55	460-00-4	
1,2-Dichlorobenzene-d4 (S)	109	%	82-158		1	11/24/21 09:00	11/24/21 10:55	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	<b>19.3</b>	%	0.10	0.10	1		11/24/21 09:12		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X2-S2-B3**      **Lab ID: 40237456004**      Collected: 11/23/21 07:17      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<16.7	ug/kg	65.1	16.7	1	11/24/21 09:00	11/24/21 11:15	75-34-3	
1,2-Dichloroethane	<15.0	ug/kg	65.1	15.0	1	11/24/21 09:00	11/24/21 11:15	107-06-2	
1,1-Dichloroethene	<21.6	ug/kg	65.1	21.6	1	11/24/21 09:00	11/24/21 11:15	75-35-4	
cis-1,2-Dichloroethene	<13.9	ug/kg	65.1	13.9	1	11/24/21 09:00	11/24/21 11:15	156-59-2	
trans-1,2-Dichloroethene	<14.1	ug/kg	65.1	14.1	1	11/24/21 09:00	11/24/21 11:15	156-60-5	
Tetrachloroethene	<25.3	ug/kg	65.1	25.3	1	11/24/21 09:00	11/24/21 11:15	127-18-4	
1,1,1-Trichloroethane	<16.7	ug/kg	65.1	16.7	1	11/24/21 09:00	11/24/21 11:15	71-55-6	
1,1,2-Trichloroethane	<23.7	ug/kg	65.1	23.7	1	11/24/21 09:00	11/24/21 11:15	79-00-5	
Trichloroethene	29.8J	ug/kg	65.1	24.3	1	11/24/21 09:00	11/24/21 11:15	79-01-6	
Vinyl chloride	<13.1	ug/kg	65.1	13.1	1	11/24/21 09:00	11/24/21 11:15	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	134	%	67-159		1	11/24/21 09:00	11/24/21 11:15	2037-26-5	
4-Bromofluorobenzene (S)	157	%	66-153		1	11/24/21 09:00	11/24/21 11:15	460-00-4	S3
1,2-Dichlorobenzene-d4 (S)	124	%	82-158		1	11/24/21 09:00	11/24/21 11:15	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	13.1	%	0.10	0.10	1		11/24/21 09:12		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X2-S-B2**      **Lab ID: 40237456005**      Collected: 11/23/21 07:20      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<17.3	ug/kg	67.5	17.3	1	11/24/21 09:00	11/24/21 11:35	75-34-3	
1,2-Dichloroethane	<15.5	ug/kg	67.5	15.5	1	11/24/21 09:00	11/24/21 11:35	107-06-2	
1,1-Dichloroethene	<22.4	ug/kg	67.5	22.4	1	11/24/21 09:00	11/24/21 11:35	75-35-4	
cis-1,2-Dichloroethene	<14.5	ug/kg	67.5	14.5	1	11/24/21 09:00	11/24/21 11:35	156-59-2	
trans-1,2-Dichloroethene	<14.6	ug/kg	67.5	14.6	1	11/24/21 09:00	11/24/21 11:35	156-60-5	
Tetrachloroethene	<26.2	ug/kg	67.5	26.2	1	11/24/21 09:00	11/24/21 11:35	127-18-4	
1,1,1-Trichloroethane	<17.3	ug/kg	67.5	17.3	1	11/24/21 09:00	11/24/21 11:35	71-55-6	
1,1,2-Trichloroethane	<24.6	ug/kg	67.5	24.6	1	11/24/21 09:00	11/24/21 11:35	79-00-5	
Trichloroethene	<25.3	ug/kg	67.5	25.3	1	11/24/21 09:00	11/24/21 11:35	79-01-6	
Vinyl chloride	<13.6	ug/kg	67.5	13.6	1	11/24/21 09:00	11/24/21 11:35	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	143	%	67-159		1	11/24/21 09:00	11/24/21 11:35	2037-26-5	
4-Bromofluorobenzene (S)	169	%	66-153		1	11/24/21 09:00	11/24/21 11:35	460-00-4	S3
1,2-Dichlorobenzene-d4 (S)	136	%	82-158		1	11/24/21 09:00	11/24/21 11:35	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	14.9	%	0.10	0.10	1		11/24/21 09:12		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237456

**Sample: X2-S-A1**      **Lab ID: 40237456006**      Collected: 11/23/21 07:22      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<17.5	ug/kg	68.2	17.5	1	11/24/21 09:00	11/24/21 11:54	75-34-3	
1,2-Dichloroethane	<15.7	ug/kg	68.2	15.7	1	11/24/21 09:00	11/24/21 11:54	107-06-2	
1,1-Dichloroethene	<22.6	ug/kg	68.2	22.6	1	11/24/21 09:00	11/24/21 11:54	75-35-4	
cis-1,2-Dichloroethene	<14.6	ug/kg	68.2	14.6	1	11/24/21 09:00	11/24/21 11:54	156-59-2	
trans-1,2-Dichloroethene	<14.7	ug/kg	68.2	14.7	1	11/24/21 09:00	11/24/21 11:54	156-60-5	
Tetrachloroethene	<26.5	ug/kg	68.2	26.5	1	11/24/21 09:00	11/24/21 11:54	127-18-4	
1,1,1-Trichloroethane	<17.5	ug/kg	68.2	17.5	1	11/24/21 09:00	11/24/21 11:54	71-55-6	
1,1,2-Trichloroethane	<24.8	ug/kg	68.2	24.8	1	11/24/21 09:00	11/24/21 11:54	79-00-5	
Trichloroethene	<b>67.9J</b>	ug/kg	68.2	25.5	1	11/24/21 09:00	11/24/21 11:54	79-01-6	
Vinyl chloride	<13.8	ug/kg	68.2	13.8	1	11/24/21 09:00	11/24/21 11:54	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	137	%	67-159		1	11/24/21 09:00	11/24/21 11:54	2037-26-5	
4-Bromofluorobenzene (S)	166	%	66-153		1	11/24/21 09:00	11/24/21 11:54	460-00-4	S3
1,2-Dichlorobenzene-d4 (S)	125	%	82-158		1	11/24/21 09:00	11/24/21 11:54	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	<b>15.4</b>	%	0.10	0.10	1		11/24/21 09:12		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237456

**Sample: X2-S-B1**      **Lab ID: 40237456007**      Collected: 11/23/21 07:28      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.6	ug/kg	61.1	15.6	1	11/24/21 09:00	11/24/21 12:14	75-34-3	
1,2-Dichloroethane	<14.0	ug/kg	61.1	14.0	1	11/24/21 09:00	11/24/21 12:14	107-06-2	
1,1-Dichloroethene	<20.3	ug/kg	61.1	20.3	1	11/24/21 09:00	11/24/21 12:14	75-35-4	
cis-1,2-Dichloroethene	<13.1	ug/kg	61.1	13.1	1	11/24/21 09:00	11/24/21 12:14	156-59-2	
trans-1,2-Dichloroethene	<13.2	ug/kg	61.1	13.2	1	11/24/21 09:00	11/24/21 12:14	156-60-5	
Tetrachloroethene	<23.7	ug/kg	61.1	23.7	1	11/24/21 09:00	11/24/21 12:14	127-18-4	
1,1,1-Trichloroethane	<15.6	ug/kg	61.1	15.6	1	11/24/21 09:00	11/24/21 12:14	71-55-6	
1,1,2-Trichloroethane	<22.2	ug/kg	61.1	22.2	1	11/24/21 09:00	11/24/21 12:14	79-00-5	
Trichloroethene	<22.8	ug/kg	61.1	22.8	1	11/24/21 09:00	11/24/21 12:14	79-01-6	
Vinyl chloride	<12.3	ug/kg	61.1	12.3	1	11/24/21 09:00	11/24/21 12:14	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	144	%	67-159		1	11/24/21 09:00	11/24/21 12:14	2037-26-5	
4-Bromofluorobenzene (S)	161	%	66-153		1	11/24/21 09:00	11/24/21 12:14	460-00-4	S3
1,2-Dichlorobenzene-d4 (S)	128	%	82-158		1	11/24/21 09:00	11/24/21 12:14	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	10	%	0.10	0.10	1		11/24/21 09:12		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X1-B-A5**      **Lab ID: 40237456008**      Collected: 11/23/21 07:42      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260    Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<17.6	ug/kg	68.7	17.6	1	11/24/21 09:00	11/24/21 12:34	75-34-3	
1,2-Dichloroethane	<15.8	ug/kg	68.7	15.8	1	11/24/21 09:00	11/24/21 12:34	107-06-2	
1,1-Dichloroethene	<22.8	ug/kg	68.7	22.8	1	11/24/21 09:00	11/24/21 12:34	75-35-4	
cis-1,2-Dichloroethene	<14.7	ug/kg	68.7	14.7	1	11/24/21 09:00	11/24/21 12:34	156-59-2	
trans-1,2-Dichloroethene	<14.8	ug/kg	68.7	14.8	1	11/24/21 09:00	11/24/21 12:34	156-60-5	
Tetrachloroethene	<26.7	ug/kg	68.7	26.7	1	11/24/21 09:00	11/24/21 12:34	127-18-4	
1,1,1-Trichloroethane	<17.6	ug/kg	68.7	17.6	1	11/24/21 09:00	11/24/21 12:34	71-55-6	
1,1,2-Trichloroethane	<25.0	ug/kg	68.7	25.0	1	11/24/21 09:00	11/24/21 12:34	79-00-5	
Trichloroethene	<25.7	ug/kg	68.7	25.7	1	11/24/21 09:00	11/24/21 12:34	79-01-6	
Vinyl chloride	<13.9	ug/kg	68.7	13.9	1	11/24/21 09:00	11/24/21 12:34	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	139	%	67-159		1	11/24/21 09:00	11/24/21 12:34	2037-26-5	
4-Bromofluorobenzene (S)	160	%	66-153		1	11/24/21 09:00	11/24/21 12:34	460-00-4	S3
1,2-Dichlorobenzene-d4 (S)	125	%	82-158		1	11/24/21 09:00	11/24/21 12:34	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	15.8	%	0.10	0.10	1		11/24/21 09:12		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X1-B-E6**      **Lab ID: 40237456009**      Collected: 11/23/21 08:35      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.2	ug/kg	59.2	15.2	1	11/24/21 09:00	11/24/21 12:54	75-34-3	
1,2-Dichloroethane	<13.6	ug/kg	59.2	13.6	1	11/24/21 09:00	11/24/21 12:54	107-06-2	
1,1-Dichloroethene	<19.6	ug/kg	59.2	19.6	1	11/24/21 09:00	11/24/21 12:54	75-35-4	
cis-1,2-Dichloroethene	<12.7	ug/kg	59.2	12.7	1	11/24/21 09:00	11/24/21 12:54	156-59-2	
trans-1,2-Dichloroethene	<12.8	ug/kg	59.2	12.8	1	11/24/21 09:00	11/24/21 12:54	156-60-5	
Tetrachloroethene	<23.0	ug/kg	59.2	23.0	1	11/24/21 09:00	11/24/21 12:54	127-18-4	
1,1,1-Trichloroethane	<15.2	ug/kg	59.2	15.2	1	11/24/21 09:00	11/24/21 12:54	71-55-6	
1,1,2-Trichloroethane	<21.5	ug/kg	59.2	21.5	1	11/24/21 09:00	11/24/21 12:54	79-00-5	
Trichloroethene	93.4	ug/kg	59.2	22.1	1	11/24/21 09:00	11/24/21 12:54	79-01-6	
Vinyl chloride	<12.0	ug/kg	59.2	12.0	1	11/24/21 09:00	11/24/21 12:54	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	126	%	67-159		1	11/24/21 09:00	11/24/21 12:54	2037-26-5	
4-Bromofluorobenzene (S)	146	%	66-153		1	11/24/21 09:00	11/24/21 12:54	460-00-4	
1,2-Dichlorobenzene-d4 (S)	121	%	82-158		1	11/24/21 09:00	11/24/21 12:54	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	8.4	%	0.10	0.10	1		11/24/21 09:12		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X1-S-E6**      **Lab ID: 40237456010**      Collected: 11/23/21 08:40      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<17.9	ug/kg	69.9	17.9	1	11/24/21 09:00	11/24/21 13:14	75-34-3	
1,2-Dichloroethane	<16.1	ug/kg	69.9	16.1	1	11/24/21 09:00	11/24/21 13:14	107-06-2	
1,1-Dichloroethene	<23.2	ug/kg	69.9	23.2	1	11/24/21 09:00	11/24/21 13:14	75-35-4	
cis-1,2-Dichloroethene	<15.0	ug/kg	69.9	15.0	1	11/24/21 09:00	11/24/21 13:14	156-59-2	
trans-1,2-Dichloroethene	<15.1	ug/kg	69.9	15.1	1	11/24/21 09:00	11/24/21 13:14	156-60-5	
Tetrachloroethene	<27.1	ug/kg	69.9	27.1	1	11/24/21 09:00	11/24/21 13:14	127-18-4	
1,1,1-Trichloroethane	<17.9	ug/kg	69.9	17.9	1	11/24/21 09:00	11/24/21 13:14	71-55-6	
1,1,2-Trichloroethane	<25.4	ug/kg	69.9	25.4	1	11/24/21 09:00	11/24/21 13:14	79-00-5	
Trichloroethene	<26.1	ug/kg	69.9	26.1	1	11/24/21 09:00	11/24/21 13:14	79-01-6	
Vinyl chloride	<14.1	ug/kg	69.9	14.1	1	11/24/21 09:00	11/24/21 13:14	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	133	%	67-159		1	11/24/21 09:00	11/24/21 13:14	2037-26-5	
4-Bromofluorobenzene (S)	165	%	66-153		1	11/24/21 09:00	11/24/21 13:14	460-00-4	S3
1,2-Dichlorobenzene-d4 (S)	128	%	82-158		1	11/24/21 09:00	11/24/21 13:14	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	16.6	%	0.10	0.10	1		11/24/21 09:12		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X1-B-C6**      **Lab ID: 40237456011**      Collected: 11/23/21 10:07      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<17.7	ug/kg	69.3	17.7	1	11/24/21 09:00	11/24/21 13:33	75-34-3	
1,2-Dichloroethane	<15.9	ug/kg	69.3	15.9	1	11/24/21 09:00	11/24/21 13:33	107-06-2	
1,1-Dichloroethene	<23.0	ug/kg	69.3	23.0	1	11/24/21 09:00	11/24/21 13:33	75-35-4	
cis-1,2-Dichloroethene	<14.8	ug/kg	69.3	14.8	1	11/24/21 09:00	11/24/21 13:33	156-59-2	
trans-1,2-Dichloroethene	<15.0	ug/kg	69.3	15.0	1	11/24/21 09:00	11/24/21 13:33	156-60-5	
Tetrachloroethene	<26.9	ug/kg	69.3	26.9	1	11/24/21 09:00	11/24/21 13:33	127-18-4	
1,1,1-Trichloroethane	<17.7	ug/kg	69.3	17.7	1	11/24/21 09:00	11/24/21 13:33	71-55-6	
1,1,2-Trichloroethane	<25.2	ug/kg	69.3	25.2	1	11/24/21 09:00	11/24/21 13:33	79-00-5	
Trichloroethene	<25.9	ug/kg	69.3	25.9	1	11/24/21 09:00	11/24/21 13:33	79-01-6	
Vinyl chloride	<14.0	ug/kg	69.3	14.0	1	11/24/21 09:00	11/24/21 13:33	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	136	%	67-159		1	11/24/21 09:00	11/24/21 13:33	2037-26-5	
4-Bromofluorobenzene (S)	164	%	66-153		1	11/24/21 09:00	11/24/21 13:33	460-00-4	S3
1,2-Dichlorobenzene-d4 (S)	127	%	82-158		1	11/24/21 09:00	11/24/21 13:33	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	16.2	%	0.10	0.10	1		11/24/21 09:12		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X1-S-C6**      **Lab ID: 40237456012**      Collected: 11/23/21 10:09      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<19.9	ug/kg	77.7	19.9	1	11/24/21 09:00	11/24/21 13:52	75-34-3	
1,2-Dichloroethane	<17.9	ug/kg	77.7	17.9	1	11/24/21 09:00	11/24/21 13:52	107-06-2	
1,1-Dichloroethene	<25.8	ug/kg	77.7	25.8	1	11/24/21 09:00	11/24/21 13:52	75-35-4	
cis-1,2-Dichloroethene	<16.6	ug/kg	77.7	16.6	1	11/24/21 09:00	11/24/21 13:52	156-59-2	
trans-1,2-Dichloroethene	<16.8	ug/kg	77.7	16.8	1	11/24/21 09:00	11/24/21 13:52	156-60-5	
Tetrachloroethene	<30.2	ug/kg	77.7	30.2	1	11/24/21 09:00	11/24/21 13:52	127-18-4	
1,1,1-Trichloroethane	<19.9	ug/kg	77.7	19.9	1	11/24/21 09:00	11/24/21 13:52	71-55-6	
1,1,2-Trichloroethane	<28.3	ug/kg	77.7	28.3	1	11/24/21 09:00	11/24/21 13:52	79-00-5	
Trichloroethene	<29.1	ug/kg	77.7	29.1	1	11/24/21 09:00	11/24/21 13:52	79-01-6	
Vinyl chloride	<15.7	ug/kg	77.7	15.7	1	11/24/21 09:00	11/24/21 13:52	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	151	%	67-159		1	11/24/21 09:00	11/24/21 13:52	2037-26-5	
4-Bromofluorobenzene (S)	176	%	66-153		1	11/24/21 09:00	11/24/21 13:52	460-00-4	S3
1,2-Dichlorobenzene-d4 (S)	141	%	82-158		1	11/24/21 09:00	11/24/21 13:52	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	21.7	%	0.10	0.10	1		11/24/21 09:12		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237456

**Sample: X1-B-C5**      **Lab ID: 40237456013**      Collected: 11/23/21 10:21      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<16.4	ug/kg	64.0	16.4	1	11/24/21 09:00	11/24/21 14:12	75-34-3	
1,2-Dichloroethane	<14.7	ug/kg	64.0	14.7	1	11/24/21 09:00	11/24/21 14:12	107-06-2	
1,1-Dichloroethene	<21.2	ug/kg	64.0	21.2	1	11/24/21 09:00	11/24/21 14:12	75-35-4	
cis-1,2-Dichloroethene	<13.7	ug/kg	64.0	13.7	1	11/24/21 09:00	11/24/21 14:12	156-59-2	
trans-1,2-Dichloroethene	<13.8	ug/kg	64.0	13.8	1	11/24/21 09:00	11/24/21 14:12	156-60-5	
Tetrachloroethene	<24.8	ug/kg	64.0	24.8	1	11/24/21 09:00	11/24/21 14:12	127-18-4	
1,1,1-Trichloroethane	16.9J	ug/kg	64.0	16.4	1	11/24/21 09:00	11/24/21 14:12	71-55-6	
1,1,2-Trichloroethane	<23.3	ug/kg	64.0	23.3	1	11/24/21 09:00	11/24/21 14:12	79-00-5	
Trichloroethene	123	ug/kg	64.0	23.9	1	11/24/21 09:00	11/24/21 14:12	79-01-6	
Vinyl chloride	<12.9	ug/kg	64.0	12.9	1	11/24/21 09:00	11/24/21 14:12	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	124	%	67-159		1	11/24/21 09:00	11/24/21 14:12	2037-26-5	
4-Bromofluorobenzene (S)	148	%	66-153		1	11/24/21 09:00	11/24/21 14:12	460-00-4	
1,2-Dichlorobenzene-d4 (S)	113	%	82-158		1	11/24/21 09:00	11/24/21 14:12	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	12.3	%	0.10	0.10	1		11/24/21 09:12		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X1-B-C2**      **Lab ID: 40237456014**      Collected: 11/23/21 12:10      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.8	ug/kg	57.8	14.8	1	11/24/21 09:30	11/24/21 11:22	75-34-3	
1,2-Dichloroethane	<13.3	ug/kg	57.8	13.3	1	11/24/21 09:30	11/24/21 11:22	107-06-2	
1,1-Dichloroethene	<19.2	ug/kg	57.8	19.2	1	11/24/21 09:30	11/24/21 11:22	75-35-4	
cis-1,2-Dichloroethene	<12.4	ug/kg	57.8	12.4	1	11/24/21 09:30	11/24/21 11:22	156-59-2	
trans-1,2-Dichloroethene	<12.5	ug/kg	57.8	12.5	1	11/24/21 09:30	11/24/21 11:22	156-60-5	
Tetrachloroethene	<22.4	ug/kg	57.8	22.4	1	11/24/21 09:30	11/24/21 11:22	127-18-4	
1,1,1-Trichloroethane	<14.8	ug/kg	57.8	14.8	1	11/24/21 09:30	11/24/21 11:22	71-55-6	
1,1,2-Trichloroethane	<21.0	ug/kg	57.8	21.0	1	11/24/21 09:30	11/24/21 11:22	79-00-5	
Trichloroethene	31.5J	ug/kg	57.8	21.6	1	11/24/21 09:30	11/24/21 11:22	79-01-6	
Vinyl chloride	<11.7	ug/kg	57.8	11.7	1	11/24/21 09:30	11/24/21 11:22	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	120	%	67-159		1	11/24/21 09:30	11/24/21 11:22	2037-26-5	
4-Bromofluorobenzene (S)	114	%	66-153		1	11/24/21 09:30	11/24/21 11:22	460-00-4	
1,2-Dichlorobenzene-d4 (S)	118	%	82-158		1	11/24/21 09:30	11/24/21 11:22	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	7.3	%	0.10	0.10	1		11/24/21 09:12		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237456

**Sample: X1-B-D2**      **Lab ID: 40237456015**      Collected: 11/23/21 12:12      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<13.5	ug/kg	52.8	13.5	1	11/24/21 09:30	11/24/21 11:42	75-34-3	
1,2-Dichloroethane	<12.1	ug/kg	52.8	12.1	1	11/24/21 09:30	11/24/21 11:42	107-06-2	
1,1-Dichloroethene	<17.5	ug/kg	52.8	17.5	1	11/24/21 09:30	11/24/21 11:42	75-35-4	
cis-1,2-Dichloroethene	<11.3	ug/kg	52.8	11.3	1	11/24/21 09:30	11/24/21 11:42	156-59-2	
trans-1,2-Dichloroethene	<11.4	ug/kg	52.8	11.4	1	11/24/21 09:30	11/24/21 11:42	156-60-5	
Tetrachloroethene	<20.5	ug/kg	52.8	20.5	1	11/24/21 09:30	11/24/21 11:42	127-18-4	
1,1,1-Trichloroethane	<13.5	ug/kg	52.8	13.5	1	11/24/21 09:30	11/24/21 11:42	71-55-6	
1,1,2-Trichloroethane	<19.2	ug/kg	52.8	19.2	1	11/24/21 09:30	11/24/21 11:42	79-00-5	
Trichloroethene	<b>26.5J</b>	ug/kg	52.8	19.8	1	11/24/21 09:30	11/24/21 11:42	79-01-6	
Vinyl chloride	<10.7	ug/kg	52.8	10.7	1	11/24/21 09:30	11/24/21 11:42	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	122	%	67-159		1	11/24/21 09:30	11/24/21 11:42	2037-26-5	
4-Bromofluorobenzene (S)	112	%	66-153		1	11/24/21 09:30	11/24/21 11:42	460-00-4	
1,2-Dichlorobenzene-d4 (S)	117	%	82-158		1	11/24/21 09:30	11/24/21 11:42	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	<b>2.7</b>	%	0.10	0.10	1		11/24/21 09:13		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237456

**Sample: X1-B-B3**      **Lab ID: 40237456016**      Collected: 11/23/21 12:15      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.5	ug/kg	56.5	14.5	1	11/24/21 09:30	11/24/21 12:02	75-34-3	
1,2-Dichloroethane	<13.0	ug/kg	56.5	13.0	1	11/24/21 09:30	11/24/21 12:02	107-06-2	
1,1-Dichloroethene	<18.7	ug/kg	56.5	18.7	1	11/24/21 09:30	11/24/21 12:02	75-35-4	
cis-1,2-Dichloroethene	<12.1	ug/kg	56.5	12.1	1	11/24/21 09:30	11/24/21 12:02	156-59-2	
trans-1,2-Dichloroethene	<12.2	ug/kg	56.5	12.2	1	11/24/21 09:30	11/24/21 12:02	156-60-5	
Tetrachloroethene	<21.9	ug/kg	56.5	21.9	1	11/24/21 09:30	11/24/21 12:02	127-18-4	
1,1,1-Trichloroethane	<14.5	ug/kg	56.5	14.5	1	11/24/21 09:30	11/24/21 12:02	71-55-6	
1,1,2-Trichloroethane	<20.5	ug/kg	56.5	20.5	1	11/24/21 09:30	11/24/21 12:02	79-00-5	
Trichloroethene	<21.1	ug/kg	56.5	21.1	1	11/24/21 09:30	11/24/21 12:02	79-01-6	
Vinyl chloride	<11.4	ug/kg	56.5	11.4	1	11/24/21 09:30	11/24/21 12:02	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	130	%	67-159		1	11/24/21 09:30	11/24/21 12:02	2037-26-5	
4-Bromofluorobenzene (S)	119	%	66-153		1	11/24/21 09:30	11/24/21 12:02	460-00-4	
1,2-Dichlorobenzene-d4 (S)	127	%	82-158		1	11/24/21 09:30	11/24/21 12:02	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	6.1	%	0.10	0.10	1		11/24/21 09:13		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X1-B-A1**      **Lab ID: 40237456017**      Collected: 11/23/21 12:19      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.0	ug/kg	54.7	14.0	1	11/24/21 09:30	11/24/21 12:22	75-34-3	
1,2-Dichloroethane	<12.6	ug/kg	54.7	12.6	1	11/24/21 09:30	11/24/21 12:22	107-06-2	
1,1-Dichloroethene	<18.2	ug/kg	54.7	18.2	1	11/24/21 09:30	11/24/21 12:22	75-35-4	
cis-1,2-Dichloroethene	<11.7	ug/kg	54.7	11.7	1	11/24/21 09:30	11/24/21 12:22	156-59-2	
trans-1,2-Dichloroethene	<11.8	ug/kg	54.7	11.8	1	11/24/21 09:30	11/24/21 12:22	156-60-5	
Tetrachloroethene	<21.2	ug/kg	54.7	21.2	1	11/24/21 09:30	11/24/21 12:22	127-18-4	
1,1,1-Trichloroethane	<14.0	ug/kg	54.7	14.0	1	11/24/21 09:30	11/24/21 12:22	71-55-6	
1,1,2-Trichloroethane	<19.9	ug/kg	54.7	19.9	1	11/24/21 09:30	11/24/21 12:22	79-00-5	
Trichloroethene	25.0J	ug/kg	54.7	20.4	1	11/24/21 09:30	11/24/21 12:22	79-01-6	
Vinyl chloride	<11.0	ug/kg	54.7	11.0	1	11/24/21 09:30	11/24/21 12:22	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	121	%	67-159		1	11/24/21 09:30	11/24/21 12:22	2037-26-5	
4-Bromofluorobenzene (S)	111	%	66-153		1	11/24/21 09:30	11/24/21 12:22	460-00-4	
1,2-Dichlorobenzene-d4 (S)	119	%	82-158		1	11/24/21 09:30	11/24/21 12:22	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	4.5	%	0.10	0.10	1		11/24/21 09:13		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X1-S-A1**      **Lab ID: 40237456018**      Collected: 11/23/21 12:20      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<13.8	ug/kg	54.0	13.8	1	11/24/21 09:30	11/24/21 12:43	75-34-3	
1,2-Dichloroethane	<12.4	ug/kg	54.0	12.4	1	11/24/21 09:30	11/24/21 12:43	107-06-2	
1,1-Dichloroethene	<17.9	ug/kg	54.0	17.9	1	11/24/21 09:30	11/24/21 12:43	75-35-4	
cis-1,2-Dichloroethene	<11.6	ug/kg	54.0	11.6	1	11/24/21 09:30	11/24/21 12:43	156-59-2	
trans-1,2-Dichloroethene	<11.7	ug/kg	54.0	11.7	1	11/24/21 09:30	11/24/21 12:43	156-60-5	
Tetrachloroethene	<21.0	ug/kg	54.0	21.0	1	11/24/21 09:30	11/24/21 12:43	127-18-4	
1,1,1-Trichloroethane	<13.8	ug/kg	54.0	13.8	1	11/24/21 09:30	11/24/21 12:43	71-55-6	
1,1,2-Trichloroethane	<19.7	ug/kg	54.0	19.7	1	11/24/21 09:30	11/24/21 12:43	79-00-5	
Trichloroethene	<20.2	ug/kg	54.0	20.2	1	11/24/21 09:30	11/24/21 12:43	79-01-6	
Vinyl chloride	<10.9	ug/kg	54.0	10.9	1	11/24/21 09:30	11/24/21 12:43	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	125	%	67-159		1	11/24/21 09:30	11/24/21 12:43	2037-26-5	
4-Bromofluorobenzene (S)	118	%	66-153		1	11/24/21 09:30	11/24/21 12:43	460-00-4	
1,2-Dichlorobenzene-d4 (S)	124	%	82-158		1	11/24/21 09:30	11/24/21 12:43	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	3.9	%	0.10	0.10	1		11/24/21 09:13		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X1-B-D4**      **Lab ID: 40237456019**      Collected: 11/23/21 12:23      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.2	ug/kg	55.7	14.2	1	11/24/21 09:30	11/24/21 13:03	75-34-3	
1,2-Dichloroethane	<12.8	ug/kg	55.7	12.8	1	11/24/21 09:30	11/24/21 13:03	107-06-2	
1,1-Dichloroethene	<18.5	ug/kg	55.7	18.5	1	11/24/21 09:30	11/24/21 13:03	75-35-4	
cis-1,2-Dichloroethene	<11.9	ug/kg	55.7	11.9	1	11/24/21 09:30	11/24/21 13:03	156-59-2	
trans-1,2-Dichloroethene	<12.0	ug/kg	55.7	12.0	1	11/24/21 09:30	11/24/21 13:03	156-60-5	
Tetrachloroethene	<21.6	ug/kg	55.7	21.6	1	11/24/21 09:30	11/24/21 13:03	127-18-4	
1,1,1-Trichloroethane	<14.2	ug/kg	55.7	14.2	1	11/24/21 09:30	11/24/21 13:03	71-55-6	
1,1,2-Trichloroethane	<20.3	ug/kg	55.7	20.3	1	11/24/21 09:30	11/24/21 13:03	79-00-5	
Trichloroethene	<20.8	ug/kg	55.7	20.8	1	11/24/21 09:30	11/24/21 13:03	79-01-6	
Vinyl chloride	<11.2	ug/kg	55.7	11.2	1	11/24/21 09:30	11/24/21 13:03	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	126	%	67-159		1	11/24/21 09:30	11/24/21 13:03	2037-26-5	
4-Bromofluorobenzene (S)	117	%	66-153		1	11/24/21 09:30	11/24/21 13:03	460-00-4	
1,2-Dichlorobenzene-d4 (S)	123	%	82-158		1	11/24/21 09:30	11/24/21 13:03	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	5.4	%	0.10	0.10	1		11/24/21 09:13		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X1-B-C4**      **Lab ID: 40237456020**      Collected: 11/23/21 12:25      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<15.0	ug/kg	58.4	15.0	1	11/24/21 09:30	11/24/21 13:23	75-34-3	
1,2-Dichloroethane	<13.4	ug/kg	58.4	13.4	1	11/24/21 09:30	11/24/21 13:23	107-06-2	
1,1-Dichloroethene	<19.4	ug/kg	58.4	19.4	1	11/24/21 09:30	11/24/21 13:23	75-35-4	
cis-1,2-Dichloroethene	<12.5	ug/kg	58.4	12.5	1	11/24/21 09:30	11/24/21 13:23	156-59-2	
trans-1,2-Dichloroethene	<12.6	ug/kg	58.4	12.6	1	11/24/21 09:30	11/24/21 13:23	156-60-5	
Tetrachloroethene	<22.7	ug/kg	58.4	22.7	1	11/24/21 09:30	11/24/21 13:23	127-18-4	
1,1,1-Trichloroethane	<15.0	ug/kg	58.4	15.0	1	11/24/21 09:30	11/24/21 13:23	71-55-6	
1,1,2-Trichloroethane	<21.3	ug/kg	58.4	21.3	1	11/24/21 09:30	11/24/21 13:23	79-00-5	
Trichloroethene	<21.9	ug/kg	58.4	21.9	1	11/24/21 09:30	11/24/21 13:23	79-01-6	
Vinyl chloride	<11.8	ug/kg	58.4	11.8	1	11/24/21 09:30	11/24/21 13:23	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	119	%	67-159		1	11/24/21 09:30	11/24/21 13:23	2037-26-5	
4-Bromofluorobenzene (S)	111	%	66-153		1	11/24/21 09:30	11/24/21 13:23	460-00-4	
1,2-Dichlorobenzene-d4 (S)	116	%	82-158		1	11/24/21 09:30	11/24/21 13:23	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	7.8	%	0.10	0.10	1		11/24/21 09:13		

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

**Sample: X1-B-A2**      **Lab ID: 40237456021**      Collected: 11/23/21 13:18      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.4	ug/kg	56.1	14.4	1	11/24/21 09:30	11/24/21 13:43	75-34-3	
1,2-Dichloroethane	<12.9	ug/kg	56.1	12.9	1	11/24/21 09:30	11/24/21 13:43	107-06-2	
1,1-Dichloroethene	<18.6	ug/kg	56.1	18.6	1	11/24/21 09:30	11/24/21 13:43	75-35-4	
cis-1,2-Dichloroethene	<12.0	ug/kg	56.1	12.0	1	11/24/21 09:30	11/24/21 13:43	156-59-2	
trans-1,2-Dichloroethene	<12.1	ug/kg	56.1	12.1	1	11/24/21 09:30	11/24/21 13:43	156-60-5	
Tetrachloroethene	<21.8	ug/kg	56.1	21.8	1	11/24/21 09:30	11/24/21 13:43	127-18-4	
1,1,1-Trichloroethane	<14.4	ug/kg	56.1	14.4	1	11/24/21 09:30	11/24/21 13:43	71-55-6	
1,1,2-Trichloroethane	<20.4	ug/kg	56.1	20.4	1	11/24/21 09:30	11/24/21 13:43	79-00-5	
Trichloroethene	26.3J	ug/kg	56.1	21.0	1	11/24/21 09:30	11/24/21 13:43	79-01-6	
Vinyl chloride	<11.3	ug/kg	56.1	11.3	1	11/24/21 09:30	11/24/21 13:43	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	124	%	67-159		1	11/24/21 09:30	11/24/21 13:43	2037-26-5	
4-Bromofluorobenzene (S)	114	%	66-153		1	11/24/21 09:30	11/24/21 13:43	460-00-4	
1,2-Dichlorobenzene-d4 (S)	120	%	82-158		1	11/24/21 09:30	11/24/21 13:43	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	5.7	%	0.10	0.10	1		11/24/21 09:21		

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## ANALYTICAL RESULTS

Project: 11717 NAVISTAR

Pace Project No.: 40237456

**Sample: X1-B-E5**      **Lab ID: 40237456022**      Collected: 11/23/21 13:25      Received: 11/24/21 07:50      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<13.9	ug/kg	54.4	13.9	1	11/24/21 09:30	11/24/21 14:03	75-34-3	
1,2-Dichloroethane	<12.5	ug/kg	54.4	12.5	1	11/24/21 09:30	11/24/21 14:03	107-06-2	
1,1-Dichloroethene	<18.1	ug/kg	54.4	18.1	1	11/24/21 09:30	11/24/21 14:03	75-35-4	
cis-1,2-Dichloroethene	<11.6	ug/kg	54.4	11.6	1	11/24/21 09:30	11/24/21 14:03	156-59-2	
trans-1,2-Dichloroethene	<11.8	ug/kg	54.4	11.8	1	11/24/21 09:30	11/24/21 14:03	156-60-5	
Tetrachloroethene	<21.1	ug/kg	54.4	21.1	1	11/24/21 09:30	11/24/21 14:03	127-18-4	
1,1,1-Trichloroethane	<13.9	ug/kg	54.4	13.9	1	11/24/21 09:30	11/24/21 14:03	71-55-6	
1,1,2-Trichloroethane	<19.8	ug/kg	54.4	19.8	1	11/24/21 09:30	11/24/21 14:03	79-00-5	
Trichloroethene	<20.3	ug/kg	54.4	20.3	1	11/24/21 09:30	11/24/21 14:03	79-01-6	
Vinyl chloride	<11.0	ug/kg	54.4	11.0	1	11/24/21 09:30	11/24/21 14:03	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	114	%	67-159		1	11/24/21 09:30	11/24/21 14:03	2037-26-5	
4-Bromofluorobenzene (S)	108	%	66-153		1	11/24/21 09:30	11/24/21 14:03	460-00-4	
1,2-Dichlorobenzene-d4 (S)	111	%	82-158		1	11/24/21 09:30	11/24/21 14:03	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	4.2	%	0.10	0.10	1		11/24/21 09:21		

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

QC Batch:	402727	Analysis Method:	EPA 8260
QC Batch Method:	EPA 5035/5030B	Analysis Description:	8260 MSV Med Level Normal List
		Laboratory:	Pace Analytical Services - Green Bay

Associated Lab Samples: 40237456001, 40237456002, 40237456003, 40237456004, 40237456005, 40237456006, 40237456007, 40237456008, 40237456009, 40237456010, 40237456011, 40237456012, 40237456013

METHOD BLANK: 2325742 Matrix: Solid  
Associated Lab Samples: 40237456001, 40237456002, 40237456003, 40237456004, 40237456005, 40237456006, 40237456007, 40237456008, 40237456009, 40237456010, 40237456011, 40237456012, 40237456013

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1,1-Trichloroethane	ug/kg	<12.8	50.0	11/24/21 08:19	
1,1,2-Trichloroethane	ug/kg	<18.2	50.0	11/24/21 08:19	
1,1-Dichloroethane	ug/kg	<12.8	50.0	11/24/21 08:19	
1,1-Dichloroethene	ug/kg	<16.6	50.0	11/24/21 08:19	
1,2-Dichloroethane	ug/kg	<11.5	50.0	11/24/21 08:19	
cis-1,2-Dichloroethene	ug/kg	<10.7	50.0	11/24/21 08:19	
Tetrachloroethene	ug/kg	<19.4	50.0	11/24/21 08:19	
trans-1,2-Dichloroethene	ug/kg	<10.8	50.0	11/24/21 08:19	
Trichloroethene	ug/kg	<18.7	50.0	11/24/21 08:19	
Vinyl chloride	ug/kg	<10.1	50.0	11/24/21 08:19	
1,2-Dichlorobenzene-d4 (S)	%	97	82-158	11/24/21 08:19	
4-Bromofluorobenzene (S)	%	124	66-153	11/24/21 08:19	
Toluene-d8 (S)	%	106	67-159	11/24/21 08:19	

LABORATORY CONTROL SAMPLE: 2325743

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/kg	2500	2690	108	70-130	
1,1,2-Trichloroethane	ug/kg	2500	2740	110	70-130	
1,1-Dichloroethane	ug/kg	2500	2420	97	70-130	
1,1-Dichloroethene	ug/kg	2500	2530	101	67-120	
1,2-Dichloroethane	ug/kg	2500	2630	105	70-130	
cis-1,2-Dichloroethene	ug/kg	2500	2470	99	70-130	
Tetrachloroethene	ug/kg	2500	2240	90	70-130	
trans-1,2-Dichloroethene	ug/kg	2500	2550	102	70-130	
Trichloroethene	ug/kg	2500	2660	106	70-130	
Vinyl chloride	ug/kg	2500	1940	78	58-121	
1,2-Dichlorobenzene-d4 (S)	%			103	82-158	
4-Bromofluorobenzene (S)	%			131	66-153	
Toluene-d8 (S)	%			113	67-159	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

QC Batch:	402734	Analysis Method:	EPA 8260
QC Batch Method:	EPA 5035/5030B	Analysis Description:	8260 MSV Med Level Normal List
		Laboratory:	Pace Analytical Services - Green Bay

Associated Lab Samples: 40237456014, 40237456015, 40237456016, 40237456017, 40237456018, 40237456019, 40237456020, 40237456021, 40237456022

METHOD BLANK: 2325766 Matrix: Solid  
Associated Lab Samples: 40237456014, 40237456015, 40237456016, 40237456017, 40237456018, 40237456019, 40237456020, 40237456021, 40237456022

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1,1-Trichloroethane	ug/kg	<12.8	50.0	11/24/21 08:40	
1,1,2-Trichloroethane	ug/kg	<18.2	50.0	11/24/21 08:40	
1,1-Dichloroethane	ug/kg	<12.8	50.0	11/24/21 08:40	
1,1-Dichloroethene	ug/kg	<16.6	50.0	11/24/21 08:40	
1,2-Dichloroethane	ug/kg	<11.5	50.0	11/24/21 08:40	
cis-1,2-Dichloroethene	ug/kg	<10.7	50.0	11/24/21 08:40	
Tetrachloroethene	ug/kg	<19.4	50.0	11/24/21 08:40	
trans-1,2-Dichloroethene	ug/kg	<10.8	50.0	11/24/21 08:40	
Trichloroethene	ug/kg	<18.7	50.0	11/24/21 08:40	
Vinyl chloride	ug/kg	<10.1	50.0	11/24/21 08:40	
1,2-Dichlorobenzene-d4 (S)	%	108	82-158	11/24/21 08:40	
4-Bromofluorobenzene (S)	%	104	66-153	11/24/21 08:40	
Toluene-d8 (S)	%	109	67-159	11/24/21 08:40	

LABORATORY CONTROL SAMPLE: 2325767

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/kg	2500	2400	96	70-130	
1,1,2-Trichloroethane	ug/kg	2500	2650	106	70-130	
1,1-Dichloroethane	ug/kg	2500	2710	109	70-130	
1,1-Dichloroethene	ug/kg	2500	2130	85	67-120	
1,2-Dichloroethane	ug/kg	2500	2810	112	70-130	
cis-1,2-Dichloroethene	ug/kg	2500	2400	96	70-130	
Tetrachloroethene	ug/kg	2500	2450	98	70-130	
trans-1,2-Dichloroethene	ug/kg	2500	2390	95	70-130	
Trichloroethene	ug/kg	2500	2500	100	70-130	
Vinyl chloride	ug/kg	2500	2280	91	58-121	
1,2-Dichlorobenzene-d4 (S)	%			107	82-158	
4-Bromofluorobenzene (S)	%			104	66-153	
Toluene-d8 (S)	%			107	67-159	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR

Pace Project No.: 40237456

---

QC Batch:	402712	Analysis Method:	ASTM D2974-87
QC Batch Method:	ASTM D2974-87	Analysis Description:	Dry Weight/Percent Moisture
		Laboratory:	Pace Analytical Services - Green Bay

Associated Lab Samples: 40237456001, 40237456002, 40237456003, 40237456004, 40237456005, 40237456006, 40237456007, 40237456008, 40237456009, 40237456010, 40237456011, 40237456012, 40237456013, 40237456014, 40237456015, 40237456016, 40237456017, 40237456018, 40237456019, 40237456020

---

SAMPLE DUPLICATE: 2325589

Parameter	Units	40237456010 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	16.6	16.2	3	10	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

### REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR

Pace Project No.: 40237456

QC Batch: 402713

Analysis Method: ASTM D2974-87

QC Batch Method: ASTM D2974-87

Analysis Description: Dry Weight/Percent Moisture

Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40237456021, 40237456022

SAMPLE DUPLICATE: 2325591

Parameter	Units	40237403001 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	6.9	7.3	7	10	

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## QUALIFIERS

Project: 11717 NAVISTAR

Pace Project No.: 40237456

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above LOD.

J - Estimated concentration at or above the LOD and below the LOQ.

LOD - Limit of Detection adjusted for dilution factor, percent moisture, initial weight and final volume.

LOQ - Limit of Quantitation adjusted for dilution factor, percent moisture, initial weight and final volume.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected at or above the adjusted LOD.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

### ANALYTE QUALIFIERS

S3 Surrogate recovery exceeded laboratory control limits. Analyte presence below reporting limits in associated sample.

## REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 11717 NAVISTAR  
Pace Project No.: 40237456

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40237456001	X2-B-B1	EPA 5035/5030B	402727	EPA 8260	402731
40237456002	X2-S1-B3	EPA 5035/5030B	402727	EPA 8260	402731
40237456003	X2-S2-A3	EPA 5035/5030B	402727	EPA 8260	402731
40237456004	X2-S2-B3	EPA 5035/5030B	402727	EPA 8260	402731
40237456005	X2-S-B2	EPA 5035/5030B	402727	EPA 8260	402731
40237456006	X2-S-A1	EPA 5035/5030B	402727	EPA 8260	402731
40237456007	X2-S-B1	EPA 5035/5030B	402727	EPA 8260	402731
40237456008	X1-B-A5	EPA 5035/5030B	402727	EPA 8260	402731
40237456009	X1-B-E6	EPA 5035/5030B	402727	EPA 8260	402731
40237456010	X1-S-E6	EPA 5035/5030B	402727	EPA 8260	402731
40237456011	X1-B-C6	EPA 5035/5030B	402727	EPA 8260	402731
40237456012	X1-S-C6	EPA 5035/5030B	402727	EPA 8260	402731
40237456013	X1-B-C5	EPA 5035/5030B	402727	EPA 8260	402731
40237456014	X1-B-C2	EPA 5035/5030B	402734	EPA 8260	402737
40237456015	X1-B-D2	EPA 5035/5030B	402734	EPA 8260	402737
40237456016	X1-B-B3	EPA 5035/5030B	402734	EPA 8260	402737
40237456017	X1-B-A1	EPA 5035/5030B	402734	EPA 8260	402737
40237456018	X1-S-A1	EPA 5035/5030B	402734	EPA 8260	402737
40237456019	X1-B-D4	EPA 5035/5030B	402734	EPA 8260	402737
40237456020	X1-B-C4	EPA 5035/5030B	402734	EPA 8260	402737
40237456021	X1-B-A2	EPA 5035/5030B	402734	EPA 8260	402737
40237456022	X1-B-E5	EPA 5035/5030B	402734	EPA 8260	402737
40237456001	X2-B-B1	ASTM D2974-87	402712		
40237456002	X2-S1-B3	ASTM D2974-87	402712		
40237456003	X2-S2-A3	ASTM D2974-87	402712		
40237456004	X2-S2-B3	ASTM D2974-87	402712		
40237456005	X2-S-B2	ASTM D2974-87	402712		
40237456006	X2-S-A1	ASTM D2974-87	402712		
40237456007	X2-S-B1	ASTM D2974-87	402712		
40237456008	X1-B-A5	ASTM D2974-87	402712		
40237456009	X1-B-E6	ASTM D2974-87	402712		
40237456010	X1-S-E6	ASTM D2974-87	402712		
40237456011	X1-B-C6	ASTM D2974-87	402712		
40237456012	X1-S-C6	ASTM D2974-87	402712		
40237456013	X1-B-C5	ASTM D2974-87	402712		
40237456014	X1-B-C2	ASTM D2974-87	402712		
40237456015	X1-B-D2	ASTM D2974-87	402712		
40237456016	X1-B-B3	ASTM D2974-87	402712		
40237456017	X1-B-A1	ASTM D2974-87	402712		
40237456018	X1-S-A1	ASTM D2974-87	402712		
40237456019	X1-B-D4	ASTM D2974-87	402712		
40237456020	X1-B-C4	ASTM D2974-87	402712		
40237456021	X1-B-A2	ASTM D2974-87	402713		
40237456022	X1-B-E5	ASTM D2974-87	402713		

### REPORT OF LABORATORY ANALYSIS

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(Please Print Clearly)

UPPER MIDWEST REGION

MN: 612-607-1700 WI: 920-469-2436



60237456

Company Name: **KPRG**  
 Branch/Location: **Brookfield, WI**  
 Project Contact: **Rich Grnat**  
 Phone: **262-781-0475**  
 Project Number: **11717**  
 Project Name: **Navistar**  
 Project State: **WI**  
 Sampled By (Print): **Mitchel Dolan**  
 Sampled By (Sign): *me es*  
 PO #: \_\_\_\_\_ Regulatory Program: \_\_\_\_\_

### CHAIN OF CUSTODY

**\*Preservation Codes**  
 A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH  
 H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

FILTERED?  
(YES/NO)  
 PRESERVATION  
(CODE)\*

Y/N	Pick Letter	Analyses Requested																			
N	F	CVOCS																			

Quote #: \_\_\_\_\_  
 Mail To Contact: \_\_\_\_\_  
 Mail To Company: \_\_\_\_\_  
 Mail To Address: \_\_\_\_\_  
 Invoice To Contact: \_\_\_\_\_  
 Invoice To Company: \_\_\_\_\_  
 Invoice To Address: \_\_\_\_\_  
 Invoice To Phone: \_\_\_\_\_  
 CLIENT COMMENTS: \_\_\_\_\_  
 LAB COMMENTS (Lab Use Only): \_\_\_\_\_  
 Profile #: \_\_\_\_\_

**Data Package Options** (billable)  
 EPA Level III  
 EPA Level IV

**MS/MSD**  
 On your sample (billable)  
 NOT needed on your sample

**Matrix Codes**  
 A = Air W = Water  
 B = Biota DW = Drinking Water  
 C = Charcoal GW = Ground Water  
 O = Oil SW = Surface Water  
 S = Soil WW = Waste Water  
 SI = Sludge WP = Wipe

PACE LAB #	CLIENT FIELD ID	COLLECTION		MATRIX	Y/N	Pick Letter	Analyses Requested															
		DATE	TIME																			
014	X1-B-C2	11/23	1210	S	X																	
015	X1-B-D2	11/23	1212	S	X																	
016	X1-B-B3	11/23	1215	S	X																	
017	X1-B-A1	11/23	1219	S	X																	
018	X1-S-A1	11/23	1220	S	X																	
019	X1-B-D4	11/23	1223	S	X																	
020	X1-B-C4	11/23	1225	S	X																	
021	X1-B-A2	11/23	1318	S	X																	
022	X1-B-ES	11/23	1325	S	X																	
	TEMP BLANK	-	-	-	-																	

Rush Turnaround Time Requested - Prelims (Rush TAT subject to approval/surcharge) Date Needed: <b>ASAP</b> Transmit Prelim Rush Results by (complete what you want): Email #1: <b>rich.grnat@kprginc.com</b> Email #2: _____ Telephone: <b>262-781-0475</b> Fax: _____ Samples on HOLD are subject to special pricing and release of liability	Relinquished By: <i>me es</i> Date/Time: <b>11/23/21/1530</b>	Received By: <b>CS Logistics</b> Date/Time: <b>11/23/21/1530</b>	PACE Project No. <b>60237456</b> Recolpt Temp = <b>2.5</b> °C Sample Receipt pH <b>OK / Adjusted</b> Cooler Custody Seal <b>Present / Not Present</b> Intact / Not Intact
	Relinquished By: _____ Date/Time: _____	Received By: _____ Date/Time: _____	
	Relinquished By: _____ Date/Time: _____	Received By: _____ Date/Time: _____	
	Relinquished By: _____ Date/Time: _____	Received By: _____ Date/Time: _____	
	Relinquished By: _____ Date/Time: _____	Received By: _____ Date/Time: _____	



# Sample Preservation Receipt Form

Client Name: KPRG

Project # 40237456

All containers needing preservation have been checked and noted below:  Yes  No  N/A

Initial when completed:

Date/Time:

Lab Lot# of pH paper:

Lab Std #ID of preservation (if pH adjusted):

Pace Lab #	Glass							Plastic					Vials					Jars				General			VOA Vials (>6mm) *	H2SO4 pH ≤2	NaOH+Zn Act pH ≥9	NaOH pH ≥12	HNO3 pH ≤2	pH after adjusted	Volume (mL)							
	AG1U	BG1U	AG1H	AG4S	AG4U	AG5U	AG2S	BG3U	BP1U	BP3U	BP3B	BP3N	BP3S	VG9A	DG9T	VG9U	VG9H	VG9M	VG9D	JGFU	JG9U	WGFU	WPFU	SP5T								ZPLC	GN					
001																																						2.5 / 5 / 10
002																																						2.5 / 5 / 10
003																																						2.5 / 5 / 10
004																																						2.5 / 5 / 10
005																																						2.5 / 5 / 10
006																																						2.5 / 5 / 10
007																																						2.5 / 5 / 10
008																																						2.5 / 5 / 10
009																																						2.5 / 5 / 10
010																																						2.5 / 5 / 10
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014																																						2.5 / 5 / 10
015																																						2.5 / 5 / 10
016																																						2.5 / 5 / 10
017																																						2.5 / 5 / 10
018																																						2.5 / 5 / 10
019																																						2.5 / 5 / 10
020																																						2.5 / 5 / 10


Exceptions to preservation check: VOA, Coliform, TOC, TOX, TOH, O&G, WI DRO, Phenolics, Other: \_\_\_\_\_ Headspace in VOA Vials (>6mm) :  Yes  No  N/A \*If yes look in headspace column

AG1U	1 liter amber glass	BP1U	1 liter plastic unpres	VG9A	40 mL clear ascorbic	JGFU	4 oz amber jar unpres
BG1U	1 liter clear glass	BP3U	250 mL plastic unpres	DG9T	40 mL amber Na Thio	JG9U	9 oz amber jar unpres
AG1H	1 liter amber glass HCL	BP3B	250 mL plastic NaOH	VG9U	40 mL clear vial unpres	WGFU	4 oz clear jar unpres
AG4S	125 mL amber glass H2SO4	BP3N	250 mL plastic HNO3	VG9H	40 mL clear vial HCL	WPFU	4 oz plastic jar unpres
AG4U	120 mL amber glass unpres	BP3S	250 mL plastic H2SO4	VG9M	40 mL clear vial MeOH	SP5T	120 mL plastic Na Thiosulfate
AG5U	100 mL amber glass unpres			VG9D	40 mL clear vial DI	ZPLC	ziploc bag
AG2S	500 mL amber glass H2SO4					GN	
BG3U	250 mL clear glass unpres						



**Sample Condition Upon Receipt Form (SCUR)**

Client Name: KPRG

Project #: \_\_\_\_\_  
**WO# : 40237456**  
  
40237456

Courier:  CS Logistics  Fed Ex  Speedee  UPS  Waltco  
 Client  Pace Other: \_\_\_\_\_

Tracking #: \_\_\_\_\_

Custody Seal on Cooler/Box Present:  yes  no    Seals intact:  yes  no

Custody Seal on Samples Present:  yes  no    Seals intact:  yes  no

Packing Material:  Bubble Wrap  Bubble Bags  None  Other

Thermometer Used SR - 105    Type of Ice:  Wet  Blue  Dry  None     Samples on ice, cooling process has begun

Cooler Temperature    Uncorr: 3    /Corr: 2.5

Temp Blank Present:  yes  no    Biological Tissue is Frozen:  yes  no

Temp should be above freezing to 6°C.

Biota Samples may be received at ≤ 0°C if shipped on Dry Ice.

Person examining contents:  
Date: 11/24/21    /Initials: SCW  
Labeled By Initials: CB

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	2. <u>No Mail + Inv. Info</u> <u>11/24/21</u>
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
- VOA Samples frozen upon receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7.
Sufficient Volume:		8.
For Analysis: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    MS/MSD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
-Pace IR Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	12. <u>No date or time on all WP#s</u> <u>11/24/21</u>
-Includes date/time/ID/Analysis    Matrix: <u>S</u>		
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	13.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

**Client Notification/ Resolution:** \_\_\_\_\_ If checked, see attached form for additional comments   
Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Comments/ Resolution: \_\_\_\_\_

PM Review is documented electronically in LIMs. By releasing the project, the PM acknowledges they have reviewed the sample logir

November 30, 2021

Rich Gnat  
KPRG AND ASSOCIATES, INC.  
14665 W. Lisbon Road  
Suite 1A  
Brookfield, WI 53005

RE: Project: 11717 NAVISTAR  
Pace Project No.: 40237557

Dear Rich Gnat:

Enclosed are the analytical results for sample(s) received by the laboratory on November 30, 2021. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Green Bay

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Dan Milewsky  
dan.milewsky@pacelabs.com  
(920)469-2436  
Project Manager

Enclosures

cc: Josh Davenport, KPRG and Associates, Inc.



## REPORT OF LABORATORY ANALYSIS

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## CERTIFICATIONS

Project: 11717 NAVISTAR

Pace Project No.: 40237557

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### **Pace Analytical Services Green Bay**

1241 Bellevue Street, Green Bay, WI 54302

Florida/NELAP Certification #: E87948

Illinois Certification #: 200050

Kentucky UST Certification #: 82

Louisiana Certification #: 04168

Minnesota Certification #: 055-999-334

New York Certification #: 12064

North Dakota Certification #: R-150

Virginia VELAP ID: 460263

South Carolina Certification #: 83006001

Texas Certification #: T104704529-14-1

Wisconsin Certification #: 405132750

Wisconsin DATCP Certification #: 105-444

USDA Soil Permit #: P330-16-00157

Federal Fish & Wildlife Permit #: LE51774A-0

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## REPORT OF LABORATORY ANALYSIS

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## SAMPLE SUMMARY

Project: 11717 NAVISTAR

Pace Project No.: 40237557

---

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40237557001	X1-S-A2	Solid	11/29/21 13:16	11/30/21 08:25

## REPORT OF LABORATORY ANALYSIS

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### SAMPLE ANALYTE COUNT

Project: 11717 NAVISTAR

Pace Project No.: 40237557

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40237557001	X1-S-A2	EPA 8260	ALD	13	PASI-G
		ASTM D2974-87	AH	1	PASI-G

PASI-G = Pace Analytical Services - Green Bay

### REPORT OF LABORATORY ANALYSIS

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### SUMMARY OF DETECTION

Project: 11717 NAVISTAR

Pace Project No.: 40237557

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
<b>40237557001</b>	<b>X1-S-A2</b>					
ASTM D2974-87	Percent Moisture	4.6	%	0.10	11/30/21 08:58	

### REPORT OF LABORATORY ANALYSIS

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### ANALYTICAL RESULTS

Project: 11717 NAVISTAR  
Pace Project No.: 40237557

**Sample: X1-S-A2**      **Lab ID: 40237557001**      Collected: 11/29/21 13:16      Received: 11/30/21 08:25      Matrix: Solid

*Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.*

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
<b>8260 MSV Med Level Normal List</b>									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Pace Analytical Services - Green Bay									
1,1-Dichloroethane	<14.0	ug/kg	54.8	14.0	1	11/30/21 09:00	11/30/21 10:20	75-34-3	
1,2-Dichloroethane	<12.6	ug/kg	54.8	12.6	1	11/30/21 09:00	11/30/21 10:20	107-06-2	
1,1-Dichloroethene	<18.2	ug/kg	54.8	18.2	1	11/30/21 09:00	11/30/21 10:20	75-35-4	
cis-1,2-Dichloroethene	<11.7	ug/kg	54.8	11.7	1	11/30/21 09:00	11/30/21 10:20	156-59-2	
trans-1,2-Dichloroethene	<11.8	ug/kg	54.8	11.8	1	11/30/21 09:00	11/30/21 10:20	156-60-5	
Tetrachloroethene	<21.3	ug/kg	54.8	21.3	1	11/30/21 09:00	11/30/21 10:20	127-18-4	
1,1,1-Trichloroethane	<14.0	ug/kg	54.8	14.0	1	11/30/21 09:00	11/30/21 10:20	71-55-6	
1,1,2-Trichloroethane	<20.0	ug/kg	54.8	20.0	1	11/30/21 09:00	11/30/21 10:20	79-00-5	
Trichloroethene	<20.5	ug/kg	54.8	20.5	1	11/30/21 09:00	11/30/21 10:20	79-01-6	
Vinyl chloride	<11.1	ug/kg	54.8	11.1	1	11/30/21 09:00	11/30/21 10:20	75-01-4	
<b>Surrogates</b>									
Toluene-d8 (S)	123	%	67-159		1	11/30/21 09:00	11/30/21 10:20	2037-26-5	
4-Bromofluorobenzene (S)	115	%	66-153		1	11/30/21 09:00	11/30/21 10:20	460-00-4	
1,2-Dichlorobenzene-d4 (S)	119	%	82-158		1	11/30/21 09:00	11/30/21 10:20	2199-69-1	
<b>Percent Moisture</b>									
Analytical Method: ASTM D2974-87									
Pace Analytical Services - Green Bay									
Percent Moisture	4.6	%	0.10	0.10	1		11/30/21 08:58		

### REPORT OF LABORATORY ANALYSIS

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### QUALITY CONTROL DATA

Project: 11717 NAVISTAR  
Pace Project No.: 40237557

QC Batch: 402994	Analysis Method: EPA 8260
QC Batch Method: EPA 5035/5030B	Analysis Description: 8260 MSV Med Level Normal List
	Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40237557001

METHOD BLANK: 2326862 Matrix: Solid  
Associated Lab Samples: 40237557001

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1,1-Trichloroethane	ug/kg	<12.8	50.0	11/30/21 10:00	
1,1,2-Trichloroethane	ug/kg	<18.2	50.0	11/30/21 10:00	
1,1-Dichloroethane	ug/kg	<12.8	50.0	11/30/21 10:00	
1,1-Dichloroethene	ug/kg	<16.6	50.0	11/30/21 10:00	
1,2-Dichloroethane	ug/kg	<11.5	50.0	11/30/21 10:00	
cis-1,2-Dichloroethene	ug/kg	<10.7	50.0	11/30/21 10:00	
Tetrachloroethene	ug/kg	<19.4	50.0	11/30/21 10:00	
trans-1,2-Dichloroethene	ug/kg	<10.8	50.0	11/30/21 10:00	
Trichloroethene	ug/kg	<18.7	50.0	11/30/21 10:00	
Vinyl chloride	ug/kg	<10.1	50.0	11/30/21 10:00	
1,2-Dichlorobenzene-d4 (S)	%	109	82-158	11/30/21 10:00	
4-Bromofluorobenzene (S)	%	101	66-153	11/30/21 10:00	
Toluene-d8 (S)	%	112	67-159	11/30/21 10:00	

LABORATORY CONTROL SAMPLE: 2326863

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/kg	2500	2440	98	70-130	
1,1,2-Trichloroethane	ug/kg	2500	2630	105	70-130	
1,1-Dichloroethane	ug/kg	2500	2730	109	70-130	
1,1-Dichloroethene	ug/kg	2500	2210	88	67-120	
1,2-Dichloroethane	ug/kg	2500	2850	114	70-130	
cis-1,2-Dichloroethene	ug/kg	2500	2520	101	70-130	
Tetrachloroethene	ug/kg	2500	2520	101	70-130	
trans-1,2-Dichloroethene	ug/kg	2500	2450	98	70-130	
Trichloroethene	ug/kg	2500	2590	103	70-130	
Vinyl chloride	ug/kg	2500	2250	90	58-121	
1,2-Dichlorobenzene-d4 (S)	%			101	82-158	
4-Bromofluorobenzene (S)	%			98	66-153	
Toluene-d8 (S)	%			103	67-159	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

### REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

### QUALITY CONTROL DATA

Project: 11717 NAVISTAR

Pace Project No.: 40237557

QC Batch: 402985

Analysis Method: ASTM D2974-87

QC Batch Method: ASTM D2974-87

Analysis Description: Dry Weight/Percent Moisture

Laboratory: Pace Analytical Services - Green Bay

Associated Lab Samples: 40237557001

SAMPLE DUPLICATE: 2326800

Parameter	Units	40237556006 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	20.3	20.3	0	10	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

### REPORT OF LABORATORY ANALYSIS

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## QUALIFIERS

Project: 11717 NAVISTAR

Pace Project No.: 40237557

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### DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above LOD.

J - Estimated concentration at or above the LOD and below the LOQ.

LOD - Limit of Detection adjusted for dilution factor, percent moisture, initial weight and final volume.

LOQ - Limit of Quantitation adjusted for dilution factor, percent moisture, initial weight and final volume.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected at or above the adjusted LOD.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

## REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,  
without the written consent of Pace Analytical Services, LLC.

### QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 11717 NAVISTAR

Pace Project No.: 40237557

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<b>Lab ID</b>	<b>Sample ID</b>	<b>QC Batch Method</b>	<b>QC Batch</b>	<b>Analytical Method</b>	<b>Analytical Batch</b>
40237557001	X1-S-A2	EPA 5035/5030B	402994	EPA 8260	402999
40237557001	X1-S-A2	ASTM D2974-87	402985		

### REPORT OF LABORATORY ANALYSIS

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without the written consent of Pace Analytical Services, LLC.



### Sample Preservation Receipt Form

Client Name: KPRG

Project # 4023757

All containers needing preservation have been checked and noted below:  Yes  No  N/A

Initial when completed:

Date/Time:

Lab Lot# of pH paper:

Lab Std #ID of preservation (if pH adjusted):

Pace Lab #	Glass							Plastic					Vials					Jars				General			VOA Vials (>6mm) *	H2SO4 pH ≤2	NaOH+Zn Act pH ≥9	NaOH pH ≥12	HNO3 pH ≤2	pH after adjusted	Volume (mL)				
	AG1U	BG1U	AG1H	AG4S	AG4U	AG5U	AG2S	BP3U	BP3B	BP3N	BP3S	VG9A	DG9T	VG9U	VG9H	VG9M	JGFU	JG9U	WGFU	WPFU	SP5T	ZPLC	GN												
001																																			2.5 / 5 / 10
002																																			2.5 / 5 / 10
003																																			2.5 / 5 / 10
004																																			2.5 / 5 / 10
005																																			2.5 / 5 / 10
006																																			2.5 / 5 / 10
007																																			2.5 / 5 / 10
008																																			2.5 / 5 / 10
009																																			2.5 / 5 / 10
010																																			2.5 / 5 / 10
011																																			2.5 / 5 / 10
012																																			2.5 / 5 / 10
013																																			2.5 / 5 / 10
014																																			2.5 / 5 / 10
015																																			2.5 / 5 / 10
016																																			2.5 / 5 / 10
017																																			2.5 / 5 / 10
018																																			2.5 / 5 / 10
019																																			2.5 / 5 / 10
020																																			2.5 / 5 / 10


*11/30/18*  
*[Signature]*

Exceptions to preservation check: VOA, Coliform, TOC, TOX, TOH, O&G, WI DRO, Phenolics, Other: \_\_\_\_\_ Headspace in VOA Vials (>6mm) :  Yes  No  N/A \*If yes look in headspace column

AG1U	1 liter amber glass	BP1U	1 liter plastic unpres	VG9A	40 mL clear ascorbic	JGFU	4 oz amber jar unpres
BG1U	1 liter clear glass	BP3U	250 mL plastic unpres	DG9T	40 mL amber Na Thio	JG9U	9 oz amber jar unpres
AG1H	1 liter amber glass HCL	BP3B	250 mL plastic NaOH	VG9U	40 mL clear vial unpres	WGFU	4 oz clear jar unpres
AG4S	125 mL amber glass H2SO4	BP3N	250 mL plastic HNO3	VG9H	40 mL clear vial HCL	WPFU	4 oz plastic jar unpres
AG4U	120 mL amber glass unpres	BP3S	250 mL plastic H2SO4	VG9M	40 mL clear vial MeOH	SP5T	120 mL plastic Na Thiosulfate
AG5U	100 mL amber glass unpres			VG9D	40 mL clear vial DI	ZPLC	ziploc bag
AG2S	500 mL amber glass H2SO4					GN	
BG3U	250 mL clear glass unpres						

**Sample Condition Upon Receipt Form (SCUR)**

Client Name: KPRG

Project #: **WO# : 40237557**  


Courier:  CS Logistics  Fed Ex  Speedee  UPS  Waltco  
 Client  Pace Other: \_\_\_\_\_

Tracking #: \_\_\_\_\_

Custody Seal on Cooler/Box Present:  yes  no Seals intact:  yes  no

Custody Seal on Samples Present:  yes  no Seals intact:  yes  no

Packing Material:  Bubble Wrap  Bubble Bags  None  Other

Thermometer Used SR - 105 Type of Ice:  Wet  Blue Dry None  Samples on ice, cooling process has begun

Cooler Temperature Uncorr: 2 /ICorr: 1.5

Temp Blank Present:  yes  no Biological Tissue is Frozen:  yes  no

Temp should be above freezing to 6°C.

Biota Samples may be received at ≤ 0°C if shipped on Dry Ice.

Person examining contents:  
Date: 11/30/21 /Initials: SKW  
Labeled By Initials: GH

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5.
- VOA Samples frozen upon receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7.
Sufficient Volume:		8.
For Analysis: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MS/MSD: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
-Pace IR Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes date/time/ID/Analysis Matrix: <u>S</u>		
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased): _____		

Client Notification/ Resolution: \_\_\_\_\_ If checked, see attached form for additional comments   
Person Contacted: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Comments/ Resolution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PM Review is documented electronically in LIMs. By releasing the project, the PM acknowledges they have reviewed the sample logir



**ATTACHMENT 4**  
**Disposal Documentation**

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry)

d. Generating Location:

b. Address: 1401 Perkins Ave, Waukesha, WI 53186

e. Address: 1401 Perkins Ave, Waukesha, WI 53186

c. Phone No.: If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.:

g. Owner's Name:

h. Owner's Phone No.:

i. WI WASTE CODE

k. Quantity Units No. Type

j. Description of Waste: EPI 2001-086 Cover Soil, Generator ID - 1640

Containers

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

Table with columns TYPE and UNITS. TYPE includes DM (METAL DRUM), DP (PLASTIC DRUM), B (BAG), BA (6 MIL. PLASTIC BAG or WRAP), T (TRUCK), O (OTHER). UNITS includes P (POUNDS), Y (YARDS), M3 (CUBIC METERS), Y3 (CUBIC YARDS), O (OTHER).

Generator Authorized Agent Name Signature

Shipment Date

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: Wanasek
b. Address:
c. Driver Name/Title:
d. Phone No.:
e. Truck No.: 262
f. Vehicle License No./State: 207229 WI
g. Driver Signature: [Signature] Shipment Date: [Date]

TRANSPORTER II
h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:
n. Driver Signature: [Signature] Shipment Date: [Date]

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number:

b. Physical Address: W124 S10029 S. 124th St Muskego, WI 53150

d. Mailing Address:

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: [Date]

Section IV. CUSTOMER

a. Name:
b. Address:
c. Name/Title:
d. Phone Number:
e. Mobile:
f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:
b. Operator's\* Phone No.:

c. Operator's\* Address:

d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature Date

f. Name and Address of Responsible Agency:

g. Friable; Non-friable; Both % friable % nonfriable

\*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.

No. 1454442  
507486

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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

**Section I. GENERATOR** (Generator complete all of Section I.)

a. Generator Name: Navistar (Former DMG Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Parkins Ave e. Address: 1401 Parkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE   Containers \_\_\_\_\_  
 j. Description of Waste: EPL2021-006 Cover Soil k. Quantity Units No. Type  
         
Generator ID: 1640  
 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CRF Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
 Generator Authorized Agent Name \_\_\_\_\_ Signature [Signature] Shipment Date 11/16/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

**Section II. TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: <u>CHUCK SCHROEDER</u>	j. Driver Name/Title: _____
PRINT / TYPE d. Phone No.: _____ e. Truck No.: <u>R008</u>	PRINT / TYPE k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>WIS 31635</u>	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Acknowledgement of Receipt of Materials: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g. <u>[Signature]</u> Driver Signature Shipment Date <u>11/16/21</u>	n. _____ Driver Signature Shipment Date _____

**Section III. DESTINATION** (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10629 S, 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. [Signature] Name of Authorized Agent [Signature] Signature 11/16/21 Receipt Date

**Section IV. CUSTOMER**

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

**Section V. ASBESTOS** (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date      
 Print / Type  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

No. 1454443  
1507488

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former HMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: EPL0021-065 Containers: \_\_\_\_\_  
 j. Description of Waste: COVER SOIL k. Quantity: 22 Units: 1 No.: 78 Type: \_\_\_\_\_  
 Generator ID - 1848

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name: SOF Signature: [Signature] Shipment Date: [Date]

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>[Name]</u>	h. Name: _____	b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____	d. Phone No.: <u>[Phone]</u> e. Truck No.: <u>[Truck]</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____	Acknowledgement of Receipt of Materials: <u>[Date]</u>	
g. Driver Signature: <u>[Signature]</u>	n. Driver Signature: _____	Shipment Date: <u>[Date]</u>	

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53160 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Name] Signature: [Signature] Receipt Date: [Date]

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

No. 1454444  
1567490

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former DMG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: EPL 9021 185 Cover Soil

k. Quantity Units No. Type

Generator ID - 1848

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name [Signature] Signature

[Signature] Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: [Signature]

**TRANSPORTER II**  
h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: 262 4982118 PRINT / TYPE e. Truck No.: 1821

k. Phone No.: \_\_\_\_\_ PRINT / TYPE l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. [Signature]       Shipment Date  
Driver Signature

n.       Shipment Date  
Driver Signature

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: WI 124 S10820 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] Name of Authorized Agent

[Signature] Signature

Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type

Operator's\* Signature \_\_\_\_\_  
Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former HMG Foundry)
b. Address: 1401 Perkins Ave, Waukesha, WI 53186
d. Generating Location: 1401 Perkins Ave, Waukesha, WI 53186
e. Address: 1401 Perkins Ave, Waukesha, WI 53186

c. Phone No.:
f. Phone No.:
If Owner of the generating facility differs from the generator, complete d, e, f:
g. Owner's Name:
h. Owner's Phone No.:

i. WI WASTE CODE
j. Description of Waste: EPL2021-066 Cover 901
k. Quantity: 19 Units, 18 Containers
Generator ID - 1649

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

Table with columns for TYPE (DM, DP, B, BA, T, O) and UNITS (P, Y, M3, Y3, O) with corresponding descriptions.

Generator Authorized Agent Name: Signature: Shipment Date: 11/16/21

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: Allen Kincaid
b. Address:
c. Driver Name/Title:
d. Phone No.:
e. Truck No.: 15 W05
f. Vehicle License No./State:
g. Acknowledgement of Receipt of Materials:
Driver Signature: Shipment Date: 11/16/21

TRANSPORTER II
h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:
n. Acknowledgement of Receipt of Materials:
Driver Signature: Shipment Date:

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC
b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150
c. Phone Number:
d. Mailing Address:
e. 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.
f. Name of Authorized Agent: Signature: Receipt Date: 11/16/21

Section IV. CUSTOMER

a. Name:
b. Address:
c. Name/Title:
d. Phone Number:
e. Mobile:
f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name:
b. Operator's\* Phone No.:
c. Operator's\* Address:
d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature Date

f. Name and Address of Responsible Agency:
g. Friable; Non-friable; Both % friable % nonfriable

\*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. 0231-720B (1/04)

No. 1154446  
1507517

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Nsvatar (Former RMG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FBI 2021 JMS Cover Soil

k. Quantity Units No. Type

Generator ID - 1848

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOE Signature \_\_\_\_\_

Shipment Date 11/16/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 222

f. Vehicle License No./State: 70 729  
Acknowledgement of Receipt of Materials.

g. Driver Signature \_\_\_\_\_ Shipment Date 11/16/21

### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

n. Driver Signature \_\_\_\_\_ Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

Name of Authorized Agent Emerald Park Signature [Signature] Receipt Date 11/16/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

1567537

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former HMC Foundry)
b. Address: 1401 Perkins Ave, Waukesha, WI 53186

d. Generating Location:
e. Address: 1401 Perkins Ave, Waukesha, WI 53186

c. Phone No.:
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.:

g. Owner's Name:

h. Owner's Phone No.:

i. WI WASTE CODE

Containers

j. Description of Waste: EPL2021-060 Cover Soil X
Generator ID - 1640

k. Quantity Units No. Type

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

Table with 2 columns: TYPE and UNITS. Includes codes like DM, DP, BA, T, O and units like P, Y, M3, Y3.

Generator Authorized Agent Name Signature

Shipment Date

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name:
b. Address:
c. Driver Name/Title:
d. Phone No.: e. Truck No.: H-95
f. Vehicle License No./State:
g. Driver Signature Shipment Date

TRANSPORTER II
h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.: l. Truck No.:
m. Vehicle License No./State:
n. Driver Signature Shipment Date

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC
b. Physical Address: W124 S10020 S. 124th St Muskego, WI 53150
e. 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.
f. Name of Authorized Agent Signature

c. Phone Number:
d. Mailing Address:
Receipt Date

Section IV. CUSTOMER

a. Name:
b. Address:
c. Name/Title:
d. Phone Number:
e. Mobile:
f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:
b. Operator's\* Phone No.:
c. Operator's\* Address:
d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Operator's\* Signature Date

f. Name and Address of Responsible Agency:
g. Friable; Non-friable; Both % friable % nonfriable

\*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.



1567539

No. 1454448

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former MMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FPL 2021 005 Cover Soil

k. Quantity Units No. Type

Generator ID - 1648

21.27 TK

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOF Signature \_\_\_\_\_

Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. [Signature] Shipment Date

n. [Signature] Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_

11/16/27 Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

1567581

No. 1454449

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former PMG Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:  
g. Owner's Name: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_  
h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPL2021-065 Cover Soil  
Generator ID - 1648

k. Quantity: 19.25 Containers  
Units: 1 No.: 1 Type: \_\_\_\_\_

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: \_\_\_\_\_

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: CITYCK SCHROEDER  
PRINT / TYPE  
d. Phone No.: \_\_\_\_\_ e. Truck No.: R008  
f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials:  
g. [Signature] 11/16/21  
Driver Signature Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
PRINT / TYPE  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials:  
n. \_\_\_\_\_  
Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10829 S. 724th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. [Signature] 11/16/21  
Name of Authorized Agent Signature Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Type

f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

1567532

No. 1454450

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigar (Former BMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FBI 2021 085 Cover Soil  
Generator ID - 1640

k. Quantity 271.74 Units TRU No.  Type

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_ Signature SOE

Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: MCS

### TRANSPORTER II

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: 279-1077 e. Truck No.: 119

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. [Signature] Shipment Date 11/16/21

n. \_\_\_\_\_ Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] Name of Authorized Agent \_\_\_\_\_ Signature [Signature]

Receipt Date 11/16/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

1567533

No. 1454451

### NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

#### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former RMG Foundry)  
b. Address: 1401 Parkins Ave  
Waukesha, WI 53188

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Parkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_  
h. Owner's Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_  
j. Description of Waste: EPL2021-006 Cover Soil  
Generator ID - 1648

k. Quantity \_\_\_\_\_ Containers \_\_\_\_\_  
Units, No. Type  
26.72 7 7 \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name SOF Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

#### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: Matt Robbery K&L Trucking  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: 262 499-7264 PRINT / TYPE e. Truck No.: 1321  
f. Vehicle License No./State: \_\_\_\_\_  
g. Matt Robbery Signature Shipment Date 11/15/21

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ PRINT / TYPE l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. \_\_\_\_\_ Signature Shipment Date \_\_\_\_\_

#### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53160

c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_

e. 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.

f. Matt Robbery Name of Authorized Agent Signature [Signature] Receipt Date 11/16/21

#### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

#### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print / Type

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

1567543

No. 1454452

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry) d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186 e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE   Containers

j. Description of Waste: FBI 2021 085 Cover Soil k. Quantity Units No. Type  
Generator ID - 1648 70.49 70 70

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOE Signature \_\_\_\_\_ Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: [Signature]

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_

g. [Signature] Shipment Date

Driver Signature \_\_\_\_\_

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

n. [Signature] Shipment Date

Driver Signature \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10629 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] [Signature] 11/16/21  
Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date \_\_\_\_\_

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

RETURN TO GENERATOR

No. 1454453

1567551

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former HMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave

Waukesha, WI 53186

e. Address: 1401 Perkins Ave

Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_

j. Description of Waste: EPL021-105 Cover Soil

Generator ID - 1048

Containers		
Quantity	Units	Type
<u>19</u>	<u>54</u>	

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

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

SQF

11/10/07

Generator Authorized Agent Name

Signature

Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

PRINT / TYPE

d. Phone No.: \_\_\_\_\_ e. Truck No.: 20

f. Vehicle License No./State: 20119

Acknowledgement of Receipt of Materials.

11/10/07

g. \_\_\_\_\_

Driver Signature

Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

PRINT / TYPE

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

11/10/07

n. \_\_\_\_\_

Driver Signature

Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

W124 S10929 S. 124th St Muskego, WI 53150

b. Physical Address: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Mike Banke

Name of Authorized Agent

Signature

11/10/07

Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_

Print / Type

Operator's\* Signature

11/10/07

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454454  
1507572

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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

**Section I. GENERATOR** (Generator complete all of Section I.)

a. Generator Name: Navistar (Former FMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE   Containers \_\_\_\_\_  
 j. Description of Waste: FPI 2001.085 Cover Soil k. Quantity 19 Units No. 500 Type \_\_\_\_\_  
Generator ID - 1648

	TYPE
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

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

Generator Authorized Agent Name \_\_\_\_\_ Signature SOF Shipment Date 11/16/21

**Section II. TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>H-95</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
g. Acknowledgement of Receipt of Materials: <u>111621</u>	n. Acknowledgement of Receipt of Materials: _____
Driver Signature _____ Shipment Date _____	Driver Signature _____ Shipment Date _____

**Section III. DESTINATION** (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: WI24 S10620 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date 11/16/21

**Section IV. CUSTOMER**

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

**Section V. ASBESTOS** (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454455

1507575

H97#

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (former RMC Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPL2021-066 Cover Soil  
Generator ID - 1640

k. Quantity: \_\_\_\_\_ Units: \_\_\_\_\_ No.: \_\_\_\_\_ Type: \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/16/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: H97  
f. Vehicle License No./State: \_\_\_\_\_  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/16/21

### TRANSPORTER II

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: WI124 S10620 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/16/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 8231-720B (1/04)

RETURN TO GENERATOR



No. 1454456  
1507577

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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

**Section I. GENERATOR** (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53196 Waukesha, WI 53196  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE   Containers  
 j. Description of Waste: FPI 9051-085 Cover Soil k. Quantity Units No. Type  
Generator ID - 1848

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

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

Generator Authorized Agent Name SCF Signature [Signature] Shipment Date [Date]

**Section II. TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>MCS</u>	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: <u>920-979-4627</u> e. Truck No.: <u>110</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Acknowledgement of Receipt of Materials. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g. <u>[Signature]</u> Driver Signature Shipment Date <u>11/16/21</u>	n. _____ Driver Signature Shipment Date <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Section III. DESTINATION** (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10020 S. 124th St Muskegon, WI 53160 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
[Signature] Name of Authorized Agent [Signature] Signature     Receipt Date

**Section IV. CUSTOMER**

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

**Section V. ASBESTOS** (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454457  
1507578

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former HMC Foundry) d. Generating Location: \_\_\_\_\_  
b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:  
g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: EPL2021-065  
j. Description of Waste: Cover Soil  
Generator ID - 1849

k. Quantity: \_\_\_\_\_ Containers: \_\_\_\_\_  
Units: 15 No. 28 Type: \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/18/07

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: Matt Roth  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: 262 438 1047 PRINT / TYPE: \_\_\_\_\_  
Truck No.: 1221  
e. Vehicle License No./State: \_\_\_\_\_  
f. Acknowledgement of Receipt of Materials: \_\_\_\_\_  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/15/07

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ PRINT / TYPE: \_\_\_\_\_  
l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Acknowledgement of Receipt of Materials: \_\_\_\_\_  
Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: Julie Banka Signature: \_\_\_\_\_ Receipt Date: 11/16/07

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

No. 1454458  
1507583

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FRI 3021.005 Cover Soil

k. Quantity  Units  No.  Type

Generator ID - 1649

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOF Signature \_\_\_\_\_

Shipment Date 11/16/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Clayton Schroeder

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: ROCK

f. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature Shipment Date 11/16/01

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

n. \_\_\_\_\_ Driver Signature Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53180

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] Name of Authorized Agent [Signature] Signature 11/16/01 Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

No. 1454459  
1567588

### NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

#### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former HMMG Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_  
h. Owner's Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPL2021-020 Cover Golf  
Generator ID - 1640

k. Quantity \_\_\_\_\_ Containers \_\_\_\_\_  
Units No. Type  

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TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/16/21

#### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: Allen Kresak  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ PRINT / TYPE  
e. Truck No.: 15  
f. Vehicle License No./State: \_\_\_\_\_  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/16/21

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ PRINT / TYPE  
l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

#### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/16/21

#### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

#### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

No. 1454460  
1507602

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former FMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers \_\_\_\_\_

j. Description of Waste: FPL2021-085 Cover Soil

k. Quantity Units No. Type

Generator ID - 1648

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

11/16/21  
Shipment Date

Generator Authorized Agent Name \_\_\_\_\_

SOF  
Signature

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 261

f. Vehicle License No./State: 3-249  
Acknowledgement of Receipt of Materials.

g. [Signature]  
Driver Signature

11/16/21  
Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

n. \_\_\_\_\_  
Driver Signature

Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature]  
Name of Authorized Agent

Signature

11/16/21  
Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type

Operator's\* Signature

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (former RMG Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_  
j. Description of Waste: EPL2021-000 Cover Soil  
Generator ID - 164B

k. Quantity \_\_\_\_\_ Containers \_\_\_\_\_  
Units No. Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/10/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: H-25  
f. Vehicle License No./State: \_\_\_\_\_  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/10/21

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: WI24 S10029 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/10/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_% friable \_\_\_\_\_% nonfriable

\*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. 0231-720B (1/04)

507625

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former GMG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity   Containers

j. Description of Waste: FBI 201006 Cover Soil

Units No. Type

Generator ID: 1649

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

11/10/21  
Shipment Date

Generator Authorized Agent Name SOF Signature

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: H97 #

f. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

g. [Signature]       Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

n.       Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] Name of Authorized Agent

Signature

11/10/21 Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

1507610

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry)
b. Address: 1401 Perkins Ave, Waukesha, WI 53186

d. Generating Location:
e. Address: 1401 Perkins Ave, Waukesha, WI 53186

c. Phone No.:
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.:

g. Owner's Name:

h. Owner's Phone No.:

i. WI WASTE CODE

Containers

j. Description of Waste: EPL2021-085 Cover Soil
Generator ID - 1648

k. Quantity Units No. Type

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

Table with 2 columns: TYPE and Description. Includes DM (Metal Drum), DP (Plastic Drum), B (Bag), BA (6 Mil. Plastic Bag or Wrap), T (Truck), O (Other).

Table with 2 columns: UNITS and Description. Includes P (Pounds), Y (Yards), M3 (Cubic Meters), Y3 (Cubic Yards), O (Other).

Generator Authorized Agent Name: Signature: SOF

Shipment Date: 11/16/21

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name:
b. Address:
c. Driver Name/Title: Chuck Schroeder
d. Phone No.: e. Truck No.: R008
f. Vehicle License No./State:
g. Driver Signature: Shipment Date: 11/16/21

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.: l. Truck No.:
m. Vehicle License No./State:
n. Driver Signature: Shipment Date:

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC
b. Physical Address: WI124 S10629 S. 124th St Muskego, WI 53150

c. Phone Number:
d. Mailing Address:

e. 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.

f. Name of Authorized Agent: Signature: g. Receipt Date: 11/16/21

Section IV. CUSTOMER

a. Name:
b. Address:
c. Name/Title:
d. Phone Number:
e. Mobile:
f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:
b. Operator's\* Phone No.:
c. Operator's\* Address:
d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature Date

f. Name and Address of Responsible Agency:

g. Friable; Non-friable; Both % friable % nonfriable

\*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.



1567634

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former DMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FDI 3021.005 Cover Soil

k. Quantity Units No. Type

Generator ID - 1848

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOE  
Signature

11/16/01  
Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Albee Kinnock

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_

e. Truck No.: 15

f. Vehicle License No./State: \_\_\_\_\_

g. Driver Signature: [Signature]

Shipment Date: 11/16/01

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_

l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

n. Driver Signature: \_\_\_\_\_

Shipment Date:

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10629 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. Discrepancy Indication Space: \_\_\_\_\_

f. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent: [Signature]

Signature: [Signature]

Receipt Date: 11/16/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454465

1507635

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Novistar (Former HMC Foundry)

b. Address: 1401 Parkins Ave  
Waukesha, WI 53180

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE:                     

j. Description of Waste: EPL2021-036 Cover Soil  
Generator ID - 1648

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

Generator Authorized Agent Name: SOF  
Signature: [Signature]

d. Generating Location: \_\_\_\_\_

e. Address: 1401 Parkins Ave  
Waukesha, WI 53180

f. Phone No.: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

k. Quantity	Units	Containers	
		No.	Type
<u>1111</u>	<u>YD</u>	<u>8</u>	<u>B</u>

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Shipment Date: 11/16/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 110

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. Driver Signature: [Signature] Shipment Date: 11/16/21

### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/16/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454486  
156163

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former DMG Foundry) d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186 e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE   Containers

j. Description of Waste: FBI 2021 086 Cores Soil  
Generator ID - 4R48 k. Quantity Units No. Type

		177	31	
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TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name [Signature] Signature 111601 Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: K&W Trucking  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: 262 499 7264 e. Truck No.: 1221  
f. Vehicle License No./State: \_\_\_\_\_  
g. Driver Signature: [Signature] Shipment Date: 111521

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill LLC c. Phone Number: \_\_\_\_\_  
b. Physical Address: W124 S10320 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 11/15/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454467  
1567698

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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

**Section I. GENERATOR** (Generator complete all of Section I.)

a. Generator Name: Navistar (Former P&H Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53198  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL/021-084 Cover Soil  
 Generator ID: 1040

d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Perkins Ave  
Waukesha, WI 53198  
 f. Phone No.: \_\_\_\_\_  
 Containers  
 k. Quantity Units No. Type  

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TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/17/21

**Section II. TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 265  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 g. [Signature] Shipment Date: 11/17/21  
 Driver Signature

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.  
 n. \_\_\_\_\_ Shipment Date: \_\_\_\_\_  
 Driver Signature

**Section III. DESTINATION** (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53160  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. [Signature] Signature: \_\_\_\_\_ Receipt Date: 11/17/21  
 Name of Authorized Agent

**Section IV. CUSTOMER**

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

**Section V. ASBESTOS** (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

1567692

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former PMG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FPI 2021 085 Cover Soil

k. Quantity  Units  No.  Type

Generator ID - 1846

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOF Signature

Shipment Date 11/17/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Speedy Gonzalez

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_

e. Truck No.: P42

f. Vehicle License No./State: 30752 RBWI

g. Acknowledgement of Receipt of Materials: [Signature]

g. Driver Signature [Signature] Shipment Date 11/17/21

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_

l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

n. Acknowledgement of Receipt of Materials: \_\_\_\_\_

n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53180

c. Discrepancy Indication Space: \_\_\_\_\_

d. 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 [Signature] Signature [Signature] Receipt Date 11/17/21

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

1507606

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former HMC Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_

k. Quantity \_\_\_\_\_ Containers \_\_\_\_\_

j. Description of Waste: EPL2021-035 Cover Soil  
Generator ID - 1848

Units	No.	Type
1	1	39

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: SOF  
Signature: \_\_\_\_\_

Shipment Date: 11/17/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Asias Recycling LLC  
b. Address: 1303 Racine St  
c. Driver Name/Title: Cosmin Cole Engineer  
d. Phone No.: 414-232-7899 e. Truck No.: 010  
f. Vehicle License No./State: DK3-845  
g. Driver Signature: \_\_\_\_\_  
Shipment Date: 11/17/21

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_  
Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Receipt Date: 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454470  
1507688

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former P&H) Foundry d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186 e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE   Containers

j. Description of Waste: FBI 2001-086 Cover Soil  
Generator ID - 1648 k. Quantity Units No. Type

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOE Signature [Signature] Shipment Date [Date]

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I** a. Name: \_\_\_\_\_ h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_ i. Address: \_\_\_\_\_

c. Driver Name/Title: Clayck Schroeder j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 2008 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_ m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials. g. [Signature] Shipment Date 11/17/21 n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

No. 1454471  
1307687

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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

**Section I. GENERATOR** (Generator complete all of Section I.)

a. Generator Name: Navistar (former HMC Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53185  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Perkins Ave  
Waukesha, WI 53185  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL2021-075 Cover Soil  
 Generator ID - 1648  
 k. Quantity 21 Units 1460 Containers  
 TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER  
 UNITS  
 P - POUNDS  
 Y - YARDS  
 M3 - CUBIC METERS  
 Y3 - CUBIC YARDS  
 O - OTHER  
 Generator Authorized Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Shipment Date: 11/17/21

**Section II. TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>W.S.</u>	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: <u>121 8944071</u>	k. Phone No.: _____
e. Truck No.: <u>110</u>	l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
g. Driver Signature: _____ Shipment Date: <u>11/17/21</u>	n. Driver Signature: _____ Shipment Date: _____

**Section III. DESTINATION** (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/17/21

**Section IV. CUSTOMER**

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

**Section V. ASBESTOS** (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.  
 e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)



No. 1454472  
1507690

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Franch) d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE   Containers \_\_\_\_\_

j. Description of Waste: FPI 2021-006 Cover Soil k. Quantity  Units  No.  Type

Generator ID - 16MR

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

Generator Authorized Agent Name SOF Signature \_\_\_\_\_ Shipment Date 11/17/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Allen Krenzel</u>	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____	k. Phone No.: _____
e. Truck No.: <u>15WCS</u>	l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials. <u>11/17/21</u>	Acknowledgement of Receipt of Materials. <input type="text"/>
g. Driver Signature _____ Shipment Date _____	n. Driver Signature _____ Shipment Date _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10022 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] Signature \_\_\_\_\_ 11/17/21 Receipt Date \_\_\_\_\_

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

No. 1454474  
1507694

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE   Containers \_\_\_\_\_  
 j. Description of Waste: FBI 2021-086 Cover Soil k. Quantity  Units  No.  Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name \_\_\_\_\_ Signature SDF Shipment Date 11/17/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>CAVALIERO TRUCKING</u>	h. Name: _____
b. Address: <u>2448 51st St Wau WI</u>	i. Address: _____
c. Driver Name/Title: <u>MARKE</u>	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>C19</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>DD 9736*</u>	m. Vehicle License No./State: _____
g. Driver Signature _____ Shipment Date <u>11/17/21</u>	n. Driver Signature _____ Shipment Date _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 510320 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_% friable \_\_\_\_\_% nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

No. 1454477

156704

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Generator (Former NAME Foundry)

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE: EPL021-066

j. Description of Waste: Cover Soil  
Generator ID - 1048

d. Generating Location: \_\_\_\_\_

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

f. Phone No.: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

k. Quantity: 18 Units 1 No. 18 Type DP

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_

Shipment Date: 11/17/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 68

f. Vehicle License No./State: \_\_\_\_\_

g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/17/21

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 910620 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. Discrepancy Indication Space: \_\_\_\_\_

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454478  
1507701

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former HMC Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: EPL2001-085 Crater Soil  
Generator ID - 1040

k. Quantity Units No. Type

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_ Signature SOF  
Shipment Date 11/17/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Locho Trucking LLC  
b. Address: 6407 Douglas Ave Racine WI  
c. Driver Name/Title: Javier Sanchez  
PRINT / TYPE  
d. Phone No.: 414 234 1918 e. Truck No.: L11#5  
f. Vehicle License No./State: RB 22708 WI  
g. Acknowledgement of Receipt of Materials: [Signature]  
Driver Signature \_\_\_\_\_ Shipment Date 11/17/01

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
PRINT / TYPE  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Acknowledgement of Receipt of Materials: \_\_\_\_\_  
Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10020 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 11/17/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454479

150770

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former HMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_

j. Description of Waste: EPL2021-005 Cover Soil  
Generator ID - 1040

k. Quantity \_\_\_\_\_ Units \_\_\_\_\_ No. \_\_\_\_\_ Type \_\_\_\_\_  

--	--	--	--	--	--	--	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: SQF Signature: \_\_\_\_\_ Shipment Date: 11/17/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 202 MRD  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/17/01

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10020 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/17/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

No. 1451482  
1507740

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former DMG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: EPL2021-085 Cover Soil

k. Quantity Units No. Type

Generator ID - 1649

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOE Signature [Signature] Shipment Date [Date]

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: Speedy Gonzales

### TRANSPORTER II

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: RB 30133 042

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_ Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_ Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature 11/17/21 Shipment Date

n. [Signature] Driver Signature [Date] Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10629 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] Name of Authorized Agent [Signature] Signature 11/17/21 Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454483

1567737

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (former RMG Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53106

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53106

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_

j. Description of Waste: EPL3021-006 Cover Soil

Generator ID - 1040

Containers		TYPE
Quantity	Units	No. Type
18	35	DM - METAL DRUM
		DP - PLASTIC DRUM
		B - BAG
		BA - 6 MIL. PLASTIC BAG or WRAP
		T - TRUCK
		O - OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/17/07

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Alfa Romeo  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: WCS-215  
f. Vehicle License No./State: \_\_\_\_\_  
g. Driver Signature: [Signature] Shipment Date: 11/17/07

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: [Signature] Receipt Date: 11/17/07

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-7206 (1/04)

RETURN TO GENERATOR

No. 1454484-749  
1507749

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former AMG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FPI 2021-095 Cover Soil  
Generator ID - 1048

k. Quantity Units No. Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name SOF  
Signature \_\_\_\_\_

Shipment Date 11/17/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

### TRANSPORTER II

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: Charles E. Salkowski

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: R008

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.  
g. [Signature]      
Driver Signature Shipment Date

Acknowledgement of Receipt of Materials.  
n.      
Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10622 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] [Signature]      
Name of Authorized Agent Signature Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature        
Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Novistar (Former RKO Foundry)  
b. Address: 1401 Parkline Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Parkline Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_

Containers \_\_\_\_\_

j. Description of Waste: EPL 2021 005 Clay Soil  
Generator ID - 1648

k. Quantity \_\_\_\_\_ Units \_\_\_\_\_ No. \_\_\_\_\_ Type \_\_\_\_\_

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/17/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: CANALE RO TRUCKING  
b. Address: 3448 519 ST MIL WI  
c. Driver Name/Title: MARKEIC  
d. Phone No.: \_\_\_\_\_ e. Truck No.: 019  
f. Vehicle License No./State: RR 27267  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/17/01

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10820 S, 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/17/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

No. 1454486  
1507743

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former BMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity  Containers

j. Description of Waste: EPL 2021-066 Cover Soil

Units No. Type

Generator ID - 1640

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOE Signature

11/17/21  
Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 265

f. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

g. [Signature]       Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

n.       Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10320 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] [Signature]       Name of Authorized Agent Signature Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454491

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

15607258

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry)

b. Address: 1401 Perkins Ave  
Waukesha, WI 53108

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE

j. Description of Waste: EPL2021-086 Cover Soil  
Generator ID - 1846

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

Generator Authorized Agent Name SOF  
Signature \_\_\_\_\_

d. Generating Location: \_\_\_\_\_

e. Address: 1401 Perkins Ave  
Waukesha, WI 53108

f. Phone No.: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

k. Quantity  Containers

Units  No.  Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Shipment Date 11/17/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: R. [Signature]

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 264

f. Vehicle License No./State: \_\_\_\_\_  
Ac'nowledgement of Receipt of Materials.

g. Driver Signature [Signature] Shipment Date 11/16/21

### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

n. Driver Signature \_\_\_\_\_ Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150

e. 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.

f. Name of Authorized Agent [Signature] Signature [Signature]

Receipt Date 11/17/21

g. \_\_\_\_\_

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

507759

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity  Containers

j. Description of Waste: EQ 2021 185 Cover Soil

Units  No.  Type

Generator ID: 1848

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_

[Signature]  
Signature

[Signature]  
Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

**TRANSPORTER II**

a. Name: \_\_\_\_\_

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 200

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. [Signature] [Signature]  
Driver Signature Shipment Date

n. \_\_\_\_\_  
Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] [Signature]  
Name of Authorized Agent Signature

[Signature]  
Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454493  
1507760

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigol (Former HMG Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPI 2021-023 Cover Soil  
Generator ID - 1848

k. Quantity: \_\_\_\_\_ Containers \_\_\_\_\_  
Units: 18 No. 3 Type 3

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/17/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Toncho Trucking LLC  
b. Address: 6407 Douglas Ave Piquette MI 49779  
c. Driver Name/Title: Devin Smith  
d. Phone No.: 414 934 0483 e. Truck No.: LO #5  
f. Vehicle License No./State: AB 99708 WI  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/17/21

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10529 S. 124th St Muskegon, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete a)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_% friable \_\_\_\_\_% nonfriable

\*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. 0231-7208 (1/04)

RETURN TO GENERATOR

No. 1454494  
1507166

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former AMO) Foundry

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_

d. Generating Location: \_\_\_\_\_

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE:

j. Description of Waste: FPI 2021-085 Cover Soil

Generator ID - 1648

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOE

Containers: \_\_\_\_\_

Quantity	Units	No.	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Shipment Date: 11/17/11

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Polaris Trucking LLC</u>	h. Name: _____
b. Address: <u>1305 Prairie NE Mount Pleasant WI 53406</u>	i. Address: _____
c. Driver Name/Title: <u>Cassian Colby Employee</u>	j. Driver Name/Title: _____
d. Phone No.: <u>414-2312499</u>	k. Phone No.: _____
e. Truck No.: <u>010</u>	l. Truck No.: _____
f. Vehicle License No./State: <u>RB519415</u>	m. Vehicle License No./State: _____
g. Acknowledgement of Receipt of Materials: <u>[Signature]</u>	n. Acknowledgement of Receipt of Materials: _____
g. Driver Signature: <u>[Signature]</u>	n. Driver Signature: _____
Shipment Date: <u>11/17/11</u>	Shipment Date: <input type="text"/>

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: WI 124 S10820 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/17/11

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_

Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date:

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

1527776

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former PPG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity  Containers

j. Description of Waste: EPL2021-065 Cover Soil

Units No. Type

Generator ID - 1646

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

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

Generator Authorized Agent Name SOE Signature

Shipment Date 11/17/21

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

### TRANSPORTER II

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 11

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

g. Driver Signature [Signature] Shipment Date 11/17/21

n. Driver Signature \_\_\_\_\_ Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10629 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454497  
1567788

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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

**Section I. GENERATOR** (Generator complete all of Section I.)

a. Generator Name: Navigator (Former FUMG Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: 1401 Perkins Ave  
 e. Address: Waukesha, WI 53186  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EPL0021-005 Cover Soil  
 j. Description of Waste: Generator ID - 1640  
 k. Quantity: 18 Units 70 Type  
 Containers: \_\_\_\_\_  
 TYPE:  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER  
 UNITS:  
 P - POUNDS  
 Y - YARDS  
 M3 - CUBIC METERS  
 Y3 - CUBIC YARDS  
 O - OTHER  
 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
 Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_ Shipment Date: 11/17/21

**Section II. TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>Allen Kieras</u>		h. Name: _____	
b. Address: _____		i. Address: _____	
c. Driver Name/Title: _____		j. Driver Name/Title: _____	
d. Phone No.: _____	e. Truck No.: <u>WIS-15</u>	k. Phone No.: _____	l. Truck No.: _____
f. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials: _____	g. Driver Signature: _____ Shipment Date: <u>11/17/21</u>	m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials: _____	n. Driver Signature: _____ Shipment Date: _____

**Section III. DESTINATION** (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: \_\_\_\_\_ Receipt Date: 11/17/21

**Section IV. CUSTOMER**

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

**Section V. ASBESTOS** (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
 Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former RMG Foundry)

b. Address: 1401 Perkins Ave, Waukesha, WI 53186

c. Phone No.: If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name:

i. WI WASTE CODE

j. Description of Waste: EPL 2021-086 Cover Soil

Generator ID - 1848

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

Generator Authorized Agent Name: SOE Signature

d. Generating Location:

e. Address: 1401 Perkins Ave, Waukesha, WI 53186

f. Phone No.:

h. Owner's Phone No.:

k. Quantity Units No. Type

Table with 4 columns: Quantity, Units, No., Type. Contains handwritten values: 17, 1, 25, 0.

TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER. UNITS: P - POUNDS, Y - YARDS, M3 - CUBIC METERS, Y3 - CUBIC YARDS, O - OTHER.

Shipment Date: 11/17/21

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I: a. Name: Speedy Gonzales, b. Address, c. Driver Name/Title, d. Phone No., e. Truck No., f. Vehicle License No./State, g. Driver Signature, Shipment Date

TRANSPORTER II: h. Name, i. Address, j. Driver Name/Title, k. Phone No., l. Truck No., m. Vehicle License No./State, n. Driver Signature, Shipment Date

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10620 S, 124th St Muskego, WI 53150

c. Phone Number, d. Mailing Address, e. Discrepancy Indication Space

f. Name of Authorized Agent, Signature, Receipt Date

Section IV. CUSTOMER

a. Name, b. Address, c. Name/Title, d. Phone Number, e. Mobile, f. Customer Number

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name, b. Operator's\* Phone No., c. Operator's\* Address, d. Special Handling Instructions and additional information

OPERATOR'S 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 government regulations.

e. Operator's Name & Title, Print / Type, Operator's\* Signature, Date

f. Name and Address of Responsible Agency

g. Friable, Non-friable, Both, % friable, % nonfriable

\*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.

No. 1454500  
1567793

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former PPG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: EPL2021-085 Cover Soil

k. Quantity Units No. Type

Generator ID - 1649

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOF Signature \_\_\_\_\_

Shipment Date 11/17/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 265

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. [Signature]          
Driver Signature Shipment Date

n. [Signature]          
Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: WI124 S10820 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] [Signature]        
Name of Authorized Agent Signature Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454501  
1507801

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Factory) d. Generating Location: 1401 Perkins Ave  
 b. Address: 1401 Perkins Ave e. Address: Waukesha, WI 53186  
Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_ Containers  
 j. Description of Waste: EPL2021-085 Cover Soil k. Quantity Units No. Type  
Generator ID - 1648

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_ Shipment Date: 11/17/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>CAVALIER TRUCKING</u>	h. Name: _____
b. Address: <u>3048 S 19 ST MIL WI</u>	i. Address: _____
c. Driver Name/Title: <u>MARKIE</u>	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>019</u>	k. Phone No.: _____ i. Truck No.: _____
f. Vehicle License No./State: <u>RR 27367</u>	m. Vehicle License No./State: _____
g. Driver Signature: _____ Shipment Date: <u>11/17/21</u>	n. Driver Signature: _____ Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: 124 S 124th St Muskego, WI 53180 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-7208 (1/04)

RETURN TO GENERATOR

No. 1454502

156785

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: EPL2021-085 Cover Soil

k. Quantity Units No. Type

Generator ID - 1648

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOF Signature \_\_\_\_\_

Shipment Date 11/17/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Driver Name/Title: Chris S. ...

d. Phone No.: \_\_\_\_\_ e. Truck No.: R 028

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. Driver Signature \_\_\_\_\_ Shipment Date 11/17/21

### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

n. Driver Signature \_\_\_\_\_ Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10628 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-7208 (1/04)

RETURN TO GENERATOR

No. 1454505  
756/806

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former PMLC Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Perkins Ave  
Waukesha, WI 53186  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL021405 Cover Soil  
Generator 10 - 1540

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_  
 Containers: \_\_\_\_\_  
 k. Quantity: 18 Units: 10 No.: \_\_\_\_\_ Type: \_\_\_\_\_  
 Shipment Date: 11/17/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
Q	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Toncho Trucking LLC</u>	h. Name: _____
b. Address: <u>6101 Douglas Ave Racine WI 53406</u>	i. Address: _____
c. Driver Name/Title: <u>Javier Sanchez owner</u>	j. Driver Name/Title: _____
d. Phone No.: <u>414 3341907</u> PRINT / TYPE Truck No.: <u>611 JS</u>	k. Phone No.: _____ I. Truck No.: _____
f. Vehicle License No./State: <u>RB 22708</u>	m. Vehicle License No./State: _____
g. Acknowledgement of Receipt of Materials: <u>11/17/21</u>	n. Acknowledgement of Receipt of Materials: _____
g. Driver Signature: _____ Shipment Date: _____	n. Driver Signature: _____ Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10620 S 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: Julio Banks Signature: \_\_\_\_\_  
 Receipt Date: 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
 Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

#### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Movator (Former PMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity  Containers  Units  No.  Type

j. Description of Waste: EPL 2021-085 Cover Soil  
Generator ID - 1048

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOF Signature \_\_\_\_\_

Shipment Date 11/17/21

#### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: [Signature]

b. Address: \_\_\_\_\_

c. Driver Name/Title: [Signature]

d. Phone No.: \_\_\_\_\_ e. Truck No.: 264

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. Driver Signature [Signature] Shipment Date 11/17/21

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

n. Driver Signature \_\_\_\_\_ Shipment Date

#### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

e. 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.

f. Name of Authorized Agent [Signature] Signature \_\_\_\_\_

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

Receipt Date 11/17/21

#### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

#### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

No. 1454507  
1507813

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former PMA Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: 1401 Perkins Ave  
e. Address: Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_  
h. Owner's Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_  
i. WI WASTE CODE: EPL2021-065 Cover Soil  
j. Description of Waste: \_\_\_\_\_  
Generator ID - 1648

k. Quantity 19 Units 20 Containers  
No. Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOP Shipment Date: 11/17/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: \_\_\_\_\_  
f. Vehicle License No./State: \_\_\_\_\_  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/17/01

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10029 S, 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/17/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

1707802

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry)

d. Generating Location:

b. Address: 1401 Perkins Ave, Waukesha, WI 53186

e. Address: 1401 Perkins Ave, Waukesha, WI 53186

c. Phone No.: If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.:

g. Owner's Name:

h. Owner's Phone No.:

i. WI WASTE CODE

k. Quantity Units No. Type

j. Description of Waste: FPI 2021-086 Crates April

Containers

Generator ID - 1648

DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER

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

Generator Authorized Agent Name Signature

11/17/21 Shipment Date

UNITS: P - POUNDS, Y - YARDS, M3 - CUBIC METERS, Y3 - CUBIC YARDS, O - OTHER

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

TRANSPORTER II

a. Name: Julie S. Power

h. Name:

b. Address: 1305 Power Dr

i. Address:

c. Driver Name/Title: Julie S. Power

j. Driver Name/Title:

d. Phone No.: 414-237-1800 e. Truck No.: 010

k. Phone No.: l. Truck No.:

f. Vehicle License No./State:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. Driver Signature Shipment Date 11/17/21

n. Driver Signature Shipment Date

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number:

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

d. Mailing Address:

e. 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.

f. Name of Authorized Agent Signature Receipt Date 11/17/21

Section IV. CUSTOMER

a. Name: d. Phone Number:

b. Address: e. Mobile:

c. Name/Title: f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: b. Operator's\* Phone No.:

c. Operator's\* Address:

d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature Date

f. Name and Address of Responsible Agency:

g. Friable; Non-friable; Both % friable % nonfriable

\*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.



No. 1454511

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Nevelator (Former FMO Factory)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:  
g. Owner's Name: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_  
h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: EPL 4821-005 Other Soil  
j. Description of Waste: Generator ID - 1648

k. Quantity: \_\_\_\_\_ Containers: \_\_\_\_\_  
Units: \_\_\_\_\_ No.: \_\_\_\_\_ Type: \_\_\_\_\_

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/17/20

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: 10  
f. Vehicle License No./State: \_\_\_\_\_  
g. Acknowledgement of Receipt of Materials: \_\_\_\_\_  
Driver Signature: \_\_\_\_\_ Shipment Date: 11/17/20

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Acknowledgement of Receipt of Materials: \_\_\_\_\_  
Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: WT24 S10529 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/17/20

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR



1507845

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMO Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity      Containers

j. Description of Waste: EPL2021-035 Cover Soil

l. Type

Generator ID - 1649

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
Q	- OTHER

Generator Authorized Agent Name SOF Signature \_\_\_\_\_

Shipment Date 11/17/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Speedy Gonzales

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: P42

f. Vehicle License No./State: 309SS

g. Driver Signature \_\_\_\_\_ Shipment Date 11/17/21

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10329 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



No. 1454517  
1507853

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former RMG Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53106

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53106

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_  
h. Owner's Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPL2021-065 Cover Soil  
Generator ID - 1648

k. Quantity \_\_\_\_\_ Units \_\_\_\_\_ No. \_\_\_\_\_ Type \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_ Shipment Date: 7/11/22

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: CAVALIERO TRUCKING  
b. Address: 2442 219 ST WII WI  
c. Driver Name/Title: MARKIE  
d. Phone No.: \_\_\_\_\_ e. Truck No.: 019  
f. Vehicle License No./State: BB 07 267  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 7/11/22

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: WI24 S10529 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 7/11/22

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454519  
1567804

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former NAC Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPA 2021-085 Cover Soil  
Generator ID - 1640

k. Quantity \_\_\_\_\_ Containers \_\_\_\_\_  
Units No. Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/17/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: Tocha Truck LLC  
b. Address: 6407 Douglas Ave Racine WI 53404  
c. Driver Name/Title: Javier Sanchez owner  
d. Phone No.: 414 234 1542 e. Truck No.: LJ #5  
f. Vehicle License No./State: R1B 22708 WI  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/17/21

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10620 S 124th St Muskego, WI 53150  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
Receipt Date: 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

No. 1454520  
1507871

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former BMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Park Ave  
Waukesha, WI 53186

e. Address: 1401 Park Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: EPI 2021.065 Cover Soil

k. Quantity Units No. Type

Generator ID - 1648

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_ Signature [Signature]

Shipment Date 11/17/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: CHUCK WOODRIDER

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: R007

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. Driver Signature \_\_\_\_\_ Shipment Date 11/17/01

n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: 124 S10820 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent [Signature] Signature [Signature]

Receipt Date 11/17/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.





No. 1454523  
1707874

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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

**Section I. GENERATOR** (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53188 Waukesha, WI 53188  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL2021-006 Cover Soil k. Quantity Units No. Type  
Generator ID - 1648

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TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
Q	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/17/20

**Section II. TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>262M202</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
g. Driver Signature: _____ Shipment Date: <u>11/17/20</u>	n. Driver Signature: _____ Shipment Date: _____

Acknowledgement of Receipt of Materials. (Both transporter sections)

**Section III. DESTINATION** (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10929 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/17/20

**Section IV. CUSTOMER**

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

**Section V. ASBESTOS** (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print / Type Operator's\* Signature  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454524  
1507879

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former DMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FBI 9021.066 Cover Soil

k. Quantity Units No. Type

Generator ID - 1648

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOE Signature \_\_\_\_\_

Shipment Date 11/17/21

## Section II. TRANSPORTER (Generator complete a-g; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: Color 5910000

h. Name: \_\_\_\_\_

b. Address: 1305 Route 108 Waukesha, WI

i. Address: \_\_\_\_\_

c. Driver Name/Title: Christina Color 5910000

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: 262-791-2311 e. Truck No.: 010

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: 29119

m. Vehicle License No./State: \_\_\_\_\_

g. Acknowledgement of Receipt of Materials.

n. Acknowledgement of Receipt of Materials.

Driver Signature \_\_\_\_\_ Shipment Date 11/17/21

Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: WI 124 S10629 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent Mike Banks Signature \_\_\_\_\_

Receipt Date 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type

Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454525  
1507890

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry)  
 b. Address: 1401 Perkins Ave  
Waukegan, WI 53186  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Perkins Ave  
Waukegan, WI 53186  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL 2021-065 Cover Soil  
Generator ID - 1646

Containers	Units	No.	Type
0	21	57	

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_ Shipment Date: 11/17/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____ PRINT / TYPE	j. Driver Name/Title: _____ PRINT / TYPE
d. Phone No.: _____ e. Truck No.: <u>110</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials: _____	m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials: _____
g. Driver Signature: _____ Shipment Date: <u>11/17/21</u>	n. Driver Signature: _____ Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/17/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

No. 1454526  
1567893

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FEI 3121.085 Cover Bolt

k. Quantity     Units No. 128 Type

Generator ID - 1648

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_

Signature [Signature]

Shipment Date 11/17/07

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: [Signature]

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 925-15

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials: [Signature]

g. Driver Signature [Signature] Shipment Date 11/17/07

### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials: \_\_\_\_\_

n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 11/17/07

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454527  
1507950

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry)  
 b. Address: 1401 Parkins Ave  
Waukesha, WI 53188  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Parkins Ave  
Waukesha, WI 53188  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EPL021-095 Cover Soil  
 j. Description of Waste: \_\_\_\_\_  
Generator ID - 1648

Containers  
 k. Quantity Units No. Type  

	16	850	

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/18/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>Mark Moody</u>	h. Name: _____
b. Address: <u>2507 Donce Ave</u>	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: <u>262-70-4888</u> e. Truck No.: <u>182</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>BB 31961</u>	m. Vehicle License No./State: _____
g. Acknowledgement of Receipt of Materials: <u>11/18/01</u>	n. Acknowledgement of Receipt of Materials: _____
Driver Signature: <u>Mark Moody</u> Shipment Date: _____	Driver Signature: _____ Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: WI24 S10820 S. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: Chris Bank Signature: \_\_\_\_\_ Receipt Date: 11/18/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

1507944

### NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

#### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navitor (Former PMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity  Units  Containers

j. Description of Waste: EPL2021-005 Cover Soil  
Generator ID - 1648

l. Type

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SCF Signature [Signature]

Shipment Date 11/18/21

#### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Mark E. Pulos

b. Address: Muskego

c. Driver Name/Title: Pulos Trucking

d. Phone No.: 414-676-9889 e. Truck No.: J103

f. Vehicle License No./State: \_\_\_\_\_

g. Mark E. Pulos 11/18/21  
Driver Signature Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

n. \_\_\_\_\_ 11/18/21  
Driver Signature Shipment Date

#### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] 11/18/21  
Name of Authorized Agent Signature Receipt Date

#### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

#### Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

No. 1454529

1567959

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Nawstar (Former P&G Facility)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: EPL201-000  
j. Description of Waste: Cover Soil  
Generator ID - 1846

Containers: \_\_\_\_\_  
k. Quantity: 15 Units No. 109 Type \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_

Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: J-81  
f. Vehicle License No./State: W3338, WI  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/18/21

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150  
e. 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.  
f. Name of Authorized Agent: Julie Banks Signature: \_\_\_\_\_ Receipt Date: 11/18/21

c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-7208 (1/04)

RETURN TO GENERATOR

No. 1454531  
1507941

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former HMG Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE \_\_\_\_\_ Containers \_\_\_\_\_  
 j. Description of Waste: EPL2021-096 Cover Soil k. Quantity 1/10 Units 37 Type \_\_\_\_\_  
Generator ID - 1646

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/18/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: _____	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: _____	k. Phone No.: _____	l. Truck No.: _____	PRINT / TYPE
c. Driver Name/Title: <u>CHRIS SCHWARTZ</u>	e. Truck No.: <u>6008</u>	m. Vehicle License No./State: _____	Acknowledgement of Receipt of Materials: _____
d. Phone No.: _____	g. Driver Signature: <u>[Signature]</u>	n. Driver Signature: _____	Shipment Date: _____
f. Vehicle License No./State: _____	Shipment Date: <u>11/18/21</u>	Shipment Date: _____	

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: WM24 S10620 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print / Type  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



No. 1454532  
1507948

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former HMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FPI 2021-065 Cover Soil

k. Quantity 17 Units 50 Type

Generator ID - 1640

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_  
Signature [Signature]

Shipment Date 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: LYNN TORSTENSON

**TRANSPORTER II**  
h. Name: \_\_\_\_\_

b. Address: 23320 8557

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 521

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. Driver Signature [Signature] Shipment Date 11/18/21

n. Driver Signature \_\_\_\_\_ Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

Name of Authorized Agent \_\_\_\_\_ Signature [Signature]

Receipt Date 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 145453A  
150 1931

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

Generator Name: Navistar (Former P/MO Foundry)  
Address: 1401 Perkins Ave  
Waukesha, WI 53188

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

Phone No.: \_\_\_\_\_  
f. Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE:    
j. Description of Waste: FPI 2021-065 Coarse Soil  
Generator ID - 1848

k. Quantity 118 Units No. 59 Type   

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TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: [Signature]

Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

### TRANSPORTER II

a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: J312  
f. Vehicle License No./State: \_\_\_\_\_  
g. Driver Signature: [Signature] Shipment Date: 11/18/21

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date:

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10620 S. 124th St Mukwonago, WI 53150  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: [Signature] Receipt Date: 11/18/21

c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date:

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_% friable \_\_\_\_\_% nonfriable

\*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

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (former PACC F country)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPL 2021-085 Cover Soil  
Generator ID - 1848

k. Quantity Units No. Type  


TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
Q	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_  
Signature: SOF

Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: WCS  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: 110  
f. Vehicle License No./State: \_\_\_\_\_  
g. Driver Signature: \_\_\_\_\_  
Acknowledgement of Receipt of Materials: 11/18/21  
Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_  
Acknowledgement of Receipt of Materials: \_\_\_\_\_  
Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10629 S. 124th St Muskego, WI 53160  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_  
d. Phone Number: \_\_\_\_\_  
e. Mobile: \_\_\_\_\_  
f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454536  
1507939

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former PMS Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Parkins Ave  
Waukesha, WI 53186

e. Address: 1401 Parkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity     Containers

j. Description of Waste: EPL 2021-085 Cover Soil  
Generator ID - 1848

l. Quantity     Units     Type

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SGF Signature [Signature] Shipment Date 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: Janaas Kuchajec Trucking

**TRANSPORTER II**  
h. Name: \_\_\_\_\_

b. Address: 9580 3rd Rd Franksville

i. Address: \_\_\_\_\_

c. Driver Name/Title: Kuchajec Trucking

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: 262 939 6888 e. Truck No.: H-31

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. [Signature] 11/18/21  
Driver Signature Shipment Date

n. \_\_\_\_\_  
Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10320 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] [Signature] 11/18/21  
Name of Authorized Agent Signature Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d; f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

No. 1454537  
150738

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RAMP Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53188  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL2021-065 Cover Soil  
 Generator ID - 1040  
 k. Quantity 18 Units 14 Containers  
 TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER  
 UNITS  
 P - POUNDS  
 Y - YARDS  
 M3 - CUBIC METERS  
 Y3 - CUBIC YARDS  
 O - OTHER  
 Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_ Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: Vicki L...  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_  
 e. Truck No.: T102  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/18/21

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_  
 l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10629 S. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

1507937

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former PPG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave, Waukesha, WI 53180

e. Address: 1401 Perkins Ave, Waukesha, WI 53180

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_

Containers: \_\_\_\_\_

j. Description of Waste: EPL2021-085 Cover Soil

k. Quantity: 19 Units, No. 103, Type \_\_\_\_\_

Generator ID - 1648

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

Table with columns for TYPE and UNITS. TYPE includes METAL DRUM, PLASTIC DRUM, BAG, 6 MIL. PLASTIC BAG or WRAP, TRUCK, OTHER. UNITS includes POUNDS, YARDS, CUBIC METERS, CUBIC YARDS, OTHER.

Signature: [Handwritten Signature] Shipment Date: 11/18/21

Generator Authorized Agent Name: [Handwritten Name] Signature: [Handwritten Signature]

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: [Handwritten Name]
b. Address: \_\_\_\_\_
c. Driver Name/Title: \_\_\_\_\_
d. Phone No.: [Handwritten] e. Truck No.: [Handwritten]
f. Vehicle License No./State: \_\_\_\_\_
g. Driver Signature: [Handwritten] Shipment Date: [Handwritten]

TRANSPORTER II
h. Name: \_\_\_\_\_
i. Address: \_\_\_\_\_
j. Driver Name/Title: \_\_\_\_\_
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_
m. Vehicle License No./State: \_\_\_\_\_
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC
b. Physical Address: W124 S10828 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_
d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: [Handwritten Name] Signature: [Handwritten Signature] Receipt Date: [Handwritten]

Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_
c. Operator's\* Address: \_\_\_\_\_
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g. [ ] Friable; [ ] Non-friable; [ ] Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-7208 (1/04)

RETURN TO GENERATOR

No. 1454539  
1507946

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

Generator Name: Waukesha (Former P&G Factory)  
Address: 1401 Parkline Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Parkline Ave  
Waukesha, WI 53186

Phone No.: \_\_\_\_\_  
Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_  
h. Owner's Phone No.: \_\_\_\_\_

WI WASTE CODE \_\_\_\_\_  
j. Description of Waste: EPL2021065 Cover Soil  
Generator ID - 1848

Containers \_\_\_\_\_  
k. Quantity Units, No. Type  

		18		40	

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOE

Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: 265  
f. Vehicle License No./State: \_\_\_\_\_  
g. Acknowledgement of Receipt of Materials: \_\_\_\_\_  
Driver Signature: \_\_\_\_\_ Shipment Date: 11/18/21

### TRANSPORTER II

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Acknowledgement of Receipt of Materials: \_\_\_\_\_  
Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: WI24 S10820 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454544  
1507973

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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

**Section I. GENERATOR** (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Parkins Ave e. Address: 1401 Parkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE \_\_\_\_\_ Containers \_\_\_\_\_  
 j. Description of Waste: FPI 9021-085 Cover Soil k. Quantity 18 Units 10 Type \_\_\_\_\_  
Generator ID - 1648 \_\_\_\_\_

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

Generator Authorized Agent Name SOF Signature \_\_\_\_\_ Shipment Date 11/18/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

**Section II. TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>2166</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>RB16941</u>	m. Vehicle License No./State: _____
g. <u>[Signature]</u> <u>11/18/21</u>	n. _____ <u>11/18/21</u>
Driver Signature _____ Shipment Date _____	Driver Signature _____ Shipment Date _____

**Section III. DESTINATION** (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. [Signature] 11/18/21  
 Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date \_\_\_\_\_

**Section IV. CUSTOMER**

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

**Section V. ASBESTOS** (Generator complete a-d; f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print / Type \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Newstar (Former RMG Foundry)

d. Generating Location:

b. Address: 1401 Perkins Ave, Waukeesa, WI 53186

e. Address: 1401 Perkins Ave, Waukeesa, WI 53186

c. Phone No.:

f. Phone No.:

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name:

h. Owner's Phone No.:

i. WI WASTE CODE

k. Quantity Units No. Type

j. Description of Waste: FRI 2021 085 Cover Soil

Containers

Generator ID - 1648

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

Table with columns for TYPE and UNITS. TYPE includes DM (METAL DRUM), DP (PLASTIC DRUM), B (BAG), BA (6 MIL. PLASTIC BAG or WRAP), T (TRUCK), O (OTHER). UNITS includes P (POUNDS), Y (YARDS), M3 (CUBIC METERS), Y3 (CUBIC YARDS), O (OTHER).

Generator Authorized Agent Name: Signature

Shipment Date: 11/18/21

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

TRANSPORTER II

a. Name:

h. Name:

b. Address:

i. Address:

c. Driver Name/Title:

j. Driver Name/Title:

d. Phone No.: e. Truck No.: W05111

k. Phone No.: l. Truck No.:

f. Vehicle License No./State: Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: Acknowledgement of Receipt of Materials.

g. Driver Signature: Shipment Date

n. Driver Signature: Shipment Date

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number:

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

d. Mailing Address:

e. 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.

f. Name of Authorized Agent: Signature: Receipt Date

Section IV. CUSTOMER

a. Name:

d. Phone Number:

b. Address:

e. Mobile:

c. Name/Title:

f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:

b. Operator's\* Phone No.:

c. Operator's\* Address:

d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature Date

f. Name and Address of Responsible Agency:

g. Friable; Non-friable; Both % friable % nonfriable

\*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.

1567981

### NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

#### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Novistar (Former HMC Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: 1401 Perkins Ave  
 e. Address: Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL021-005 Cover Soil  
Generator ID - 1648

k. Quantity Units No. Type  

		18		DRUM			

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: [Signature]  
 Shipment Date: [Date]

#### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>Joe Costese</u>	e. Truck No.: <u>1309</u>	h. Name: _____	i. Truck No.: _____
b. Address: _____	f. Vehicle License No./State: <u>Joe Costese</u>	i. Address: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: _____	g. Driver Signature: <u>[Signature]</u>	j. Driver Name/Title: _____	n. Driver Signature: _____
d. Phone No.: _____	Shipment Date: <u>[Date]</u>	k. Phone No.: _____	Shipment Date: _____
Acknowledgement of Receipt of Materials: <u>[Signature]</u>		Acknowledgement of Receipt of Materials: _____	

#### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: \_\_\_\_\_ Signature: [Signature] Receipt Date: [Date]

#### Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

#### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
 Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

RETURN TO GENERATOR

1307983

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE:

k. Quantity  Containers

j. Description of Waste: EPL 2021-086 Cover Soil  
Generator ID - 1646

l. Quantity  Units  No.  Type

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

### TRANSPORTER II

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 5312

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials: \_\_\_\_\_

g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/18/21

n. Driver Signature: \_\_\_\_\_ Shipment Date:

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date:

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454549  
1507987

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

Generator Name: Novelair (Former RWG Factory)  
Address: 1401 Perkins Ave  
Waukesha, WI 53183

d. Generating Location:  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53183

Phone No.: \_\_\_\_\_  
Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_  
h. Owner's Phone No.: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

WI WASTE CODE \_\_\_\_\_  
j. Description of Waste: EPL2021-095 Cover Soil  
Generator ID - 1040

Containers  
k. Quantity Units No. Type  

--	--	--	--	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: WCS  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: 110  
f. Vehicle License No./State: \_\_\_\_\_  
g. Acknowledgement of Receipt of Materials: 

--	--	--	--	--

  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/18/21

### TRANSPORTER II

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Acknowledgement of Receipt of Materials: 

--	--	--	--	--

  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: WI24 S10629 S. 124th St Muskego, WI 53150  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_  
Receipt Date: 11/18/21

c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
f. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Address of Responsible Agency: \_\_\_\_\_

Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

Generator 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.

0231-720B (1/04)

RETURN TO GENERATOR

No. 1454550  
1507990

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53106

e. Address: 1401 Perkins Ave  
Waukesha, WI 53106

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity  Units  Containers No.  Type

j. Description of Waste: FPI 2021.086 Cover Seal  
Generator ID - 1644

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name \_\_\_\_\_ Signature [Signature]

Shipment Date [Signature]

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: VICTOR

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: T 102

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials. [Signature]

g. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials. \_\_\_\_\_

n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: WI124 S10823 S 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent \_\_\_\_\_ Signature [Signature] Receipt Date [Signature]

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former BMO Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity  Containers

j. Description of Waste: EP 2024 Old Cover Soil

l. Type

Generator ID: 1640

Quantity  Units No.  Type

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOE Signature

Shipment Date 11/18/07

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

**TRANSPORTER II**

a. Name: Alton Kelley Kiewit

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: 262 452-7300 PRINT / TYPE e. Truck No.: 1221

k. Phone No.: \_\_\_\_\_ PRINT / TYPE l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. Alton Kelley Shipment Date 11/18/07  
Driver Signature

n. \_\_\_\_\_ Shipment Date  
Driver Signature

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emmott Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Alton Kelley Signature 11/18/07 Receipt Date  
Name of Authorized Agent

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print / Type

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

15707993

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former HMG Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location:  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_  
h. Owner's Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPL21105 (over soil)  
Generator ID - 1040

Containers  
k. Quantity Units No. Type  

0	0	0	0
---	---	---	---

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/11/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: Kuchajec Trucking  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: Jim Kuchajec  
d. Phone No.: \_\_\_\_\_ e. Truck No.: 11-31  
f. Vehicle License No./State: \_\_\_\_\_  
g. Driver Signature: [Signature] Shipment Date: 11/11/01

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: WI24 S10820 S. 124th St Muskego, WI 53160  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/11/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

### NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

#### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former AMO Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FBI 2021.065 Craver Boil

k. Quantity 19 Units 12 No. 1 Type

Generator ID - 1648

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name \_\_\_\_\_ Signature SOF

Shipment Date 11/18/21

#### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: Mark E. Pulos

**TRANSPORTER II**  
h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: Pulos Trucking

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 5703

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

g. Driver Signature [Signature] Shipment Date 11/18/21

n. Driver Signature \_\_\_\_\_ Shipment Date

#### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent [Signature] Signature [Signature]

Receipt Date 11/18/21

#### Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

#### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



No. 1454557  
1568000

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53188 Waukesha, WI 53188  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE \_\_\_\_\_ Containers \_\_\_\_\_  
 j. Description of Waste: EPL2021-1057 Cover Soil k. Quantity \_\_\_\_\_ Units \_\_\_\_\_ No. \_\_\_\_\_ Type \_\_\_\_\_  
Generator ID - 1840

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

Generator Authorized Agent Name: SOE Signature: \_\_\_\_\_ Shipment Date: 11/18/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: <u>Chuck Carroll</u>	j. Driver Name/Title: _____
PRINT / TYPE	PRINT / TYPE
d. Phone No.: _____ e. Truck No.: <u>ROOF</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials: _____	Acknowledgement of Receipt of Materials: _____
g. Driver Signature: _____ Shipment Date: <u>11/18/21</u>	n. Driver Signature: _____ Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10629 S. 124th St Muskego, WI 53160 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print / Type  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

### NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

#### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former DMC Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FBI 9024.005 Cover Soil  
Generator ID - 1849

k. Quantity 15 Units 360 Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name \_\_\_\_\_ Signature [Signature]

Shipment Date 11/18/21

#### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: LYAN TORSTENSON  
b. Address: \_\_\_\_\_

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. [Signature] 11/18/21  
Driver Signature Shipment Date

n. \_\_\_\_\_ 11/18/21  
Driver Signature Shipment Date

#### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] 11/18/21  
Name of Authorized Agent Signature Receipt Date

#### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

#### Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-7208 (1/04)

No. 1454559

1570007

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former MMC Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_

k. Quantity \_\_\_\_\_ Containers \_\_\_\_\_

j. Description of Waste: EPL2021-085 Cover Soil  
Generator ID - 1948

Units No. Type

15 41 \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

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

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_

Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Mark Moody  
b. Address: 2507 Donna Ave  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No. 762 707 4108 e. Truck No.: \_\_\_\_\_  
f. Vehicle License No./State: RB 31961  
g. Driver Signature: Mark Moody Shipment Date: 11/18/21

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: WI 24 S10820 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

Section I. GENERATOR (Generator complete all of Section I.)

Generator Name: Navigator (Former MMC Franchis)
Address: 1401 Perkins Ave, Waukesha, WI 53186
Generating Location: 1401 Perkins Ave, Waukesha, WI 53186
Description of Waste: FPL 2021 ORS Cover Soil
Generator ID: 1649
Containers: 11/1821
Quantity: 570
Units: 570
Type: 570
Generator's Certification: I hereby certify that the above named material is not a hazardous waste...

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

Transporter I: Name, Address, Driver Name/Title, Phone No., Truck No., Vehicle License No./State, Acknowledgement of Receipt of Materials.
Transporter II: Name, Address, Driver Name/Title, Phone No., Truck No., Vehicle License No./State, Acknowledgement of Receipt of Materials.

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

Site Name: Emerald Park Landfill, LLC
Physical Address: W124 S10029 S. 124th St Muskego, WI 53150
Phone Number:
Mailing Address:
Discrepancy Indication Space:
Name of Authorized Agent:
Signature:
Receipt Date: 11/18/21

Section IV. CUSTOMER

Name, Address, Name/Title, Phone Number, Mobile, Customer Number

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

Operator's\* Name, Operator's\* Phone No., Operator's\* Address, Special Handling Instructions and additional information

OPERATOR'S 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 government regulations.

Operator's Name & Title, Operator's\* Signature, Date, Name and Address of Responsible Agency, Friable/Non-friable/Both

\*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.

No. 1454564  
1508001

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former PMS Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FPI 2021-085 Coarse Soil

k. Quantity  Units  No.  Type

Generator ID - 1649

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_

Signature [Signature]

Shipment Date 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

### TRANSPORTER II

a. Name: \_\_\_\_\_

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 266

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: RR 16941

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. Driver Signature [Signature] Shipment Date 11/18/21

n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent [Signature] Signature [Signature]

Receipt Date 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type

Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454567  
15768040

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Neveator (Former PPG Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53106 Waukesha, WI 53106  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_ Containers \_\_\_\_\_  
 j. Description of Waste: EPL2021-008 Cover Box k. Quantity Units No. Type  
Generator ID - 1048 10 73 \_\_\_\_\_  
 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CRF Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
 Generator Authorized Agent Name: SQF Signature: \_\_\_\_\_ Shipment Date: 11/18/01

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: _____	e. Truck No.: <u>5312</u>	h. Name: _____	i. Truck No.: _____
b. Address: _____	f. Vehicle License No./State: _____	i. Address: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: _____	g. Driver Signature: _____	j. Driver Name/Title: _____	n. Driver Signature: _____
d. Phone No.: _____	Shipment Date: <u>11/18/01</u>	k. Phone No.: _____	Shipment Date: _____
Acknowledgement of Receipt of Materials: _____		Acknowledgement of Receipt of Materials: _____	

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10029 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: \_\_\_\_\_ Receipt Date: 11/18/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S 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 government regulations.  
 e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



No. 1454570  
156805a

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former DMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1411 Perkins Ave  
Waukesha, WI 53186

e. Address: 1411 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FDI 5021 005 Coarse Soil

k. Quantity Units No. Type

Generator ID - 1840

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOE Signature

11/18/01 Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: KW Trucking

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: 262 475 7734 e. Truck No.: 1821

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. Driver Signature [Signature] Shipment Date

n. Driver Signature \_\_\_\_\_ Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: WI 124 S10620 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 11/18/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_

k. Quantity \_\_\_\_\_ Containers \_\_\_\_\_

j. Description of Waste: EPL021-016 Cover Soil  
Generator ID - 1848

k. Quantity 18 Units 75 Type \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_ Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: Kurhajer Trucking

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 11-31

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials: \_\_\_\_\_

g. Driver Signature: [Signature] Shipment Date: 11/18/21

### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ i. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials: \_\_\_\_\_

n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

No. 1454572  
1508056

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former BMA Foundry) d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188 e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:  
g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE   Containers \_\_\_\_\_

j. Description of Waste: EPI 2021 085 Cover Soil k. Quantity 19 Units 104 Type \_\_\_\_\_

Generator ID - 1640

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SDF Signature [Signature] Shipment Date 11/18/07

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: [Signature]

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 7102

f. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials. [Signature]

g. Driver Signature \_\_\_\_\_ Shipment Date 11/18/07

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials. \_\_\_\_\_

n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 11/18/07

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_% friable \_\_\_\_\_% nonfriable

\*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.

RETURN TO GENERATOR

No. 1454573  
1508059

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former HMC Foundry) d. Generating Location: 1401 Perkins Ave  
 b. Address: 1401 Perkins Ave e. Address: Waukesha, WI 53188  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_ Containers  
 j. Description of Waste: EPL021-066 Cover Soil k. Quantity Units No. Type  
Generator ID - 1048 17 025 0

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: SCF Signature: \_\_\_\_\_ Shipment Date: 11/18/07

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I			TRANSPORTER II		
a. Name: <u>Mark Eliopoulos</u>	e. Truck No.: <u>5103</u>		h. Name: _____	i. Truck No.: _____	
b. Address: _____	f. Vehicle License No./State: _____		i. Address: _____	m. Vehicle License No./State: _____	
c. Driver Name/Title: <u>Pulos Trucking</u>	g. Acknowledgement of Receipt of Materials: <u>11/18/07</u>		j. Driver Name/Title: _____	n. Acknowledgement of Receipt of Materials: _____	
d. Phone No.: _____	g. Driver Signature: _____		k. Phone No.: _____	n. Driver Signature: _____	
Shipment Date: _____			Shipment Date: _____		

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: Cherie Bunker Signature: \_\_\_\_\_ Receipt Date: 11/18/07

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former PMS Foundry)  
 b. Address: 1401 Parkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL2021-006 Cover Soil  
 Generator ID - 1646

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

Generator Authorized Agent Name: SOF  
 Signature: \_\_\_\_\_

d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Parkins Ave  
Waukesha, WI 53188

f. Phone No.: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

k. Quantity Units No. Type  

		19	4	18			

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 5 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_  
 e. Truck No.: 3-31  
 f. Vehicle License No./State: 1C339 WI  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. Driver Signature: \_\_\_\_\_  
 Shipment Date: 11/18/21

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_  
 l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_  
 Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_

e. 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.  
 Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
 Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_% friable \_\_\_\_\_% nonfriable

\*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.

1568061

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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

**Section I. GENERATOR** (Generator complete all of Section I.)

a. Generator Name: Novistar (Former RMC Foundry)

b. Address: 1401 Perkins Ave  
Waukesha, WI 53106

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_

j. Description of Waste: FPI 2021-085 Cover Seal  
Generator ID - 1648

d. Generating Location: \_\_\_\_\_

e. Address: 1401 Perkins Ave  
Waukesha, WI 53106

f. Phone No.: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

Containers		TYPE	
Quantity	Units No. Type	DM	- METAL DRUM
<u>17</u>	<u>92</u>	DP	- PLASTIC DRUM
		B	- BAG
		BA	- 6 MIL. PLASTIC BAG or WRAP
		T	- TRUCK
		O	- OTHER
		UNITS	
		P	- POUNDS
		Y	- YARDS
		M3	- CUBIC METERS
		Y3	- CUBIC YARDS
		O	- OTHER

k. Shipment Date: 11/18/07

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

Generator Authorized Agent Name: \_\_\_\_\_  
Signature: [Signature]

**Section II. TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Mark Moody

b. Address: 2507 Donna Ave

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: (262) 770-4108 e. Truck No.: 482

f. Vehicle License No./State: RB31961

g. Driver Signature: [Signature] Shipment Date: \_\_\_\_\_

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

**Section III. DESTINATION** (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10628 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/18/07

**Section IV. CUSTOMER**

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

**Section V. ASBESTOS** (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

1578069

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Novator (Former NMEJ Foundry)

b. Address: 1401 Parkins Ave  
Waukegan, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

d. Generating Location: \_\_\_\_\_

e. Address: 1401 Parkins Ave  
Waukegan, WI 53186

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_

j. Description of Waste: EPL2021-1000 Cover Soil  
Generator ID - 1048

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Containers: \_\_\_\_\_

k. Quantity: 18 Units 09 Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Shipment Date: 11/18/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: <u>Chuck S. Henderson</u>	j. Driver Name/Title: _____
d. Phone No.: _____	k. Phone No.: _____
e. Truck No.: <u>R008</u>	l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
g. Acknowledgement of Receipt of Materials: _____	n. Acknowledgement of Receipt of Materials: _____
g. Driver Signature: _____	n. Driver Signature: _____
Shipment Date: <u>11/18/01</u>	Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/18/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-7208 (1/04)

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Parkins Ave e. Address: 1401 Parkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

j. Description of Waste: EP1001 605 Outer Shell

Generator ID: 1040

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: [Signature]

Containers: \_\_\_\_\_  
k. Quantity: 10 Units: 54 Type: \_\_\_\_\_  
Shipment Date: 11/18/07

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: LYNN FORSTANSON  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: \_\_\_\_\_  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: [Signature]  
 g. Driver Signature: [Signature] Shipment Date: 11/18/07

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Chas and Family Landfill LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: WIS24 S10820 S 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/18/07

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454581

156806

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (former PACC Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location:  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:  
g. Owner's Name: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_  
h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPLAZIOLINE COUPLER  
Generator ID - 1548

k. Quantity: \_\_\_\_\_ Units: \_\_\_\_\_ No.: \_\_\_\_\_ Type: \_\_\_\_\_  
Containers: \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOE

Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: 265  
f. Vehicle License/No./State: \_\_\_\_\_  
g. Driver Signature: \_\_\_\_\_  
Acknowledgement of Receipt of Materials: 11/18/21  
Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_  
Acknowledgement of Receipt of Materials: \_\_\_\_\_  
Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10629 S. 124th St Muskego, WI 53150  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_  
Receipt Date: 11/18/21

c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



No. 1154532  
158070

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former FMC Foundry)

b. Address: 1401 Parkme Ave  
Waukeasha, WI 53186

c. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE

j. Description of Waste: FBI 2021.085 Cover Sol

Generator ID - 1848

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

Generator Authorized Agent Name SOF

Signature

11/18/21  
Shipment Date

d. Generating Location: \_\_\_\_\_

e. Address: 1401 Parkme Ave  
Waukeasha, WI 53186

f. Phone No.: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

k. Quantity     Units 18 No. 87 Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 2662

f. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

g. [Signature] Driver Signature Shipment Date

### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

n. [Signature] Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: WI124 S10620 S. 124th St Muskego, WI 53150

e. 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.

f. [Signature] Name of Authorized Agent Signature

11/18/21 Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type

Operator's\* Signature

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454585  
1500002

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former FMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53188 Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL021-005 Cover Soil

Generator ID - 1648

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_

Containers: \_\_\_\_\_  
 k. Quantity: 18 Units: 15 No. Type: \_\_\_\_\_  
 Shipment Date: 11/18/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 5312  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/18/21

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-7208 (1/04)

RETURN TO GENERATOR

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former AMO) Foundry d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE   Containers  
 j. Description of Waste: EPL2021 085 Cover Soil k. Quantity 200 Units 040 Type

Generator ID - 1640

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

Generator Authorized Agent Name SOE Signature [Signature] Shipment Date 11/18/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>WCS</u>	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: _____	k. Phone No.: _____	l. Truck No.: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: _____	e. Truck No.: <u>110</u>	n. Driver Signature: _____	Shipment Date: <input type="text"/>
d. Phone No.: _____	f. Vehicle License No./State: _____	Acknowledgement of Receipt of Materials: _____	Shipment Date: <input type="text"/>
g. Driver Signature: <u>[Signature]</u>	Shipment Date: <input type="text"/>	Acknowledgement of Receipt of Materials: _____	Shipment Date: <input type="text"/>

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: WI24 S10820 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

No. 1454587  
1598097

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former RMC Foundry)  
b. Address: 1401 Parkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Parkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_  
j. Description of Waste: EPLA021-066 Cover Soil  
Generator ID - 1340

k. Quantity \_\_\_\_\_ Containers  
Units No. Type  
20 1 BA

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Kew Trucking  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: 262 198-7466 e. Truck No.: 1001  
f. Vehicle License No./State: \_\_\_\_\_  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/18/21

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10320 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454588  
150099

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Novator (Former NMG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FBI 2021 NIS Cover Soil  
Generator ID - 1648

k. Quantity Units No. Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name SOE  
Signature

11/18/21  
Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Kurbapoc Trucking

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: H 31

f. Vehicle License No./State: \_\_\_\_\_

g. Acknowledgement of Receipt of Materials: 11/18/21  
Driver Signature \_\_\_\_\_ Shipment Date

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

n. Acknowledgement of Receipt of Materials: \_\_\_\_\_  
Driver Signature \_\_\_\_\_ Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: WI 24 S10829 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. Discrepancy Indication Space: \_\_\_\_\_

f. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
Mike Brank Signature \_\_\_\_\_ 11/18/21 Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

1508104

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Novistar (Former RMO Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Parkme Ave  
Waukegan, WI 53155

e. Address: 1401 Parkme Ave  
Waukegan, WI 53155

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FBI 2021 OBE Cover Soil

k. Quantity Units No. Type

		19	1	46	

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

Generator ID - 1648

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

Generator Authorized Agent Name SOF

Signature [Signature]

Shipment Date 11/18/21

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: [Signature]

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 2102

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials. [Signature]

Acknowledgement of Receipt of Materials. \_\_\_\_\_

g. Driver Signature [Signature] Shipment Date 11/18/21

n. Driver Signature \_\_\_\_\_ Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: WI 24 S10820 S. 124th St Muskego WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent [Signature] Signature [Signature]

Receipt Date 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type

Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former NMG Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_  
 j. Description of Waste: EPL021-006 Cover Soil  
 Generator ID - 1648

k. Quantity \_\_\_\_\_ Units \_\_\_\_\_ No. \_\_\_\_\_ Type \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOE

Shipment Date: 11/18/07

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Mark Eliopoulos  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: Pulas Trucking  
PRINT / TYPE  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: J103  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. Driver Signature: [Signature] Shipment Date: \_\_\_\_\_

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT / TYPE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 Receipt Date: 11/18/07

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Type  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

No. 1454593  
15681111

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former P/MG Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPL 2021 050 Cover Soil  
Generator ID - 1046

k. Quantity: \_\_\_\_\_ Containers: \_\_\_\_\_  
Units: \_\_\_\_\_ No.: \_\_\_\_\_ Type: \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/18/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: Mark Moody  
b. Address: 2507 Penna Ave  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: 182  
f. Vehicle License No./State: RB31961  
Acknowlegement of Receipt of Materials: \_\_\_\_\_  
g. Driver Signature: Mark Moody Shipment Date: 11/18/01

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
Acknowlegement of Receipt of Materials: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: \_\_\_\_\_

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



No. 1454595  
1568101

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former FMG Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL 7021-006 Cover Soil  
 Generator ID - 1648

k. Quantity \_\_\_\_\_ Containers \_\_\_\_\_  
 Units No. Type  

	15	94	

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF  
 Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 5281  
 f. Vehicle License No./State: K239 WI  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/18/21

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53180 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

1568113

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Newstar (Former BMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Park Ave  
Waukesha, WI 53186

e. Address: 1401 Park Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity  Containers

j. Description of Waste: FBI 2021 086 Cover Soil

l. Quantity  Units  No.  Type

Generator ID: 1648

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name [Signature] Signature

11/18/21 Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: CHUCK SCHLAGER

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: R 008

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. [Signature]  Shipment Date

n.  Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: WI 124 S 10828 S 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] [Signature]  Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454597

1528/15

### NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

#### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former FMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Parkins Ave e. Address: 1401 Parkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_ Containers  
 j. Description of Waste: EPL2021-066 Cover Soil k. Quantity Units No. Type  
Generator ID - 1646

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 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
 Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_ Shipment Date: 11/18/15

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

#### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>LYNN TORSTANSON</u>		h. Name: _____	
b. Address: _____		i. Address: _____	
c. Driver Name/Title: _____		j. Driver Name/Title: _____	
d. Phone No.: _____	e. Truck No.: _____	k. Phone No.: _____	l. Truck No.: _____
f. Vehicle License No./State: _____	Acknowledgement of Receipt of Materials: _____	m. Vehicle License No./State: _____	Acknowledgement of Receipt of Materials: _____
g. Driver Signature: <u>[Signature]</u>	Shipment Date: <u>11/18/15</u>	n. Driver Signature: _____	Shipment Date: _____

#### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: WI24 S10020 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/18/15

#### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

#### Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454598  
7568100

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry) d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53188 Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE   Containers

j. Description of Waste: FPL 2021-085 Cover Soil k. Quantity     Units No. 103 Type

Generator ID - 1848

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

Generator Authorized Agent Name \_\_\_\_\_ Signature [Signature] Shipment Date 11/18/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: _____	e. Truck No.: <u>266</u>	h. Name: _____	i. Truck No.: _____
b. Address: _____	f. Vehicle License No./State: _____	i. Address: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: _____	g. Driver Signature <u>[Signature]</u>	j. Driver Name/Title: _____	n. Driver Signature _____
d. Phone No.: _____	Shipment Date <u>11/17/21</u>	k. Phone No.: _____	Shipment Date _____
Acknowledgement of Receipt of Materials. _____		Acknowledgement of Receipt of Materials. _____	

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill LLC c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454601

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Novistar (former HMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukegan, WI 53186 Waukegan, WI 53186  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_ Containers  
 j. Description of Waste: EPL2021-006 Cover Soil k. Quantity Units No. Type  
Generator ID - 1049 20 1503 \_\_\_\_\_  
 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
 Generator Authorized Agent Name: SOF Signature: [Signature] Shipment Date: 11/18/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>1312</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials: <u>[Signature]</u>	Acknowledgement of Receipt of Materials: _____
g. Driver Signature: <u>[Signature]</u> Shipment Date: <u>11/18/21</u>	n. Driver Signature: _____ Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10629 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454604  
1508/40

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Noviater (Former DMG Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53188 Waukesha, WI 53188  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE   Containers  
 j. Description of Waste: FPI 2021-066 Cover Soil k. Quantity Units No. Type  
       
Generator ID - 1840 11/18/21  
 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CRF Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
 Generator Authorized Agent Name SOF Signature [Signature] Shipment Date 11/18/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>[Signature]</u>	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>1-2</u>	k. Phone No.: _____ i. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
g. Acknowledgement of Receipt of Materials: <u>[Signature]</u> Shipment Date <u>11/18/21</u>	n. Acknowledgement of Receipt of Materials: _____ Shipment Date <u>11/18/21</u>

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. [Signature] Name of Authorized Agent [Signature] Signature 11/18/21 Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

1508138

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I. GENERATOR (Generator complete all of Section I.)

1. Generator Name: Navistar (Former PACC Foundry)
1401 Perkins Ave
Waukesha, WI 53186

d. Generating Location: 1401 Perkins Ave
Waukesha, WI 53186

c. Phone No.:
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.:

g. Owner's Name:

h. Owner's Phone No.:

i. WI WASTE CODE
j. Description of Waste: EPL2021-006 Cover Soil

Containers
k. Quantity Units No. Type

Generator ID - 1040

1 20

Table with columns TYPE and UNITS. TYPE includes DM (METAL DRUM), OP (PLASTIC DRUM), B (BAG), BA (6 MIL. PLASTIC BAG or WRAP), T (TRUCK), O (OTHER). UNITS includes P (POUNDS), Y (YARDS), M3 (CUBIC METERS), Y3 (CUBIC YARDS), O (OTHER).

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

Generator Authorized Agent Name: SOF Signature

1/18/21 Shipment Date

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: Kew Trucking
b. Address:
c. Driver Name/Title:
d. Phone No.: 262 4987244 e. Truck No.: 1201
f. Vehicle License No./State:
g. Acknowledgement of Receipt of Materials. Driver Signature: [Signature] Shipment Date: 1/18/21

TRANSPORTER II

h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.: l. Truck No.:
m. Vehicle License No./State:
n. Acknowledgement of Receipt of Materials. Driver Signature: Shipment Date:

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC
b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150
c. Phone Number:
d. Mailing Address:
e. 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.
f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 1/18/21

Section IV. CUSTOMER

a. Name:
b. Address:
c. Name/Title:
d. Phone Number:
e. Mobile:
f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:
b. Operator's\* Phone No.:
c. Operator's\* Address:
d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature Date

f. Name and Address of Responsible Agency:

g. Friable; Non-friable; Both % friable % nonfriable

\*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.

1565/53

### NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

#### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: EPI 2001.085 Cover Soil

k. Quantity Units No. Type

Generator ID - 1848


TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

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

Generator Authorized Agent Name

SOF  
Signature

11/18/07  
Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

#### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: Kuchars Trucking

**TRANSPORTER II**  
h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 11-31

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State/  
Acknowledgement of Receipt of Materials:

m. Vehicle License No./State/  
Acknowledgement of Receipt of Materials:

g. [Signature] 11/18/07  
Driver Signature Shipment Date

n. \_\_\_\_\_  
Driver Signature Shipment Date

#### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] 11/18/07  
Name of Authorized Agent Signature Receipt Date

#### Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

#### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



No. 1454607  
1568/92

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former FMG Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186  
d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:  
f. Phone No.: \_\_\_\_\_  
g. Owner's Name: \_\_\_\_\_  
h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPL2021-095 Cover Soil  
Generator ID - 1840  
k. Quantity Units No. Type  

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TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: Mark E. Pulos  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: Pulos Trucking  
PRINT / TYPE  
d. Phone No.: \_\_\_\_\_ e. Truck No.: J103  
f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.  
g. [Signature] Shipment Date: 11/18/21  
Driver Signature

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
PRINT / TYPE  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.  
n. \_\_\_\_\_ Shipment Date: \_\_\_\_\_  
Driver Signature

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. [Signature] Receipt Date: 11/18/21  
Name of Authorized Agent Signature

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_  
d. Phone Number: \_\_\_\_\_  
e. Mobile: \_\_\_\_\_  
f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print / Type  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-7208 (1/04)

RETURN TO GENERATOR

1508/43

### NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

#### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former PMA Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Parkins Ave  
Waukesha, WI 53186

e. Address: 1401 Parkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity     Containers

j. Description of Waste: EPL2001-055 Cover Soil  
Generator ID - 1648

l. TYPE  
DM - METAL DRUM  
DP - PLASTIC DRUM  
B - BAG  
BA - 6 MIL. PLASTIC BAG or WRAP  
T - TRUCK  
O - OTHER

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

Generator Authorized Agent Name \_\_\_\_\_  
Signature \_\_\_\_\_

Shipment Date 11/18/01

UNITS  
P - POUNDS  
Y - YARDS  
M3 - CUBIC METERS  
Y3 - CUBIC YARDS  
O - OTHER

#### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: V. [Signature]  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_  
e. Truck No.: 7102  
f. Vehicle License No./State: \_\_\_\_\_  
g. [Signature]  
Driver Signature

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_  
l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. \_\_\_\_\_  
Driver Signature

#### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. [Signature]  
Name of Authorized Agent

Signature \_\_\_\_\_  
Receipt Date 11/18/01

#### Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_  
d. Phone Number: \_\_\_\_\_  
e. Mobile: \_\_\_\_\_  
f. Customer Number: \_\_\_\_\_

#### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454810

1508/4/0

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Neviator (Former PMG Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53106 Waukesha, WI 53106

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

j. Description of Waste: FPL2021-05E Cover Soil  
Generator ID - 1146

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

Generator Authorized Agent Name: SOE Signature: \_\_\_\_\_ Shipment Date: 11/02/11

Quantity	Units	Containers	
		No.	Type
18	57		

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: _____	e. Truck No.: <u>24683</u>	h. Name: _____	i. Truck No.: _____
b. Address: _____	f. Vehicle License No./State: <u>30990</u>	i. Address: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: _____	g. Driver Signature: _____	j. Driver Name/Title: _____	n. Driver Signature: _____
d. Phone No.: _____	Shipment Date: <u>11/02/11</u>	k. Phone No.: _____	Shipment Date: _____
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: Julie Brantley Signature: \_\_\_\_\_ Receipt Date: 11/02/11

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-7208 (1/0

RETURN TO GENERATOR

1568157

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former M&A Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL2021-086 Cover Soil  
Generator ID - 1649

d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Perkins Ave  
Waukesha, WI 53186  
 f. Phone No.: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_

k. Quantity Units No. Type  


TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 5 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_ Shipment Date: 11/18/08

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Mark Moody  
 b. Address: 2503 Donna Ave  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: (262) 770-4108 PRINT / TYPE e. Truck No.: 182  
 f. Vehicle License No./State: RB31961  
 A. Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ PRINT / TYPE l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: WI24 S10620 S. 124th St Muskego, WI 53150  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: \_\_\_\_\_ Receipt Date: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454612  
1508161

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former RMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE   Containers  
 j. Description of Waste: FPL2021-086 Cover Soil k. Quantity Units No. Type

Generator ID - 1048  
 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CRF Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOF Signature [Signature] Shipment Date 11/18/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: _____	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: _____	i. Address: _____	k. Phone No.: _____	l. Truck No.: _____
c. Driver Name/Title: <u>CHRIS J. HENDER</u>	j. Driver Name/Title: _____	m. Vehicle License No./State: _____	n. _____
d. Phone No.: _____	k. Phone No.: _____	o. Acknowledgement of Receipt of Materials: _____	Shipment Date <input type="text"/>
e. Truck No.: <u>R008</u>	l. Truck No.: _____	p. Acknowledgement of Receipt of Materials: _____	Shipment Date <input type="text"/>
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____	q. Driver Signature <u>[Signature]</u>	Shipment Date <input type="text"/>
g. Driver Signature <u>[Signature]</u>	n. Driver Signature _____	Shipment Date <input type="text"/>	Shipment Date <input type="text"/>

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10320 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 11/18/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date   
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

No. 1454613  
1569011

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC) Foundry  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPL 2021-085 Cover Soil  
Generator ID - 1640

k. Quantity Units No. Type  

	13	57	

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
Q	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/27/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: LIAN TORSTENSON  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: \_\_\_\_\_  
f. Vehicle License No./State: \_\_\_\_\_  
g. Driver Signature: [Signature] Shipment Date: 11/18/21

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10629 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: Julie Bank Signature: [Signature] Receipt Date: 11/27/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR



No. 1454617  
1508187

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former TMC Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
j. Description of Waste: EPL2021-086 Cover Soil  
Generator ID - 1648

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

f. Phone No.: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

k. Quantity 14 Containers Units 07 Type \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Shipment Date: 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: 5-81  
f. Vehicle License No./State: 15338 WI  
g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/19/21

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: WI24 S10820 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR



No. 1454618  
1508193

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53188 Waukesha, WI 53188  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE:   Containers  
 j. Description of Waste: EPL 2021-065 Cover Soil k. Quantity Units No. Type  
Generator ID - 1848   160  07

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

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

Generator Authorized Agent Name: SDF Signature: [Signature] Shipment Date: 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>07</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>84050</u>	m. Vehicle License No./State: _____
g. <u>[Signature]</u> Shipment Date: <u>11/19/21</u>	n. <u>[Signature]</u> Shipment Date: <u>11/19/21</u>

Acknowledgement of Receipt of Materials. \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. [Signature] Signature: [Signature] Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print / Type

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

No. 1454619  
1568199

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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

**Section I. GENERATOR** (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location:  
 e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL 0251-005 Cover Soil  
 Generator ID - 1640

k. Quantity 18 Units 109 Type \_\_\_\_\_

CONTAINERS		TYPE	
DM	- METAL DRUM	B	- BAG
DP	- PLASTIC DRUM	BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK	O	- OTHER
UNITS			
P	- POUNDS		
Y	- YARDS		
M3	- CUBIC METERS		
Y3	- CUBIC YARDS		
O	- OTHER		

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SQF Shipment Date: 11/19/21

**Section II. TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>Luna 171</u>	e. Name: _____	h. Name: _____	i. Name: _____
b. Address: _____	i. Address: _____	j. Address: _____	k. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____	l. Driver Name/Title: _____	m. Driver Name/Title: _____
d. Phone No.: _____	k. Phone No.: _____	n. Phone No.: _____	o. Phone No.: _____
e. Truck No.: _____	l. Truck No.: _____		
f. Vehicle License No./State: <u>22319</u>	m. Vehicle License No./State: _____		
Acknowledgement of Receipt of Materials: _____	n. Acknowledgement of Receipt of Materials: _____		
g. Driver Signature: <u>[Signature]</u>	o. Driver Signature: _____		
Shipment Date: <u>11/19/21</u>	Shipment Date: _____		

**Section III. DESTINATION** (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/19/21

**Section IV. CUSTOMER**

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

**Section V. ASBESTOS** (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
 Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454620  
1500196

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Monsieur (Former DMQ Laundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity     Containers

j. Description of Waste: FBI 2021-085 Cover Soil

l. Type

Generator ID - 1848

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_ Signature \_\_\_\_\_

Shipment Date 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

### TRANSPORTER II

a. Name: \_\_\_\_\_

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 52

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: 15090 W  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. [Signature]        
Driver Signature Shipment Date

n.        
Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature]        
Name of Authorized Agent Signature Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454622  
1568197

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC) Facility

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity       Containers No. 08 Type

j. Description of Waste: FBI 2021-085 Cover Soil

DM - METAL DRUM  
DP - PLASTIC DRUM  
B - BAG  
BA - 6 MIL. PLASTIC BAG or WRAP  
T - TRUCK  
O - OTHER

Generator ID: 1648

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

Generator Authorized Agent Name SOF Signature

Shipment Date 11/19/21

UNITS  
P - POUNDS  
Y - YARDS  
M3 - CUBIC METERS  
Y3 - CUBIC YARDS  
O - OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

### TRANSPORTER II

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 50

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: BB 15091  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. Driver Signature [Signature] Shipment Date 11/19/21

n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10020 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454623  
1568192

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former Ford) Facility  
 b. Address: 1401 Parkins Ave  
Waukesha, WI 53185  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Parkins Ave  
Waukesha, WI 53185  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL2021-056 Cover Soil  
 Generator ID - 1648

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_  
 Containers: \_\_\_\_\_  
 k. Quantity: 2 Units: 1 No. 20 Type: \_\_\_\_\_  
 Shipment Date: 11/19/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>WCS</u>	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>110</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials: _____	m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials: _____
g. Driver Signature: _____ Shipment Date: <u>11/19/21</u>	n. Driver Signature: _____ Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
 Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-7208 (1/04)

RETURN TO GENERATOR

No. 1154624  
1508198

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Meviator (Former DMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: EP10021.005 Cover Soil  
Generator ID - 1648

k. Quantity 19 Units 520 Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

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

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_ SOE Signature \_\_\_\_\_

Shipment Date 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

a. Name: JJ TRANSPORTER I TRUCKING

h. Name: JJ TRANSPORTER II TRUCKING

b. Address: 5073 W 19797 Locust Blvd

i. Address: 5073 W 19347

c. Driver Name/Title: Bayon

j. Driver Name/Title: Bayon

d. Phone No.: 414 750 1214 PRINT / TYPE

k. Phone No.: 414 750 1214 PRINT / TYPE

e. Truck No.: 01

l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: WISC  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: WISC  
Acknowledgement of Receipt of Materials.

g. Driver Signature \_\_\_\_\_ Shipment Date 11/19/21

n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10629 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454627  
1568019

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navator (Former RMC Foundry) d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_ Containers \_\_\_\_\_

j. Description of Waste: EPL2001-056 Cover Soil k. Quantity 15 Units 609 No. \_\_\_\_\_ Type \_\_\_\_\_

Generator ID - 1840

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

Generator Authorized Agent Name: SCF Signature: \_\_\_\_\_ Shipment Date: 11/19/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>219</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>B 11072</u>	m. Vehicle License No./State: _____
g. Acknowledgement of Receipt of Materials: _____ Driver Signature: _____ Shipment Date: _____	n. Acknowledgement of Receipt of Materials: _____ Driver Signature: _____ Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454628  
56004

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Park Ave  
Waukesha, WI 53186

e. Address: 1401 Park Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity     Units   No.   Type

j. Description of Waste: EP12021 035 Cover Soil

Containers

Generator ID: 1848

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_ Signature [Signature]

Shipment Date 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: DAVE SHERFINSKI

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ PRINT / TYPE  
Truck No.: 1-79

f. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials. [Signature] 11/19/21

g. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ PRINT / TYPE  
Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials. \_\_\_\_\_

n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10829 S 124th St Muskego WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent \_\_\_\_\_ Signature [Signature]

Receipt Date 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d; f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR



No. 1454629  
1568214

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_ Containers \_\_\_\_\_  
 j. Description of Waste: EPL201-005 Cover Soil k. Quantity Units No. Type  
Generator ID - 1640 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
 Generator Authorized Agent Name: \_\_\_\_\_ Signature: [Signature] Shipment Date: 11/19/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
Q	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>Mark Moody</u>		h. Name: _____	
b. Address: <u>2507 Donna Ave</u>		i. Address: _____	
c. Driver Name/Title: _____		j. Driver Name/Title: _____	
d. Phone No.: <u>262-770-4108</u> e. Truck No.: <u>182</u>	PRINT / TYPE	k. Phone No.: _____ l. Truck No.: _____	PRINT / TYPE
f. Vehicle License No./State: <u>RB31961</u>		m. Vehicle License No./State: _____	
g. Acknowledgement of Receipt of Materials: <u>[Signature]</u>	Shipment Date: <u>11/19/21</u>	n. Acknowledgement of Receipt of Materials: _____	Shipment Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
g. Driver Signature: <u>[Signature]</u>		n. Driver Signature: _____	

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: WI24 S10828 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: [ ] [ ] [ ] [ ] [ ] [ ]  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

No. 1454630

1568215

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FBI 3021.005 Cover Soil

k. Quantity

Generator ID - 1046

Units No. Type

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_

Signature

11/19/21

Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: WALTER S. HROBOWICZ

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_

e. Truck No.: R008

l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials.

Acknowledgement of Receipt of Materials.

g. Walter S. Hrobowicz 11/19/21

n. \_\_\_\_\_ 11/19/21

Driver Signature Shipment Date

Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Walter S. Hrobowicz 11/19/21

Signature Receipt Date

Name of Authorized Agent

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_

Print / Type

Operator's\* Signature

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Neviator (Former RMC Foundry)

d. Generating Location:

b. Address: 1401 Parkin Ave, Waukesha, WI 53188

e. Address: 1401 Parkin Ave, Waukesha, WI 53188

c. Phone No.: If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.:

g. Owner's Name:

h. Owner's Phone No.:

i. WI WASTE CODE

k. Quantity Units No. Type

j. Description of Waste: FBI 2021 006 Cover Soil

Containers

Generator ID - 1646

DM - METAL DRUM

DP - PLASTIC DRUM

B - BAG

BA - 6 MIL. PLASTIC BAG or WRAP

T - TRUCK

O - OTHER

P - POUNDS

Y - YARDS

M3 - CUBIC METERS

Y3 - CUBIC YARDS

O - OTHER

Generator Authorized Agent Name Signature

Shipment Date

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

TRANSPORTER II

a. Name:

h. Name:

b. Address:

i. Address:

c. Driver Name/Title:

j. Driver Name/Title:

d. Phone No.: e. Truck No.: D-81

k. Phone No.: l. Truck No.:

f. Vehicle License No./State: 1S338, WI

m. Vehicle License No./State:

g. Driver Signature Shipment Date

n. Driver Signature Shipment Date

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number:

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

d. Mailing Address:

e. 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.

f. Name of Authorized Agent Signature Receipt Date

Section IV. CUSTOMER

a. Name:

d. Phone Number:

b. Address:

e. Mobile:

c. Name/Title:

f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:

b. Operator's\* Phone No.:

c. Operator's\* Address:

d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature Date

f. Name and Address of Responsible Agency:

g. Friable; Non-friable; Both % friable % nonfriable

\*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.

No. 1454633  
1568237

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Novastar (Former HMC Foundry)  
 b. Address: 1401 Parkline Ave  
Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL2021-006 Cover Soil  
 Generator ID - 1649

d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Parkline Ave  
Waukesha, WI 53186  
 f. Phone No.: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_

k. Quantity 83 Units 42 Containers  
 No. Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF  
 Shipment Date: 7/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 07  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. Driver Signature: \_\_\_\_\_ Shipment Date: 7/19/21

### TRANSPORTER II

h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150  
 e. 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.  
 Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Receipt Date: 7/19/21

c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454634  
1568038

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former FMG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity  Containers

j. Description of Waste: FBI 2021-006 Cover Soil

l. Quantity  Units  No.  Type

Generator ID: 1648

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_

SOE  
Signature

11/19/21  
Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

a. Name: STEVE KRAEGER TRUCK LLC

h. Name: \_\_\_\_\_

b. Address: 4966 S 16TH AVE

i. Address: \_\_\_\_\_

c. Driver Name/Title: STEVE KRAEGER, DRIVER

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: 651-4222 e. Truck No.: 656

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: WIS

m. Vehicle License No./State: \_\_\_\_\_

g. SKraeger 11/19/21  
Driver Signature Shipment Date

n. \_\_\_\_\_ 11/19/21  
Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10020 S. 124th St Muskego, WI 53180

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Steve Kraeger 11/19/21  
Name of Authorized Agent Signature Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_

Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454836  
1568250

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (former PPG Foundry) d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE   Containers

j. Description of Waste: EPL001-085 Cover Soil k. Quantity  Units  No.  Type

Generator ID - 1646

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

Generator Authorized Agent Name SOE Signature [Signature] Shipment Date 11/19/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: <u>WCS</u>	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>110</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
Acknowledgement of Receipt of Materials. <input type="checkbox"/>	Acknowledgement of Receipt of Materials. <input type="checkbox"/>
g. <u>[Signature]</u> Shipment Date <u>11/19/21</u>	n. <u>[Signature]</u> Shipment Date <input type="checkbox"/>

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53160 d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] Name of Authorized Agent [Signature] Signature 11/19/21 Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454637

1568044

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Novistar (Former LAMCO Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53190 Waukesha, WI 53190

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_ Containers  
 j. Description of Waste: EPL2021 DRG Cover Bag k. Quantity Units No. Type  
Generator ID - 1648 18 94

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I				TRANSPORTER II			
a. Name: <u>LUNA 171</u>	e. Truck No.: _____			h. Name: _____	i. Address: _____		
b. Address: _____	f. Vehicle License No./State: <u>7 3319</u>			j. Driver Name/Title: _____	k. Phone No.: _____		
c. Driver Name/Title: _____	g. Acknowledgement of Receipt of Materials. <u>8/1/92/1</u>			l. Truck No.: _____	m. Vehicle License No./State: _____		
d. Phone No.: _____	g. Driver Signature: <u>[Signature]</u>			n. Driver Signature: _____	n. Shipment Date: _____		

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Ensford Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: WI 24 S10628 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former PMC Foundry)
b. Address: 1401 Perkins Ave, Waukesha, WI 53106

d. Generating Location:
e. Address: 1401 Perkins Ave, Waukesha, WI 53106

c. Phone No.:
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.:

g. Owner's Name:

h. Owner's Phone No.:

i. WI WASTE CODE

Containers

j. Description of Waste: FFI 2021 095 Cover Soil

k. Quantity Units No. Type

Generator ID: 1646

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

Table with columns for TYPE and UNITS. TYPE includes METAL DRUM, PLASTIC DRUM, BAG, 6 MIL. PLASTIC BAG or WRAP, TRUCK, OTHER. UNITS includes POUNDS, YARDS, CUBIC METERS, CUBIC YARDS, OTHER.

Generator Authorized Agent Name Signature

Shipment Date

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: JJ TRUCKING
b. Address: 2615 E BOLIVAR
c. Driver Name/Title:
d. Phone No.:
e. Truck No.:
f. Vehicle License No./State: WISC
g. Driver Signature: Shipment Date: 11/19/21

TRANSPORTER II
h. Name: JJ
i. Address: 2615 E Bolivar
j. Driver Name/Title:
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:
n. Driver Signature: Shipment Date: 11/19/21

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLO
b. Physical Address: W124 S10629 S. 124th St Muskego, WI 53150
e. 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.
f. Name of Authorized Agent Signature: Receipt Date: 11/19/21

c. Phone Number:
d. Mailing Address:

Section IV. CUSTOMER

a. Name:
b. Address:
c. Name/Title:
d. Phone Number:
e. Mobile:
f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:
b. Operator's\* Phone No.:
c. Operator's\* Address:
d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature Date
f. Name and Address of Responsible Agency:

g. Friable; Non-friable; Both % friable % nonfriable

\*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

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former 4400 Foundry)
b. Address: 1401 Perkins Ave Waukesha, WI 53186
d. Generating Location:
e. Address: 1401 Perkins Ave Waukesha, WI 53186

c. Phone No.:
f. Phone No.:
g. Owner's Name:
h. Owner's Phone No.:

i. WI WASTE CODE
j. Description of Waste: EPL0021-005 Cover Soil
Generator ID - 1648
k. Quantity Units No. Type

Table with columns for TYPE and UNITS. TYPE includes DM (METAL DRUM), DP (PLASTIC DRUM), B (BAG), BA (6 MIL. PLASTIC BAG or WRAP), T (TRUCK), O (OTHER). UNITS includes P (POUNDS), Y (YARDS), M3 (CUBIC METERS), Y3 (CUBIC YARDS), O (OTHER).

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

Generator Authorized Agent Name: SOF Signature
Shipment Date: 11/19/07

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name:
b. Address:
c. Driver Name/Title:
d. Phone No.:
e. Truck No.: 52
f. Vehicle License No./State: 15096 WY
g. Acknowledgement of Receipt of Materials.
Driver Signature: [Signature]
Shipment Date: 11/19/07

TRANSPORTER II
h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:
n. Acknowledgement of Receipt of Materials.
Driver Signature:
Shipment Date:

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC
b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150
c. Phone Number:
d. Mailing Address:
e. 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.
f. Name of Authorized Agent: [Signature] Signature: [Signature]
Receipt Date: 11/19/07

Section IV. CUSTOMER

a. Name:
b. Address:
c. Name/Title:
d. Phone Number:
e. Mobile:
f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name:
b. Operator's\* Phone No.:
c. Operator's\* Address:
d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title:
Print / Type:
Operator's\* Signature:
Date:
f. Name and Address of Responsible Agency:
g. Friable; Non-friable; Both % friable % nonfriable

\*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.



No. 1451644  
1500278

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former MMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity  Units  Containers No.  Type

j. Description of Waste: EPI 2021-085 Cover Soil  
Generator ID - 1048

DM - METAL DRUM  
DP - PLASTIC DRUM  
B - BAG  
BA - 6 MIL. PLASTIC BAG or WRAP  
T - TRUCK  
O - OTHER

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOF Signature

Shipment Date 11/19/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

### TRANSPORTER II

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 5312

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. EG 11/19/01  
Driver Signature Shipment Date

n. \_\_\_\_\_  
Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: WI24 S10629 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Julie Barry Gersen 11/19/01  
Name of Authorized Agent Signature Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature

\_\_\_\_\_  
Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navelar (Former HMG Foundry)
b. Address: 1401 Perkins Ave, Waukesha, WI 53186
d. Generating Location: 1401 Perkins Ave, Waukesha, WI 53186

c. Phone No.:
f. Phone No.:
g. Owner's Name:
h. Owner's Phone No.:

i. WI WASTE CODE: EPL021-005
j. Description of Waste: Generator ID - 1848
k. Quantity: 50 Units, 41 Containers

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

Generator Authorized Agent Name: Signature: SOF
Shipment Date: 1/11/92

Table with columns: TYPE, UNITS. Rows include: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER, P - POUNDS, Y - YARDS, M3 - CUBIC METERS, Y3 - CUBIC YARDS, O - OTHER.

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: Mark Moody
b. Address: 2507 Dora Ave
c. Driver Name/Title:
d. Phone No.: 262-770-4108
e. Truck No.: 1803
f. Vehicle License No./State: RB 31961
g. Driver Signature: Mark Moody, Shipment Date: 1/11/92

TRANSPORTER II
h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:
n. Driver Signature, Shipment Date:

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC
b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150
c. Phone Number:
d. Mailing Address:
e. 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.
f. Name of Authorized Agent: Signature: Receipt Date: 1/19/92

Section IV. CUSTOMER

a. Name:
b. Address:
c. Name/Title:
d. Phone Number:
e. Mobile:
f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:
b. Operator's\* Phone No.:
c. Operator's\* Address:
d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type, Operator's\* Signature, Date
f. Name and Address of Responsible Agency:
g. Friable; Non-friable; Both % friable % nonfriable

\*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

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

156828

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Generator (Former RMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_ Containers  
 j. Description of Waste: EPL2021-055 Cover Soil k. Quantity Units No. Type  
Generator ID - 1046 15 294

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: _____	e. Truck No.: <u>R008</u>	h. Name: _____	i. Truck No.: _____
b. Address: _____	f. Vehicle License No./State: _____	i. Address: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: <u>CHRYL SULLIVAN</u>	g. Acknowledgement of Receipt of Materials: _____	j. Driver Name/Title: _____	n. Acknowledgement of Receipt of Materials: _____
d. Phone No.: _____	g. Driver Signature: _____	k. Phone No.: _____	n. Driver Signature: _____
	Shipment Date: <u>11/19/21</u>		Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

No. 1454648

1568283

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53106

e. Address: 1401 Perkins Ave  
Waukesha, WI 53106

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity       Containers

j. Description of Waste: FPI 2021-085 Cover Soil

Units No. Type

Generator ID - 1946

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
Q	- OTHER

Generator Authorized Agent Name SOE Signature

Shipment Date 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: \_\_\_\_\_

### TRANSPORTER II

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 581

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: 19339, WI  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. [Signature]       Shipment Date

n. [Signature]       Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] [Signature]       Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMC Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_  
 j. Description of Waste: EPL2021-005 Cover Soil  
 Generator ID - 1648

k. Quantity \_\_\_\_\_ Containers \_\_\_\_\_  
 Units \_\_\_\_\_ No. \_\_\_\_\_ Type \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_  
 Shipment Date: 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 07  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/19/21

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Receipt Date: 11/19/21

c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I. GENERATOR (Generator complete all of Section I.)

Generator Name: Navigator (Former RMC Foundry)
Address: 1401 Perkins Ave, Waukesha, WI 53186
Generating Location: 1401 Perkins Ave, Waukesha, WI 53186
Description of Waste: F-1 2021 066 Cover Soil
Quantity: 17 Units, 15 Containers
Generator ID: 1648

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

Table with columns for TYPE (DM, DP, B, BA, T, O) and UNITS (P, Y, M3, Y3, O) with corresponding descriptions.

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

Transporter I: STEVE KRAEGER TRUCK LLC, 4900 S. 16. MILL W 53221, Driver: S. KRAEGER, Phone: 414-765-4222, Truck No: 656, License: WISC.
Transporter II: (Blank)

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

Site Name: Emerald Park Landfill, LLC
Physical Address: W124 S10820 S. 124th St Muskego, WI 53150
Name of Authorized Agent: [Signature]
Signature: [Signature]
Receipt Date: 11/19/21

Section IV. CUSTOMER

Name:
Address:
Name/Title:
Phone Number:
Mobile:
Customer Number:

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

Operator's\* Name:
Operator's\* Address:
Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

Operator's Name & Title:
Name and Address of Responsible Agency:
Friable/Non-friable/Both: % friable % nonfriable

\*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. 0231-720B (1/04)

No. 1454651  
1568095

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former MMC Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_

Containers \_\_\_\_\_

j. Description of Waste: EPL 2021-005 Cover Soil  
Generator ID - 1040

k. Quantity \_\_\_\_\_ Units \_\_\_\_\_ No. \_\_\_\_\_ Type \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: Luna 171  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: \_\_\_\_\_  
f. Vehicle License No./State: 73319  
g. Acknowledgement of Receipt of Materials: 11/19/21  
Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

**TRANSPORTER II**  
h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Acknowledgement of Receipt of Materials: \_\_\_\_\_  
Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
b. Physical Address: W124 S10829 S. 124th St Muskego, WI 53150  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

1528301

### NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

#### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Newlator (Former RMC Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

k. Quantity     Containers

j. Description of Waste: EP 3031 046 Cover Soil  
Generator ID - 1846

l. Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name [Signature] Signature

11/19/21 Shipment Date

#### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

##### TRANSPORTER I

##### TRANSPORTER II

a. Name: WCS

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 110

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. [Signature] 11/19/21 Shipment Date  
Driver Signature

n. \_\_\_\_\_ 11/19/21 Shipment Date  
Driver Signature

#### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] 11/19/21 Receipt Date  
Name of Authorized Agent Signature

#### Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

#### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature 11/19/21 Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454653

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry)  
b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: 1401 Perkins Ave  
e. Address: Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: EPL021000

Containers: \_\_\_\_\_

j. Description of Waste: EPL021000 Cover soil  
Generator ID - 1640

k. Quantity: 15 Units 1 No. 1 Type \_\_\_\_\_

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date: 11/19/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: DAVE SHERFINSKI

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: J-79

f. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials: \_\_\_\_\_

g. Driver Signature: [Signature] Shipment Date: 11/19/01

**TRANSPORTER II**

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_

Acknowledgement of Receipt of Materials: \_\_\_\_\_

n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/19/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

1568305

No. 1454654

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navigator (Former RMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Parkme Ave e. Address: 1401 Parkme Ave  
Waukesha, WI 53186 Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

j. Description of Waste: FPI 2021066 Cover Soil

Generator ID - 1640

Containers

k. Quantity Units No. Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name SOE Signature

Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: BJ TRUCKING  
 b. Address: 15th Bolivar  
 c. Driver Name/Title: BRAYON  
 d. Phone No.: 750 2020 e. Truck No.: 01  
 f. Vehicle License No./State: WISC  
 Acknowledgement of Receipt of Materials.   
 g. Driver Signature  Shipment Date

**TRANSPORTER II**  
 h. Name: JSI TRUCKING  
 i. Address: 15 Ave  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials.   
 n. Driver Signature WIS Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent Villem Signature [Signature] Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

1568309

No. 1454855

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (former PPG Foundry)

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_

d. Generating Location: \_\_\_\_\_

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_

j. Description of Waste: EPLAZT-096 Cover Soil

Generator ID - 1048

Containers: \_\_\_\_\_

Quantity	Units	No.	Type
<u>21-24</u>	<u>BA</u>		

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____	k. Phone No.: _____
e. Truck No.: <u>WCS111</u>	l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
g. Driver Signature: _____	n. Driver Signature: _____
Shipment Date: _____	Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/19/11

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I. GENERATOR (Generator complete all of Section I.)

Generator information fields: a. Generator Name: Navistar (Former RMQ Foundry); b. Address: 1401 Perkins Ave, Waukesha, WI 53190; c. Phone No.; d. Generating Location; e. Address: 1401 Perkins Ave, Waukesha, WI 53190; f. Phone No.; g. Owner's Name; h. Owner's Phone No.; i. WI WASTE CODE; j. Description of Waste: EPL2021-095 Cover Soil; k. Quantity: 17.31 units; Generator ID - 1348

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

Generator Authorized Agent Name: SOE; Signature; Shipment Date

TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER; UNITS: P - POUNDS, Y - YARDS, M3 - CUBIC METERS, Y3 - CUBIC YARDS, O - OTHER

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

Transporter information fields: TRANSPORTER I (a. Name, b. Address, c. Driver Name/Title, d. Phone No., e. Truck No.: 52, f. Vehicle License No./State: 15090WF, g. Driver Signature, Shipment Date); TRANSPORTER II (h. Name, i. Address, j. Driver Name/Title, k. Phone No., l. Truck No., m. Vehicle License No./State, n. Driver Signature, Shipment Date)

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

Destination information fields: a. Site Name: Emerald Park Landfill, LLC; b. Physical Address: W124 S10629 S, 124th St Muskego, WI 53150; c. Phone Number; d. Mailing Address; e. Discrepancy Indication Space; f. Name of Authorized Agent, Signature, Receipt Date

Section IV. CUSTOMER

Customer information fields: a. Name; b. Address; c. Name/Title; d. Phone Number; e. Mobile; f. Customer Number

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

Asbestos information fields: a. Operator's\* Name; b. Operator's\* Phone No.; c. Operator's\* Address; d. Special Handling Instructions and additional information

OPERATOR'S 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 government regulations.

Operator information fields: e. Operator's Name & Title, Print / Type, Operator's\* Signature, Date; f. Name and Address of Responsible Agency; g. Friable/Non-friable/Both checkboxes and percentages

\*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.

156 8313

No. 1454657

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Novistar (Former NMC Foundry)

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_

d. Generating Location: \_\_\_\_\_

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: EPL02106

j. Description of Waste: EPLO2106 Cover Soil

Generator ID - 1048

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Containers: \_\_\_\_\_

Quantity	Units	No.	Type
<u>18</u>	<u>12</u>	<u>1</u>	<u>1</u>

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Shipment Date: \_\_\_\_\_

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____	k. Phone No.: _____
e. Truck No.: <u>50</u>	l. Truck No.: _____
f. Vehicle License No./State: <u>BB 15091</u>	m. Vehicle License No./State: _____
g. Acknowledgement of Receipt of Materials: <u>11/19/21</u>	n. Acknowledgement of Receipt of Materials: _____
Driver Signature: _____	Driver Signature: _____
Shipment Date: _____	Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: John Signature: [Signature] Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR



15703315

No. 1454658

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former BMC) Foundry

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE:

k. Quantity Units No. Type

j. Description of Waste: FPI 2021 LIME Cover Soil  
Generator ID - 154A

Containers

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF

Shipment Date:

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: WCS HAULING

### TRANSPORTER II

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: WARD LEWIS

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: WCS 22

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. WCS        
Driver Signature Shipment Date

n. \_\_\_\_\_        
Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. WCS \_\_\_\_\_  
Name of Authorized Agent Signature

Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e.)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature

Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

1565324

No. 1454659

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Novistar (Former RMC Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: EPL2021-000 Cover Soil  
 j. Description of Waste: Generator ID - 1648

k. Quantity 17.46 Units 70 Containers  
 No. Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: \_\_\_\_\_

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Allen K. Ross  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: WC575  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S1062P S. 124th St Muskego, WI 53150  
 e. 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.  
 f. Name of Authorized Agent: Allen K. Ross Signature: [Signature]

c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation.

RETURN TO GENERATOR



No. 1454661  
1508305

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Waukegan (Former PPG's Property)  
 b. Address: 1401 Perkins Ave  
Waukecha, WI 53186

d. Generating Location:  
 e. Address: 1401 Perkins Ave  
Waukecha, WI 53186

c. Phone No.: \_\_\_\_\_  
 IF Owner of the generating facility differs from the generator, complete d, e, f:  
 f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: EPL2021-005  
 j. Description of Waste: Over Soil  
Generator ID - 1846

k. Quantity 20 Units 09 Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____	k. Phone No.: _____
e. Truck No.: <u>265</u>	l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
g. Acknowledgement of Receipt of Materials: _____	n. Acknowledgement of Receipt of Materials: _____
g. Driver Signature: <u>[Signature]</u>	n. Driver Signature: _____
Shipment Date: <u>11/19/21</u>	Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: \_\_\_\_\_ Signature: [Signature] Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
 Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

RETURN TO GENERATOR

No. 1454662  
1568326

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former MMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53186 Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE   Containers  
 j. Description of Waste: EPL2021-085 Cover Soil k. Quantity Units No. Type  
Generator ID - 1848  20  LS    
 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CRF Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
 Generator Authorized Agent Name SOF Signature [Signature] Shipment Date 11/19/01

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>219</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>11072</u>	m. Vehicle License No./State: _____
g. <u>[Signature]</u> Shipment Date <u>11/19/01</u>	n. <u>[Signature]</u> Shipment Date <u>11/19/01</u>

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: WI124 S10820 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. [Signature] Signature 11/19/01 Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former HMC Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Perkins Ave  
Waukesha, WI 53186  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPL 2021-486 Cover Soil  
 Generator ID - 1640  
 k. Quantity Units No. Type  

		18		08	

 Containers \_\_\_\_\_  
 TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER  
 UNITS  
 P - POUNDS  
 Y - YARDS  
 M3 - CUBIC METERS  
 Y3 - CUBIC YARDS  
 O - OTHER  
 Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: _____	e. Truck No.: _____	h. Name: _____	i. Truck No.: _____
b. Address: _____	f. Vehicle License No./State: _____	i. Address: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: <u>Mike Holt</u>	g. Driver Signature: _____	j. Driver Name/Title: _____	n. Driver Signature: _____
d. Phone No.: _____	Shipment Date: <u>11/19/21</u>	k. Phone No.: _____	Shipment Date: _____
Acknowledgement of Receipt of Materials: _____		Acknowledgement of Receipt of Materials: _____	

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: Mike Bank Signature: \_\_\_\_\_ Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR

1508334

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former AMC Foundry)
b. Address: 1401 Parkins Ave, Waukesha, WI 53186

d. Generating Location:
e. Address: 1401 Parkins Ave, Waukesha, WI 53186

c. Phone No.:
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.:

g. Owner's Name:

h. Owner's Phone No.:

i. WI WASTE CODE: EPL2121-056
j. Description of Waste: Generator ID - 1846

k. Quantity: 18 Units, 50 Type

Table with columns TYPE and UNITS. TYPE includes DM (METAL DRUM), DP (PLASTIC DRUM), B (BAG), BA (6 MIL. PLASTIC BAG or WRAP), T (TRUCK), O (OTHER). UNITS includes P (POUNDS), Y (YARDS), M3 (CUBIC METERS), Y3 (CUBIC YARDS), O (OTHER).

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

Generator Authorized Agent Name: Signature: SOF

Shipment Date: 11/19/07

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name:
b. Address:
c. Driver Name/Title:
d. Phone No.:
e. Truck No.: 07
f. Vehicle License No./State:
g. Driver Signature: Shipment Date: 11/19/07

TRANSPORTER II
h. Name:
i. Address:
j. Driver Name/Title:
k. Phone No.:
l. Truck No.:
m. Vehicle License No./State:
n. Driver Signature: Shipment Date:

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC
b. Physical Address: W124 S10020 S. 124th St Muskego, WI 53160
e. 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.
f. Name of Authorized Agent: Signature: Receipt Date: 11/19/07

c. Phone Number:
d. Mailing Address:

Section IV. CUSTOMER

a. Name:
b. Address:
c. Name/Title:
d. Phone Number:
e. Mobile:
f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:
b. Operator's\* Phone No.:
c. Operator's\* Address:
d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature Date
f. Name and Address of Responsible Agency:

g. Friable; Non-friable; Both % friable % nonfriable

\*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.

RETURN TO GENERATOR

1528342

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Manifest (Former HMG Foundry)

d. Generating Location:

b. Address: 1401 Perkins Ave, Waukesha, WI 53186

e. Address: 1401 Perkins Ave, Waukesha, WI 53186

c. Phone No.: If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.:

g. Owner's Name:

h. Owner's Phone No.:

i. WI WASTE CODE

k. Quantity Units No. Type

j. Description of Waste: FPI 2021 006 Cover Soil

Containers

Generator ID - 1848

DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER

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

Generator Authorized Agent Name Signature

Shipment Date

UNITS: P - POUNDS, Y - YARDS, M3 - CUBIC METERS, Y3 - CUBIC YARDS, O - OTHER

Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

TRANSPORTER II

a. Name:

h. Name:

b. Address:

i. Address:

c. Driver Name/Title:

j. Driver Name/Title:

d. Phone No.: e. Truck No.: J-01

k. Phone No.: l. Truck No.:

f. Vehicle License No./State: 19338, WI

m. Vehicle License No./State:

g. Driver Signature Shipment Date 11/19/21

n. Driver Signature Shipment Date

Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number:

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

d. Mailing Address:

e. 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.

f. Name of Authorized Agent Signature

Receipt Date 11/19/21

Section IV. CUSTOMER

a. Name:

d. Phone Number:

b. Address:

e. Mobile:

c. Name/Title:

f. Customer Number:

Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:

b. Operator's\* Phone No.:

c. Operator's\* Address:

d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature Date

f. Name and Address of Responsible Agency:

g. Friable; Non-friable; Both % friable % nonfriable

\*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.



No. 1454667  
1568338

**NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

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

**Section I. GENERATOR** (Generator complete all of Section I.)

a. Generator Name: Navistar (Former KING Foundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53108  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Perkins Ave  
Waukesha, WI 53108  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: \_\_\_\_\_  
 j. Description of Waste: EPA 2021-065 Cover Soil  
Generator ID - 1648  
 k. Quantity Units No. Type  

	18	0	45		

 Containers \_\_\_\_\_  
 TYPE  
 DM - METAL DRUM  
 DP - PLASTIC DRUM  
 B - BAG  
 BA - 6 MIL. PLASTIC BAG or WRAP  
 T - TRUCK  
 O - OTHER  
 UNITS  
 P - POUNDS  
 Y - YARDS  
 M3 - CUBIC METERS  
 Y3 - CUBIC YARDS  
 Q - OTHER  
 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
 Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOE  
 Shipment Date: 11/19/21

**Section II. TRANSPORTER** (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>STEVE KRAEGER</u>	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: <u>4960 S 16TH STR MILW</u>	k. Phone No.: _____	l. Truck No.: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: <u>OWNER</u>	e. Truck No.: <u>656</u>	n. Driver Signature: _____	o. Shipment Date: _____
d. Phone No.: <u>651-4222</u>	f. Vehicle License No./State: <u>WIS</u>		
Acknowledgement of Receipt of Materials: <u>11/19/21</u>		Acknowledgement of Receipt of Materials: _____	

**Section III. DESTINATION** (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: WI 24 S10620 S. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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:  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Receipt Date: 11/19/21

**Section IV. CUSTOMER**

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

**Section V. ASBESTOS** (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S 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 government regulations.  
 e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former AMO Foundry) d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186 e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE   Containers

j. Description of Waste: FPI 2021-085 Cover Soil k. Quantity 18 Units 500 Type

Generator ID - 1649

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_

SQE  
Signature

11/19/21  
Shipment Date

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

a. Name: Lorna 171 TRANSPORTER I

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: 23319  
Acknowledgement of Receipt of Materials.

g. Mafer 11/19/21  
Driver Signature Shipment Date

h. Name: \_\_\_\_\_ TRANSPORTER II

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

n. \_\_\_\_\_ 11/19/21  
Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10620 S. 124th St Muskego, WI 53160 d. Mailing Address: \_\_\_\_\_

e. 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.

f. Paula Banda 11/19/21  
Name of Authorized Agent Signature Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

No. 1454669

1508352

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former PMC Foundry) d. Generating Location: \_\_\_\_\_  
 b. Address: 1401 Perkins Ave e. Address: 1401 Perkins Ave  
Waukesha, WI 53188 Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: \_\_\_\_\_ Containers \_\_\_\_\_  
 j. Description of Waste: EPL021-085 Cover Soil k. Quantity 18 Units 01 No. 01 Type \_\_\_\_\_  
Generator ID - 1646

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 11/19/01

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>WCS</u>	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: _____	k. Phone No.: _____	l. Truck No.: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: _____	e. Truck No.: <u>110</u>	n. Driver Signature: _____	o. Acknowledgement of Receipt of Materials: _____
d. Phone No.: _____	f. Vehicle License No./State: _____	Shipment Date: <u>11/19/01</u>	Shipment Date: _____
f. Acknowledgement of Receipt of Materials: _____	g. Driver Signature: _____	Shipment Date: _____	Shipment Date: _____

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC c. Phone Number: \_\_\_\_\_  
 b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/19/01

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_% friable \_\_\_\_\_% nonfriable

\*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.

No. 1454670  
1508355

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former AMCA Foundry)

d. Generating Location: \_\_\_\_\_

b. Address: 1401 Perkins Ave  
Waukesha, WI 53188

e. Address: 1401 Perkins Ave  
Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE

Containers

j. Description of Waste: FBI 2021-006 Cover Soil

k. Quantity     Units No.   Type

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

Generator ID - 19A8

11/19/21  
Shipment Date

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name SOE Signature \_\_\_\_\_

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
a. Name: DAVE SHERFINSKI

**TRANSPORTER II**  
h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: J-79

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

g. [Signature] 11/19/21  
Driver Signature Shipment Date

n. \_\_\_\_\_        
Driver Signature Shipment Date

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: W124 S10820 S. 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] 11/19/21  
Name of Authorized Agent Signature Receipt Date

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature        
Date

f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.

RETURN TO GENERATOR

No. 1454671  
1508358

# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

## Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Navistar (Former RMG Foundry)

b. Address: 1401 Perkins Ave  
Waukesha, WI 53186

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE \_\_\_\_\_

j. Description of Waste: EPL2021-005 Cover Soil  
Generator ID - 1048

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

Generator Authorized Agent Name: SOF  
Signature

d. Generating Location: \_\_\_\_\_

e. Address: 1401 Perkins Ave  
Waukesha, WI 53186

f. Phone No.: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

k. Quantity \_\_\_\_\_ Containers \_\_\_\_\_

Units No. Type  
16 30 \_\_\_\_\_

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Shipment Date: 11/19/21

## Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

### TRANSPORTER I

a. Name: JJ TRUCKING

b. Address: 15th Bellvue

c. Driver Name/Title: Boyer

d. Phone No.: 750-2026 e. Truck No.: 0

f. Vehicle License No./State: WISC

g. Driver Signature: [Signature] Shipment Date: 11/19/21

### TRANSPORTER II

h. Name: JJ TRUCKING

i. Address: 15th Bellvue

j. Driver Name/Title: Boyer

k. Phone No.: 750-2026 l. Truck No.: 101

m. Vehicle License No./State: WISC

n. Driver Signature: [Signature] Shipment Date: \_\_\_\_\_

## Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: W124 S10020 S. 124th St Muskego, WI 53150

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/19/21

## Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

## Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)

RETURN TO GENERATOR



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. 1549762  
1508752

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: WISCONSIN (UNIFORM) COMPANY  
 b. Address: 1401 PARKING AVE  
WAUKESHA, WI 53186  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: 1401 PARKING AVE  
 e. Address: WAUKESHA, WI 53186  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EPL2021-007  
 j. Description of Waste: Generator ID - 1049

Containers	Quantity	Units	No.	Type
	1	1	1	1

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 1/18/2017

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

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: _____	e. Truck No.: <u>87-9</u>	h. Name: _____	i. Truck No.: _____
b. Address: _____	f. Vehicle License No./State: _____	j. Driver Name/Title: _____	k. Phone No.: _____
c. Driver Name/Title: _____	g. Acknowledgement of Receipt of Materials: _____	m. Vehicle License No./State: _____	l. Truck No.: _____
d. Phone No.: _____	Shipment Date: <u>1/18/2017</u>	n. Acknowledgement of Receipt of Materials: _____	Shipment Date: _____
Driver Signature: <u>[Signature]</u>		Driver Signature: _____	

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: UNIFORM OF WISCONSIN, LLC  
 b. Physical Address: 12415 G. 124th Ct Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: [Signature] Receipt Date: 1/18/2017

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
 Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

1528739

No. 1549763

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Parkside Ave  
 b. Address: Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_  
 d. Generating Location: 1401 Parkside Ave  
 e. Address: Waukesha, WI 53186  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EP201103  
 j. Description of Waste: Generator Oil - 1946

Containers		TYPE	
Quantity	Units No.	TYPE	
131.84	1	DM	- METAL DRUM
		DP	- PLASTIC DRUM
		B	- BAG
		BA	- 6 MIL. PLASTIC BAG or WRAP
		T	- TRUCK
		O	- OTHER
UNITS			
		P	- POUNDS
		Y	- YARDS
		M3	- CUBIC METERS
		Y3	- CUBIC YARDS
		O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SCF Shipment Date: \_\_\_\_\_

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>Mark Rhopulos</u>		h. Name: _____	
b. Address: _____		i. Address: _____	
c. Driver Name/Title: <u>Poles Trucking</u>		j. Driver Name/Title: _____	
d. Phone No.: _____	e. Truck No.: <u>J103</u>	k. Phone No.: _____	l. Truck No.: _____
f. Vehicle License No./State: _____		m. Vehicle License No./State: _____	
g. Acknowledgement of Receipt of Materials: _____		n. Acknowledgement of Receipt of Materials: _____	
Driver Signature: <u>[Signature]</u>	Shipment Date: _____	Driver Signature: _____	Shipment Date: _____

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: 14124 S3000 S. 124th St, Waukesha, WI 53150  
 b. Physical Address: \_\_\_\_\_  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/23/11

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_% friable \_\_\_\_\_% nonfriable

\*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.



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. 154976  
1568/137

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Waukesha Paper Mills Company  
 b. Address: 1401 Parkins Ave  
Waukesha, WI 53100  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Parkins Ave  
Waukesha, WI 53100  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EPL2021 0361  
 j. Description of Waste: Generator Oil  
Generator ID - 1646

Containers		TYPE	
DM	- METAL DRUM	DM	- METAL DRUM
DP	- PLASTIC DRUM	DP	- PLASTIC DRUM
B	- BAG	B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP	BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK	T	- TRUCK
O	- OTHER	O	- OTHER
		UNITS	
		P	- POUNDS
		Y	- YARDS
		M3	- CUBIC METERS
		Y3	- CUBIC YARDS
		O	- OTHER

k. Quantity: 15 Units, 4 No., 1 Type

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

Generator Authorized Agent Name: SOF Signature: [Signature] Shipment Date: 11/23/11

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>4</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>216043</u> Acknowledgement of Receipt of Materials: <u>[Signature]</u>	m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials: _____
g. Driver Signature: <u>[Signature]</u> Shipment Date: <u>11/23/11</u>	n. Driver Signature: _____ Shipment Date: _____

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: W124 S10620 S. 124th St Muskego, WI 53150  
 b. Physical Address: \_\_\_\_\_  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/23/11

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Address: \_\_\_\_\_  
 c. Operator's\* Phone No.: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
 Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.







# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 1549758  
1568758

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

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Perkins Ave  
 b. Address: Waukegan, WI 53190  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: 1401 Perkins Ave  
 e. Address: Waukegan, WI 53190  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EP121005 Per Soil  
 j. Description of Waste: Generator Oil - 1040

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

Generator Authorized Agent Name: SOE Signature: \_\_\_\_\_ Shipment Date: 1/23/07

Containers		TYPE	
Quantity	Units	No.	Type
<u>1</u>	<u>1</u>	<u>1</u>	<u>DM</u>
<u>1</u>	<u>1</u>	<u>1</u>	<u>DP</u>
<u>1</u>	<u>1</u>	<u>1</u>	<u>B</u>
<u>1</u>	<u>1</u>	<u>1</u>	<u>BA</u>
<u>1</u>	<u>1</u>	<u>1</u>	<u>T</u>
<u>1</u>	<u>1</u>	<u>1</u>	<u>O</u>

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____	k. Phone No.: _____
e. Truck No.: <u>59</u>	l. Truck No.: _____
f. Vehicle License No./State: <u>29364</u>	m. Vehicle License No./State: _____
g. Driver Signature: <u>[Signature]</u>	n. Driver Signature: _____
Shipment Date: <u>1/23/07</u>	Shipment Date: _____

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: WI24 S10620 S. 124th St Muskegon, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 1/23/07

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-7208 (1/04)



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 1549708  
1508760

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

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: Novator (under PINTS Laundry)  
 b. Address: 1401 Perkins Ave  
Waukesha, WI 53100  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: \_\_\_\_\_  
 e. Address: 1401 Perkins Ave  
Waukesha, WI 53100  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EPL001-000 Other Soil  
 j. Description of Waste: \_\_\_\_\_  
Generator ID - 1048

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF  
 Containers: \_\_\_\_\_  
 k. Quantity: 160 Units No. 160 Type \_\_\_\_\_  
 Shipment Date: 11/23/21

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
Q	- OTHER

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: <u>913-316-3303</u> PRINT / TYPE e. Truck No.: <u>FT-6</u>	k. Phone No.: _____ PRINT / TYPE l. Truck No.: _____
f. Vehicle License No./State: <u>11799 WI</u> Acknowledgement of Receipt of Materials: _____	m. Vehicle License No./State: _____ Acknowledgement of Receipt of Materials: _____
g. Driver Signature: _____ Shipment Date: <u>11/23/21</u>	n. Driver Signature: _____ Shipment Date: _____

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
17424 Emerald Dr. 124th St Muskego, WI 53100  
 b. Physical Address: \_\_\_\_\_  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_  
11/23/21  
 Receipt Date: \_\_\_\_\_

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
 Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

1508748 No. 1548700

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Perkins Ave  
 b. Address: Waukesha, WI 53198  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: 1401 Perkins Ave  
 e. Address: Waukesha, WI 53198  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EP1021-025 Over Oil  
 j. Description of Waste: Generator Oil - 1640

Containers			TYPE	
Quantity	Units	No.	Type	
1	1	1	DM	- METAL DRUM
			DP	- PLASTIC DRUM
			B	- BAG
			BA	- 6 MIL. PLASTIC BAG or WRAP
			T	- TRUCK
			O	- OTHER
UNITS				
			P	- POUNDS
			Y	- YARDS
			M3	- CUBIC METERS
			Y3	- CUBIC YARDS
			O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: 80F Shipment Date: 11/23/21

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: _____	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: _____	k. Phone No.: _____	l. Truck No.: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: _____	e. Truck No.: <u>265</u>	n. Driver Signature: _____	Shipment Date: _____
d. Phone No.: _____	f. Acknowledgement of Receipt of Materials: <u>11/23/21</u>	Shipment Date: _____	
f. Vehicle License No./State: _____			
g. Driver Signature: _____			

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: WI24 S10020 C. 424th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/23/21

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_% friable \_\_\_\_\_% nonfriable



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

1568737 No. 140716

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Parkside Ave

b. Address: Waukesha, WI 53106

c. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE: EPL001065 Asphalt

j. Description of Waste: Generator ID - 1640

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_

d. Generating Location: 1401 Parkside Ave

e. Address: Waukesha, WI 53106

f. Phone No.: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

Containers		Type	
Quantity	Units	No.	Type
<u>11</u>	<u>1</u>	<u>30</u>	

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Shipment Date: 11/23/21

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

#### TRANSPORTER I

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 5-81

f. Vehicle License No./State: 19338 WI  
Acknowledgement of Receipt of Materials.

g. Driver Signature: \_\_\_\_\_ Shipment Date: 11/23/21

#### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: WI24 S10029 S. 124th St Mukwonago, WI 53150

b. Physical Address: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/23/21

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. 1519771

1568757

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Parkins Ave  
 b. Address: Waukecha, WI 53198  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: 1401 Parkins Ave  
 e. Address: Waukecha, WI 53198  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EPL001066  
 j. Description of Waste: Generator Oil - 1048

Containers  
 k. Quantity 20 Units 37 Type  

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

 Shipment Date: 1/10/07

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 SOF

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 264  
 f. Vehicle License No./State: 20729  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 g. Driver Signature: \_\_\_\_\_ Shipment Date: 1/10/07

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Ernsford Park Landfill, LLC  
 b. Physical Address: WI 24 S10620 S. 124th St Mukwonago, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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:  
 Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 1/10/07

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_% friable \_\_\_\_\_% nonfriable



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. 154972

1568777

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Perkins Ave  
 b. Address: Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 d. Generating Location: 1401 Perkins Ave  
 e. Address: Waukesha, WI 53186  
 f. Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EP101001 (over Soil)  
 j. Description of Waste: Generator ID - 1048

Containers	Quantity	Units	No.	Type
	14		11	

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: [Signature] Shipment Date: 10/30/11

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____ e. Truck No.: <u>4160</u>	k. Phone No.: _____ l. Truck No.: _____
f. Vehicle License No./State: <u>B 16940</u>	m. Vehicle License No./State: _____
g. Acknowledgement of Receipt of Materials: <u>[Signature]</u>	n. Acknowledgement of Receipt of Materials: _____
Shipment Date: <u>11/20/11</u>	Shipment Date: _____

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: W124 S10630 S. 124th St Muskegon, WI 53150  
 b. Physical Address: \_\_\_\_\_  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: [Signature] Receipt Date: 11/23/11

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 1549173  
1568761

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

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Parkside Ave  
 b. Address: Waukesha, WI 53196  
 c. Phone No.:  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: 1401 Parkside Ave  
 e. Address: Waukesha, WI 53196  
 f. Phone No.:  
 g. Owner's Name:  
 h. Owner's Phone No.:  
 i. WI WASTE CODE: EPL 321 085  
 j. Description of Waste: Generator Oil

Containers	Quantity	Units	No.	Type
	12		12	

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name: Signature: Shipment Date: 1/23/01

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: Mark J. Moody		h. Name:	
b. Address: 2507 Dismal Ave		i. Address:	
c. Driver Name/Title:		j. Driver Name/Title:	
d. Phone No.: 262 770 9188	e. Truck No.: 182	k. Phone No.:	l. Truck No.:
f. Vehicle License No./State: BB 31 961		m. Vehicle License No./State:	
g. Acknowledgement of Receipt of Materials: [Signature]	n. Acknowledgement of Receipt of Materials: [Signature]		
g. Driver Signature: [Signature]	Shipment Date: 1/23/01	n. Driver Signature:	Shipment Date:

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: 14121 S10620 S. 124th St Muskego, WI 53150  
 b. Physical Address:  
 c. Phone Number:  
 d. Mailing Address:  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 1/23/01

### Section IV. CUSTOMER

a. Name:  
 b. Address:  
 c. Name/Title:  
 d. Phone Number:  
 e. Mobile:  
 f. Customer Number:

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:  
 b. Operator's\* Phone No.:  
 c. Operator's\* Address:  
 d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature Date  
 f. Name and Address of Responsible Agency:  
 g.  Friable;  Non-friable;  Both % friable % nonfriable

\*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.





# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 543174  
1568 106

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

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Perkins Ave  
 b. Address: Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: 1401 Perkins Ave  
 e. Address: Waukesha, WI 53186  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EP121155  
 j. Description of Waste: Generator Oil - 1516

Containers				TYPE	
Quantity	Units	No.	Type		
16	16	16		DM	- METAL DRUM
				DP	- PLASTIC DRUM
				B	- BAG
				BA	- 5 MIL. PLASTIC BAG or WRAP
				T	- TRUCK
				O	- OTHER
				UNITS	
				P	- POUNDS
				Y	- YARDS
				M3	- CUBIC METERS
				Y3	- CUBIC YARDS
				O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: [Signature] Shipment Date: 11/23/07

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>V. P. ...</u>	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: _____	k. Phone No.: _____	l. Truck No.: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: _____	e. Truck No.: <u>112</u>	n. Driver Signature: _____	Shipment Date: _____
d. Phone No.: _____	f. Vehicle License No./State: _____	Acknowledgement of Receipt of Materials: <u>[Signature]</u>	
g. Driver Signature: _____		Shipment Date: <u>11/23/07</u>	

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: W121 S10429 S 124th St Muskegon, WI 53150  
 b. Physical Address: \_\_\_\_\_  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: \_\_\_\_\_ Signature: [Signature] Receipt Date: 11/23/07

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
**OPERATOR'S 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 government regulations.  
 e. Operator's Name & Title: \_\_\_\_\_  
 Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. 1508780 1949775

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Park Ave d. Generating Location: 1401 Park Ave  
 b. Address: Waukegan, WI 53196 e. Address: Waukegan, WI 53196

c. Phone No.: \_\_\_\_\_ f. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_ h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: EP1 24 085

j. Description of Waste: \_\_\_\_\_  
Generator ID - 1040

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SCF Shipment Date: 11/23/01

Containers		TYPE	
Quantity	Units	No.	Type
<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: Mark E. Polos  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: Polos Trucking  
PRINT / TYPE  
 d. Phone No.: \_\_\_\_\_ e. Truck No.: 5103  
 f. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 g. Mark E. Polos 11/23/01  
Driver Signature Shipment Date

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
PRINT / TYPE  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 Acknowledgement of Receipt of Materials:  
 n. \_\_\_\_\_ 11/23/01  
Driver Signature Shipment Date

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: WI24 910628 S. 124th St Muskegon, WI 53150 c. Phone Number: \_\_\_\_\_  
 b. Physical Address: \_\_\_\_\_ d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Charles Bank 11/23/01  
Name of Authorized Agent Signature Receipt Date

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 1549776  
1549776

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

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Parkside Ave  
 b. Address: Waukesha, WI 53186  
 c. Phone No.:  
 d. Generating Location: 1401 Parkside Ave  
 e. Address: Waukesha, WI 53186  
 f. Phone No.:  
 g. Owner's Name:  
 h. Owner's Phone No.:  
 i. WI WASTE CODE: EPL 921.085 - Lead Soil  
 j. Description of Waste: Generator ID - 1043

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

Generator Authorized Agent Name: Signature: Shipment Date: 1/23/07

Containers		TYPE	
Quantity	Units	No.	Type
12	4	12	4

CONTAINERS		UNITS	
DM	- METAL DRUM	P	- POUNDS
DP	- PLASTIC DRUM	Y	- YARDS
B	- BAG	M3	- CUBIC METERS
BA	- 6 MIL. PLASTIC BAG or WRAP	Y3	- CUBIC YARDS
T	- TRUCK	O	- OTHER
Q	- OTHER		

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name:	b. Address:	h. Name:	i. Address:
c. Driver Name/Title:	d. Phone No.:	j. Driver Name/Title:	k. Phone No.:
e. Truck No.: 4	f. Vehicle License No./State: WI 10043	l. Truck No.:	m. Vehicle License No./State:
g. Driver Signature: [Signature]	Shipment Date: 1/23/07	n. Driver Signature:	Shipment Date:

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: W124 S10620 S. 124th St Muskegon WI 53150  
 b. Physical Address:  
 c. Phone Number:  
 d. Mailing Address:  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 1/23/07

### Section IV. CUSTOMER

a. Name:  
 b. Address:  
 c. Name/Title:  
 d. Phone Number:  
 e. Mobile:  
 f. Customer Number:

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:  
 b. Operator's\* Phone No.:  
 c. Operator's\* Address:  
 d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature: Date:  
 f. Name and Address of Responsible Agency:  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. 1508785  
1508785

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Parker Ave  
 b. Address: Waukesha WI 53190  
 c. Phone No.:  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: 1401 Parker Ave  
 e. Address: Waukesha WI 53190  
 f. Phone No.:  
 g. Owner's Name:  
 h. Owner's Phone No.:  
 i. WI WASTE CODE: EPLWZLBA  
 j. Description of Waste: Generator ID - 1046

Containers

Quantity	Units	No.	Type
13	0	19	

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

Generator Authorized Agent Name: Signature: Shipment Date: 11/23/11

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name:	e. Truck No.: E19	h. Name:	i. Truck No.:
b. Address:		l. Address:	
c. Driver Name/Title:		j. Driver Name/Title:	
d. Phone No.:		k. Phone No.:	
f. Vehicle License No./State:		m. Vehicle License No./State:	
g. Driver Signature:	Shipment Date: 11/23/11	n. Driver Signature:	Shipment Date:

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: 1401 S 10th St, Waukesha, WI 53150  
 b. Physical Address:  
 c. Phone Number:  
 d. Mailing Address:  
 e. 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.  
 f. Name of Authorized Agent: Signature: Receipt Date: 11/23/11

### Section IV. CUSTOMER

a. Name:  
 b. Address:  
 c. Name/Title:  
 d. Phone Number:  
 e. Mobile:  
 f. Customer Number:

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:  
 b. Operator's\* Phone No.:  
 c. Operator's\* Address:  
 d. Special Handling Instructions and additional information:  
 OPERATOR'S 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 government regulations.  
 e. Operator's Name & Title: Print / Type Operator's\* Signature: Date:  
 f. Name and Address of Responsible Agency:  
 g.  Friable;  Non-friable;  Both % friable % nonfriable

\*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.



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 1549779

1568786

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

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Parkside Ave

d. Generating Location: 1401 Parkside Ave

b. Address: Waukesha, WI 53193

e. Address: Waukesha, WI 53193

c. Phone No.: \_\_\_\_\_

f. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: FPL243085 Other Code

k. Quantity \_\_\_\_\_ Containers \_\_\_\_\_

j. Description of Waste: Generator ID: 1046

Units \_\_\_\_\_ No. \_\_\_\_\_ Type \_\_\_\_\_

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Signature: [Signature] Shipment Date: 1/23/07

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

#### TRANSPORTER I

#### TRANSPORTER II

a. Name: \_\_\_\_\_

h. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

i. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 2604

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

f. Vehicle License No./State: 20729  
Acknowledgement of Receipt of Materials: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials: \_\_\_\_\_

g. Driver Signature: [Signature] Shipment Date: 1/23/07

n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill LLC

c. Phone Number: \_\_\_\_\_

b. Physical Address: WI 24 S10826 S 124th St Muskego, WI 53150

d. Mailing Address: \_\_\_\_\_

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature]

Receipt Date: 1/23/07

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

b. Address: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 1548778

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

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Perkins Ave

b. Address: Waukesha WI 53198

c. Phone No.:

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name:

i. WI WASTE CODE: F01 (21085) (over Soil)

j. Description of Waste: Generator ID - 1246

d. Generating Location: 1401 Perkins Ave

e. Address: Waukesha WI 53198

f. Phone No.:

h. Owner's Phone No.:

Containers		
Quantity	Units	No. Type
13	3	3

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: Signature: SOF Shipment Date: 11/23/11

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

#### TRANSPORTER I

a. Name:

b. Address:

c. Driver Name/Title:

d. Phone No.: e. Truck No.: 265

f. Vehicle License No./State:

Acknowledgement of Receipt of Materials:

g. Driver Signature: Shipment Date: 11/25/11

#### TRANSPORTER II

h. Name:

i. Address:

j. Driver Name/Title:

k. Phone No.: l. Truck No.:

m. Vehicle License No./State:

Acknowledgement of Receipt of Materials:

n. Driver Signature: Shipment Date:

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: W124 S10670 S, 124th St Muskegon, WI 53150

b. Physical Address:

c. Phone Number:

d. Mailing Address:

e. 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.

f. Name of Authorized Agent: Signature: Receipt Date: 11/23/11

### Section IV. CUSTOMER

a. Name:

b. Address:

c. Name/Title:

d. Phone Number:

e. Mobile:

f. Customer Number:

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:

b. Operator's\* Phone No.:

c. Operator's\* Address:

d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: Print / Type Operator's\* Signature Date

f. Name and Address of Responsible Agency:

g. Friable; Non-friable; Both % friable % nonfriable

\*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.



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 1542780  
1508795

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

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Parkin Ave  
 b. Address: Waukesha, WI 53190  
 c. Phone No.:  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: 1401 Parkin Ave  
 e. Address: Waukesha, WI 53190  
 f. Phone No.:  
 g. Owner's Name:  
 h. Owner's Phone No.:  
 i. WI WASTE CODE: FPL 021 DRG, 1000  
 j. Description of Waste: Generator ID - 1348

Containers			TYPE	
Quantity	Units	No.	Type	
1	1	1	DM	- METAL DRUM
			DP	- PLASTIC DRUM
			B	- BAG
			BA	- 6 MIL. PLASTIC BAG or WRAP
			T	- TRUCK
			Q	- OTHER
			UNITS	
			P	- POUNDS
			Y	- YARDS
			M3	- CUBIC METERS
			Y3	- CUBIC YARDS
			Q	- OTHER

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

Generator Authorized Agent Name: SOF Signature: [Signature] Shipment Date: 11/23/01

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name:		h. Name:	
b. Address:		i. Address:	
c. Driver Name/Title: [Signature]		j. Driver Name/Title:	
d. Phone No.:	e. Truck No.: R008	k. Phone No.:	l. Truck No.:
f. Vehicle License No./State:		m. Vehicle License No./State:	
g. Acknowledgement of Receipt of Materials: [Signature]	Shipment Date: 11/23/01	n. Acknowledgement of Receipt of Materials: [Signature]	Shipment Date:

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: W124 R10829 S 12TH ST Muskegon, WI 53150  
 b. Physical Address:  
 c. Phone Number:  
 d. Mailing Address:  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/23/01

### Section IV. CUSTOMER

a. Name:  
 b. Address:  
 c. Name/Title:  
 d. Phone Number:  
 e. Mobile:  
 f. Customer Number:

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:  
 b. Operator's\* Phone No.:  
 c. Operator's\* Address:  
 d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: [Signature] Print / Type: Operator's\* Signature: [Signature] Date: [Date]  
 f. Name and Address of Responsible Agency:  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. 1549781  
1568799

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Waukesha Ave  
b. Address: Waukesha, WI 53188

d. Generating Location: Waukesha, WI  
e. Address: Waukesha, WI 53188

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: EPI 101.065 over Soil

Containers			
Quantity	Units	No.	Type
10	1	10	

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

j. Description of Waste: Generator 101 - 1040

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

SOF

11/23/07  
Shipment Date

Generator Authorized Agent Name \_\_\_\_\_ Signature \_\_\_\_\_

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

#### TRANSPORTER I

a. Name: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Driver Name/Title: \_\_\_\_\_  
d. Phone No.: \_\_\_\_\_ e. Truck No.: 57  
f. Vehicle License No./State: 29364  
g. [Signature]  
Driver Signature \_\_\_\_\_ Shipment Date 11/23/07

#### TRANSPORTER II

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. [Signature]  
Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: W124 SIMONS S. (with S1 Muskegon, WI 54150)  
b. Physical Address: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] [Signature]  
Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date 11/23/07

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.





# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. 1549782  
1568801

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Park Ave  
 b. Address: Waukecha, WI 53186  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: \_\_\_\_\_  
 e. Address: Waukecha, WI 53186  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE: EP101036  
 j. Description of Waste: Generator Oil - 1248

Containers		TYPE	
Quantity	Units	No.	Type
11	55	3	

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Shipment Date: 11/23/01

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**  
 a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Driver Name/Title: \_\_\_\_\_  
 d. Phone No.: 313-316-3383 e. Truck No.: FT-6  
 f. Vehicle License No./State: 11799 WI  
 g. Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 Driver Signature: \_\_\_\_\_ Shipment Date: 11/23/01

**TRANSPORTER II**  
 h. Name: \_\_\_\_\_  
 i. Address: \_\_\_\_\_  
 j. Driver Name/Title: \_\_\_\_\_  
 k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
 m. Vehicle License No./State: \_\_\_\_\_  
 n. Acknowledgement of Receipt of Materials: \_\_\_\_\_  
 Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: General Park Landfill, LLC  
 b. Physical Address: W124 S10620 S, 124th St Muskego, WI 53180  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 Name of Authorized Agent: \_\_\_\_\_ Signature: \_\_\_\_\_ Receipt Date: 11/23/01

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f,g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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. 0231-720B (1/04)



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. 1568853

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Park Ave

b. Address: Waukesha WI 53186

c. Phone No.:

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name:

i. WI WASTE CODE: F012 (Asbestos)

j. Description of Waste: Generator ID: 1645

d. Generating Location: 1401 Park Ave

e. Address: Waukesha WI 53186

f. Phone No.:

h. Owner's Phone No.:

k. Quantity: 11 Units, No. 52, Type

Containers: 52

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

SOF

11/23/01

Generator Authorized Agent Name: Signature

Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

#### TRANSPORTER I

a. Name: Mark Moody

b. Address: 2500 Deerpark Ave

c. Driver Name/Title:

d. Phone No.: 262-722-4408

e. Truck No.: 182

f. Vehicle License No./State: BB21961

g. Driver Signature: [Signature]

Shipment Date: 11/23/01

#### TRANSPORTER II

h. Name:

i. Address:

j. Driver Name/Title:

k. Phone No.:

l. Truck No.:

m. Vehicle License No./State:

n. Driver Signature:

Shipment Date:

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: WI 24 S10620 S. 124th St Muskego, WI 53150

b. Physical Address:

c. Phone Number:

d. Mailing Address:

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/23/01

### Section IV. CUSTOMER

a. Name:

b. Address:

c. Name/Title:

d. Phone Number:

e. Mobile:

f. Customer Number:

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name:

b. Operator's\* Phone No.:

c. Operator's\* Address:

d. Special Handling Instructions and additional information:

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: [Signature] Print / Type: Operator's\* Signature: [Signature] Date: [Date]

f. Name and Address of Responsible Agency:

g.  Friable;  Non-friable;  Both % friable % nonfriable

\*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.



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. 1549782

1568864

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Perkins Ave

b. Address: Waukesha, WI 53101

c. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE FPL001005 Other Soil

j. Description of Waste: Generator ID - 1640

d. Generating Location: 1401 Perkins Ave

e. Address: Waukesha, WI 53101

f. Phone No.: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

k. Quantity 1 Units 98 Type \_\_\_\_\_

Containers	Units	No.	Type
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

SOF

11/23/01  
Shipment Date

Generator Authorized Agent Name

Signature

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

#### TRANSPORTER I

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: 460

f. Vehicle License No./State: BTW440  
Acknowledgement of Receipt of Materials.

g. [Signature] Shipment Date 11/23/01

#### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_  
Acknowledgement of Receipt of Materials.

n. \_\_\_\_\_ Shipment Date \_\_\_\_\_

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: WI24 S10730 S. 124th St Muskego, WI 53150

b. Physical Address: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. 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.

f. [Signature] Signature 11/23/01 Receipt Date

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_  
Print / Type Operator's\* Signature

\_\_\_\_\_  
Date

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_% friable \_\_\_\_\_% nonfriable

\*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.



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

15688 No. 1548705

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Perkins Ave  
 b. Address: Waukesha, WI 53106  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: 1401 Perkins Ave  
 e. Address: Waukesha, WI 53106  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EPUS121055 J  
 j. Description of Waste: Generator Oil - 1840

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SCF Shipment Date: 11/23/01

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: _____	e. Truck No.: <u>5-831</u>	h. Name: _____	i. Truck No.: _____
b. Address: _____		i. Address: _____	
c. Driver Name/Title: _____		j. Driver Name/Title: _____	
d. Phone No.: _____		k. Phone No.: _____	
f. Vehicle License No./State: <u>103321 WI</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials: <u>11/23/01</u>		Acknowledgement of Receipt of Materials: _____	
g. Driver Signature: _____	Shipment Date: _____	n. Driver Signature: _____	Shipment Date: _____

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: W124 S10820 S. 124th St Muskego, WI 53150  
 b. Physical Address: \_\_\_\_\_  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/23/01

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

*Klause*

No. 1548780

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Franklin Ave  
 b. Address: Waukesha, WI 53100  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: \_\_\_\_\_  
 e. Address: Waukesha, WI 53100  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EP123100  
 j. Description of Waste: Generator ID - 1546

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

Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

Containers		TYPE	
Quantity	Units No.	Type	
<u>13</u>	<u>75</u>	<u>77</u>	<u>M</u>

UNITS	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I	TRANSPORTER II
a. Name: _____	h. Name: _____
b. Address: _____	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____
d. Phone No.: _____	k. Phone No.: _____
e. Truck No.: <u>E1-9</u>	l. Truck No.: _____
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
g. Acknowledgement of Receipt of Materials: <u>11/23/11</u>	n. Acknowledgement of Receipt of Materials: _____
Driver Signature: _____	Driver Signature: _____
Shipment Date: _____	Shipment Date: _____

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Enterprise Parts Center, LLC  
 b. Physical Address: W124 S10020 C. 12th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/23/11

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_  
 OPERATOR'S 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 government regulations.  
 e. Operator's Name & Title: \_\_\_\_\_  
 Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

15688 No. 1549787

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Parkview Ave

b. Address: Waukesha, WI 53190

c. Phone No.: \_\_\_\_\_

If Owner of the generating facility differs from the generator, complete d, e, f:

g. Owner's Name: \_\_\_\_\_

i. WI WASTE CODE: EP17021 005 (Lat Soil)

j. Description of Waste: Generator ID - 1048

d. Generating Location: 1401 Parkview Ave

e. Address: Waukesha, WI 53190

f. Phone No.: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

k. Quantity: 211 Units, 23 Containers

Quantity	Units	No.	Type
211	23		

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: SOF Signature: [Signature] Shipment Date: 11/23/07

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

#### TRANSPORTER I

a. Name: [Signature]

b. Address: \_\_\_\_\_

c. Driver Name/Title: \_\_\_\_\_

d. Phone No.: \_\_\_\_\_ e. Truck No.: J 102

f. Vehicle License No./State: \_\_\_\_\_ Acknowledgement of Receipt of Materials: [Signature]

g. Driver Signature: [Signature] Shipment Date: 11/23/07

#### TRANSPORTER II

h. Name: \_\_\_\_\_

i. Address: \_\_\_\_\_

j. Driver Name/Title: \_\_\_\_\_

k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_

m. Vehicle License No./State: \_\_\_\_\_ Acknowledgement of Receipt of Materials: [Signature]

n. Driver Signature: \_\_\_\_\_ Shipment Date: \_\_\_\_\_

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC

b. Physical Address: 2124 S 10320 S, 124th St Muskego, WI 53150

e. 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.

f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 11/23/07

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Name/Title: \_\_\_\_\_

d. Phone Number: \_\_\_\_\_

e. Mobile: \_\_\_\_\_

f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_

b. Operator's\* Phone No.: \_\_\_\_\_

c. Operator's\* Address: \_\_\_\_\_

d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

f. Name and Address of Responsible Agency: \_\_\_\_\_

g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

No. 1540789

1568876

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

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 14th Perkins Ave  
 b. Address: Waukesha, WI 53189  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: 14th Perkins Ave  
 e. Address: Waukesha, WI 53189  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EP1321025  
 j. Description of Waste: Generator ID - 1548  
 k. Quantity: 20 Units, No. 2, Type \_\_\_\_\_  
 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CRF Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste** subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
 Generator Authorized Agent Name: SOF Signature: \_\_\_\_\_ Shipment Date: 7/23/07

CONTAINERS		TYPE	
DM	- METAL DRUM	T	- TRUCK
DP	- PLASTIC DRUM	O	- OTHER
B	- BAG	UNITS	
BA	- 6 MIL. PLASTIC BAG or WRAP	P	- POUNDS
		Y	- YARDS
		M3	- CUBIC METERS
		Y3	- CUBIC YARDS
		O	- OTHER

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>Mark Eliasolos</u>	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: _____	k. Phone No.: _____	l. Truck No.: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: <u>Polos Trucking</u>	e. Truck No.: <u>J103</u>	n. Acknowledgement of Receipt of Materials: _____	g. Driver Signature: <u>Mark Eliasolos</u>
d. Phone No.: _____	f. Vehicle License No./State: _____	Shipment Date: <u>7/23/07</u>	h. Driver Signature: _____
f. Acknowledgement of Receipt of Materials: _____		Shipment Date: _____	

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: W124 S10800 S, 124th St Muskego, WI 53150  
 b. Physical Address: \_\_\_\_\_  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: Mark Eliasolos Signature: \_\_\_\_\_ Receipt Date: 7/23/07

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

**OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Operator's\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.



# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

No. 1568879

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Parkina Ave  
 b. Address: Waukesha, WI 53186  
 c. Phone No.: \_\_\_\_\_  
 If Owner of the generating facility differs from the generator, complete d, e, f:  
 d. Generating Location: 1401 Parkina Ave  
 e. Address: Waukesha, WI 53186  
 f. Phone No.: \_\_\_\_\_  
 g. Owner's Name: \_\_\_\_\_  
 h. Owner's Phone No.: \_\_\_\_\_  
 i. WI WASTE CODE: EMUL0006  
 j. Description of Waste: Generator Oil - 1546

Containers	Quantity	Units	No.	Type
	21	60		

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
6A	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

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

Generator Authorized Agent Name: \_\_\_\_\_ Signature: SOF Shipment Date: 1/23/07

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: _____	b. Address: _____	h. Name: _____	i. Address: _____
c. Driver Name/Title: <u>C. Mark Schneider</u>	e. Truck No.: <u>R008</u>	j. Driver Name/Title: _____	l. Truck No.: _____
d. Phone No.: _____	f. Vehicle License No./State: _____	k. Phone No.: _____	m. Vehicle License No./State: _____
g. Driver Signature: <u>[Signature]</u> Shipment Date: <u>1/23/07</u>		n. Driver Signature: _____ Shipment Date: _____	

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: Emerald Park Landfill, LLC  
 b. Physical Address: W124 C10030 C. 124th St Muskego, WI 53150  
 c. Phone Number: \_\_\_\_\_  
 d. Mailing Address: \_\_\_\_\_  
 e. 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.  
 f. Name of Authorized Agent: [Signature] Signature: [Signature] Receipt Date: 1/23/07

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_  
 b. Address: \_\_\_\_\_  
 c. Name/Title: \_\_\_\_\_  
 d. Phone Number: \_\_\_\_\_  
 e. Mobile: \_\_\_\_\_  
 f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_  
 b. Operator's\* Phone No.: \_\_\_\_\_  
 c. Operator's\* Address: \_\_\_\_\_  
 d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
 f. Name and Address of Responsible Agency: \_\_\_\_\_  
 g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable

\*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.





# GFL ENVIRONMENTAL

## NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

1571549  
No. 1549790

### Section I. GENERATOR (Generator complete all of Section I.)

a. Generator Name: 1401 Perkins Ave  
b. Address: Waukegan, WI 53190

d. Generating Location: 1401 Perkins Ave  
e. Address: Waukegan, WI 53190

c. Phone No.: \_\_\_\_\_  
If Owner of the generating facility differs from the generator, complete d, e, f:

f. Phone No.: \_\_\_\_\_

g. Owner's Name: \_\_\_\_\_

h. Owner's Phone No.: \_\_\_\_\_

i. WI WASTE CODE EP10105 J, Low Sol

k. Quantity 4 Containers

j. Description of Waste: Generator ID - 1646

Units No. 1000 Type DM

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

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M3	- CUBIC METERS
Y3	- CUBIC YARDS
O	- OTHER

Generator Authorized Agent Name \_\_\_\_\_ Signature SOE Shipment Date 12/14/01

### Section II. TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

**TRANSPORTER I**

a. Name: Whinsick  
b. Address: 29606 Queen Bechtel Dr  
c. Driver Name/Title: Chris Moore  
d. Phone No.: 262-965-3561 e. Truck No.: 243  
f. Vehicle License No./State: \_\_\_\_\_  
g. Driver Signature [Signature] Shipment Date 12/14/01

**TRANSPORTER II**

h. Name: \_\_\_\_\_  
i. Address: \_\_\_\_\_  
j. Driver Name/Title: \_\_\_\_\_  
k. Phone No.: \_\_\_\_\_ l. Truck No.: \_\_\_\_\_  
m. Vehicle License No./State: \_\_\_\_\_  
n. Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_

### Section III. DESTINATION (Generator complete a-d; Destination site complete e-f)

a. Site Name: WI 24 S10029 S. 124th St Muskegon, WI 53150  
b. Physical Address: \_\_\_\_\_  
c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. 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.  
f. Name of Authorized Agent [Signature] Signature [Signature] Receipt Date 12/14/01

c. Phone Number: \_\_\_\_\_  
d. Mailing Address: \_\_\_\_\_  
e. Discrepancy Indication Space: \_\_\_\_\_  
f. Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date \_\_\_\_\_

### Section IV. CUSTOMER

a. Name: \_\_\_\_\_ d. Phone Number: \_\_\_\_\_  
b. Address: \_\_\_\_\_ e. Mobile: \_\_\_\_\_  
c. Name/Title: \_\_\_\_\_ f. Customer Number: \_\_\_\_\_

### Section V. ASBESTOS (Generator complete a-d, f, g; Operator\* complete e)

a. Operator's\* Name: \_\_\_\_\_ b. Operator's\* Phone No.: \_\_\_\_\_  
c. Operator's\* Address: \_\_\_\_\_  
d. Special Handling Instructions and additional information: \_\_\_\_\_

OPERATOR'S 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 government regulations.

e. Operator's Name & Title: \_\_\_\_\_ Print / Type \_\_\_\_\_ Operator's\* Signature \_\_\_\_\_ Date \_\_\_\_\_  
f. Name and Address of Responsible Agency: \_\_\_\_\_  
g.  Friable;  Non-friable;  Both \_\_\_\_\_ % friable \_\_\_\_\_ % nonfriable