

Abridged version, please refer to the complete document in the Document Repository or at the NYSDEC Region 9 office

APPENDIX H

SOIL/WASTE CHARACTERIZATION DOCUMENTATION

<i>Appendix H1</i>	<i>Disposal Facility Approval and Approval Letters</i>
<i>Appendix H2</i>	<i>Tabulated Load Summaries</i>
<i>Appendix H3</i>	<i>Waste Manifests or Bills of Lading (CD)</i>

APPENDIX H1

DISPOSAL FACILITY APPROVAL & APPROVAL LETTERS

Nathan T. Munley

From: Brian Hanaka <brianh@modern-corp.com>
Sent: Tuesday, May 26, 2015 4:43 PM
To: Nathan T. Munley
Subject: RE: Buffalo Avenue Niagara Falls

Nate

The account number is Benchmark # 28033-0002 and approval number is M15-2816. Thanks

Brian R. Hanaka

Account Executive, LEED WasteCap AP
Modern Disposal Services
PO Box 209
Model City, New York 14107
800-662-0012 ext 269
Direct: 716-405-1269
Cell: 716.417.9086, Fax: 716-754-8964

brianh@modern-corp.com

Website: www.moderncorporation.com

Please contact customer service at cs@modern-corp.com or call 800-330-7107 for all your scheduling needs.
*Any and all quotations presented via email unless otherwise noted are acceptable for a period of 60 days.

From: Nathan T. Munley [mailto:NMunley@turnkeyllc.com]
Sent: Tuesday, May 26, 2015 4:37 PM
To: Brian Hanaka
Subject: Buffalo Avenue Niagara Falls

Brian

I need the client and account info for manifests for this site.

Let me know

Nate

Nathan T. Munley

Project Manager

nmunley@turnkeyllc.com

TurnKey Environmental Restoration, LLC

www.benchmarkturnkey.com

2558 Hamburg Turnpike, Suite 300, Buffalo, NY 14218
Phone: (716) 856-0635, Mobile: (716) 289-1072, Facsimile: (716) 856-0583

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DISCLAIMERS:

Confidentiality Notice: The information contained in this message is intended only for the use of the addressee, and may be confidential and/or privileged. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately.

FOR STATE USE ONLY		
SITE NO.	APPLICATION NO.	DATE RECEIVED
DEPARTMENT ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		DATE

**APPLICATION FOR TREATMENT OR DISPOSAL
 OF AN INDUSTRIAL WASTE STREAM
 SEE APPLICATION INSTRUCTIONS ON REVERSE SIDE**

1. NAME OF PROJECT/FACILITY MODERN LANDFILL, INC.		2. COUNTY NIAGARA		3. SITE NUMBER 32N30		
4. NAME OF OWNER RICHARD WASHUTA		5. ADDRESS (Street, City, State, Zip Code) 4746 Model City Road, Model City, NY 14107		6. TELEPHONE NO. (716) 754-8226		
6. NAME OF OPERATOR RICHARD WASHUTA		8. ADDRESS (Street, City, State, Zip Code) Pletcher & Harold Road, Model City, NY 14107		9. TELEPHONE NO. (716) 754-8226		
10. METHOD OF TREATMENT OR DISPOSAL SANITARY LANDFILL - D90						
11. COMPANY GENERATING WASTE Merani Hospitality			12. ADDRESS OF FACILITY GENERATING WASTE (Street, City, State, Zip Code) 401, 402 and 430 Buffalo Avenue, Niagara Falls, NY			
13. REPRESENTATIVE OF WASTE GENERATOR Faisal Merani		14. MAILING ADDRESS OF REPRESENTATIVE 7001 Buffalo Avenue		15. TELEPHONE NO. 716-236-7510		
16. DESCRIPTION OF PROCESS PRODUCING WASTE Remediation of New York State Brownfield Site # C932164.						
17. EXPECTED ANNUAL WASTE PRODUCTION 0000 Tons/Year _____ Gallons/Year		18. WASTE HAULED IN <input type="checkbox"/> Drums <input type="checkbox"/> Bulk Tank <input type="checkbox"/> Roll-Off Container <input checked="" type="checkbox"/> Other <u>Dumptruck</u>				
19. WASTE COMPOSITION 19A. Average Percent Solids _____		19b. Physical State <input type="checkbox"/> Liquid <input type="checkbox"/> Slurry <input type="checkbox"/> Sludge <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Contained Gas		19c. pH Range 2 to 12		
19d. COMPONENTS						
		CONCENTRATION (Dry Weight)		UNIT (Check One)		
		Upper	Lower	Typical	Wt. %	ppm
1) Petroleum Impacted Soil/Fill		100	0	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) PAH Impacted Soil/Fill		100	0	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) Metals Impacted Soil/Fill		100	0	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) Debris/Fill Material (brick, block, glass, wood)		10	0	_____	<input type="checkbox"/>	<input type="checkbox"/>
20. IS AN ANALYSIS OF WASTE ATTACHED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. WAS A TCLP TEST CONDUCTED ON THE WASTE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "yes", attach results		22. MATERIAL IS: <input type="checkbox"/> Hazardous <input checked="" type="checkbox"/> Non-Hazardous		
23. DETAIL ALL HAZARD AND NUISANCE PROBLEMS ASSOCIATED WITH THE WASTES. List necessary safety, handling, treatment and disposal precautions. petroleum odors						
24. WHERE WAS MATERIAL DISPOSED OF PREVIOUSLY? NA - BCP remedial excavation						
25. NAME OF WASTE TRANSPORTER		26. ADDRESS (Street, City, State, Zip Code)		27. NYSDEC PERMIT No.	28. TELEPHONE NO>	
29. CERTIFICATION I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.						
a. SIGNATURE AND TITLE OF REPRESENTATIVE OF WASTE GENERATOR 				DATE 5/11/15		
b. SIGNATURE AND TITLE OF REPRESENTATIVE OF TREATMENT OR DISPOSAL FACILITY				DATE		

Virus Warning: While reasonable precautions have been taken to protect against viruses in this message, we accept no responsibility for any damages arising from the potential presence of such viruses.

Contracts: Nothing in this message shall be construed as legally binding upon Benchmark or TurnKey.

Professional Opinions: Views expressed in this message may only be relied upon as professional opinion if and when provided by principals of the Companies to authorized representatives of the organization with which we have an active client-engineer relationship and when directly pertaining to a binding contract scope of work.

GENERATOR WASTE CHARACTERIZATION REPORT

INSTRUCTIONS: The following form is required for disposal of nonhazardous industrial/commercial wastes at Modern Landfill. Please complete all sections of this report. Send completed report along with the analytical, chain of custody and the Application for Disposal of an Industrial Waste Stream (47-19-7) to this office. A separate form is required for each waste stream.

GENERATOR INFORMATION:

Generator Name: Merani Hospitality Inc.
Generating Facility Address: 401, 402 and 430 Buffalo Avenue Waseon Falls NY
Technical Contact: Faisal Merani Phone: 716-236-7570
Alternate Contact: Matthew Munkey Phone: 716-856-0635
(Turn Key)

INVOICING INFORMATION:

Contracting Firm: Turn Key Environmental Restoration, LLC
Contact: Matthew Munkey Phone: 716-856-0635
Mike Lesakowski
Do you have an existing account with Modern Landfill? Yes [] No

Billing Address: 2558 Hamburg Turnpike
Lackawanna NY 14218

TRANSPORTER INFORMATION:

Hauler Name: _____ NYSDEC Permit No. _____
Contact Person: _____ Phone No. _____
Is Modern Landfill currently on your Transporter Permit: [] Yes [] No

If no, please enclose a Part C Application to cover this waste stream.

WASTE INFORMATION:

Common name of waste: Non-hazardous soil/fill
Description of process generating this waste: Remedial excavation at
NYSDEC BCP Site No. C 932164

Is this waste hazardous under US EPA Guidelines & 6NYCRR Part 371 (d)? [] Yes No

Indicate the category which best describes this waste stream:

- Industrial Waste
- Household Waste
- Commercial Solid Waste

- Construction & Demolition Debris
- Other (Please Specify)

Remedial
Excavation

PHYSICAL CHARACTERISTICS OF WASTE

The waste is at least 20% solid and contains no free liquid	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
The Flashpoint of the waste is >140°F	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
The pH level of the waste is between 2.0 and 12.5	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Is the waste reactive (Cyanide/Sulfide)?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Is the waste free of PCBs	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Color: <u>Brown to Black</u> Odor: <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Mild <input type="checkbox"/> None		

TCLP TESTING AND CERTIFICATION

Metals

Constituent	Nonhazardous Limit (mg/l)	Present	Not Present
Arsenic	5.0	0.03	
Barium	100.0	0.29 / 0.58 / 0.55	
Cadmium	1.0		X
Chromium	5.0		X
Lead	5.0	0.09	
Mercury	0.2		X
Selenium	1.0	0.06	
Silver	5.0		X

Herbicides / Pesticides

Constituent	Nonhazardous Limit (mg/l)	Present	Not Present
2,4-D	10.0		/
2,4,5-TP silvex	1.0		
Endrin	0.02		
Lindane	0.4		
Methoxychlor	10.0		
Toxaphene	0.5		
Chlordane	0.03		
Heptachlor	0.008		

Acid Extractables

Constituent	Nonhazardous Limit (mg/l)	Present	Not Present
O-Creosol	200.0		/
M-Creosol	200.0		
P-Creosol	200.0		
Pentachlorophenol	100.0		
2,4,5-Trichlorophenol	400.0		
2,4,6-Trichlorophenol	2.0		

Base Neutrals Extractables

Constituent	Nonhazardous Limit (mg/l)	Present	Not Present
1,4-Dichlorobenzene	7.5		/
2,4-Dinitrotoluen	0.13		
Hexachlorobenzene	0.13		
Hexachlorobutadiene	0.5		
Hexachloroethane	3		
Nitrobenzene	2		
Pyridine	5		

Volatile Organics

Constituent	Nonhazardous Limit (mg/l)	Present	Not Present
1,1-Dichloroethylene	0.7		/
Methyl Ethyl Ketone	200.0		
Tetrachloroethylene	0.7		
Vinyl Chloride	0.2		
Benzene	0.5		
Carbon Tetrachloride	0.5		
Chlorobenzene	100.0		
Chloroform	6.0	0.052	
Trichloroethylene	0.5		
1,2-Dichloroethane	0.5		

CERTIFICATION

I certify that all information contained within this Generator Waste Characterization Report, including all attached information, is complete and actual and is an accurate representation of known or suspected hazards described herein.

Signature: 

Printed Name: FAISAL MENANI

Title: PRESIDENT

Company: MENANI HOSPITALITY, INC

Date: 5/11/15



April 29, 2015

Attn: Mr. Faisal Merani
Merani Hospitality, Inc.
7001 Buffalo Avenue
Niagara Falls, NY 14304

RE: Former Fallside Hotel Site, 401 Buffalo Avenue, Niagara Falls, NY

Labpack Approval Number CC46704-SP
Cylinder Approval Number CM042715-7-8 (Propane)
Cylinder Approval Number CM042715-5-6 (MAPP)
Cylinder Approval Number CM042715-1-3 (Carbon dioxide)
Cylinder Approval Number CM042715-4 (Helium)
Approval Number CH983446 (Oil Based Paint in Cans)
Approval Number CI983449 (Latex Paint in Cans)
Approval Number CH983418 (Flammable Aerosols)
Approval Number CH983422 (Lead Acid Batteries)
Approval Number CI983431 (Petroleum Oils)

Dear Mr. Merani:

Thank you for accepting Clean Harbors Environmental Services, Inc. for your waste management needs. Clean Harbors has the appropriate permits and licenses for the acceptance and disposal of the waste streams that you have identified for pickup and disposal per the above-mentioned Labpack Approval Number.

We offer our clients a broad spectrum of environmental services and the ability to dispose of hazardous material at or through a Clean Harbors' owned and operated facility. In addition to managing your waste streams, a Clean Harbors' professional can assist you with:

- Facility Decontamination/Remediation Projects
- Emergency Response (24 hours a day)
- Required OSHA/Safety Training
- Analytical Services
- Lab Pack Services

I look forward to servicing your environmental needs. If you have any questions or need further assistance, you may reach me at the number below.

Sincerely,


Robert M. Bihlmeyer
Lead Customer Service Representative
(860)583-8917 x.329

"People and Technology Creating a Better Environment"



WASTE MATERIAL PROFILE SHEET

Clean Harbors Profile No. CH983418

A. GENERAL INFORMATION

GENERATOR EPA ID #/REGISTRATION #	NYR000215962	GENERATOR NAME:	Former Fallside Hotel Site
GENERATOR CODE (Assigned by Clean Harbors)	FO21447	CITY	Niagara Falls
ADDRESS	401 Buffalo Avenue	STATE/PROVINCE	NY
		ZIP/POSTAL CODE	14304
CUSTOMER CODE (Assigned by Clean Harbors)	AD000015	PHONE:	(716) 236-7510
ADDRESS	519 Mill Street	CUSTOMER NAME:	Advanced Waste Solutions Incorporated
		CITY	Lockport
		STATE/PROVINCE	NY
		ZIP/POSTAL CODE	14094

B. WASTE DESCRIPTIONWASTE DESCRIPTION: **FLAMMABLE AEROSOLS - NON-PUNCTURED**PROCESS GENERATING WASTE: **Off-spec products**IS THIS WASTE CONTAINED IN SMALL PACKAGING CONTAINED WITHIN A LARGER SHIPPING CONTAINER ? **Yes****C. PHYSICAL PROPERTIES (at 25C or 77F)**

PHYSICAL STATE SOLID WITHOUT FREE LIQUID POWDER MONOLITHIC SOLID LIQUID WITH NO SOLIDS LIQUID/SOLID MIXTURE % FREE LIQUID % SETTLED SOLID % TOTAL SUSPENDED SOLID SLUDGE <input checked="" type="checkbox"/> GAS/AEROSOL	NUMBER OF PHASES/LAYERS 1 2 3 TOP 0.00 % BY VOLUME (Approx.) MIDDLE 0.00 BOTTOM 0.00				VISCOSITY (If liquid present) 1 - 100 (e.g. Water) 101 - 500 (e.g. Motor Oil) 501 - 10,000 (e.g. Molasses) > 10,000		COLOR <u>Varies</u>				
	ODOR <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MILD <input type="checkbox"/> STRONG Describe:		BOILING POINT °F (°C) <= 95 (<=35) 95 - 100 (35-38) 101 - 129 (38-54) >= 130 (>54)		MELTING POINT °F (°C) < 140 (<60) 140-200 (60-93) > 200 (>93)			TOTAL ORGANIC CARBON <= 1% 1-9% <input checked="" type="checkbox"/> >= 10%			
	FLASH POINT °F (°C) <input checked="" type="checkbox"/> < 73 (<23) 73 - 100 (23-38) 101 - 140 (38-60) 141 - 200 (60-93) > 200 (>93)		pH <= 2 2.1 - 6.9 7 (Neutral) 7.1 - 12.4 >= 12.5		SPECIFIC GRAVITY <input checked="" type="checkbox"/> < 0.8 (e.g. Gasoline) 0.8-1.0 (e.g. Ethanol) 1.0 (e.g. Water) 1.0-1.2 (e.g. Antifreeze) > 1.2 (e.g. Methylene Chloride)				ASH < 0.1 > 20 0.1 - 1.0 Unknown 1.1 - 5.0 <input checked="" type="checkbox"/> 5.1 - 20.0		BTU/LB (MJ/kg) < 2,000 (<4.6) 2,000-5,000 (4.6-11.6) 5,000-10,000 (11.6-23.2) <input checked="" type="checkbox"/> > 10,000 (>23.2) Actual:

D. COMPOSITION (List the complete composition of the waste, include any inert components and/or debris. Ranges for individual components are acceptable. If a trade name is used, please supply an MSDS. Please do not use abbreviations.)

CHEMICAL	MIN	--	MAX	UOM
DOES THIS WASTE CONTAIN ANY HEAVY GAUGE METAL DEBRIS OR OTHER LARGE OBJECTS (EX., METAL PLATE OR PIPING >1/4" THICK OR >12" LONG, METAL REINFORCED HOSE >12" LONG, METAL WIRE >12" LONG, METAL VALVES, PIPE FITTINGS, CONCRETE REINFORCING BAR OR PIECES OF CONCRETE >3")?	YES		<input checked="" type="checkbox"/>	NO
If yes, describe, including dimensions:				
DOES THIS WASTE CONTAIN ANY METALS IN POWDERED OR OTHER FINELY DIVIDED FORM?	YES		<input checked="" type="checkbox"/>	NO
DOES THIS WASTE CONTAIN OR HAS IT CONTACTED ANY OF THE FOLLOWING; ANIMAL WASTES, HUMAN BLOOD, BLOOD PRODUCTS, BODY FLUIDS, MICROBIOLOGICAL WASTE, PATHOLOGICAL WASTE, HUMAN OR ANIMAL DERIVED SERUMS OR PROTEINS OR ANY OTHER POTENTIALLY INFECTIOUS MATERIAL?	YES		<input checked="" type="checkbox"/>	NO
I acknowledge that this waste material is neither infectious nor does it contain any organism known to be a threat to human health. This certification is based on my knowledge of the material. Select the answer below that applies:				
The waste was never exposed to potentially infectious material.	YES			NO
Chemical disinfection or some other form of sterilization has been applied to the waste.	YES			NO
I ACKNOWLEDGE THAT THIS PROFILE MEETS THE CLEAN HARBORS BATTERY PACKAGING REQUIREMENTS.	YES			NO
I ACKNOWLEDGE THAT MY FRIABLE ASBESTOS WASTE IS DOUBLE BAGGED AND WETTED.	YES			NO
SPECIFY THE SOURCE CODE ASSOCIATED WITH THE WASTE.	G11			SPECIFY THE FORM CODE ASSOCIATED WITH THE WASTE. W801



E. CONSTITUENTS

Are these values based on testing or knowledge? Knowledge Testing

If based on knowledge, please describe in detail, the rationale applied to identify and characterize the waste material. Please include reference to Material Safety Data Sheets (MSDS) when applicable. Include the chemical or trade-name represented by the MSDS, and or detailed process or operating procedures which generate the waste.

Labels

Please indicate which constituents below apply. Concentrations must be entered when applicable to assist in accurate review and expedited approval of your waste profile. Please note that the total regulated metals and other constituents sections require answers.

Table with columns: RCRA, REGULATED METALS, REGULATORY LEVEL (mg/l), TCLP mg/l, TOTAL, UOM, NOT APPLICABLE. Rows include ARSENIC, BARIUM, CADMIUM, CHROMIUM, LEAD, MERCURY, SELENIUM, SILVER, VOLATILE COMPOUNDS (BENZENE, CARBON TETRACHLORIDE, etc.), SEMI-VOLATILE COMPOUNDS (o-CRESOL, m-CRESOL, etc.), and PESTICIDES AND HERBICIDES (ENDRIN, LINDANE, etc.).

HOCs: NONE , < 1000 PPM , >= 1000 PPM . PCBs: NONE , < 50 PPM , >=50 PPM . IF PCBs ARE PRESENT, IS THE WASTE REGULATED BY TSCA 40 CFR 761? YES , NO .

ADDITIONAL HAZARDS DOES THIS WASTE HAVE ANY UNDISCLOSED HAZARDS OR PRIOR INCIDENTS ASSOCIATED WITH IT, WHICH COULD AFFECT THE WAY IT SHOULD BE HANDLED? YES NO (If yes, explain)

CHOOSE ALL THAT APPLY: DEA REGULATED SUBSTANCES, POLYMERIZABLE, EXPLOSIVE, RADIOACTIVE, FUMING, REACTIVE MATERIAL, OSHA REGULATED CARCINOGENS, NONE OF THE ABOVE



F. REGULATORY STATUS

YES NO USEPA HAZARDOUS WASTE? D001 D005 D006 D007 D008 D035 D039 D040
YES NO DO ANY STATE WASTE CODES APPLY? 331 343
Texas Waste Code
YES NO DO ANY CANADIAN PROVINCIAL WASTE CODES APPLY?
YES NO IS THIS WASTE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT PER 40 CFR PART 268?
LDR CATEGORY: This is subject to LDR.
VARIANCE INFO:
YES NO IS THIS A UNIVERSAL WASTE?
YES NO IS THE GENERATOR OF THE WASTE CLASSIFIED AS CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (CESQG)?
YES NO IS THIS MATERIAL GOING TO BE MANAGED AS A RCRA EXEMPT COMMERCIAL PRODUCT, WHICH IS FUEL (40 CFR 261.2 (C)(2)(II))?
YES NO DOES TREATMENT OF THIS WASTE GENERATE A F006 OR F019 SLUDGE?
YES NO IS THIS WASTE STREAM SUBJECT TO THE INORGANIC METAL BEARING WASTE PROHIBITION FOUND AT 40 CFR 268.3(C)?
YES NO DOES THIS WASTE CONTAIN VOC'S IN CONCENTRATIONS >=500 PPM?
YES NO DOES THE WASTE CONTAIN GREATER THAN 20% OF ORGANIC CONSTITUENTS WITH A VAPOR PRESSURE >= .3KPA (.044 PSIA)?
YES NO DOES THIS WASTE CONTAIN AN ORGANIC CONSTITUENT WHICH IN ITS PURE FORM HAS A VAPOR PRESSURE > 77 KPA (11.2 PSIA)?
YES NO IS THIS CERCLA REGULATED (SUPERFUND) WASTE ?
YES NO IS THE WASTE SUBJECT TO ONE OF THE FOLLOWING NESHAP RULES?
Hazardous Organic NESHAP (HON) rule (subpart G) Pharmaceuticals production (subpart GGG)
YES NO IF THIS IS A US EPA HAZARDOUS WASTE, DOES THIS WASTE STREAM CONTAIN BENZENE?
YES NO Does the waste stream come from a facility with one of the SIC codes listed under benzene NESHAP or is this waste regulated under the benzene NESHAP rules because the original source of the waste is from a chemical manufacturing, coke by-product recovery, or petroleum refinery process?
YES NO Is the generating source of this waste stream a facility with Total Annual Benzene (TAB) >10 Mg/year?
What is the TAB quantity for your facility? Megagram/year (1 Mg = 2,200 lbs)
The basis for this determination is: Knowledge of the Waste Or Test Data Knowledge Testing
Describe the knowledge :

G. DOT/TDG INFORMATION

DOT/TDG PROPER SHIPPING NAME:
RQ, UN1950, WASTE AEROSOLS, (EACH NOT EXCEEDING 1 L CAPACITY), 2.1 (D001)

H. TRANSPORTATION REQUIREMENTS

ESTIMATED SHIPMENT FREQUENCY ONE TIME WEEKLY MONTHLY QUARTERLY YEARLY OTHER Other
CONTAINERIZED BULK LIQUID BULK SOLID
1-5 CONTAINERS/SHIPMENT GALLONS/SHIPMENT: 0 Min -0 Max GAL. SHIPMENT UOM: TON YARD
STORAGE CAPACITY: 5
CONTAINER TYPE:
CUBIC YARD BOX PALLET
TOTE TANK DRUM
OTHER: DRUM SIZE: 55
TONS/YARDS/SHIPMENT: 0 Min - 0 Max

I. SPECIAL REQUEST

COMMENTS OR REQUESTS:

GENERATOR'S CERTIFICATION

I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents is correct to the best of my knowledge. I also certify that any samples submitted are representative of the actual waste. If Clean Harbors discovers a discrepancy during the approval process, Generator grants Clean Harbors the authority to amend the profile, as Clean Harbors deems necessary, to reflect the discrepancy.

AUTHORIZED SIGNATURE NAME (PRINT) TITLE DATE

This waste profile has been submitted using Clean Harbors' electronic signature system.

*40 CFR Sec. 264.12 required notice:

As required by Federal Resource Conservation and Recovery Act regulations found in 40 CFR Part 264.12(b) and all equivalent State hazardous waste regulations, notice is hereby provided that all Clean Harbors facilities that may be used to treat, store, and/or dispose of the hazardous waste described on this waste profile have the appropriate permits and the capacity to manage these wastes.

Please note this profile must be submitted for re-evaluation if there has been a change in the waste generating process or when there have been changes in the chemical composition or physical characteristics of the material.



F. REGULATORY STATUS

YES NO USEPA HAZARDOUS WASTE?
D001 D005 D006 D007 D008 D035 D039 D040

YES NO DO ANY STATE WASTE CODES APPLY?
331 343
 Texas Waste Code

YES NO DO ANY CANADIAN PROVINCIAL WASTE CODES APPLY?

YES NO IS THIS WASTE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT PER 40 CFR PART 268?
 LDR CATEGORY: **This is subject to LDR.**
 VARIANCE INFO:

YES NO IS THIS A UNIVERSAL WASTE?

YES NO IS THE GENERATOR OF THE WASTE CLASSIFIED AS CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (CESQG)?

YES NO IS THIS MATERIAL GOING TO BE MANAGED AS A RCRA EXEMPT COMMERCIAL PRODUCT, WHICH IS FUEL (40 CFR 261.2 (C)(2)(II))?

YES NO DOES TREATMENT OF THIS WASTE GENERATE A F006 OR F019 SLUDGE?

YES NO IS THIS WASTE STREAM SUBJECT TO THE INORGANIC METAL BEARING WASTE PROHIBITION FOUND AT 40 CFR 268.3(C)?

YES NO DOES THIS WASTE CONTAIN VOC'S IN CONCENTRATIONS >=500 PPM?

YES NO DOES THE WASTE CONTAIN GREATER THAN 20% OF ORGANIC CONSTITUENTS WITH A VAPOR PRESSURE >= .3KPA (.044 PSIA)?

YES NO DOES THIS WASTE CONTAIN AN ORGANIC CONSTITUENT WHICH IN ITS PURE FORM HAS A VAPOR PRESSURE > 77 KPA (11.2 PSIA)?

YES NO IS THIS CERCLA REGULATED (SUPERFUND) WASTE ?

YES NO IS THE WASTE SUBJECT TO ONE OF THE FOLLOWING NESHAP RULES?
 Hazardous Organic NESHAP (HON) rule (subpart G) Pharmaceuticals production (subpart GGG)

YES NO IF THIS IS A US EPA HAZARDOUS WASTE, DOES THIS WASTE STREAM CONTAIN BENZENE?
 YES NO Does the waste stream come from a facility with one of the SIC codes listed under benzene NESHAP or is this waste regulated under the benzene NESHAP rules because the original source of the waste is from a chemical manufacturing, coke by-product recovery, or petroleum refinery process?
 YES NO Is the generating source of this waste stream a facility with Total Annual Benzene (TAB) >10 Mg/year?
 What is the TAB quantity for your facility? Megagram/year (1 Mg = 2,200 lbs)
 The basis for this determination is: Knowledge of the Waste Or Test Data Knowledge Testing
 Describe the knowledge : Knowledge Testing

G. DOT/TDG INFORMATION

DOT/TDG PROPER SHIPPING NAME:
RQ, UN1950, WASTE AEROSOLS, (EACH NOT EXCEEDING 1 L CAPACITY), 2.1 (D001)

H. TRANSPORTATION REQUIREMENTS

ESTIMATED SHIPMENT FREQUENCY ONE TIME WEEKLY MONTHLY QUARTERLY YEARLY OTHER Other

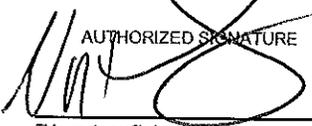
<input checked="" type="checkbox"/> CONTAINERIZED 1-5 CONTAINERS/SHIPMENT	BULK LIQUID GALLONS/SHIPMENT: <u>0 Min - 0 Max</u>	BULK SOLID SHIPMENT UOM: TON YARD TONS/YARDS/SHIPMENT: <u>0 Min - 0 Max</u>
STORAGE CAPACITY: <u>5</u>		
CONTAINER TYPE: CUBIC YARD BOX PALLET TOTE TANK <input checked="" type="checkbox"/> DRUM OTHER: DRUM SIZE: <u>55</u>		

I. SPECIAL REQUEST

COMMENTS OR REQUESTS:

GENERATOR'S CERTIFICATION

I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents is correct to the best of my knowledge. I also certify that any samples submitted are representative of the actual waste. If Clean Harbors discovers a discrepancy during the approval process, Generator grants Clean Harbors the authority to amend the profile, as Clean Harbors deems necessary, to reflect the discrepancy.

AUTHORIZED SIGNATURE:  NAME (PRINT): Nathan Munday TITLE: As Agent for Maravi Hospital DATE: 6/11/2015

This waste profile has been submitted using Clean Harbors' electronic signature system.

*40 CFR Sec. 264.12 required notice:

As required by Federal Resource Conservation and Recovery Act regulations found in 40 CFR Part 264.12(b) and all equivalent State hazardous waste regulations, notice is hereby provided that all Clean Harbors facilities that may be used to treat, store, and/or dispose of the hazardous waste described on this waste profile have the appropriate permits and the capacity to manage these wastes.

Please note this profile must be submitted for re-evaluation if there has been a change in the waste generating process or when there have been changes in the chemical composition or physical characteristics of the material.



WASTE MATERIAL PROFILE SHEET

Clean Harbors Profile No. CH983422

A. GENERAL INFORMATION

GENERATOR EPA ID #/REGISTRATION # **NYR000215962** GENERATOR NAME: **Former Fallside Hotel Site**
 GENERATOR CODE (Assigned by Clean Harbors) **FO21447** CITY **Niagara Falls** STATE/PROVINCE **NY** ZIP/POSTAL CODE **14304**
 ADDRESS **401 Buffalo Avenue**
 CUSTOMER CODE (Assigned by Clean Harbors) **AD000015** CUSTOMER NAME: **Advanced Waste Solutions Incorporated**
 ADDRESS **519 Mill Street** CITY **Lockport** STATE/PROVINCE **NY** ZIP/POSTAL CODE **14094**
 PHONE: **(716) 236-7510**

B. WASTE DESCRIPTIONWASTE DESCRIPTION: **LEAD ACID BATTERIES (GEL)**PROCESS GENERATING WASTE: **Discarded product**IS THIS WASTE CONTAINED IN SMALL PACKAGING CONTAINED WITHIN A LARGER SHIPPING CONTAINER? **No****C. PHYSICAL PROPERTIES (at 25C or 77F)**

PHYSICAL STATE SOLID WITHOUT FREE LIQUID POWDER MONOLITHIC SOLID <input checked="" type="checkbox"/> LIQUID WITH NO SOLIDS <input checked="" type="checkbox"/> LIQUID/SOLID MIXTURE % FREE LIQUID 0.00 - 20.00 % SETTLED SOLID 0.00 - 90.00 SLUDGE GAS/AEROSOL	NUMBER OF PHASES/LAYERS <input checked="" type="checkbox"/> 1 2 3 TOP 0.00 % BY VOLUME (Approx.) MIDDLE 0.00 BOTTOM 0.00		VISCOSITY (If liquid present) <input checked="" type="checkbox"/> 1 - 100 (e.g. Water) 101 - 500 (e.g. Motor Oil) 501 - 10,000 (e.g. Molasses) > 10,000	COLOR <u>Varies</u>
	ODOR <input checked="" type="checkbox"/> NONE MILD STRONG Describe:	BOILING POINT °F (°C) <= 95 (<=35) 95 - 100 (35-38) 101 - 129 (38-54) <input checked="" type="checkbox"/> >= 130 (>54)		
FLASH POINT °F (°C) < 73 (<23) 73 - 100 (23-38) 101 - 140 (38-60) 141 - 200 (60-93) <input checked="" type="checkbox"/> > 200 (>93)	pH <input checked="" type="checkbox"/> <= 2 2.1 - 6.9 7 (Neutral) 7.1 - 12.4 >= 12.5	SPECIFIC GRAVITY < 0.8 (e.g. Gasoline) 0.8-1.0 (e.g. Ethanol) 1.0 (e.g. Water) 1.0-1.2 (e.g. Antifreeze) <input checked="" type="checkbox"/> > 1.2 (e.g. Methylene Chloride)	ASH < 0.1 <input checked="" type="checkbox"/> > 20 0.1 - 1.0 Unknown 1.1 - 5.0 5.1 - 20.0	BTU/LB (MJ/kg) <input checked="" type="checkbox"/> < 2,000 (<4.6) 2,000-5,000 (4.6-11.6) 5,000-10,000 (11.6-23.2) > 10,000 (>23.2) Actual:

D. COMPOSITION (List the complete composition of the waste, include any inert components and/or debris. Ranges for individual components are acceptable. If a trade name is used, please supply an MSDS. Please do not use abbreviations.)

CHEMICAL	MIN	MAX	UOM
LEAD	20.0000000	30.0000000	%
LEAD ACID BATTERY	100.0000000	100.0000000	%
LEAD OXIDE	10.0000000	30.0000000	%
PLASTIC CASING	30.0000000	50.0000000	%
SULFURIC ACID	36.0000000	36.0000000	%
WATER	10.0000000	30.0000000	%

DOES THIS WASTE CONTAIN ANY HEAVY GAUGE METAL DEBRIS OR OTHER LARGE OBJECTS (EX., METAL PLATE OR PIPING >1/4" THICK OR >12" LONG, METAL REINFORCED HOSE >12" LONG, METAL WIRE >12" LONG, METAL VALVES, PIPE FITTINGS, CONCRETE REINFORCING BAR OR PIECES OF CONCRETE >3")? YES NO

If yes, describe, including dimensions:

DOES THIS WASTE CONTAIN ANY METALS IN POWDERED OR OTHER FINELY DIVIDED FORM? YES NO

DOES THIS WASTE CONTAIN OR HAS IT CONTACTED ANY OF THE FOLLOWING; ANIMAL WASTES, HUMAN BLOOD, BLOOD PRODUCTS, BODY FLUIDS, MICROBIOLOGICAL WASTE, PATHOLOGICAL WASTE, HUMAN OR ANIMAL DERIVED SERUMS OR PROTEINS OR ANY OTHER POTENTIALLY INFECTIOUS MATERIAL? YES NO

I acknowledge that this waste material is neither infectious nor does it contain any organism known to be a threat to human health. This certification is based on my knowledge of the material. Select the answer below that applies:

The waste was never exposed to potentially infectious material. YES NO

Chemical disinfection or some other form of sterilization has been applied to the waste. YES NO

I ACKNOWLEDGE THAT THIS PROFILE MEETS THE CLEAN HARBORS BATTERY PACKAGING REQUIREMENTS. YES NO

I ACKNOWLEDGE THAT MY FRIABLE ASBESTOS WASTE IS DOUBLE BAGGED AND WETTED. YES NO

SPECIFY THE SOURCE CODE ASSOCIATED WITH THE WASTE. **G15** SPECIFY THE FORM CODE ASSOCIATED WITH THE WASTE. **W309**



F. REGULATORY STATUS

Form with regulatory questions and checkboxes. Includes questions about USEPA hazardous waste, state codes (NHX1 7777 MA95 MRD002 MRD008), Texas Waste Code (outs309h), and various environmental criteria like VOCs and benzene.

G. DOT/TDG INFORMATION

DOT/TDG PROPER SHIPPING NAME: UN2794, BATTERIES, WET, FILLED WITH ACID, 8, PG III, UNIVERSAL WASTE-BATTERIES; UN2800, BATTERIES, WET, NON-SPILLABLE, ELECTRIC STORAGE, 8, PG III, UNIVERSAL WASTE-BATTERIES

H. TRANSPORTATION REQUIREMENTS

ESTIMATED SHIPMENT FREQUENCY: MONTHLY. CONTAINERIZED: 1-2 CONTAINERS/SHIPMENT. STORAGE CAPACITY: 2. BULK LIQUID: 0 Min - 0 Max. BULK SOLID: 0 Min - 0 Max.

I. SPECIAL REQUEST

COMMENTS OR REQUESTS:

GENERATOR'S CERTIFICATION

I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents is correct to the best of my knowledge.

AUTHORIZED SIGNATURE NAME (PRINT) TITLE DATE

This waste profile has been submitted using Clean Harbors' electronic signature system.

*40 CFR Sec. 264.12 required notice:

As required by Federal Resource Conservation and Recovery Act regulations found in 40 CFR Part 264.12(b) and all equivalent State hazardous waste regulations, notice is hereby provided that all Clean Harbors facilities that may be used to treat, store, and /or dispose of the hazardous waste described on this waste profile have the appropriate permits and the capacity to manage these wastes.

Please note this profile must be submitted for re-evaluation if there has been a change in the waste generating process or when there have been changes in the chemical composition or physical characteristics of the material.



F. REGULATORY STATUS

YES NO USEPA HAZARDOUS WASTE?
DO ANY STATE WASTE CODES APPLY?
NHX1 7777 MA95 MRD002 MRD008
Texas Waste Code outs309h
DO ANY CANADIAN PROVINCIAL WASTE CODES APPLY?
IS THIS WASTE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT PER 40 CFR PART 268?
LDR CATEGORY: Not subject to LDR
IS THIS A UNIVERSAL WASTE?
IS THE GENERATOR OF THE WASTE CLASSIFIED AS CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (CESQG)?
IS THIS MATERIAL GOING TO BE MANAGED AS A RCRA EXEMPT COMMERCIAL PRODUCT, WHICH IS FUEL (40 CFR 261.2 (C)(2)(II))?
DOES TREATMENT OF THIS WASTE GENERATE A F006 OR F019 SLUDGE?
IS THIS WASTE STREAM SUBJECT TO THE INORGANIC METAL BEARING WASTE PROHIBITION FOUND AT 40 CFR 268.3(C)?
DOES THIS WASTE CONTAIN VOC'S IN CONCENTRATIONS >=500 PPM?
DOES THE WASTE CONTAIN GREATER THAN 20% OF ORGANIC CONSTITUENTS WITH A VAPOR PRESSURE >= .3KPA (.044 PSIA)?
DOES THIS WASTE CONTAIN AN ORGANIC CONSTITUENT WHICH IN ITS PURE FORM HAS A VAPOR PRESSURE > 77 KPA (11.2 PSIA)?
IS THIS CERCLA REGULATED (SUPERFUND) WASTE?
IS THE WASTE SUBJECT TO ONE OF THE FOLLOWING NESHAP RULES?
Hazardous Organic NESHAP (HON) rule (subpart G) Pharmaceuticals production (subpart GGG)
IF THIS IS A US EPA HAZARDOUS WASTE, DOES THIS WASTE STREAM CONTAIN BENZENE?
Does the waste stream come from a facility with one of the SIC codes listed under benzene NESHAP or is this waste regulated under the benzene NESHAP rules because the original source of the waste is from a chemical manufacturing, coke by-product recovery, or petroleum refinery process?
Is the generating source of this waste stream a facility with Total Annual Benzene (TAB) >10 Mg/year?
What is the TAB quantity for your facility? Megagram/year (1 Mg = 2,200 lbs)
The basis for this determination is: Knowledge of the Waste Or Test Data Knowledge Testing
Describe the knowledge:

G. DOT/TDG INFORMATION

DOT/TDG PROPER SHIPPING NAME:
UN2794, BATTERIES, WET, FILLED WITH ACID, 8, PG III, UNIVERSAL WASTE-BATTERIES
UN2800, BATTERIES, WET, NON-SPILLABLE, ELECTRIC STORAGE, 8, PG III, UNIVERSAL WASTE-BATTERIES

H. TRANSPORTATION REQUIREMENTS

ESTIMATED SHIPMENT FREQUENCY ONE TIME WEEKLY MONTHLY QUARTERLY YEARLY OTHER Other
CONTAINERIZED BULK LIQUID BULK SOLID
1-2 CONTAINERS/SHIPMENT GALLONS/SHIPMENT: 0 Min - 0 Max GAL. SHIPMENT UOM: TON YARD
STORAGE CAPACITY: 2 TONS/YARDS/SHIPMENT: 0 Min - 0 Max
CONTAINER TYPE: CUBIC YARD BOX PALLET
TOTE TANK DRUM
OTHER: DRUM SIZE: 5

I. SPECIAL REQUEST

COMMENTS OR REQUESTS:

GENERATOR'S CERTIFICATION

I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents is correct to the best of my knowledge. I also certify that any samples submitted are representative of the actual waste. If Clean Harbors discovers a discrepancy during the approval process, Generator grants Clean Harbors the authority to amend the profile, as Clean Harbors deems necessary, to reflect the discrepancy.

AUTHORIZED SIGNATURE [Signature] NAME (PRINT) As Agent For TITLE Mercuri Hospital DATE 6 May 2015
This waste profile has been submitted using Clean Harbors' electronic signature system.

*40 CFR Sec. 264.12 required notice:

As required by Federal Resource Conservation and Recovery Act regulations found in 40 CFR Part 264.12(b) and all equivalent State hazardous waste regulations, notice is hereby provided that all Clean Harbors facilities that may be used to treat, store, and/or dispose of the hazardous waste described on this waste profile have the appropriate permits and the capacity to manage these wastes.

Please note this profile must be submitted for re-evaluation if there has been a change in the waste generating process or when there have been changes in the chemical composition or physical characteristics of the material.



WASTE MATERIAL PROFILE SHEET

Clean Harbors Profile No. CH983429

A. GENERAL INFORMATION

GENERATOR EPA ID #/REGISTRATION # **NYR000215962** GENERATOR NAME: **Former Fallside Hotel Site**
 GENERATOR CODE (Assigned by Clean Harbors) **FO21447** CITY **Niagara Falls** STATE/PROVINCE **NY** ZIP/POSTAL CODE **14304**
 ADDRESS **401 Buffalo Avenue**
 CUSTOMER CODE (Assigned by Clean Harbors) **AD000015** CUSTOMER NAME: **Advanced Waste Solutions Incorporated**
 ADDRESS **519 Mill Street** CITY **Lockport** STATE/PROVINCE **NY** ZIP/POSTAL CODE **14094**
 PHONE: **(716) 236-7510**

B. WASTE DESCRIPTION

WASTE DESCRIPTION: **COMPACT FLUORESCENT LAMPS**

PROCESS GENERATING WASTE: **Lamps taken out of service**

IS THIS WASTE CONTAINED IN SMALL PACKAGING CONTAINED WITHIN A LARGER SHIPPING CONTAINER ? **No**

C. PHYSICAL PROPERTIES (at 25C or 77F)

PHYSICAL STATE <input checked="" type="checkbox"/> SOLID WITHOUT FREE LIQUID POWDER MONOLITHIC SOLID LIQUID WITH NO SOLIDS LIQUID/SOLID MIXTURE % FREE LIQUID % SETTLED SOLID % TOTAL SUSPENDED SOLID SLUDGE GAS/AEROSOL	NUMBER OF PHASES/LAYERS 1 2 3 TOP 0.00 % BY VOLUME (Approx.) MIDDLE 0.00 BOTTOM 0.00			VISCOSITY (If liquid present) 1 - 100 (e.g. Water) 101 - 500 (e.g. Motor Oil) 501 - 10,000 (e.g. Molasses) > 10,000		COLOR VARIED			
	ODOR <input checked="" type="checkbox"/> NONE MILD STRONG Describe:		BOILING POINT °F (°C) <= 95 (<=35) 95 - 100 (35-38) 101 - 129 (38-54) >= 130 (>54)		MELTING POINT °F (°C) < 140 (<60) 140-200 (60-93) <input checked="" type="checkbox"/> > 200 (>93)				
	TOTAL ORGANIC CARBON <input checked="" type="checkbox"/> <= 1% 1-9% >= 10%								
	FLASH POINT °F (°C) < 73 (<23) 73 - 100 (23-38) 101 - 140 (38-60) 141 - 200 (60-93) > 200 (>93)		pH <= 2 2.1 - 6.9 <input checked="" type="checkbox"/> 7 (Neutral) 7.1 - 12.4 >= 12.5		SPECIFIC GRAVITY < 0.8 (e.g. Gasoline) 0.8-1.0 (e.g. Ethanol) 1.0 (e.g. Water) 1.0-1.2 (e.g. Antifreeze) <input checked="" type="checkbox"/> > 1.2 (e.g. Methylene Chloride)		ASH < 0.1 0.1 - 1.0 <input checked="" type="checkbox"/> Unknown 1.1 - 5.0 5.1 - 20.0		BTU/LB (MJ/kg) <input checked="" type="checkbox"/> < 2,000 (<4.6) 2,000-5,000 (4.6-11.6) 5,000-10,000 (11.6-23.2) > 10,000 (>23.2) Actual:

D. COMPOSITION (List the complete composition of the waste, include any inert components and/or debris. Ranges for individual components are acceptable. If a trade name is used, please supply an MSDS. Please do not use abbreviations.)

CHEMICAL	MIN	MAX	UOM
COMPACT FLUORESCENT LAMPS	0.0000000	100.0000000	%
MERCURY	0.0000000	259.0000000	PPM

DOES THIS WASTE CONTAIN ANY HEAVY GAUGE METAL DEBRIS OR OTHER LARGE OBJECTS (EX., METAL PLATE OR PIPING >1/4" THICK OR >12" LONG, METAL REINFORCED HOSE >12" LONG, METAL WIRE >12" LONG, METAL VALVES, PIPE FITTINGS, CONCRETE REINFORCING BAR OR PIECES OF CONCRETE >3")? YES NO

If yes, describe, including dimensions:

DOES THIS WASTE CONTAIN ANY METALS IN POWDERED OR OTHER FINELY DIVIDED FORM? YES NO

DOES THIS WASTE CONTAIN OR HAS IT CONTACTED ANY OF THE FOLLOWING; ANIMAL WASTES, HUMAN BLOOD, BLOOD PRODUCTS, BODY FLUIDS, MICROBIOLOGICAL WASTE, PATHOLOGICAL WASTE, HUMAN OR ANIMAL DERIVED SERUMS OR PROTEINS OR ANY OTHER POTENTIALLY INFECTIOUS MATERIAL? YES NO

I acknowledge that this waste material is neither infectious nor does it contain any organism known to be a threat to human health. This certification is based on my knowledge of the material. Select the answer below that applies:

The waste was never exposed to potentially infectious material. YES NO

Chemical disinfection or some other form of sterilization has been applied to the waste. YES NO

I ACKNOWLEDGE THAT THIS PROFILE MEETS THE CLEAN HARBORS BATTERY PACKAGING REQUIREMENTS. YES NO

I ACKNOWLEDGE THAT MY FRIABLE ASBESTOS WASTE IS DOUBLE BAGGED AND WETTED. YES NO

SPECIFY THE SOURCE CODE ASSOCIATED WITH THE WASTE. **G15**

SPECIFY THE FORM CODE ASSOCIATED WITH THE WASTE. **W319**

E. CONSTITUENTS

Are these values based on testing or knowledge? Knowledge Testing

If based on knowledge, please describe in detail, the rationale applied to identify and characterize the waste material. Please include reference to Material Safety Data Sheets (MSDS) when applicable. Include the chemical or trade-name represented by the MSDS, and or detailed process or operating procedures which generate the waste.

Labels and markings

Please indicate which constituents below apply. Concentrations must be entered when applicable to assist in accurate review and expedited approval of your waste profile. Please note that the total regulated metals and other constituents sections require answers.

RCRA	REGULATED METALS	REGULATORY LEVEL (mg/l)	TCLP mg/l	TOTAL	UOM	NOT APPLICABLE	
D004	ARSENIC	5.0				<input checked="" type="checkbox"/>	
D005	BARIUM	100.0				<input checked="" type="checkbox"/>	
D006	CADMIUM	1.0				<input checked="" type="checkbox"/>	
D007	CHROMIUM	5.0				<input checked="" type="checkbox"/>	
D008	LEAD	5.0				<input checked="" type="checkbox"/>	
D009	MERCURY	0.2	0.2000	259.0000000	PPM		
D010	SELENIUM	1.0				<input checked="" type="checkbox"/>	
D011	SILVER	5.0				<input checked="" type="checkbox"/>	
VOLATILE COMPOUNDS				OTHER CONSTITUENTS	MAX	UOM	NOT APPLICABLE
D018	BENZENE	0.5		BROMINE			<input checked="" type="checkbox"/>
D019	CARBON TETRACHLORIDE	0.5		CHLORINE			<input checked="" type="checkbox"/>
D021	CHLOROBENZENE	100.0		FLUORINE			<input checked="" type="checkbox"/>
D022	CHLOROFORM	6.0		IODINE			<input checked="" type="checkbox"/>
D028	1,2-DICHLOROETHANE	0.5		SULFUR			<input checked="" type="checkbox"/>
D029	1,1-DICHLOROETHYLENE	0.7		POTASSIUM			<input checked="" type="checkbox"/>
D035	METHYL ETHYL KETONE	200.0		SODIUM			<input checked="" type="checkbox"/>
D039	TETRACHLOROETHYLENE	0.7		AMMONIA			<input checked="" type="checkbox"/>
D040	TRICHLOROETHYLENE	0.5		CYANIDE AMENABLE			<input checked="" type="checkbox"/>
D043	VINYL CHLORIDE	0.2		CYANIDE REACTIVE			<input checked="" type="checkbox"/>
				CYANIDE TOTAL			<input checked="" type="checkbox"/>
				SULFIDE REACTIVE			<input checked="" type="checkbox"/>
SEMI-VOLATILE COMPOUNDS				HOCs	PCBs		
D023	o-CRESOL	200.0		<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE		
D024	m-CRESOL	200.0		< 1000 PPM	< 50 PPM		
D025	p-CRESOL	200.0		>= 1000 PPM	>=50 PPM		
D026	CRESOL (TOTAL)	200.0			IF PCBs ARE PRESENT, IS THE WASTE REGULATED BY TSCA 40 CFR 761?		
D027	1,4-DICHLOROBENZENE	7.5			YES <input checked="" type="checkbox"/> NO		
D030	2,4-DINITROTOLUENE	0.13					
D032	HEXACHLOROBENZENE	0.13					
D033	HEXACHLOROBUTADIENE	0.5					
D034	HEXACHLOROETHANE	3.0					
D036	NITROBENZENE	2.0					
D037	PENTACHLOROPHENOL	100.0					
D038	PYRIDINE	5.0					
D041	2,4,5-TRICHLOROPHENOL	400.0					
D042	2,4,6-TRICHLOROPHENOL	2.0					
PESTICIDES AND HERBICIDES							
D012	ENDRIN	0.02					
D013	LINDANE	0.4					
D014	METHOXYCHLOR	10.0					
D015	TOXAPHENE	0.5					
D016	2,4-D	10.0					
D017	2,4,5-TP (SILVEX)	1.0					
D020	CHLORDANE	0.03					
D031	HEPTACHLOR (AND ITS EPOXIDE)	0.008					

ADDITIONAL HAZARDS
 DOES THIS WASTE HAVE ANY UNDISCLOSED HAZARDS OR PRIOR INCIDENTS ASSOCIATED WITH IT, WHICH COULD AFFECT THE WAY IT SHOULD BE HANDLED?
 YES NO (If yes, explain)

CHOOSE ALL THAT APPLY

DEA REGULATED SUBSTANCES	EXPLOSIVE	FUMING	OSHA REGULATED CARCINOGENS
POLYMERIZABLE	RADIOACTIVE	REACTIVE MATERIAL	<input checked="" type="checkbox"/> NONE OF THE ABOVE



F. REGULATORY STATUS

Form with regulatory questions and checkboxes. Includes sections for USEPA hazardous waste, state waste codes (MA95 MRD009, Texas Waste Code outs319h), Canadian provincial waste codes, LDR category (Not subject to LDR), and various waste classification questions.

G. DOT/TDG INFORMATION

DOT/TDG PROPER SHIPPING NAME: NON DOT REGULATED MATERIAL, UNIVERSAL WASTE-LAMP UN3077, ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., (MERCURY), 9, PG III, UNIVERSAL WASTE—LAMP

H. TRANSPORTATION REQUIREMENTS

ESTIMATED SHIPMENT FREQUENCY: [checked] ONE TIME. CONTAINERIZED: [checked] 1-2 CONTAINERS/SHIPMENT. STORAGE CAPACITY: 2. CONTAINER TYPE: [checked] DRUM. BULK LIQUID: 0 Min - 0 Max. BULK SOLID: 0 Min - 0 Max.

I. SPECIAL REQUEST

COMMENTS OR REQUESTS:

GENERATOR'S CERTIFICATION

I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents is correct to the best of my knowledge.

AUTHORIZED SIGNATURE, NAME (PRINT), TITLE, DATE

This waste profile has been submitted using Clean Harbors' electronic signature system. *40 CFR Sec. 264.12 required notice: As required by Federal Resource Conservation and Recovery Act regulations found in 40 CFR Part 264.12(b) and all equivalent State hazardous waste regulations...



F. REGULATORY STATUS

Form with regulatory questions and checkboxes. Includes sections for USEPA HAZARDOUS WASTE, STATE WASTE CODES, CANADIAN WASTE CODES, LDR CATEGORY, UNIVERSAL WASTE, and CERCLA REGULATED WASTE.

G. DOT/TDG INFORMATION

DOT/TDG PROPER SHIPPING NAME:
NON DOT REGULATED MATERIAL, UNIVERSAL WASTE-LAMP
UN3077, ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., (MERCURY), 9, PG III, UNIVERSAL WASTE-LAMP

H. TRANSPORTATION REQUIREMENTS

Form for transportation requirements including shipment frequency, containerization, storage capacity, and container type.

I. SPECIAL REQUEST

COMMENTS OR REQUESTS:

GENERATOR'S CERTIFICATION

I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents is correct to the best of my knowledge.

AUTHORIZED SIGNATURE, NAME (PRINT), TITLE, DATE. Includes handwritten signature and date 6 May 2015.

*40 CFR Sec. 264.12 required notice:

As required by Federal Resource Conservation and Recovery Act regulations found in 40 CFR Part 264.12(b) and all equivalent State hazardous waste regulations, notice is hereby provided that all Clean Harbors facilities that may be used to treat, store, and/or dispose of the hazardous waste described on this waste profile have the appropriate permits and the capacity to manage these wastes.

Please note this profile must be submitted for re-evaluation if there has been a change in the waste generating process or when there have been changes in the chemical composition or physical characteristics of the material.

E. CONSTITUENTS

Are these values based on testing or knowledge? Knowledge Testing

If based on knowledge, please describe in detail, the rationale applied to identify and characterize the waste material. Please include reference to Material Safety Data Sheets (MSDS) when applicable. Include the chemical or trade-name represented by the MSDS, and or detailed process or operating procedures which generate the waste.

Maintenance procedures, collecting used oils

Please indicate which constituents below apply. Concentrations must be entered when applicable to assist in accurate review and expedited approval of your waste profile. Please note that the total regulated metals and other constituents sections require answers.

RCRA	REGULATED METALS	REGULATORY LEVEL (mg/l)	TCLP mg/l	TOTAL	UOM	NOT APPLICABLE
D004	ARSENIC	5.0				<input checked="" type="checkbox"/>
D005	BARIUM	100.0				<input checked="" type="checkbox"/>
D006	CADMIUM	1.0				<input checked="" type="checkbox"/>
D007	CHROMIUM	5.0				<input checked="" type="checkbox"/>
D008	LEAD	5.0				<input checked="" type="checkbox"/>
D009	MERCURY	0.2				<input checked="" type="checkbox"/>
D010	SELENIUM	1.0				<input checked="" type="checkbox"/>
D011	SILVER	5.0				<input checked="" type="checkbox"/>
VOLATILE COMPOUNDS						
D018	BENZENE	0.5				<input checked="" type="checkbox"/>
D019	CARBON TETRACHLORIDE	0.5				<input checked="" type="checkbox"/>
D021	CHLOROBENZENE	100.0				<input checked="" type="checkbox"/>
D022	CHLOROFORM	6.0				<input checked="" type="checkbox"/>
D028	1,2-DICHLOROETHANE	0.5				<input checked="" type="checkbox"/>
D029	1,1-DICHLOROETHYLENE	0.7				<input checked="" type="checkbox"/>
D035	METHYL ETHYL KETONE	200.0				<input checked="" type="checkbox"/>
D039	TETRACHLOROETHYLENE	0.7				<input checked="" type="checkbox"/>
D040	TRICHLOROETHYLENE	0.5				<input checked="" type="checkbox"/>
D043	VINYL CHLORIDE	0.2				<input checked="" type="checkbox"/>
SEMI-VOLATILE COMPOUNDS						
D023	o-CRESOL	200.0				<input checked="" type="checkbox"/>
D024	m-CRESOL	200.0				<input checked="" type="checkbox"/>
D025	p-CRESOL	200.0				<input checked="" type="checkbox"/>
D026	CRESOL (TOTAL)	200.0				<input checked="" type="checkbox"/>
D027	1,4-DICHLOROBENZENE	7.5				<input checked="" type="checkbox"/>
D030	2,4-DINITROTOLUENE	0.13				<input checked="" type="checkbox"/>
D032	HEXACHLOROBENZENE	0.13				<input checked="" type="checkbox"/>
D033	HEXACHLOROBUTADIENE	0.5				<input checked="" type="checkbox"/>
D034	HEXACHLOROETHANE	3.0				<input checked="" type="checkbox"/>
D036	NITROBENZENE	2.0				<input checked="" type="checkbox"/>
D037	PENTACHLOROPHENOL	100.0				<input checked="" type="checkbox"/>
D038	PYRIDINE	5.0				<input checked="" type="checkbox"/>
D041	2,4,5-TRICHLOROPHENOL	400.0				<input checked="" type="checkbox"/>
D042	2,4,6-TRICHLOROPHENOL	2.0				<input checked="" type="checkbox"/>
PESTICIDES AND HERBICIDES						
D012	ENDRIN	0.02				<input checked="" type="checkbox"/>
D013	LINDANE	0.4				<input checked="" type="checkbox"/>
D014	METHOXYCHLOR	10.0				<input checked="" type="checkbox"/>
D015	TOXAPHENE	0.5				<input checked="" type="checkbox"/>
D016	2,4-D	10.0				<input checked="" type="checkbox"/>
D017	2,4,5-TP (SILVEX)	1.0				<input checked="" type="checkbox"/>
D020	CHLORDANE	0.03				<input checked="" type="checkbox"/>
D031	HEPTACHLOR (AND ITS EPOXIDE)	0.008				<input checked="" type="checkbox"/>

OTHER CONSTITUENTS	MAX	UOM	NOT APPLICABLE
BROMINE			<input checked="" type="checkbox"/>
CHLORINE			<input checked="" type="checkbox"/>
FLUORINE			<input checked="" type="checkbox"/>
IODINE			<input checked="" type="checkbox"/>
SULFUR			<input checked="" type="checkbox"/>
POTASSIUM			<input checked="" type="checkbox"/>
SODIUM			<input checked="" type="checkbox"/>
AMMONIA			<input checked="" type="checkbox"/>
CYANIDE AMENABLE			<input checked="" type="checkbox"/>
CYANIDE REACTIVE			<input checked="" type="checkbox"/>
CYANIDE TOTAL			<input checked="" type="checkbox"/>
SULFIDE REACTIVE			<input checked="" type="checkbox"/>

HOCs	PCBs
<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> NONE
<input checked="" type="checkbox"/> < 1000 PPM	<input type="checkbox"/> < 50 PPM
<input type="checkbox"/> >= 1000 PPM	<input type="checkbox"/> >=50 PPM
IF PCBs ARE PRESENT, IS THE WASTE REGULATED BY TSCA 40 CFR 761?	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

ADDITIONAL HAZARDS
 DOES THIS WASTE HAVE ANY UNDISCLOSED HAZARDS OR PRIOR INCIDENTS ASSOCIATED WITH IT, WHICH COULD AFFECT THE WAY IT SHOULD BE HANDLED?
 YES NO (If yes, explain)

CHOOSE ALL THAT APPLY

<input type="checkbox"/> DEA REGULATED SUBSTANCES	<input type="checkbox"/> EXPLOSIVE	<input type="checkbox"/> FUMING	<input type="checkbox"/> OSHA REGULATED CARCINOGENS
<input type="checkbox"/> POLYMERIZABLE	<input type="checkbox"/> RADIOACTIVE	<input type="checkbox"/> REACTIVE MATERIAL	<input checked="" type="checkbox"/> NONE OF THE ABOVE



F. REGULATORY STATUS

Form with regulatory questions and checkboxes. Includes questions about USEPA hazardous waste, state codes (017L NHX1 021L 223 CR02 MA01 VT02), Canadian provincial codes, and various waste classification rules.

G. DOT/TDG INFORMATION

DOT/TDG PROPER SHIPPING NAME: NON DOT REGULATED MATERIAL, (USED OIL) NON RCRA HAZARDOUS WASTE LIQUIDS, (OIL W/ LESS THAN 10% WATER)

H. TRANSPORTATION REQUIREMENTS

ESTIMATED SHIPMENT FREQUENCY: MONTHLY. CONTAINERIZED: 1-5 CONTAINERS/SHIPMENT. STORAGE CAPACITY: 5. BULK LIQUID: 0 Min -0 Max. BULK SOLID: 0 Min - 0 Max.

I. SPECIAL REQUEST

COMMENTS OR REQUESTS: For Reclamation 40 CFR part 279

GENERATOR'S CERTIFICATION

I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents is correct to the best of my knowledge.

AUTHORIZED SIGNATURE NAME (PRINT) TITLE DATE

This waste profile has been submitted using Clean Harbors' electronic signature system.

*40 CFR Sec. 264.12 required notice:

As required by Federal Resource Conservation and Recovery Act regulations found in 40 CFR Part 264.12(b) and all equivalent State hazardous waste regulations, notice is hereby provided that all Clean Harbors facilities that may be used to treat, store, and /or dispose of the hazardous waste described on this waste profile have the appropriate permits and the capacity to manage these wastes.

Please note this profile must be submitted for re-evaluation if there has been a change in the waste generating process or when there have been changes in the chemical composition or physical characteristics of the material.



F. REGULATORY STATUS

YES NO USEPA HAZARDOUS WASTE?

YES NO DO ANY STATE WASTE CODES APPLY?
 017L NHX1 021L 223 CR02 MA01 VT02
 Texas Waste Code

YES NO DO ANY CANADIAN PROVINCIAL WASTE CODES APPLY?

YES NO IS THIS WASTE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT PER 40 CFR PART 268?
 LDR CATEGORY: Subject to a variance or exemption
 VARIANCE INFO: Used oil managed under 40 CFR 279

YES NO IS THIS A UNIVERSAL WASTE?

YES NO IS THE GENERATOR OF THE WASTE CLASSIFIED AS CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (CESQG)?

YES NO IS THIS MATERIAL GOING TO BE MANAGED AS A RCRA EXEMPT COMMERCIAL PRODUCT, WHICH IS FUEL (40 CFR 261.2 (C)(2)(II))?

YES NO DOES TREATMENT OF THIS WASTE GENERATE A F006 OR F019 SLUDGE?

YES NO IS THIS WASTE STREAM SUBJECT TO THE INORGANIC METAL BEARING WASTE PROHIBITION FOUND AT 40 CFR 268.3(C)?

YES NO DOES THIS WASTE CONTAIN VOC'S IN CONCENTRATIONS >=500 PPM?

YES NO DOES THE WASTE CONTAIN GREATER THAN 20% OF ORGANIC CONSTITUENTS WITH A VAPOR PRESSURE >= .3KPA (.044 PSIA)?

YES NO DOES THIS WASTE CONTAIN AN ORGANIC CONSTITUENT WHICH IN ITS PURE FORM HAS A VAPOR PRESSURE > 77 KPA (11.2 PSIA)?

YES NO IS THIS CERCLA REGULATED (SUPERFUND) WASTE ?

YES NO IS THE WASTE SUBJECT TO ONE OF THE FOLLOWING NESHAP RULES?
 Hazardous Organic NESHAP (HON) rule (subpart G) Pharmaceuticals production (subpart GGG)

YES NO IF THIS IS A US EPA HAZARDOUS WASTE, DOES THIS WASTE STREAM CONTAIN BENZENE?
 YES NO Does the waste stream come from a facility with one of the SIC codes listed under benzene NESHAP or is this waste regulated under the benzene NESHAP rules because the original source of the waste is from a chemical manufacturing, coke by-product recovery, or petroleum refinery process?
 YES NO Is the generating source of this waste stream a facility with Total Annual Benzene (TAB) >10 Mg/year?
 What is the TAB quantity for your facility? Megagram/year (1 Mg = 2,200 lbs)
 The basis for this determination is: Knowledge of the Waste Or Test Data Knowledge Testing
 Describe the knowledge : Knowledge Testing

G. DOT/TDG INFORMATION

DOT/TDG PROPER SHIPPING NAME:
NON DOT REGULATED MATERIAL, (USED OIL)
NON RCRA HAZARDOUS WASTE LIQUIDS, (OIL W/ LESS THAN 10% WATER)

H. TRANSPORTATION REQUIREMENTS

ESTIMATED SHIPMENT FREQUENCY ONE TIME WEEKLY MONTHLY QUARTERLY YEARLY OTHER Other

<input checked="" type="checkbox"/> CONTAINERIZED <u>1-5</u> CONTAINERS/SHIPMENT STORAGE CAPACITY: 5 CONTAINER TYPE: CUBIC YARD BOX PALLET TOTE TANK <input checked="" type="checkbox"/> DRUM OTHER: DRUM SIZE: 55	BULK LIQUID GALLONS/SHIPMENT: 0 Min -0 Max GAL.	BULK SOLID SHIPMENT UOM: TON YARD TONS/YARDS/SHIPMENT: 0 Min - 0 Max
--	---	--

I. SPECIAL REQUEST

COMMENTS OR REQUESTS:
 For Reclamation 40 CFR part 279

GENERATOR'S CERTIFICATION

I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents is correct to the best of my knowledge. I also certify that any samples submitted are representative of the actual waste. If Clean Harbors discovers a discrepancy during the approval process, Generator grants Clean Harbors the authority to amend the profile, as Clean Harbors deems necessary, to correct the discrepancy.

AUTHORIZED SIGNATURE: NAME (PRINT): Matthew Murphy DATE: 0 May 2015

As Agent for Metcalf Hospitality

This waste profile has been submitted using Clean Harbors' electronic signature system.

*40 CFR Sec. 264.12 required notice:
 As required by Federal Resource Conservation and Recovery Act regulations found in 40 CFR Part 264.12(b) and all equivalent State hazardous waste regulations, notice is hereby provided that all Clean Harbors facilities that may be used to treat, store, and/or dispose of the hazardous waste described on this waste profile have the appropriate permits and the capacity to manage these wastes.
 Please note this profile must be submitted for re-evaluation if there has been a change in the waste generating process or when there have been changes in the chemical composition or physical characteristics of the material.



WASTE MATERIAL PROFILE SHEET

Clean Harbors Profile No. CH983446

A. GENERAL INFORMATION

GENERATOR EPA ID #/REGISTRATION # **NYR000215962** GENERATOR NAME: **Former Fallside Hotel Site**
 GENERATOR CODE (Assigned by Clean Harbors) **FO21447** CITY **Niagara Falls** STATE/PROVINCE **NY** ZIP/POSTAL CODE **14304**
 ADDRESS **401 Buffalo Avenue**
 CUSTOMER CODE (Assigned by Clean Harbors) **AD000015** CUSTOMER NAME: **Advanced Waste Solutions Incorporated**
 ADDRESS **519 Mill Street** CITY **Lockport** STATE/PROVINCE **NY** ZIP/POSTAL CODE **14094**
 PHONE: **(716) 236-7510**

B. WASTE DESCRIPTIONWASTE DESCRIPTION: **OIL BASED PAINT IN CANS**PROCESS GENERATING WASTE: **Unused paint collected for disposal**IS THIS WASTE CONTAINED IN SMALL PACKAGING CONTAINED WITHIN A LARGER SHIPPING CONTAINER? **Yes****C. PHYSICAL PROPERTIES (at 25C or 77F)**

PHYSICAL STATE SOLID WITHOUT FREE LIQUID POWDER MONOLITHIC SOLID <input checked="" type="checkbox"/> LIQUID WITH NO SOLIDS <input checked="" type="checkbox"/> LIQUID/SOLID MIXTURE % FREE LIQUID 50.00 - 100.00 % SETTLED SOLID 25.00 - 50.00 % TOTAL SUSPENDED SOLID SLUDGE GAS/AEROSOL		NUMBER OF PHASES/LAYERS 1 <input checked="" type="checkbox"/> 2 3 TOP 50.00 % BY VOLUME (Approx.) MIDDLE 0.00 BOTTOM 50.00		VISCOSITY (If liquid present) 1 - 100 (e.g. Water) <input checked="" type="checkbox"/> 101 - 500 (e.g. Motor Oil) 501 - 10,000 (e.g. Molasses) > 10,000		COLOR varies	
		ODOR NONE <input checked="" type="checkbox"/> MILD STRONG Describe:		BOILING POINT °F (°C) <= 95 (<=35) 95 - 100 (35-38) 101 - 129 (38-54) <input checked="" type="checkbox"/> >= 130 (>54)		MELTING POINT °F (°C) < 140 (<60) 140-200 (60-93) <input checked="" type="checkbox"/> > 200 (>93)	
						TOTAL ORGANIC CARBON <= 1% 1-9% <input checked="" type="checkbox"/> >= 10%	
FLASH POINT °F (°C) <input checked="" type="checkbox"/> < 73 (<23) 73 - 100 (23-38) 101 - 140 (38-60) 141 - 200 (60-93) > 200 (>93)		pH <= 2 2.1 - 6.9 <input checked="" type="checkbox"/> 7 (Neutral) 7.1 - 12.4 >= 12.5		SPECIFIC GRAVITY < 0.8 (e.g. Gasoline) 0.8-1.0 (e.g. Ethanol) 1.0 (e.g. Water) <input checked="" type="checkbox"/> 1.0-1.2 (e.g. Antifreeze) > 1.2 (e.g. Methylene Chloride)		ASH < 0.1 0.1 - 1.0 1.1 - 5.0 5.1 - 20.0 <input checked="" type="checkbox"/> > 20 Unknown	
						BTU/LB (MJ/kg) < 2,000 (<4.6) 2,000-5,000 (4.6-11.6) <input checked="" type="checkbox"/> 5,000-10,000 (11.6-23.2) > 10,000 (>23.2) Actual:	

D. COMPOSITION (List the complete composition of the waste, include any inert components and/or debris. Ranges for individual components are acceptable. If a trade name is used, please supply an MSDS. Please do not use abbreviations.)

CHEMICAL	MIN	MAX	UOM
ALKYD RESIN	0.0000000	20.0000000	%
BARIUM	0.0000000	5.0000000	%
CADMIUM	0.0000000	1000.0000000	PPM
CHROMIUM	0.0000000	5.0000000	%
LEAD	0.0000000	5.0000000	%
METHYL ETHYL KETONE	0.0000000	15.0000000	%
OIL BASED PAINT	0.0000000	100.0000000	%
PAINT CANS	25.0000000	40.0000000	%
PIGMENTS (NON TRI)	10.0000000	20.0000000	%
SILVER	0.0000000	1000.0000000	PPM

DOES THIS WASTE CONTAIN ANY HEAVY GAUGE METAL DEBRIS OR OTHER LARGE OBJECTS (EX., METAL PLATE OR PIPING >1/4" THICK OR >12" LONG, METAL REINFORCED HOSE >12" LONG, METAL WIRE >12" LONG, METAL VALVES, PIPE FITTINGS, CONCRETE REINFORCING BAR OR PIECES OF CONCRETE >3")? YES NO

If yes, describe, including dimensions:

DOES THIS WASTE CONTAIN ANY METALS IN POWDERED OR OTHER FINELY DIVIDED FORM? YES NODOES THIS WASTE CONTAIN OR HAS IT CONTACTED ANY OF THE FOLLOWING; ANIMAL WASTES, HUMAN BLOOD, BLOOD PRODUCTS, BODY FLUIDS, MICROBIOLOGICAL WASTE, PATHOLOGICAL WASTE, HUMAN OR ANIMAL DERIVED SERUMS OR PROTEINS OR ANY OTHER POTENTIALLY INFECTIOUS MATERIAL? YES NO

I acknowledge that this waste material is neither infectious nor does it contain any organism known to be a threat to human health. This certification is based on my knowledge of the material. Select the answer below that applies:

The waste was never exposed to potentially infectious material. YES NO

Chemical disinfection or some other form of sterilization has been applied to the waste. YES NO

I ACKNOWLEDGE THAT THIS PROFILE MEETS THE CLEAN HARBORS BATTERY PACKAGING REQUIREMENTS. YES NO

I ACKNOWLEDGE THAT MY FRIABLE ASBESTOS WASTE IS DOUBLE BAGGED AND WETTED. YES NO

SPECIFY THE SOURCE CODE ASSOCIATED WITH THE WASTE. **G06**SPECIFY THE FORM CODE ASSOCIATED WITH THE WASTE. **W209**

E. CONSTITUENTS

Are these values based on testing or knowledge? Knowledge Testing

If based on knowledge, please describe in detail, the rationale applied to identify and characterize the waste material. Please include reference to Material Safety Data Sheets (MSDS) when applicable. Include the chemical or trade-name represented by the MSDS, and or detailed process or operating procedures which generate the waste.

Labels

Please indicate which constituents below apply. Concentrations must be entered when applicable to assist in accurate review and expedited approval of your waste profile. Please note that the total regulated metals and other constituents sections require answers.

RCRA	REGULATED METALS	REGULATORY LEVEL (mg/l)	TCLP mg/l	TOTAL	UOM	NOT APPLICABLE
D004	ARSENIC	5.0				<input checked="" type="checkbox"/>
D005	BARIUM	100.0	100.0000	5.000000	%	
D006	CADMIUM	1.0	1.0000	1.000000	%	
D007	CHROMIUM	5.0	5.0000	5.000000	%	
D008	LEAD	5.0	5.0000	5.000000	%	
D009	MERCURY	0.2				<input checked="" type="checkbox"/>
D010	SELENIUM	1.0				<input checked="" type="checkbox"/>
D011	SILVER	5.0	5.0000	1.000000	%	
VOLATILE COMPOUNDS						
D018	BENZENE	0.5				
D019	CARBON TETRACHLORIDE	0.5				
D021	CHLOROBENZENE	100.0				
D022	CHLOROFORM	6.0				
D028	1,2-DICHLOROETHANE	0.5				
D029	1,1-DICHLOROETHYLENE	0.7				
D035	METHYL ETHYL KETONE	200.0	200.0000			
D039	TETRACHLOROETHYLENE	0.7				
D040	TRICHLOROETHYLENE	0.5				
D043	VINYL CHLORIDE	0.2				
SEMI-VOLATILE COMPOUNDS						
D023	o-CRESOL	200.0				
D024	m-CRESOL	200.0				
D025	p-CRESOL	200.0				
D026	CRESOL (TOTAL)	200.0				
D027	1,4-DICHLOROBENZENE	7.5				
D030	2,4-DINITROTOLUENE	0.13				
D032	HEXACHLOROBENZENE	0.13				
D033	HEXACHLOROBUTADIENE	0.5				
D034	HEXACHLOROETHANE	3.0				
D036	NITROBENZENE	2.0				
D037	PENTACHLOROPHENOL	100.0				
D038	PYRIDINE	5.0				
D041	2,4,5-TRICHLOROPHENOL	400.0				
D042	2,4,6-TRICHLOROPHENOL	2.0				
PESTICIDES AND HERBICIDES						
D012	ENDRIN	0.02				
D013	LINDANE	0.4				
D014	METHOXYCHLOR	10.0				
D015	TOXAPHENE	0.5				
D016	2,4-D	10.0				
D017	2,4,5-TP (SILVEX)	1.0				
D020	CHLORDANE	0.03				
D031	HEPTACHLOR (AND ITS EPOXIDE)	0.008				

OTHER CONSTITUENTS	MAX	UOM	NOT APPLICABLE
BROMINE			<input checked="" type="checkbox"/>
CHLORINE			<input checked="" type="checkbox"/>
FLUORINE			<input checked="" type="checkbox"/>
IODINE			<input checked="" type="checkbox"/>
SULFUR			<input checked="" type="checkbox"/>
POTASSIUM			<input checked="" type="checkbox"/>
SODIUM			<input checked="" type="checkbox"/>
AMMONIA			<input checked="" type="checkbox"/>
CYANIDE AMENABLE			<input checked="" type="checkbox"/>
CYANIDE REACTIVE			<input checked="" type="checkbox"/>
CYANIDE TOTAL			<input checked="" type="checkbox"/>
SULFIDE REACTIVE			<input checked="" type="checkbox"/>

HOCs	PCBs
<input checked="" type="checkbox"/> NONE < 1000 PPM => 1000 PPM	<input checked="" type="checkbox"/> NONE < 50 PPM =>50 PPM
	IF PCBs ARE PRESENT, IS THE WASTE REGULATED BY TSCA 40 CFR 761? YES <input checked="" type="checkbox"/> NO

ADDITIONAL HAZARDS

DOES THIS WASTE HAVE ANY UNDISCLOSED HAZARDS OR PRIOR INCIDENTS ASSOCIATED WITH IT, WHICH COULD AFFECT THE WAY IT SHOULD BE HANDLED?

YES NO (If yes, explain)

CHOOSE ALL THAT APPLY

- DEA REGULATED SUBSTANCES
- EXPLOSIVE
- FUMING
- OSHA REGULATED CARCINOGENS
- POLYMERIZABLE
- RADIOACTIVE
- REACTIVE MATERIAL
- NONE OF THE ABOVE



F. REGULATORY STATUS

YES NO USEPA HAZARDOUS WASTE? D001 D005 D006 D007 D008 D011 D035
YES NO DO ANY STATE WASTE CODES APPLY? 331 342
Texas Waste Code outs209h
YES NO DO ANY CANADIAN PROVINCIAL WASTE CODES APPLY?
YES NO IS THIS WASTE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT PER 40 CFR PART 268?
LDR CATEGORY: This is subject to LDR.
VARIANCE INFO:
YES NO IS THIS A UNIVERSAL WASTE?
YES NO IS THE GENERATOR OF THE WASTE CLASSIFIED AS CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (CESQG)?
YES NO IS THIS MATERIAL GOING TO BE MANAGED AS A RCRA EXEMPT COMMERCIAL PRODUCT, WHICH IS FUEL (40 CFR 261.2 (C)(2)(II))?
YES NO DOES TREATMENT OF THIS WASTE GENERATE A F006 OR F019 SLUDGE?
YES NO IS THIS WASTE STREAM SUBJECT TO THE INORGANIC METAL BEARING WASTE PROHIBITION FOUND AT 40 CFR 268.3(C)?
YES NO DOES THIS WASTE CONTAIN VOC'S IN CONCENTRATIONS >=500 PPM?
YES NO DOES THE WASTE CONTAIN GREATER THAN 20% OF ORGANIC CONSTITUENTS WITH A VAPOR PRESSURE >= .3KPA (.044 PSIA)?
YES NO DOES THIS WASTE CONTAIN AN ORGANIC CONSTITUENT WHICH IN ITS PURE FORM HAS A VAPOR PRESSURE > 77 KPA (11.2 PSIA)?
YES NO IS THIS CERCLA REGULATED (SUPERFUND) WASTE ?
YES NO IS THE WASTE SUBJECT TO ONE OF THE FOLLOWING NESHAP RULES?
Hazardous Organic NESHAP (HON) rule (subpart G) Pharmaceuticals production (subpart GGG)
YES NO IF THIS IS A US EPA HAZARDOUS WASTE, DOES THIS WASTE STREAM CONTAIN BENZENE?
YES NO Does the waste stream come from a facility with one of the SIC codes listed under benzene NESHAP or is this waste regulated under the benzene NESHAP rules because the original source of the waste is from a chemical manufacturing, coke by-product recovery, or petroleum refinery process?
YES NO Is the generating source of this waste stream a facility with Total Annual Benzene (TAB) >10 Mg/year?
What is the TAB quantity for your facility? Megagram/year (1 Mg = 2,200 lbs)
The basis for this determination is: Knowledge of the Waste Or Test Data Knowledge Testing
Describe the knowledge :

G. DOT/TDG INFORMATION

DOT/TDG PROPER SHIPPING NAME: UN1263, WASTE PAINT, 3, PG II

H. TRANSPORTATION REQUIREMENTS

ESTIMATED SHIPMENT FREQUENCY ONE TIME WEEKLY MONTHLY QUARTERLY YEARLY OTHER Other
CONTAINERIZED BULK LIQUID BULK SOLID
1-5 CONTAINERS/SHIPMENT GALLONS/SHIPMENT: 0 Min -0 Max GAL. SHIPMENT UOM: TON YARD
STORAGE CAPACITY: 5 TONS/YARDS/SHIPMENT: 0 Min - 0 Max
CONTAINER TYPE:
CUBIC YARD BOX PALLET
TOTE TANK DRUM
OTHER: DRUM SIZE: 55

I. SPECIAL REQUEST

COMMENTS OR REQUESTS:

GENERATOR'S CERTIFICATION

I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents is correct to the best of my knowledge. I also certify that any samples submitted are representative of the actual waste. If Clean Harbors discovers a discrepancy during the approval process, Generator grants Clean Harbors the authority to amend the profile, as Clean Harbors deems necessary, to reflect the discrepancy.

AUTHORIZED SIGNATURE NAME (PRINT) TITLE DATE

This waste profile has been submitted using Clean Harbors' electronic signature system.

*40 CFR Sec. 264.12 required notice:

As required by Federal Resource Conservation and Recovery Act regulations found in 40 CFR Part 264.12(b) and all equivalent State hazardous waste regulations, notice is hereby provided that all Clean Harbors facilities that may be used to treat, store, and/or dispose of the hazardous waste described on this waste profile have the appropriate permits and the capacity to manage these wastes.

Please note this profile must be submitted for re-evaluation if there has been a change in the waste generating process or when there have been changes in the chemical composition or physical characteristics of the material.

Addendum

D. COMPOSITION

CHEMICAL	MIN	--	MAX	UOM
TITANIUM DIOXIDE	0.00000	--	25.0000	%
<hr/>				
TOLUENE	0.00000	--	15.0000	%
<hr/>				
XYLENE	0.00000	--	15.0000	%
<hr/>				



F. REGULATORY STATUS

YES NO USEPA HAZARDOUS WASTE?
D001 D005 D006 D007 D008 D011 D035

YES NO DO ANY STATE WASTE CODES APPLY?
331 342
 Texas Waste Code **outs209h**

YES NO DO ANY CANADIAN PROVINCIAL WASTE CODES APPLY?

YES NO IS THIS WASTE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT PER 40 CFR PART 268?
 LDR CATEGORY: **This is subject to LDR.**
 VARIANCE INFO: _____

YES NO IS THIS A UNIVERSAL WASTE?

YES NO IS THE GENERATOR OF THE WASTE CLASSIFIED AS CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (CESQG)?

YES NO IS THIS MATERIAL GOING TO BE MANAGED AS A RCRA EXEMPT COMMERCIAL PRODUCT, WHICH IS FUEL (40 CFR 261.2 (C)(2)(II))?

YES NO DOES TREATMENT OF THIS WASTE GENERATE A F006 OR F019 SLUDGE?

YES NO IS THIS WASTE STREAM SUBJECT TO THE INORGANIC METAL BEARING WASTE PROHIBITION FOUND AT 40 CFR 268.3(C)?

YES NO DOES THIS WASTE CONTAIN VOC'S IN CONCENTRATIONS >=500 PPM?

YES NO DOES THE WASTE CONTAIN GREATER THAN 20% OF ORGANIC CONSTITUENTS WITH A VAPOR PRESSURE >= .3KPA (.044 PSIA)?

YES NO DOES THIS WASTE CONTAIN AN ORGANIC CONSTITUENT WHICH IN ITS PURE FORM HAS A VAPOR PRESSURE > 77 KPA (11.2 PSIA)?

YES NO IS THIS CERCLA REGULATED (SUPERFUND) WASTE ?

YES NO IS THE WASTE SUBJECT TO ONE OF THE FOLLOWING NESHAP RULES?
 Hazardous Organic NESHAP (HON) rule (subpart G) Pharmaceuticals production (subpart GGG)

YES NO IF THIS IS A US EPA HAZARDOUS WASTE, DOES THIS WASTE STREAM CONTAIN BENZENE?
 YES NO Does the waste stream come from a facility with one of the SIC codes listed under benzene NESHAP or is this waste regulated under the benzene NESHAP rules because the original source of the waste is from a chemical manufacturing, coke by-product recovery, or petroleum refinery process?
 YES NO Is the generating source of this waste stream a facility with Total Annual Benzene (TAB) >10 Mg/year?
 What is the TAB quantity for your facility? _____ Megagram/year (1 Mg = 2,200 lbs)
 The basis for this determination is: Knowledge of the Waste Or Test Data Knowledge Testing
 Describe the knowledge: _____

G. DOT/TDG INFORMATION

DOT/TDG PROPER SHIPPING NAME:
UN1263, WASTE PAINT, 3, PG II

H. TRANSPORTATION REQUIREMENTS

ESTIMATED SHIPMENT FREQUENCY ONE TIME WEEKLY MONTHLY QUARTERLY YEARLY OTHER Other

<input checked="" type="checkbox"/> CONTAINERIZED 1-5 CONTAINERS/SHIPMENT	BULK LIQUID GALLONS/SHIPMENT: 0 Min - 0 Max	BULK SOLID SHIPMENT UOM: TON YARD TONS/YARDS/SHIPMENT: 0 Min - 0 Max
STORAGE CAPACITY: 5		
CONTAINER TYPE: CUBIC YARD BOX PALLET TOTE TANK <input checked="" type="checkbox"/> DRUM OTHER: DRUM SIZE: 55		

I. SPECIAL REQUEST

COMMENTS OR REQUESTS:

GENERATOR'S CERTIFICATION

I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents is correct to the best of my knowledge. I also certify that any samples submitted are representative of the actual waste. If Clean Harbors discovers a discrepancy during the approval process, Generator grants Clean Harbors the authority to amend the profile, as Clean Harbors deems necessary, to reflect the discrepancy.

AUTHORIZED SIGNATURE:

NAME (PRINT): **Matthew T. Muehler**

DATE: **06 May 2015**

As Agent for Matthew Hopitaldy

This waste profile has been submitted using Clean Harbors' electronic signature system.

*40 CFR Sec. 264.12 required notice:

As required by Federal Resource Conservation and Recovery Act regulations found in 40 CFR Part 264.12(b) and all equivalent State hazardous waste regulations, notice is hereby provided that all Clean Harbors facilities that may be used to treat, store, and/or dispose of the hazardous waste described on this waste profile have the appropriate permits and the capacity to manage these wastes.

Please note this profile must be submitted for re-evaluation if there has been a change in the waste generating process or when there have been changes in the chemical composition or physical characteristics of the material.



WASTE MATERIAL PROFILE SHEET

Clean Harbors Profile No. CH983449

A. GENERAL INFORMATION

GENERATOR EPA ID #/REGISTRATION # **NYR000215962** GENERATOR NAME: **Former Fallside Hotel Site**
 GENERATOR CODE (Assigned by Clean Harbors) **FO21447** CITY **Niagara Falls** STATE/PROVINCE **NY** ZIP/POSTAL CODE **14304**
 ADDRESS **401 Buffalo Avenue**
 CUSTOMER CODE (Assigned by Clean Harbors) **AD000015** CUSTOMER NAME: **Advanced Waste Solutions Incorporated**
 ADDRESS **519 Mill Street** CITY **Lockport** STATE/PROVINCE **NY** ZIP/POSTAL CODE **14094**
 PHONE: **(716) 236-7510**

B. WASTE DESCRIPTION

WASTE DESCRIPTION: **LATEX PAINT IN CANS**

PROCESS GENERATING WASTE: **Unused paint collected for disposal**

IS THIS WASTE CONTAINED IN SMALL PACKAGING CONTAINED WITHIN A LARGER SHIPPING CONTAINER? **Yes**

C. PHYSICAL PROPERTIES (at 25C or 77F)

PHYSICAL STATE		NUMBER OF PHASES/LAYERS			VISCOSITY (If liquid present)		COLOR		
SOLID WITHOUT FREE LIQUID		<input checked="" type="checkbox"/> 1	2	3	TOP	1 - 100 (e.g. Water)		varies	
POWDER		% BY VOLUME (Approx.)			MIDDLE	<input checked="" type="checkbox"/> 101 - 500 (e.g. Motor Oil)			
MONOLITHIC SOLID					BOTTOM	501 - 10,000 (e.g. Molasses)			
LIQUID WITH NO SOLIDS							> 10,000		
<input checked="" type="checkbox"/> LIQUID/SOLID MIXTURE									
% FREE LIQUID 50.00 - 50.00					ODOR		MELTING POINT °F (°C)		
% SETTLED SOLID 50.00 - 50.00					NONE		BOILING POINT °F (°C)		
% TOTAL SUSPENDED SOLID 25.00 - 50.00					<input checked="" type="checkbox"/> MILD		TOTAL ORGANIC CARBON		
SLUDGE					STRONG		Describe:		
GAS/AEROSOL									
					<input checked="" type="checkbox"/> <= 95 (<=35)		<= 1%		
					95 - 100 (35-38)		1-9%		
					101 - 129 (38-54)		<input checked="" type="checkbox"/> >= 10%		
					<input checked="" type="checkbox"/> >= 130 (>54)				
FLASH POINT °F (°C)		pH		SPECIFIC GRAVITY		ASH		BTU/LB (MJ/kg)	
< 73 (<23)		<= 2		< 0.8 (e.g. Gasoline)		< 0.1		< 2,000 (<4.6)	
73 - 100 (23-38)		2.1 - 6.9		0.8-1.0 (e.g. Ethanol)		0.1 - 1.0		<input checked="" type="checkbox"/> 2,000-5,000 (4.6-11.6)	
101 - 140 (38-60)		<input checked="" type="checkbox"/> 7 (Neutral)		1.0 (e.g. Water)		1.1 - 5.0		5,000-10,000 (11.6-23.2)	
141 - 200 (60-93)		7.1 - 12.4		<input checked="" type="checkbox"/> 1.0-1.2 (e.g. Antifreeze)		5.1 - 20.0		> 10,000 (>23.2)	
<input checked="" type="checkbox"/> > 200 (>93)		>= 12.5		> 1.2 (e.g. Methylene Chloride)				Actual:	

D. COMPOSITION (List the complete composition of the waste, include any inert components and/or debris. Ranges for individual components are acceptable. If a trade name is used, please supply an MSDS. Please do not use abbreviations.)

CHEMICAL	MIN	MAX	UOM
LATEX PAINT IN CANS	100.000000	100.000000	%

DOES THIS WASTE CONTAIN ANY HEAVY GAUGE METAL DEBRIS OR OTHER LARGE OBJECTS (EX., METAL PLATE OR PIPING >1/4" THICK OR >12" LONG, METAL REINFORCED HOSE >12" LONG, METAL WIRE >12" LONG, METAL VALVES, PIPE FITTINGS, CONCRETE REINFORCING BAR OR PIECES OF CONCRETE >3")? YES NO

If yes, describe, including dimensions:

DOES THIS WASTE CONTAIN ANY METALS IN POWDERED OR OTHER FINELY DIVIDED FORM? YES NO

DOES THIS WASTE CONTAIN OR HAS IT CONTACTED ANY OF THE FOLLOWING; ANIMAL WASTES, HUMAN BLOOD, BLOOD PRODUCTS, BODY FLUIDS, MICROBIOLOGICAL WASTE, PATHOLOGICAL WASTE, HUMAN OR ANIMAL DERIVED SERUMS OR PROTEINS OR ANY OTHER POTENTIALLY INFECTIOUS MATERIAL? YES NO

I acknowledge that this waste material is neither infectious nor does it contain any organism known to be a threat to human health. This certification is based on my knowledge of the material. Select the answer below that applies:

The waste was never exposed to potentially infectious material. YES NO

Chemical disinfection or some other form of sterilization has been applied to the waste. YES NO

I ACKNOWLEDGE THAT THIS PROFILE MEETS THE CLEAN HARBORS BATTERY PACKAGING REQUIREMENTS. YES NO

I ACKNOWLEDGE THAT MY FRIABLE ASBESTOS WASTE IS DOUBLE BAGGED AND WETTED. YES NO

SPECIFY THE SOURCE CODE ASSOCIATED WITH THE WASTE. **G11** SPECIFY THE FORM CODE ASSOCIATED WITH THE WASTE. **W209**

E. CONSTITUENTS

Are these values based on testing or knowledge? Knowledge Testing

If based on knowledge, please describe in detail, the rationale applied to identify and characterize the waste material. Please include reference to Material Safety Data Sheets (MSDS) when applicable. Include the chemical or trade-name represented by the MSDS, and or detailed process or operating procedures which generate the waste.

Labels

Please indicate which constituents below apply. Concentrations must be entered when applicable to assist in accurate review and expedited approval of your waste profile. Please note that the total regulated metals and other constituents sections require answers.

RCRA	REGULATED METALS	REGULATORY LEVEL (mg/l)	TCLP mg/l	TOTAL	UOM	NOT APPLICABLE	
D004	ARSENIC	5.0				<input checked="" type="checkbox"/>	
D005	BARIUM	100.0				<input checked="" type="checkbox"/>	
D006	CADMIUM	1.0				<input checked="" type="checkbox"/>	
D007	CHROMIUM	5.0				<input checked="" type="checkbox"/>	
D008	LEAD	5.0				<input checked="" type="checkbox"/>	
D009	MERCURY	0.2				<input checked="" type="checkbox"/>	
D010	SELENIUM	1.0				<input checked="" type="checkbox"/>	
D011	SILVER	5.0				<input checked="" type="checkbox"/>	
VOLATILE COMPOUNDS			OTHER CONSTITUENTS		MAX	UOM	NOT APPLICABLE
D018	BENZENE	0.5		BROMINE			<input checked="" type="checkbox"/>
D019	CARBON TETRACHLORIDE	0.5		CHLORINE			<input checked="" type="checkbox"/>
D021	CHLOROBENZENE	100.0		FLUORINE			<input checked="" type="checkbox"/>
D022	CHLOROFORM	6.0		IODINE			<input checked="" type="checkbox"/>
D028	1,2-DICHLOROETHANE	0.5		SULFUR			<input checked="" type="checkbox"/>
D029	1,1-DICHLOROETHYLENE	0.7		POTASSIUM			<input checked="" type="checkbox"/>
D035	METHYL ETHYL KETONE	200.0		SODIUM			<input checked="" type="checkbox"/>
D039	TETRACHLOROETHYLENE	0.7		AMMONIA			<input checked="" type="checkbox"/>
D040	TRICHLOROETHYLENE	0.5		CYANIDE AMENABLE			<input checked="" type="checkbox"/>
D043	VINYL CHLORIDE	0.2		CYANIDE REACTIVE			<input checked="" type="checkbox"/>
				CYANIDE TOTAL			<input checked="" type="checkbox"/>
				SULFIDE REACTIVE			<input checked="" type="checkbox"/>
SEMI-VOLATILE COMPOUNDS			HOCs				PCBs
D023	o-CRESOL	200.0		<input checked="" type="checkbox"/> NONE		<input checked="" type="checkbox"/> NONE	
D024	m-CRESOL	200.0		< 1000 PPM		< 50 PPM	
D025	p-CRESOL	200.0		>= 1000 PPM		>=50 PPM	
D026	CRESOL (TOTAL)	200.0				IF PCBs ARE PRESENT, IS THE WASTE REGULATED BY TSCA 40 CFR 761?	
D027	1,4-DICHLOROBENZENE	7.5				YES <input checked="" type="checkbox"/> NO	
D030	2,4-DINITROTOLUENE	0.13					
D032	HEXACHLOROBENZENE	0.13					
D033	HEXACHLOROBUTADIENE	0.5					
D034	HEXACHLOROETHANE	3.0					
D036	NITROBENZENE	2.0					
D037	PENTACHLOROPHENOL	100.0					
D038	PYRIDINE	5.0					
D041	2,4,5-TRICHLOROPHENOL	400.0					
D042	2,4,6-TRICHLOROPHENOL	2.0					
PESTICIDES AND HERBICIDES							
D012	ENDRIN	0.02					
D013	LINDANE	0.4					
D014	METHOXYCHLOR	10.0					
D015	TOXAPHENE	0.5					
D016	2,4-D	10.0					
D017	2,4,5-TP (SILVEX)	1.0					
D020	CHLORDANE	0.03					
D031	HEPTACHLOR (AND ITS EPOXIDE)	0.008					

ADDITIONAL HAZARDS
 DOES THIS WASTE HAVE ANY UNDISCLOSED HAZARDS OR PRIOR INCIDENTS ASSOCIATED WITH IT, WHICH COULD AFFECT THE WAY IT SHOULD BE HANDLED?
 YES NO (If yes, explain)

CHOOSE ALL THAT APPLY

DEA REGULATED SUBSTANCES	EXPLOSIVE	FUMING	OSHA REGULATED CARCINOGENS
POLYMERIZABLE	RADIOACTIVE	REACTIVE MATERIAL	<input checked="" type="checkbox"/> NONE OF THE ABOVE



F. REGULATORY STATUS

Form with multiple questions and checkboxes regarding regulatory status, including sections for USEPA, state codes, and LDR categories.

G. DOT/TDG INFORMATION

Form for DOT/TDG information, including shipping name and hazard classification details.

H. TRANSPORTATION REQUIREMENTS

Form for transportation requirements, including shipment frequency, containerization, and bulk liquid/solid specifications.

I. SPECIAL REQUEST

COMMENTS OR REQUESTS:

GENERATOR'S CERTIFICATION

I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents is correct to the best of my knowledge.

AUTHORIZED SIGNATURE NAME (PRINT) TITLE DATE

This waste profile has been submitted using Clean Harbors' electronic signature system.



F. REGULATORY STATUS

YES NO USEPA HAZARDOUS WASTE?

YES NO DO ANY STATE WASTE CODES APPLY?
 029L 291 7777 CR04 MA99
 Texas Waste Code

YES NO DO ANY CANADIAN PROVINCIAL WASTE CODES APPLY?

YES NO IS THIS WASTE PROHIBITED FROM LAND DISPOSAL WITHOUT FURTHER TREATMENT PER 40 CFR PART 268?
 LDR CATEGORY: Not subject to LDR
 VARIANCE INFO:

YES NO IS THIS A UNIVERSAL WASTE?

YES NO IS THE GENERATOR OF THE WASTE CLASSIFIED AS CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR (CESQG)?

YES NO IS THIS MATERIAL GOING TO BE MANAGED AS A RCRA EXEMPT COMMERCIAL PRODUCT, WHICH IS FUEL (40 CFR 261.2 (C)(2)(II))?

YES NO DOES TREATMENT OF THIS WASTE GENERATE A F006 OR F019 SLUDGE?

YES NO IS THIS WASTE STREAM SUBJECT TO THE INORGANIC METAL BEARING WASTE PROHIBITION FOUND AT 40 CFR 268.3(C)?

YES NO DOES THIS WASTE CONTAIN VOC'S IN CONCENTRATIONS >=500 PPM?

YES NO DOES THE WASTE CONTAIN GREATER THAN 20% OF ORGANIC CONSTITUENTS WITH A VAPOR PRESSURE >= .3KPA (.044 PSIA)?

YES NO DOES THIS WASTE CONTAIN AN ORGANIC CONSTITUENT WHICH IN ITS PURE FORM HAS A VAPOR PRESSURE > 77 KPA (11.2 PSIA)?

YES NO IS THIS CERCLA REGULATED (SUPERFUND) WASTE ?

YES NO IS THE WASTE SUBJECT TO ONE OF THE FOLLOWING NESHAP RULES?
 Hazardous Organic NESHAP (HON) rule (subpart G) Pharmaceuticals production (subpart GGG)

YES NO IF THIS IS A US EPA HAZARDOUS WASTE, DOES THIS WASTE STREAM CONTAIN BENZENE?
 YES NO Does the waste stream come from a facility with one of the SIC codes listed under benzene NESHAP or is this waste regulated under the benzene NESHAP rules because the original source of the waste is from a chemical manufacturing, coke by-product recovery, or petroleum refinery process?
 YES NO Is the generating source of this waste stream a facility with Total Annual Benzene (TAB) >10 Mg/year?
 What is the TAB quantity for your facility? Megagram/year (1 Mg = 2,200 lbs)
 The basis for this determination is: Knowledge of the Waste Or Test Data Knowledge Testing
 Describe the knowledge :

G. DOT/TDG INFORMATION

DOT/TDG PROPER SHIPPING NAME:
 NON DOT REGULATED MATERIAL, (LATEX PAINTS)
 NON RCRA HAZARDOUS WASTE LIQUIDS, (LATEX PAINTS)

H. TRANSPORTATION REQUIREMENTS

ESTIMATED SHIPMENT FREQUENCY ONE TIME WEEKLY MONTHLY QUARTERLY YEARLY OTHER

<input checked="" type="checkbox"/> CONTAINERIZED 1-5 CONTAINERS/SHIPMENT STORAGE CAPACITY: 5 CONTAINER TYPE: CUBIC YARD BOX PALLET TOTE TANK <input checked="" type="checkbox"/> DRUM OTHER: DRUM SIZE: 55	BULK LIQUID GALLONS/SHIPMENT: 0 Min - 0 Max GAL.	BULK SOLID SHIPMENT UOM: TON YARD TONS/YARDS/SHIPMENT: 0 Min - 0 Max
--	---	--

I. SPECIAL REQUEST

COMMENTS OR REQUESTS:

GENERATOR'S CERTIFICATION

I certify that I am authorized to execute this document as an authorized agent. I hereby certify that all information submitted in this and attached documents is correct to the best of my knowledge. I also certify that any samples submitted are representative of the actual waste. If Clean Harbors discovers a discrepancy during the approval process, Generator grants Clean Harbors the authority to amend the profile, as Clean Harbors deems necessary, to reflect the discrepancy.

AUTHORIZED SIGNATURE: *[Signature]* NAME (PRINT): *Walter Munkley* DATE: *6 May 2015*

[Signature] *[Signature]*

This waste profile has been submitted using Clean Harbors' electronic signature system.



Requested Facility: CWM
Multiple Generator Locations (Attach Locations) Request Certificate of Disposal Renewal? Original Profile Number:

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

1. Generator Name: Merani Hospitality, Inc.
2. Site Address: 401 Buffalo Avenue
3. County: Niagara
4. Contact Name: Faisal Merani
5. Email: faisal@meranico.com
6. Phone: 716-236-7510
8. Generator EPA ID: NYR000215962
9. State ID:

B. BILLING INFORMATION

SAME AS GENERATOR

1. Billing Name: TurnKey Environmental Restoration, LLC
2. Billing Address: 2558 Hamburg Turnpike
3. Contact Name: Michael Lesakowski/Nathan Munley
4. Email: nmunley@turnkeyllc.com
5. Phone: 716-856-0635
7. WM Hauled? Yes
8. P.O. Number:
9. Payment Method: Credit Account

C. MATERIAL INFORMATION

1. Common Name: PCB waste
Describe Process Generating Material: See Attached

Remediation of transformer vandalism/spill under the BCP Site No. C932164

2. Material Composition and Contaminants: See Attached

Table with 2 columns: Contaminant description and concentration. Includes PCB impacted concrete (> 500 ppm) at 0-100, PCB impacted soil/fill (> 500 ppm) at 0-100, and PCB impacted soil/fill (50-500 ppm) at 0-100.

Total composition must be equal to or greater than 100% >=100%

3. State Waste Codes: N/A
4. Color:
5. Physical State at 70°F: Solid
6. Free Liquid Range Percentage: N/A
7. pH: N/A
8. Strong Odor: No
9. Flash Point: <140°F

D. REGULATORY INFORMATION

1. EPA Hazardous Waste? Yes* No
2. State Hazardous Waste? Yes No
3. Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? Yes* No
4. Contains Underlying Hazardous Constituents? Yes* No
5. From an industry regulated under Benzene NESHAP? Yes* No
6. Facility remediation subject to 40 CFR 63 GGGGG? Yes* No
7. CERCLA or State-mandated clean-up? Yes* No
8. NRC or State-regulated radioactive or NORM waste? Yes* No
9. Contains PCBs? Yes No
10. Regulated and/or Untreated Medical/Infectious Waste? Yes No
11. Contains Asbestos? Yes No

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

1. Analytical attached Yes
Please identify applicable samples and/or lab reports:

L1426736

2. Other information attached (such as MSDS)? Yes

F. SHIPPING AND DOT INFORMATION

1. One-Time Event Repeat Event/Ongoing Business
2. Estimated Quantity/Unit of Measure: 100 tons
3. Container Type and Size: Roll-off / Dump Truck
4. USDOT Proper Shipping Name: N/A

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this EZ Profile™ form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): Faisal Merani Date:
Title: President
Company: Merani Hospitality, Inc.

Certification Signature

Handwritten signature in a box



Only complete this Addendum if prompted by responses on EZ Profile™ (page 1) or to provide additional information. Sections and question numbers correspond to EZ Profile™.

Profile Number: _____

C. MATERIAL INFORMATION

Describe Process Generating Material (Continued from page 1):

If more space is needed, please attach additional pages.

Remedial measures related to transformer spill under the NYS BCP (C932164)

Material Composition and Contaminants (Continued from page 1):

If more space is needed, please attach additional pages.

5. PCB Impacted Concrete (>500 ppm)	0-100
6. PCB Impacted soil/fill (>500 ppm, and 50-500 ppm)	0-100
7.	
8.	
9.	
Total composition must be equal to or greater than 100%	
	≥100%

D. REGULATORY INFORMATION

Only questions with a "Yes" response in Section D on the EZ Profile™ form (page 1) need to be answered here.

1. EPA Hazardous Waste

a. Please list all USEPA listed and characteristic waste code numbers:

b. Is the material subject to the Alternative Debris standards (40 CFR 268.45)?

Yes No

c. Is the material subject to the Alternative Soil standards (40 CFR 268.49)? → If Yes, complete question 4.

Yes No

d. Is the material exempt from Subpart CC Controls (40 CFR 264.1083)?

Yes No

→ If Yes, please check **one** of the following:

Waste meets LDR or treatment exemptions for organics (40 CFR 264.1082(c)(2) or (c)(4))

Waste contains VOCs that average <500 ppmw (CFR 264.1082(c)(1)) – will require annual update.

2. State Hazardous Waste → Please list all state waste codes: TSCA PCB (B007)

3. For material that is Treated, Delisted, or Excluded → Please indicate the category, below:

Delisted Hazardous Waste

Excluded Waste under 40 CFR 261.4 → Specify Exclusion: _____

Treated Hazardous Waste Debris

Treated Characteristic Hazardous Waste → If checked, complete question 4.

4. Underlying Hazardous Constituents → Please list all Underlying Hazardous Constituents:

5. Industries regulated under Benzene NESHAP include petroleum refineries, chemical manufacturing plants, coke by-product recovery plants, and TSDFs.

a. Are you a TSDF? → If yes, please complete Benzene NESHAP questionnaire. If not, continue.

Yes No

b. Does this material contain benzene?

Yes No

1. If yes, what is the flow weighted average concentration?

_____ ppmw

c. What is your facility's current total annual benzene quantity in Megagrams?

<1 Mg 1-9.99 Mg ≥10 Mg

d. Is this waste soil from a remediation?

Yes No

1. If yes, what is the benzene concentration in remediation waste?

_____ ppmw

e. Does the waste contain >10% water/moisture?

Yes No

f. Has material been treated to remove 99% of the benzene or to achieve <10 ppmw?

Yes No

g. Is material exempt from controls in accordance with 40 CFR 61.342?

Yes No

→ If yes, specify exemption: _____

h. Based on your knowledge of your waste and the BWON regulations, do you believe that this waste stream is subject to treatment and control requirements at an off-site TSDF?

Yes No

6. 40 CFR 63 GGGGG → Does the material contain <500 ppmw VOHAPs at the point of determination?

Yes No

7. CERCLA or State-Mandated clean up → Please submit the Record of Decision or other documentation with process information to assist others in the evaluation for proper disposal. A "Determination of Acceptability" may be needed for CERCLA wastes not going to a CERCLA approved facility.

8. NRC or state regulated radioactive or NORM Waste → Please identify Isotopes and pCi/g: _____

CONFIRMATION LETTER

July 10, 2015

Mike Lesakowski/Nate Munley
TURNKEY ENVIRONMENTAL RESTORAT
2558 HAMBURG TURNPIKE
SUITE 300
LACKAWANNA, NY 14218

Re: Confirmation Number 5656940

Attention: Mike Lesakowski/Nate Munley

We are pleased to confirm CWM's approval of your waste material as described below. The attached profile for the waste materials was prepared by CWM based upon information provided by you. It is important that no changes be made to the profile without CWM's consent. If the profile meets with your approval, please call 1-716-286-1550 to schedule shipment of your waste materials.

CWM Profile Number: NY305749 MDC

Approved Mgmt. Facility: CWM MODEL CITY FACILITY
or another CWM or CWM approved facility

Waste Name: PCB WASTE - SOIL AND DEBRIS

Disposal Method: TSCA Landfill.

Disposal Price: - \$125.00 per ton with a 10 ton minimum per load

Taxes: - Town Tax @ 6.0 % of Disposal

Transportation Price: - \$450.00 per trip + 25.0 % Fuel Surcharge -
Varies Weekly
- \$400.00 per spot + 25.0 % Fuel Surcharge -
Varies Weekly
- Rental @ \$15.00 per day
- Liners @ \$75.00 each

Demurrage: - \$95.00 per hour after 30 free minutes of
loading
Miscellaneous Charges:
- Incidental Liquid in Bulk Solid Loads=
\$800.00 per load
- Leaking Bulk Loads= \$200.00 per load

Profile Expiration Date: 9/30/15

July 10, 2015

Re: Confirmation Number 5656940, CWMI Profile Number NY305749 MDC

Special Conditions:

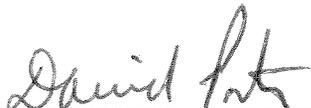
- Shipment of PCB material must meet the manifest requirements outlined by the USEPA in 40 CFR 761.207.
- Waste must not contain any free liquid or solidified liquids with PCBs > 50 ppm.
- Waste profile sheet numbers must appear on manifests
- No demurrage will be paid by CWM Chemical Serv., Inc. for delays at Model City for on-site acceptance procedures when generator/customer arranges their own transportation.
- Special Land Disposal Notification and Certification Form must be properly executed and accompany first shipment of this waste.
- CWM Chemical Services, L.L.C. (CWM) has all the necessary permits and licenses and is authorized for the management of the waste that has been characterized and identified by this profile.
- CWM has determined based on information provided that this waste stream does require Subpart CC controls. This determination is based on regulations contained in 40 CFR 264.1080-1090 and 265.1080-1090. If you do not agree with the above determination, please contact the Model City facility prior to your planned shipment.
- Must be in DOT specification packaging authorized for use with this waste.
- CWM Chemical Services Model City has limited landfill capacity due to ongoing project commitments and the sequencing of the current fill progression plan. Acceptance of any or all of this profiled material will be based on available capacity at the time of scheduling shipment.

Applicable state and local taxes are not included in these disposal prices. All wastes are priced as profiled, invoiced as actually received. Invoices shall be paid no later than thirty (30) days from the date of receipt. All terms are governed by the Agreement previously executed between our companies. The prices quoted above are subject to change by CWM upon thirty (30) days' prior written notice to you unless otherwise specifically provided or per the terms of our Agreement. If we have not previously concluded a Service Agreement with your company, one is enclosed for your convenience. Please sign and return it to us as soon as possible. Also, if 'Signature on File' does not appear on the signature line of the Waste Profile Sheet, please sign and return it before scheduling your material.

July 10, 2015

Re: Confirmation Number 5656940, CWMI Profile Number NY305749 MDC

If you have any questions or would like to make changes to the profile, please contact your representative. Thank you for this opportunity to be of service.

A handwritten signature in cursive script that reads "David Porter". The signature is written in black ink and is positioned above a horizontal line.

David Porter

Chemical Waste Management, Inc

GENERATOR'S WASTE PROFILE SHEET

MDC NY305749

() Check here if this is a Recertification LOCATION OF ORIGINAL CWM MODEL CITY FACILITY

A/B WASTE GENERATOR AND CUSTOMER INFORMATION

1. Generator Name: MERANI HOSPITALITY Generator USEPA ID: NYR000215962
2. Generator Address: 401 BUFFALO AVE Billing Address: TURNKEY ENVIRONMENTAL RESTORAT
3. Technical Contact/Phone: NIAGARA FALLS NY 14304 SUITE 300 LACKAWANNA NY 14218
4. Alternate Billing Contact/Phone:

C. WASTE STREAM INFORMATION

1a Process Generating Waste: REMEDIATION OF TRANSFORMER VANDALISM/SPILL UNDER BCP C 932164
1b Waste Name: PCB WASTE - SOIL AND DEBRIS
1c Color :
1d Strong Odor: () describe:
1e Physical State @ 70F: Solid(X) Liquid() Both() Gas() lf Single Layer (X) Multilayer ()
1g Free liq. range: to % Gravity: to Viscosity: BTU/lb: to
1h pH: Range .0 or Not applicable (X)
1i Liquid Flash Point: < 73F () 73-99F () 100-139F () 140-199F () >= 200F () N.A. (X) Closed Cup (X) Open Cup ()

2a Is this a USEPA hazardous waste (40 CFR Part 261)? Yes () No (X)
2a Identify ALL USEPA listed and characteristic waste code numbers (D,F,K,P,U): State Waste Codes: B007

2b Do underlying hazardous constituents (UHCS) apply (40CFR268.48)? ()
2d Is the waste predominantly debris subject to the Alternate Debris Standards(40 CFR268.45)? ()
2e Is the waste predominantly soil subject to the Alternate Soil Treatment Standards(40 CFR268.49)? ()
2f Does the waste contain asbestos? () If yes, is waste Friable() Non-Friable() or Both()
2g Waste contains benzene in concentrations ppm. NESHAP?()
2h Is waste remediation from a major source of Haz Air Pollutants (Site Remediation NESHAP, 40CFR 63 subpart GGGGG)?(N)
If yes, does the waste contain <500 ppmw VOHAPS at the point of determination?()
2i Waste contains PCBs (< >) > 500 ppm, regulated by 40 CFR 761?(Y)
Are PCBs regulated under SIRS Mega Rule (40 CFR 761.61(a))? (N)

Table with 3 columns: Constituents, Range, Unit Description. Rows include SOIL, CONCRETE, and TOTAL COMPOSITION (MUST EQUAL OR EXCEED 100%): 200.000000

2k Is the waste: Pyrophoric () Water-Reactive () Shock Sensitive () Oxidizer () Carcinogen () Infectious ()
Other
2l Is waste Group 1 wastewater or residual under Hazardous Organic NESHAP?()
2m Does the waste contain radioactive material? (N) Regulated by NRC?() Is radioactive waste NORM?()
2n Is the waste a CERCLA (40 CFR 300, Appendix B) or state mandated cleanup?(N)
3a This is a Nonwastewater.
3e Physical Appearance: SOIL AND CONCRETE
3f If waste subject to the land ban & meets treatment standards, check here: (N) & supply analytical results where applicable.
3g Tracking Number: 5656940

D. DOT Information and Shipping Volume

D1 Anticipated Annual Volume: 100 Units: TONS Shipping Frequency: ONE TIME
D2 PACKAGING: Bulk Solid (X) Bulk Liquid () Drum () Type/Size: ROLLOFF Other

GENERATOR'S CERTIFICATION

I hereby certify that all information submitted in this and all attached documents contains true and accurate descriptions of this waste. Any sample submitted is representative as defined in 40 CFR 261 - Appendix I or by using an equivalent method. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed. I authorize CWM to obtain a sample from any waste shipment for purposes of recertification.

Signature on original profile NY305749 FAISAL MERANI
Signature Name and Title Date

E. TRANSPORTATION INFORMATION

a. Is this a DOT Hazardous Material? Yes No

b. Proper Shipping Name. : RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTU

RE

and Additional Description if required: _____

c. DOT Regulations: United Nations Hazard Class: 9 Misc.Hazardous Mat'l I.D. UN3432 Packing Group: III
2nd Haz Cls : _____

c. CERCLA Reportable Quantity (RQ) and units (Lb, Kg): _____

e. Non-Bulk code 213 Bulk code 240

f. Special Provisions 9 81 140 IB8 T3 +++ See DOT Regs for more info

g. Labels Required CLASS 9 _____

F. SPECIAL HANDLING INFORMATION

Material Safety Data Sheets Attached

G. OTHER INFORMATION

H. CHEMICAL WASTE MANAGEMENT CERTIFICATION

Chemical Waste Management, Inc. has all the necessary permits and licenses for the waste that has been characterized and identified by this approved profile.

August 5, 2015

Re: Confirmation Number 5657370, CWMI Profile Number NY305807 MDC

Special Conditions:

- Waste profile sheet number must appear on manifest and drums.
- No demurrage will be paid by CWM Chemical Services, Inc. for delays at Model City for on-site acceptance procedures when generator/customer arranges their own transportation.
- Special Land Disposal Notification and Certification Form must be properly executed and accompany 1st shipment of this waste.
- Drummed waste must be properly marked with the profile number and bear only the appropriate labeling under RCRA and/or TSCA provisions.
- Shipment of PCB material must meet the manifest requirements outlined by the USEPA in 40 CFR 761.207.
- Out of Service Dates must be on containers.
- CWM Chemical Services, L.L.C. (CWM) has all the necessary permits and licenses and is authorized for the management of the waste that has been characterized and identified by this profile.
- If EPA codes change, a profile modification must be completed and new LDR submitted.
- Material for Port Arthur must meet debris size restrictions (wood 6"x6"x3', cement etc 6"x6"x6", metal max thickness 1/8" x 2')
- Must be in DOT specification packaging authorized for use with this waste.
- Drums received having an out of service date greater than 06 months may be redirected to an alternate facility to facilitate disposal. Additional charges may be applied.

Applicable state and local taxes are not included in these disposal prices. All wastes are priced as profiled, invoiced as actually received. Invoices shall be paid no later than thirty (30) days from the date of receipt. All terms are governed by the Agreement previously executed between our companies. The prices quoted above are subject to change by CWM upon thirty (30) days' prior written notice to you unless otherwise specifically provided or per the terms of our Agreement. If we have not previously concluded a Service Agreement with your company, one is enclosed for your convenience. Please sign and return it to us as soon as possible. Also, if 'Signature on File' does not appear on the signature line of the Waste Profile Sheet, please sign and return it before scheduling your material.

August 5, 2015

Re: Confirmation Number 5657370, CWMI Profile Number NY305807 MDC

If you have any questions or would like to make changes to the profile, please contact your representative. Thank you for this opportunity to be of service.

A handwritten signature in black ink, appearing to read "David Porter", written over a horizontal line.

David Porter

Chemical Waste Management, Inc



Profile Amendment Request

Nathan Munkey hereby requests an amendment to WMI profile #: NY305749
(Contact Name)

to include the following: As Agent for Merain Hospitality

Amendment Type: One Time Only Request (Event) Permanent Addition to Profile (Base)

Additional Analytical/MSDS to be added to profile (see attached)

Volume Increase (specify volume) _____ Tons Cubic Yards Drums Gallons Other (specify) _____

Constituent(s) to be added and/or modify current range in chemical composition:

Chemicals or constituents to be added/modify	Low	High	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Change current ranges on profile (specify below)

pH Range _____ to _____ Free Liquid Range _____ to _____

Other (specify)
- Containment Plastic
- PPE

GENERATOR CERTIFICATION

By signing this form, the Generator hereby certifies:

The information provided in this document, the referenced Waste Management Generator's Waste Profile Sheet, and all other referenced documents contain true and accurate descriptions of the waste material. All information regarding known or suspected hazards in the possession of the Generator has been disclosed.

Generator/Customer Signature: [Signature] Date: 10 July 2015

Company Name: Turkey Environmental Restoration, LLC

Name (Print): Nathan Munkey Title: _____

FOR WASTE MANAGEMENT USE ONLY

Submitted By: _____ Date: _____ Time: _____
(W.M. Initials)

WM Approval: _____ Date: _____

Agency Approval Required: Yes No

<input type="checkbox"/> Profile Extension	<input type="checkbox"/> Analytical Extension
Original Approval Date _____	Analytical Due Date _____
Requested Extension _____	Requested Extension _____
New Approval Date _____	New Analytical Due Date _____

Conditions/Precautions: _____



Profile Amendment Request

Nathan Munley hereby requests an amendment to WMI profile #: NV305749
(Contact Name)

to include the following: As Agent for Meridian Hospitality

- Amendment Type: One Time Only Request (Event) Permanent Addition to Profile (Base)
- Additional Analytical/MSDS to be added to profile (see attached)
- Volume Increase (specify volume) _____ Tons Cubic Yards Drums Gallons Other (specify) _____
- Constituent(s) to be added and/or modify current range in chemical composition:

Chemicals or constituents to be added/modify	Low	High	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Change current ranges on profile (specify below)

pH Range _____ to _____ Free Liquid Range _____ to _____

Other (specify) -PCB-contaminated debris (wood, plastic, metal) 0-10%

GENERATOR CERTIFICATION

By signing this form, the Generator hereby certifies:
The information provided in this document, the referenced Waste Management Generator's Waste Profile Sheet, and all other referenced documents contain true and accurate descriptions of the waste material. All information regarding known or suspected hazards in the possession of the Generator has been disclosed.

Generator/Customer Signature: [Signature] As Agent for Meridian Hospitality
Date: 21 July 2015

Company Name: Tosa Key Environmental Restoration, LLC

Name (Print): Nathan Munley Title: _____

FOR WASTE MANAGEMENT USE ONLY

Submitted By: _____ (W.M. Initials) Date: _____ Time: _____

WM Approval: _____ Date: _____

Agency Approval Required: Yes No

Profile Extension Analytical Extension

Original Approval Date _____ Analytical Due Date _____

Requested Extension _____ Requested Extension _____

New Approval Date _____ New Analytical Due Date _____

Conditions/Precautions: _____

Requested Facility: CWM Unsure Profile Number: _____
 Multiple Generator Locations (Attach Locations) Request Certificate of Disposal Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

- Generator Name: Merani Hospitality, Inc.
- Site Address: 401 Buffalo Avenue
(City, State, ZIP) Niagara Falls, NY 14304
- County: Niagara
- Contact Name: Faisal Merani
- Email: faisal@meranico.com
- Phone: 716-236-7510 7. Fax: _____
- Generator EPA ID: NYR000215962 N/A
- State ID: _____ N/A

C. MATERIAL INFORMATION

- Common Name: PCB waste (rags-PPE)
Describe Process Generating Material: See Attached

Remediation of transformer vandalism/spill under the BCP Site No. C932164
- Material Composition and Contaminants: See Attached

1. PCB impacted rags/sorbent pads	0-80
2. PCB impacted PPE	0-20
3. PCB impacted plastic	0-20
4. PCB-decon cleaner	0-5
Total composition must be equal to or greater than 100% <input checked="" type="checkbox"/> ≥100%	
- State Waste Codes: _____ N/A
- Color: _____
- Physical State at 70°F: Solid Liquid Other: _____
- Free Liquid Range Percentage: _____ to _____ N/A
- pH: _____ to _____ N/A
- Strong Odor: Yes No Describe: _____
- Flash Point: <140°F 140°-199°F ≥200° N/A

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

- Analytical attached Yes
Please identify applicable samples and/or lab reports:
- Other information attached (such as MSDS)? Yes

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this EZ Profile™ form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 - Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): Faisal Merani Date: _____
Title: President
Company: Merani Hospitality, Inc.

B. BILLING INFORMATION

SAME AS GENERATOR

- Billing Name: TurnKey Environmental Restoration, LLC
- Billing Address: 2558 Hamburg Turnpike
(City, State, ZIP) Lackawanna NY 14218
- Contact Name: Michael Lesakowski/Nathan Munley
- Email: nmunley@turnkeyllc.com
- Phone: 716-856-0635 6. Fax: 716-856-0583
- WM Hauled? Yes No
- P.O. Number: _____
- Payment Method: Credit Account Cash Credit Card

D. REGULATORY INFORMATION

- EPA Hazardous Waste? Yes* No
Code: _____
- State Hazardous Waste? Yes No
Code: B007
- Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? Yes* No
- Contains Underlying Hazardous Constituents? Yes* No
- From an industry regulated under Benzene NESHAP? Yes* No
- Facility remediation subject to 40 CFR 63 GGGGG? Yes* No
- CERCLA or State-mandated clean-up? Yes* No
- NRC or State-regulated radioactive or NORM waste? Yes* No
- *If Yes, see Addendum (page 2) for additional questions and space.**
- Contains PCBs? → If Yes, answer a, b and c. Yes No
 - Regulated by 40 CFR 761? Yes No
 - Remediation under 40 CFR 761.61 (a)? Yes No
 - Were PCB imported into the US? Yes No
- Regulated and/or Untreated Medical/Infectious Waste? Yes No
- Contains Asbestos? Yes No
→ If Yes: Non-Friable Non-Friable - Regulated Friable

F. SHIPPING AND DOT INFORMATION

- One-Time Event Repeat Event/Ongoing Business
- Estimated Quantity/Unit of Measure: 1
 Tons Yards Drums Gallons Other: _____
- Container Type and Size: _____
- USDOT Proper Shipping Name: _____ N/A

Certification Signature





Only complete this Addendum if prompted by responses on EZ Profile™ (page 1) or to provide additional information. Sections and question numbers correspond to EZ Profile™.

Profile Number: _____

C. MATERIAL INFORMATION

Describe Process Generating Material (Continued from page 1):

If more space is needed, please attach additional pages.

Remedial measures related to transformer spill under the NYS BCP (C932164)

Material Composition and Contaminants (Continued from page 1):

If more space is needed, please attach additional pages.

5.	
6.	
7.	
8.	
9.	
Total composition must be equal to or greater than 100%	
	≥100%

D. REGULATORY INFORMATION

Only questions with a "Yes" response in Section D on the EZ Profile™ form (page 1) need to be answered here.

1. EPA Hazardous Waste

a. Please list all USEPA listed and characteristic waste code numbers:

b. Is the material subject to the Alternative Debris standards (40 CFR 268.45)? Yes No

c. Is the material subject to the Alternative Soil standards (40 CFR 268.49)? → If Yes, complete question 4. Yes No

d. Is the material exempt from Subpart CC Controls (40 CFR 264.1083)? Yes No

→ If Yes, please check **one** of the following:

Waste meets LDR or treatment exemptions for organics (40 CFR 264.1082(c)(2) or (c)(4))

Waste contains VOCs that average <500 ppmw (CFR 264.1082(c)(1)) – will require annual update.

2. State Hazardous Waste → Please list all state waste codes: TSCA PCB (B007)

3. For material that is Treated, Delisted, or Excluded → Please indicate the category, below:

Delisted Hazardous Waste Excluded Waste under 40 CFR 261.4 → Specify Exclusion: _____

Treated Hazardous Waste Debris Treated Characteristic Hazardous Waste → If checked, complete question 4.

4. Underlying Hazardous Constituents → Please list all Underlying Hazardous Constituents:

5. Industries regulated under Benzene NESHAP include petroleum refineries, chemical manufacturing plants, coke by-product recovery plants, and TSDFs.

a. Are you a TSDF? → If yes, please complete Benzene NESHAP questionnaire. If not, continue. Yes No

b. Does this material contain benzene? Yes No

1. If yes, what is the flow weighted average concentration? _____ ppmw

c. What is your facility's current total annual benzene quantity in Megagrams? <1 Mg 1–9.99 Mg ≥10 Mg

d. Is this waste soil from a remediation? Yes No

1. If yes, what is the benzene concentration in remediation waste? _____ ppmw

e. Does the waste contain >10% water/moisture? Yes No

f. Has material been treated to remove 99% of the benzene or to achieve <10 ppmw? Yes No

g. Is material exempt from controls in accordance with 40 CFR 61.342? Yes No

→ If yes, specify exemption: _____

h. Based on your knowledge of your waste and the BWON regulations, do you believe that this waste stream is subject to treatment and control requirements at an off-site TSDF? Yes No

6. 40 CFR 63 GGGGG → Does the material contain <500 ppmw VOHAPs at the point of determination? Yes No

7. CERCLA or State-Mandated clean up → Please submit the Record of Decision or other documentation with process information to assist others in the evaluation for proper disposal. A "Determination of Acceptability" may be needed for CERCLA wastes not going to a CERCLA approved facility.

8. NRC or state regulated radioactive or NORM Waste → Please identify Isotopes and pCi/g: _____

CONFIRMATION LETTER

August 5, 2015

Mike Lesakowski/Nate Munley
TURNKEY ENVIRONMENTAL RESTORAT
2558 HAMBURG TURNPIKE
SUITE 300
LACKAWANNA, NY 14218

Re: Confirmation Number 5657370

Attention: Mike Lesakowski/Nate Munley

We are pleased to confirm CWM's approval of your waste material as described below. The attached profile for the waste materials was prepared by CWM based upon information provided by you. It is important that no changes be made to the profile without CWM's consent. If the profile meets with your approval, please call 1-716-286-1550 to schedule shipment of your waste materials.

CWM Profile Number: NY305807 MDC

Approved Mgmt. Facility: CWM MODEL CITY FACILITY
or another CWM or CWM approved facility

Waste Name: DEBRIS WITH PCBS

Disposal Method: Bulk at Model City for Incineration at Port Arthur

Disposal Price: - \$1.15 per pound with a \$345.00 minimum per drum

Taxes: - Do not apply

Transportation Price: - \$400.00 per trip + 22.0 % Fuel Surcharge -
Varies Weekly

Demurrage: - \$85.00 per hour after two free hours of loading

Pricing Conditions: - Maximum 500 pounds per 55 gallon steel drum or
other drum containers sent to Model City for
shredding and incineration.
- Surcharge for drums without profile marked on
the drum \$20/each.
- Discrepant drum charge \$3/drum per day after
14 days from notification.
- Drum resample fee - \$25/drum.

Profile Expiration Date: 7/29/16

GENERATOR'S WASTE PROFILE SHEET

MDC NY305807

() Check here if this is a Recertification LOCATION OF ORIGINAL CWM MODEL CITY FACILITY

A/B WASTE GENERATOR AND CUSTOMER INFORMATION

1. Generator Name: MERANI HOSPITALITY Generator USEPA ID: NYR000215962

2. Generator Address: 401 BUFFALO AVE Billing Address: TURNKEY ENVIRONMENTAL RESTORAT
 () Same
2558 HAMBURG TURNPIKE

NIAGARA FALLS NY 14304 SUITE 300

3. Technical Contact/Phone: _____ LACKAWANNA NY 14218

4. Alternate Billing Contact/Phone: _____

C. WASTE STREAM INFORMATION

1a Process Generating Waste: REMEDIATION OF TRANSFORMER VANDALISM/SPILL

1b Waste Name: DEBRIS WITH PCBS

1c Color : _____

1d Strong Odor: () ; describe: _____

1e Physical State @ 70F: Solid (X) Liquid () Both () Gas () 1f Single Layer (X) Multilayer ()

1g Free liq. range: ___ to ___ % Gravity: ___ to ___ Viscosity: ___ BTU/lb: ___ to ___

1h pH: Range .0 or Not applicable (X)

1i Liquid Flash Point: < 73F () 73-99F () 100-139F () 140-199F () >= 200F () N.A. (X) Closed Cup (X) Open Cup ()

2a Is this a USEPA hazardous waste (40 CFR Part 261)? Yes () No (X)

2a Identify ALL USEPA listed and characteristic waste code numbers (D,F,K,P,U): _____
 State Waste Codes: B007

2b Do underlying hazardous constituents (UHCs) apply (40CFR268.48)? ()

2d Is the waste predominantly debris subject to the Alternate Debris Standards(40 CFR268.45)? ()

2e Is the waste predominantly soil subject to the Alternate Soil Treatment Standards(40 CFR268.49)? ()

2f Does the waste contain asbestos? () If yes, is waste Friable() Non-Friable() or Both()

2g Waste contains benzene in concentrations _____ ppm. NESHAP? ()

2h Is waste remediation from a major source of Haz Air Pollutants (Site Remediation NESHAP, 40CFR 63 subpart GGGGG)? (N)
 If yes, does the waste contain <500 ppmw VOHAPs at the point of determination? ()

2i Waste contains PCBs (< >) > 50 _____ ppm, regulated by 40 CFR 761? (Y)
 Are PCBs regulated under SIRS Mega Rule (40 CFR 761,61(a))? (N)

2j CHEMICAL COMPOSITION: List ALL constituents (incl. halogenated organics) present in any concentration and forward analysis

Constituents	Range	Unit Description
DEBRIS	to	
<u>RAGS/SORBENT PADS</u>	<u>0 to 80</u>	<u>%</u>
<u>PPE</u>	<u>0 to 20</u>	<u>%</u>
<u>PLASTIC</u>	<u>0 to 20</u>	<u>%</u>
<u>INERTS</u>	<u>to</u>	
<u>PIPE-X, METAL-X CLEANER</u>	<u>0 to 5</u>	<u>%</u>
TOTAL COMPOSITION (MUST EQUAL OR EXCEED 100%):	<u>125.000000</u>	

2k Is the waste: Pyrophoric () Water-Reactive () Shock Sensitive () Oxidizer () Carcinogen () Infectious ()
 Other _____

2l Is waste Group 1 wastewater or residual under Hazardous Organic NESHAP? ()

2m Does the waste contain radioactive material? (N) Regulated by NRC? () Is radioactive waste NORM? ()

2n Is the waste a CERCLA (40 CFR 300, Appendix B) or state mandated cleanup? (N)

3a This is a Nonwastewater.

3e Physical Appearance: DEBRIS

3f If waste subject to the land ban & meets treatment standards, check here: (Y) & supply analytical results where applicable.

3g Tracking Number: 5657370

D. DOT Information and Shipping Volume

D1 Anticipated Annual Volume: _____ 1 Units: 55 GALLON DRUM Shipping Frequency: ONE TIME

D2 PACKAGING: Bulk Solid () Bulk Liquid () Drum (X) Type/Size: 55 GALLON DRUM Other _____

GENERATOR'S CERTIFICATION

I hereby certify that all information submitted in this and all attached documents contains true and accurate descriptions of this waste. Any sample submitted is representative as defined in 40 CFR 261 - Appendix I or by using an equivalent method. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed. I authorize CWM to obtain a sample from any waste shipment for purposes of recertification.

Signature on original profile NY305807

FAISAL MERANI

Signature

Name and Title

Date

E. TRANSPORTATION INFORMATION

a. Is this a DOT Hazardous Material? Yes No

b. Proper Shipping Name. : RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTU

RE

and Additional Description if required: _____

c. DOT Regulations: United Nations Hazard Class: 9 Misc.Hazardous Mat'l I.D. UN3432 Packing Group: III
2nd Haz Cls : _____

c. CERCLA Reportable Quantity (RQ) and units (Lb, Kg): _____

e. Non-Bulk code 213 Bulk code 240

f. Special Provisions 9 81 140 IB8 T3 +++ See DOT Regs for more info

g. Labels Required CLASS 9 _____

F. SPECIAL HANDLING INFORMATION

Material Safety Data Sheets Attached

G. OTHER INFORMATION

H. CHEMICAL WASTE MANAGEMENT CERTIFICATION

Chemical Waste Management, Inc. has all the necessary permits and licenses for the waste that has been characterized and identified by this approved profile.

Requested Facility: CWM Unsure Profile Number: _____
 Multiple Generator Locations (Attach Locations) Request Certificate of Disposal Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

- Generator Name: Merani Hospitality, Inc.
- Site Address: 401 Buffalo Avenue
(City, State, ZIP) Niagara Falls, NY 14304
- County: Niagara
- Contact Name: Faisal Merani
- Email: faisal@meranico.com
- Phone: 716-236-7510 7. Fax: _____
- Generator EPA ID: NYR000215962 N/A
- State ID: _____ N/A

C. MATERIAL INFORMATION

- Common Name: PCB waste
Describe Process Generating Material: See Attached

Remediation of transformer vandalism/spill under the BCP Site No. C932164
- Material Composition and Contaminants: See Attached

1. Transformer housing/equipment (3)	>500 ppm
2.	
3.	
4.	

Total composition must be equal to or greater than 100% ≥100%
- State Waste Codes: _____ N/A
- Color: _____
- Physical State at 70°F: Solid Liquid Other: _____
- Free Liquid Range Percentage: _____ to _____ N/A
- pH: _____ to _____ N/A
- Strong Odor: Yes No Describe: _____
- Flash Point: <140°F 140°–199°F ≥200° N/A

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

- Analytical attached Yes
Please identify applicable samples and/or lab reports:

L1426736
- Other information attached (such as MSDS)? Yes

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this EZ Profile™ form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 – Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): Faisal Merani Date: _____
Title: President
Company: Merani Hospitality, Inc.

B. BILLING INFORMATION

SAME AS GENERATOR

- Billing Name: TurnKey Environmental Restoration, LLC
- Billing Address: 2558 Hamburg Turnpike
(City, State, ZIP) Lackawanna NY 14218
- Contact Name: Michael Lesakowski/Nathan Munley
- Email: nmunley@turnkeyllc.com
- Phone: 716-856-0635 6. Fax: 716-856-0583
- WM Hauled? Yes No
- P.O. Number: _____
- Payment Method: Credit Account Cash Credit Card

D. REGULATORY INFORMATION

- EPA Hazardous Waste? Yes* No
Code: _____
 - State Hazardous Waste? Yes No
Code: B006
 - Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? Yes* No
 - Contains Underlying Hazardous Constituents? Yes* No
 - From an industry regulated under Benzene NESHAP? Yes* No
 - Facility remediation subject to 40 CFR 63 GGGGG? Yes* No
 - CERCLA or State-mandated clean-up? Yes* No
 - NRC or State-regulated radioactive or NORM waste? Yes* No
- *If Yes, see Addendum (page 2) for additional questions and space.**
- Contains PCBs? → If Yes, answer a, b and c. Yes No
 - Regulated by 40 CFR 761? Yes No
 - Remediation under 40 CFR 761.61 (a)? Yes No
 - Were PCB imported into the US? Yes No
 - Regulated and/or Untreated Medical/Infectious Waste? Yes No
 - Contains Asbestos? Yes No
→ If Yes: Non-Friable Non-Friable – Regulated Friable

F. SHIPPING AND DOT INFORMATION

- One-Time Event Repeat Event/Ongoing Business
- Estimated Quantity/Unit of Measure: 3 transformers
 Tons Yards Drums Gallons Other: _____
- Container Type and Size: Pallets (tsfs) and Drums (workings)
- USDOT Proper Shipping Name: _____ N/A

Certification Signature





Only complete this Addendum if prompted by responses on EZ Profile™ (page 1) or to provide additional information. Sections and question numbers correspond to EZ Profile™.

Profile Number: _____

C. MATERIAL INFORMATION

Describe Process Generating Material (Continued from page 1):

If more space is needed, please attach additional pages.

Remedial measures related to transformer spill under the NYS BCP (C932164)

Material Composition and Contaminants (Continued from page 1):

If more space is needed, please attach additional pages.

5. Transformer housing/equipment (3 transformer housings and interior electrical components)	> 500 ppm
6.	
7.	
8.	
9.	
Total composition must be equal to or greater than 100%	
	≥100%

D. REGULATORY INFORMATION

Only questions with a "Yes" response in Section D on the EZ Profile™ form (page 1) need to be answered here.

1. EPA Hazardous Waste

a. Please list all USEPA listed and characteristic waste code numbers:

b. Is the material subject to the Alternative Debris standards (40 CFR 268.45)? Yes No

c. Is the material subject to the Alternative Soil standards (40 CFR 268.49)? → If Yes, complete question 4. Yes No

d. Is the material exempt from Subpart CC Controls (40 CFR 264.1083)? Yes No

→ If Yes, please check **one** of the following:

Waste meets LDR or treatment exemptions for organics (40 CFR 264.1082(c)(2) or (c)(4))

Waste contains VOCs that average <500 ppmw (CFR 264.1082(c)(1)) – will require annual update.

2. State Hazardous Waste → Please list all state waste codes: TSCA PCB (B006)

3. For material that is Treated, Delisted, or Excluded → Please indicate the category, below:

Delisted Hazardous Waste Excluded Waste under 40 CFR 261.4 → Specify Exclusion: _____

Treated Hazardous Waste Debris Treated Characteristic Hazardous Waste → If checked, complete question 4.

4. Underlying Hazardous Constituents → Please list all Underlying Hazardous Constituents:

5. Industries regulated under Benzene NESHAP include petroleum refineries, chemical manufacturing plants, coke by-product recovery plants, and TSDFs.

a. Are you a TSDF? → If yes, please complete Benzene NESHAP questionnaire. If not, continue. Yes No

b. Does this material contain benzene? Yes No

1. If yes, what is the flow weighted average concentration? _____ ppmw

c. What is your facility's current total annual benzene quantity in Megagrams? <1 Mg 1–9.99 Mg ≥10 Mg

d. Is this waste soil from a remediation? Yes No

1. If yes, what is the benzene concentration in remediation waste? _____ ppmw

e. Does the waste contain >10% water/moisture? Yes No

f. Has material been treated to remove 99% of the benzene or to achieve <10 ppmw? Yes No

g. Is material exempt from controls in accordance with 40 CFR 61.342? Yes No

→ If yes, specify exemption: _____

h. Based on your knowledge of your waste and the BWON regulations, do you believe that this waste stream is subject to treatment and control requirements at an off-site TSDF? Yes No

6. 40 CFR 63 GGGGG → Does the material contain <500 ppmw VOHAPs at the point of determination? Yes No

7. CERCLA or State-Mandated clean up → Please submit the Record of Decision or other documentation with process information to assist others in the evaluation for proper disposal. A "Determination of Acceptability" may be needed for CERCLA wastes not going to a CERCLA approved facility.

8. NRC or state regulated radioactive or NORM Waste → Please identify Isotopes and pCi/g: _____



Additional Profile Information

Profile Number: _____

C. MATERIAL INFORMATION

Material Composition and Contaminants (Continued from page 2):

If more space is needed, please attach additional pages.

10.	
11.	
12.	
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26.	
27.	
28.	
29.	
30.	
31.	
32.	
33.	
34.	
35.	
36.	
37.	
38.	
39.	
40.	
Total composition must be equal to or greater than 100%	
	≥100%

D. REGULATORY INFORMATION

1. EPA Hazardous Waste

a. Please list all USEPA listed and characteristic waste code numbers (Continued from page 2):

CONFIRMATION LETTER

July 10, 2015

Mike Lesakowski/Nate Munley
TURNKEY ENVIRONMENTAL RESTORAT
2558 HAMBURG TURNPIKE
SUITE 300
LACKAWANNA, NY 14218

Re: Confirmation Number 5656939

Attention: Mike Lesakowski/Nate Munley

We are pleased to confirm CWM's approval of your waste material as described below. The attached profile for the waste materials was prepared by CWM based upon information provided by you. It is important that no changes be made to the profile without CWM's consent. If the profile meets with your approval, please call 1-716-286-1550 to schedule shipment of your waste materials.

CWM Profile Number: NY305750 MDC

Approved Mgmt. Facility: CWM MODEL CITY FACILITY
or another CWM or CWM approved facility

Waste Name: PCB WASTE - TRANSFORMERS

Disposal Method: Drained and flush liquids for incineration at
Port Arthur.
Landfill carcass at TSCA Landfill.

Disposal Price: - \$1.95 per pound with a \$335.00 minimum per
container

Taxes: - Do not apply

Transportation Price: - \$400.00 per trip + 25.0 % Fuel Surcharge -
Varies Weekly

Demurrage: - \$85.00 per hour after two free hours of loading

Pricing Conditions: Miscellaneous Charges

- Leaking Drums= \$200.00 per drum
- Surcharge for drums without profile marked on
the drum \$20/each.
- Discrepant drum charge \$3/drum per day after
14 days from notification.

July 10, 2015

Re: Confirmation Number 5656939, CWMI Profile Number NY305750 MDC

- Drum resample fee - \$25/drum.

Profile Expiration Date: 6/22/16

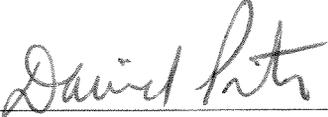
- Special Conditions:
- Waste profile sheet numbers must appear on manifests and drums.
 - No demurrage will be paid by CWM Chemical Serv. Inc. for delays at Model City for on site acceptance procedures when generator/customer arranges their own transportation.
 - Special Land Disposal Notification and Certification Form must be properly executed and accompany first shipment of this waste.
 - Drummed waste must be properly marked with the profile number and bear only the appropriate labeling under RCRA and/or DOT provisions.
 - Shipment of PCB material must meet the manifest requirements outlined by the USEPA in 40 CFR 761.207.
 - Out of Service Dates must be on containers.
 - CWM has determined based on information provided that this waste stream does require Subpart CC controls. This determination is based on regulations contained in 40 CFR 264.1080-1090 and 265.1080-1090. If you do not agree with the above determination, please contact the Model City facility prior to your planned shipment.
 - CWM Chemical Services, L.L.C. (CWM) has all the necessary permits and licenses and is authorized for the management of the waste that has been characterized and identified by this profile.
 - Must be in DOT specification packaging authorized for use with this waste.

Applicable state and local taxes are not included in these disposal prices. All wastes are priced as profiled, invoiced as actually received. Invoices shall be paid no later than thirty (30) days from the date of receipt. All terms are governed by the Agreement previously executed between our companies. The prices quoted above are subject to change by CWM upon thirty (30) days' prior written notice to you unless otherwise specifically provided or per the terms of our Agreement. If we have not previously concluded a Service Agreement with your company, one is enclosed for your convenience. Please sign and return it to us as soon as possible. Also, if 'Signature on File' does not appear on the signature line of the Waste Profile Sheet, please sign and return it before scheduling your material.

July 10, 2015

Re: Confirmation Number 5656939, CWMI Profile Number NY305750 MDC

If you have any questions or would like to make changes to the profile, please contact your representative. Thank you for this opportunity to be of service.

A handwritten signature in cursive script that reads "David Porter". The signature is written in black ink and is positioned above a horizontal line.

David Porter

Chemical Waste Management, Inc

GENERATOR'S WASTE PROFILE SHEET

MDC NY305750

() Check here if this is a Recertification LOCATION OF ORIGINAL CWM MODEL CITY FACILITY

A/B WASTE GENERATOR AND CUSTOMER INFORMATION

1. Generator Name: MERANI HOSPITALITY Generator USEPA ID: NYR000215962
2. Generator Address: 401 BUFFALO AVE Billing Address: TURNKEY ENVIRONMENTAL RESTORAT
3. Technical Contact/Phone: NIAGARA FALLS NY 14304
4. Alternate Contact/Phone: Billing Contact/Phone: LACKAWANNA NY 14218

C. WASTE STREAM INFORMATION

1a Process Generating Waste: REMEDIATION OF TRANSFORMER VANDALISM/SPILL UNDER BCP C 932164
1b Waste Name: PCB WASTE - TRANSFORMERS
1c Color :
1d Strong Odor: () ; describe:
1e Physical State @ 70F: Solid (X) Liquid () Both () Gas () If Single Layer (X) Multilayer ()
1g Free liq. range: to % Gravity: to Viscosity: BTU/lb: to
1h pH: Range .0 or Not applicable (X)
1i Liquid Flash Point: < 73F () 73-99F () 100-139F () 140-199F () >= 200F () N.A. (X) Closed Cup (X) Open Cup ()

2a Is this a USEPA hazardous waste (40 CFR Part 261)? Yes () No (X)
2a Identify ALL USEPA listed and characteristic waste code numbers (D,F,K,P,U): State Waste Codes: B006

2b Do underlying hazardous constituents (UHCs) apply (40CFR268.48)? ()
2d Is the waste predominantly debris subject to the Alternate Debris Standards(40 CFR268.45)? ()
2e Is the waste predominantly soil subject to the Alternate Soil Treatment Standards(40 CFR268.49)? ()
2f Does the waste contain asbestos? () If yes, is waste Friable() Non-Friable() or Both()
2g Waste contains benzene in concentrations ppm. NESHAP? ()
2h Is waste remediation from a major source of Haz Air Pollutants (Site Remediation NESHAP, 40CFR 63 subpart GGGGG)? (N)
If yes, does the waste contain <500 ppmw VOHAPs at the point of determination? ()
2i Waste contains PCBs (>) > 500 ppm, regulated by 40 CFR 761? (X)
Are PCBs regulated under SIRS Mega Rule (40 CFR 761,61(a))? (N)

Table with 3 columns: Constituents, Range, Unit Description. Row 1: TRANSFORMERS >500 PPM PCBS, 100 to 100 %, %. Row 2: COMMENTS, to, to. Row 3: THREE DRUMS OF COMPONENTS; THREE PALLETS OF GUTTED TANSFORMERS (VANDALISM), to, to. Row 4: TOTAL COMPOSITION (MUST EQUAL OR EXCEED 100%): 100.000000

2k Is the waste: Pyrophoric () Water-Reactive () Shock Sensitive () Oxidizer () Carcinogen () Infectious ()
Other
2l Is waste Group 1 wastewater or residual under Hazardous Organic NESHAP? ()
2m Does the waste contain radioactive material? (N) Regulated by NRC? () Is radioactive waste NORM? ()
2n Is the waste a CERCLA (40 CFR 300, Appendix B) or state mandated cleanup? (N)
3a This is a Nonwastewater.
3e Physical Appearance: TRANSFORMERS AND WORKINGS
3f If waste subject to the land ban & meets treatment standards, check here: (N) & supply analytical results where applicable.
3g Tracking Number: 5656939

D. DOT Information and Shipping Volume

D1 Anticipated Annual Volume: 6 Units: OTHER Shipping Frequency: ONE TIME
D2 PACKAGING: Bulk Solid () Bulk Liquid () Drum (X) Type/Size: 55 GALLON DRUM Other

GENERATOR'S CERTIFICATION

I hereby certify that all information submitted in this and all attached documents contains true and accurate descriptions of this waste. Any sample submitted is representative as defined in 40 CFR 261 - Appendix I or by using an equivalent method. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed. I authorize CWM to obtain a sample from any waste shipment for purposes of recertification.

Signature on original profile NY305750 FAISAL MERANI
Signature Name and Title Date

E. TRANSPORTATION INFORMATION

a. Is this a DOT Hazardous Material? Yes No

b. Proper Shipping Name. : RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID MIXTU

RE

and Additional Description if required: _____

c. DOT Regulations: United Nations Hazard Class: 9 Misc.Hazardous Mat'l I.D. UN3432 Packing Group: III
2nd Haz Cls : _____

c. CERCLA Reportable Quantity (RQ) and units (Lb, Kg): _____

e. Non-Bulk code 213 Bulk code 240

f. Special Provisions 9 81 140 IB6 T3 +++ See DOT Regs for more info

g. Labels Required CLASS 9 _____

F. SPECIAL HANDLING INFORMATION

Material Safety Data Sheets Attached

G. OTHER INFORMATION

H. CHEMICAL WASTE MANAGEMENT CERTIFICATION

Chemical Waste Management, Inc. has all the necessary permits and licenses for the waste that has been characterized and identified by this approved profile.

LDR NOTIFICATION OR CERTIFICATION FORM For New York Regulated PCB Waste

This form is required for wastes containing 50 ppm PCB or greater. The profiled waste on the manifest number indicated below is listed hazardous waste ("B-coded") in NY. Note: 50-500 ppm PCB drained articles and small capacitors (as defined in 40CFR761.3) are not regulated by NY State. Please complete items 1.- 8. and send with the first shipment of waste/profile.

- 1.) Generator Name MERANI HOSPITALITY
- 2.) Manifest Number 002733211 3.) CWM Profile# NY 305750
- 4.) Please check *all* boxes that apply.

NY Waste Code	Identity/Type of PCB Waste	
B001	<input type="checkbox"/>	Concentrated PCB Oil
B002	<input type="checkbox"/>	Oil/liquid 50-499 ppm PCBs
B003	<input type="checkbox"/>	Oil/liquid 500 ppm or greater PCBs
B004	<input type="checkbox"/>	Manufactured PCB Articles 50-499 ppm: <input type="checkbox"/> transformers <input type="checkbox"/> motors <input type="checkbox"/> switches <input type="checkbox"/> cable <input type="checkbox"/> pumps <input type="checkbox"/> pipe <input type="checkbox"/> large capacitors <input type="checkbox"/> bushings <input type="checkbox"/> other (specify):
B005	<input type="checkbox"/>	Manufactured PCB Articles (other than transformers) 500 ppm or greater: <input type="checkbox"/> motors <input type="checkbox"/> switches <input type="checkbox"/> cable <input type="checkbox"/> pumps <input type="checkbox"/> pipe <input type="checkbox"/> large capacitors <input type="checkbox"/> bushings <input type="checkbox"/> other (specify):
B006	<input checked="" type="checkbox"/>	PCB Transformers 500 ppm or greater
B007	<input type="checkbox"/>	Other PCB Wastes: <input type="checkbox"/> soil <input type="checkbox"/> sludge <input type="checkbox"/> clothing <input type="checkbox"/> rags <input type="checkbox"/> wood <input type="checkbox"/> other (specify):

5.) Check *one* box as appropriate.

CERTIFICATION - WASTE MEETS LAND DISPOSAL TREATMENT STANDARDS

- I am the generator of the waste as identified above, that is restricted under 6 NYCRR Part 376. I have determined that this waste meets all applicable treatment standards set forth in 6 NYCRR 376 and, therefore, it can be landfilled without further treatment. Waste does not include solidified B002 material (liquid with PCBs 50-500ppm).

I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 6 NYCRR Part 376, section 376.4. and all applicable prohibitions set forth in 376.3(b) of part 376 or RCRA section 3004(d). I believe that the information I submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

NOTIFICATION - WASTE DOES NOT MEET LAND DISPOSAL TREATMENT STANDARDS

- I am the generator of a waste restricted under 6 NYCRR Part 376 as identified above. I notify that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 6 NYCRR Part 376.4 (f). This waste must be treated to the applicable standards set forth in 6 NYCRR 376.4 (f) prior to land disposal.

- 6.) Signature Josh Robinson Agent for Merani Hospitality, Inc.
- 7.) Title Josh Robinson Agent for Merani Hospitality 8.) Date 07/27/15



Subpart CC Air Controls Certification

Generator Name: Merani Hospitality Profile Number: _____

Based on a January 21, 1999 technical correction in Sections 40 CFR 264.1083 and 265.1084 (waste determination) of the Subpart CC Organic Air Emissions regulations, a TSDF operating a waste treatment tank that is exempt from CC air controls must verify that each waste stream managed, continues to qualify as exempt (contains less than 500 ppm VOC's) every 12 months. Therefore, CWM requests that you complete the following questionnaire and sign the certification statement to update our records as required by this regulation.

NEW APPROVALS: Prior to placement into the exempt unit:

- 1 Waste is determined to be "LDR Exempt", as defined in 265.1083(C)(4), and 265.1083(c)(4) provided all applicable organic treatment standards (including UHC's for D-coded characteristic wastes) are met or a Specified Technology is utilized.
- 2 Waste does not qualify for a LDR Exemption. The average VOC, at the point of origination of < 500 ppmw (40 CFR 265.1083(C)(1) and 265.1083(c)(1)), was based on an initial determination utilizing:
 - Direct determination (analytical testing) in accordance with 40 CFR 264.1083(a)(2) or 265.1084(a)(3). (Attach a copy of the analysis.)
 - Generator knowledge of the process, as defined in 40 CFR 265.1084(a)(2) and 265.1083(a)(4).

RECENT OF SUBPART CC:

- 3 As required by the above referenced regulation, a CC determination was made for this 12 month averaging period and the following concluded:
 - The process producing this waste has not changed. Based on process knowledge, the waste contains <500 ppm VOC's, continues to be exempt and does not require Subpart CC air controls.
 - Based on recent analytical testing in accordance with 40 CFR 264.1083 and 265.1083, the waste does not contain >500 ppm VOC's, continues to be exempt and does not require Subpart CC air controls. (Attach a copy of the analysis).
 - The process generating the waste has changed and it has been determined that the waste is no longer exempt and CC controls are required.
- 4 Profile is no longer utilized and can be expired.

I certify that the above information is true based on my knowledge of the process generating the waste:

Name: (Print) Nathan Munley Title: As Agent for Merani Hospitality
 Signature: [Handwritten Signature] Date: 16 July 2015



Non-Hazardous WAM Approval

Requested Management Facility: Mahoning Landfill

Profile Number: 4932740H Waste Approval Expiration Date: 04/22/2016

APPROVAL DETAILS

Approval Decision: Approved Not Approved Profile Renewal: Yes No

Management Method: Direct Landfill

Generator Name: Merani Hospitality, Inc

Material Name: Historical Fill

Management Facility Precautions, Special Handling Procedures or Limitation on approval:

Generator Conditions

- Shipment must be scheduled into the disposal facility at least 24 hours in advance. Contact information will be provided by your TSR.
- Waste manifest or applicable shipping document must accompany load.
- The waste profile number must appear on the shipping papers.

Ra226 & Ra228 required with each container. An amendment form is to be completed identifying the applicable container numbers associated with each set of results.

WM Authorization Name: Cathy Hardy Title: Waste Approval Manager

WM Authorization Signature: *Cathy Hardy* Date: 04/22/2015

Agency Authorization (if Required): _____ Date: _____



CERTIFICATE OF RECEIPT AND POSSESSION

Merani Hospitality Inc.
7001 Buffalo Ave
Niagara Falls, NY 14304

November 11, 2015

This document states and certifies that Austin Master Services, LLC (AMS) has received and has taken possession of 51 loads equal to 1180.13 tons TENORM waste generated from the Merani Buffalo Ave. Hotel project located at 402 Buffalo Ave Niagara Falls, NY. This waste is being packaged/transloaded for final disposition at AMS' Martins Ferry Facility located at 801 North First Street Martins Ferry, OH and will be shipped for final disposal to Energy Solution's low level waste disposal facility located in Clive, UT.

To date, AMS has packaged and shipped via rail 6 gondola rail cars totaling 642 tons of waste and will continue to ship the remaining 538.13 tons over the next 2 weeks until complete. Once remainder of the waste is shipped and disposed of, AMS will send out a final "Certificate of Disposal" produced by Energy Solutions stating that all waste generated from the Merani Buffalo Ave. project has been disposed of.

Jack Bement

Facility Manager
Austin Master Services LLC
801 North 1st Street
Martins Ferry, OH 43935

Attachments:

51 Non Hazardous Waste Manifests
51 Weight Tickets

AMERICAN RECYCLERS COMPANY

Waste Profile Report (WPR)

177 Wales Avenue Tonawanda, New York 14151 Phone (716) 695-6720 Fax (716) 695-0161	APPROVAL NUMBER: G-10106IN EXPIRATION DATE: _____ HANDLING CODE: B
--	--

Generator: Merani Hospitality, Inc. EPA ID #: _____
 Address: 401 Buffalo Avenue Contact: Nathan T. Munley
 City Niagara Falls STATE: NY ZIP: 14304 Phone: 716-236-7510 Fax: _____

Waste Name: <u>Hydraulic Oil and Water</u> Generating Process: <u>Drained oil from elevator unit</u>	Shipping Name: <u>Non RCRA Non DOT Regulated</u> Rate of Generation: <u>Yearly</u> Container Type: <u>55 Gal Steel 1A1</u>
---	--

Composition of Waste	%	%	Phase	%
Hydraulic Oil	75 - 95		Solids	
Dirt & Grit	1 - 2		Liquid	
Water	5 - 25		Sludge	
			Debris	

Is the material RCRA listed or Characteristically Hazardous?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Does the material contain Medical or Biological Wastes?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Does the material contain etiological waste?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Does the material contain, or has it come in contact with PCB's?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Is the material radioactive?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Does the material contain septic or domestic sewage?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Is the material Non-Hazardous as defined by RCRA Title 40?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Check all below which apply:

Material is to be shipped and recycled as Universal Waste	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Material is to be shipped and recycled under 6 NYCRR Part 371.1(g)(1)(ii)(b) <i>(ie Computer Equipment & monitors)</i>	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Material is being shipped for disposal/recycle via facility transfer/consolidation permit	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Material is a Labpack and all contents are CERTIFIED as Non-RCRA	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
List all Lab Pack Container Numbers: <i>(Attach packing slips to profile)</i>		

I certify that the above submitted information (including any attachments) is true, accurate and complete to the best of my knowledge and ability and that all known and suspected hazards have been disclosed. All material offered herein is deemed Non-RCRA.

Signed: Nathan T. Munley AS Agent for Merani Hospitality Signer Title: Manager
 Company: Tonawanda Env't. Restoration
 Print: Nathan T. Munley Date: 28 July 2015

ARC Personnel Reviewed and Approved by:
 Approved by: _____ Print: Tom Martin Date: _____

APPENDIX H2

TABULATED LOAD SUMMARIES

SOIL TONNAGE SUMMARY TO MODERN LANDFILL

**402 & 403 Buffalo Avenue
Niagara Falls, New York**

Date	Load	Truck	Manifest	Ticket	G	T	N	TN
6/3/2015	1	RE Lorenz	M15-2816-012	1002456812	68100	26360	41740	20.87
6/3/2015	2	RE Lorenz	M15-2816-011	1002456813	67840	26520	41320	20.66
6/3/2015	3	RE Lorenz	M15-2816-013	1002456818	71520	27480	44040	22.02
6/3/2015	4	RE Lorenz	M15-2816-014	1002456824	72120	28000	44120	22.06
6/3/2015	5	RE Lorenz	M15-2816-015	1002456826	72600	28800	43800	21.90
6/3/2015	6	RE Lorenz	M15-2816-017	1002456854	70340	26360	43980	21.99
6/3/2015	7	RE Lorenz	M15-2816-016	1002456859	69660	27480	42180	21.09
6/3/2015	8	RE Lorenz	M15-2816-018	1002456862	71640	28800	42840	21.42
6/3/2015	9	RE Lorenz	M15-2816-019	1002456874	69680	28000	41680	20.84
6/3/2015	10	RE Lorenz	M15-2816-020	1002456876	69400	26680	42720	21.36
6/3/2015	11	RE Lorenz	M15-2816-00	1002456911	70980	27480	43500	21.75
6/3/2015	12	RE Lorenz	M15-2816-00	1002456913	68320	28800	39520	19.76
6/3/2015	13	RE Lorenz	M15-2816-00	1002456925	72080	28000	44080	22.04
6/3/2015	14	RE Lorenz	M15-2816-00	1002456929	66560	26680	39880	19.94
6/3/2015	15	RE Lorenz	M15-2816-00	1002456945	70360	27480	42880	21.44
6/3/2015	16	RE Lorenz	M15-2816-00	1002456948	77660	28800	48860	24.43
6/3/2015	17	RE Lorenz	M15-2816-00	1002456955	76000	28000	48000	24.00
6/3/2015	18	RE Lorenz	M15-2816-00	1002456958	66560	26680	39880	19.94
6/3/2015	19	RE Lorenz	M15-2816-024	1002456991	70900	27480	43420	21.71
6/3/2015	20	RE Lorenz	M15-2816-023	1002456998	73260	28800	44460	22.23
6/3/2015	21	RE Lorenz	M15-2816-022	1002457017	68940	28000	40940	20.47
6/3/2015	22	RE Lorenz	M15-2816-021	1002457027	69860	26680	43180	21.59
6/3/2015	23	RE Lorenz	M15-2816-025	1002457052	74700	27480	47220	23.61
6/3/2015	24	RE Lorenz	M15-2816-026	1002457058	75360	28800	46560	23.28
6/3/2015	25	RE Lorenz	M15-2816-027	1002457064	69980	28000	41980	20.99
6/3/2015	26	RE Lorenz	M15-2816-028	1002457073	70600	26680	43920	21.96
6/3/2015	27	RE Lorenz	M15-2816-00	1002457081	70740	26360	44380	22.19
6/4/2015	28	RE Lorenz	M15-2816-032	1002457151	67800	28000	39800	19.90
6/4/2015	29	RE Lorenz	M15-2816-029	1002457154	67860	26360	41500	20.75
6/4/2015	30	RE Lorenz	M15-2816-031	1002457157	66740	28800	37940	18.97
6/4/2015	31	RE Lorenz	M15-2816-020	1002457171	72740	26680	46060	23.03
6/4/2015	32	RE Lorenz	M15-2816-033	1002457208	69940	26360	43580	21.79
6/4/2015	33	RE Lorenz	M15-2816-034	1002457214	78220	28800	49420	24.71
6/4/2015	34	RE Lorenz	M15-2816-035	1002457287	73120	26680	46440	23.22
6/4/2015	35	RE Lorenz	M15-2816-036	1002457332	66840	26360	40480	20.24
8/10/2015	36	RE Lorenz	M15-2816-0131	102475917	70040	26360	43680	21.84
8/10/2015	37	RE Lorenz	M15-2816-0132	102475919	73880	28800	45080	22.54
8/10/2015	38	RE Lorenz	M15-2816-0133	102475921	70220	28000	42220	21.11
8/10/2015	39	RE Lorenz	M15-2816-0134	102475927	68560	26680	41880	20.94
8/10/2015	40	RE Lorenz	M15-2816-0100	102475966	72000	26360	45640	22.82
8/10/2015	41	RE Lorenz	M15-2816-0101	102475971	71400	28800	42600	21.30
8/10/2015	42	RE Lorenz	M15-2816-0102	102475979	72220	28000	44220	22.11
8/10/2015	43	RE Lorenz	M15-2816-0103	102475984	69620	26680	42940	21.47
8/10/2015	44	RE Lorenz	M15-2816-0104	102476018	71040	26360	44680	22.34
8/10/2015	45	RE Lorenz	M15-2816-0105	102476022	74540	28800	45740	22.87

8/10/2015	46	RE Lorenz	M15-2816-0106	102476025	70740	28000	42740	21.37
8/10/2015	47	RE Lorenz	M15-2816-0107	102476034	70680	26680	44000	22.00
8/10/2015	48	RE Lorenz	M15-2816-0108	102476073	71100	26360	44740	22.37
8/10/2015	49	RE Lorenz	M15-2816-0109	102476076	74660	28800	45860	22.93
8/10/2015	50	RE Lorenz	M15-2816-0110	102476079	73000	28000	45000	22.50
8/10/2015	51	RE Lorenz	M15-2816-0111	102476083	69860	26680	43180	21.59
8/10/2015	52	RE Lorenz	M15-2816-0112	102476130	69940	26360	43580	21.79
8/10/2015	53	RE Lorenz	M15-2816-0113	102476136	74660	28800	45860	22.93
8/10/2015	54	RE Lorenz	M15-2816-0114	102476144	71780	28000	43780	21.89
8/10/2015	55	RE Lorenz	M15-2816-0115	102476156	69300	26680	42620	21.31
8/10/2015	56	RE Lorenz	M15-2816-0116	102476196	72100	26360	45740	22.87
8/10/2015	57	RE Lorenz	M15-2816-0117	102476206	71500	28800	42700	21.35
8/10/2015	58	RE Lorenz	M15-2816-0118	102476216	71780	28000	43780	21.89
8/10/2015	59	RE Lorenz	M15-2816-0119	102476222	69380	26680	42700	21.35
8/10/2015	60	RE Lorenz	M15-2816-0120	1002476250	--	--	--	23.26
8/10/2015	61	RE Lorenz	M15-2816-0121	1002476253	--	--	--	22.70
8/10/2015	62	RE Lorenz	M15-2816-0122	1002476255	--	--	--	22.20
8/10/2015	63	RE Lorenz	M15-2816-0123	1002476260	--	--	--	20.32
8/24/2015	60	RE Lorenz	M15-2816-124	1002479513	70840	26360	44480	22.24
8/24/2015	61	RE Lorenz	M15-2816-125	1002479514	74480	26680	47800	23.90
8/24/2015	62	RE Lorenz	M15-2816-126	1002479528	73140	28000	45140	22.57
8/24/2015	63	RE Lorenz	M15-2816-127	1002479556	70460	26360	44100	22.05
8/24/2015	64	RE Lorenz	M15-2816-128	1002479562	64220	26680	37540	18.77
8/24/2015	65	RE Lorenz	M15-2816-129	1002479574	74480	28800	45680	22.84
8/24/2015	66	RE Lorenz	M15-2816-130	1002479580	74800	28000	46800	23.40
8/24/2015	67	RE Lorenz	M15-2816-131	1002479609	69100	26360	42740	21.37
8/24/2015	68	RE Lorenz	M15-2816-135	1002479611	68420	26680	41740	20.87
8/24/2015	69	RE Lorenz	M15-2816-136	1002479619	69280	28800	40480	20.24
8/24/2015	70	RE Lorenz	M15-2816-137	1002479631	74540	28000	46540	23.27
8/24/2015	71	RE Lorenz	M15-2816-138	1002479653	71560	26360	45200	22.60
8/24/2015	72	RE Lorenz	M15-2816-139	1002479654	73760	26680	47080	23.54
8/24/2015	73	RE Lorenz	M15-2816-140	1002479655	73100	28800	44300	22.15
8/24/2015	74	RE Lorenz	M15-2816-141	1002479675	73500	28000	45500	22.75
8/24/2015	75	RE Lorenz	M15-2816-142	1002479709	71420	26360	45060	22.53
8/24/2015	76	RE Lorenz	M15-2816-143	1002479715	69340	26680	42660	21.33
8/24/2015	77	RE Lorenz	M15-2816-144	1002479724	72320	28800	43520	21.76
8/24/2015	78	RE Lorenz	M15-2816-145	1002479731	72940	28000	44940	22.47
8/24/2015	79	RE Lorenz	M15-2816-146	1002479762	69720	26360	43360	21.68
8/24/2015	80	RE Lorenz	M15-2816-147	1002479765	67740	26680	41060	20.53
8/24/2015	81	RE Lorenz	M15-2816-148	1002479770	75680	28800	46880	23.44
8/24/2015	82	RE Lorenz	M15-2816-149	1002479779	73600	28000	45600	22.80
8/24/2015	83	RE Lorenz	M15-2816-150	1002479822	71480	26360	45120	22.56
8/24/2015	84	RE Lorenz	M15-2816-151	1002479826	68120	26680	41440	20.72
8/24/2015	--	--	--	1002479832	--	--	--	22.41
8/24/2015	85	RE Lorenz	M15-2816-153	1002479839	72720	28000	44720	22.36
8/24/2015	86	RE Lorenz	M15-2816-155	1002479855	--	--	--	20.89
8/24/2015	87	RE Lorenz	M15-2816-160	1002479857	--	--	--	21.96
8/24/2015	88	RE Lorenz	M15-2816-154	1002479860	--	--	--	24.21
10/1//2105	89	RE Lorenz	M15-2816-169	1002491007	65160	26680	38480	19.24
10/1//2106	90	RE Lorenz	M15-2816-170	1002491008	66960	27480	39480	19.74
10/1//2107	91	RE Lorenz	M15-2816-171	1002491011	74180	28000	46180	23.09
10/1/2015	92	RE Lorenz	M15-2816-	1002491180	75220	28800	46420	23.21

10/1/2015	93	RE Lorenz	M15-2816-	1002491232	71780	27480	44300	22.15
10/1/2015	94	RE Lorenz	M15-2816-	1002491248	73200	28800	44400	22.20
10/1/2015	95	RE Lorenz	M152816-172	1002491061	64780	26680	38100	19.05
10/1/2015	96	RE Lorenz	M15-2816-173	1002491062	70440	27480	42960	21.48
10/1/2015	97	RE Lorenz	M15-2816-174	1002491064	72880	28000	44880	22.44
10/1/2015	98	RE Lorenz	M15-2816-175	1002491073	76980	28800	48180	24.09
10/1/2015	99	RE Lorenz	M15-2816-176	1002491116	71660	26680	44980	22.49
10/1/2015	100	RE Lorenz	M15-2816-177	1002491117	70680	27480	43200	21.60
10/1/2015	101	RE Lorenz	M15-2816-178	1002491120	74700	28000	46700	23.35
10/1/2015	102	RE Lorenz	M15-2816-179	1002491123	77300	28800	48500	24.25
10/1/2015	103	RE Lorenz	M15-2816-180	1002491160	69780	26680	43100	21.55
10/1/2015	104	RE Lorenz	M15-2816-	1002491163	70640	27480	43160	21.58
10/1/2015	105	RE Lorenz	M15-2816-	1002491173	73780	28000	45780	22.89
10/15/2015	106	RE Lorenz	M15-2816-006	1002495504	82040	26680	55360	27.68
10/15/2015	107	RE Lorenz	M15-2816-007	1002495704	54320	26680	27640	13.82

Total Tons: 2454.22

Chemical Tonnage Log
401, 402, 430 Buffalo Ave Site

Date	Quantity	Unit	Material	Manifest Tracking No.	Responsible Party	Disposal Facility
5/13/2015	10	Drums	Liquid Wastes	11983872	Clean Harbor Env. Serv.	Clean Harbors El Dorado, LLC
5/13/2015	1	Drums	Oil Based Paint Cans	11983872	Clean Harbor Env. Serv.	Clean Harbors El Dorado, LLC
5/13/2015	1	Drums	Flammable Waste Aerosols	11983872	Clean Harbor Env. Serv.	Clean Harbors El Dorado, LLC
5/13/2015	1	Drums	Lead Acid Batteries	11983872	Clean Harbor Env. Serv.	Clean Harbors El Dorado, LLC
5/13/2015	1	Drums	Compressed Helium	FFHS2015-1	Clean Harbor Env. Serv.	Clean Harbors La Porte, L.P.
5/13/2015	1	Drums	Carbon Dioxide	FFHS2015-1	Clean Harbor Env. Serv.	Clean Harbors La Porte, L.P.
5/13/2015	1	Drums	Propane	FFHS2015-1	Clean Harbor Env. Serv.	Clean Harbors La Porte, L.P.
5/13/2015	1	Drums	MAPP	FFHS2015-1	Clean Harbor Env. Serv.	Clean Harbors La Porte, L.P.
5/13/2015	2	Drums	Used Petroleum Oil	FFHS2015-2	Clean Harbor Env. Serv.	Spring Grove Resource Recovery, Inc.
5/13/2015	1	Drums	Waste Latex Paint	FFHS2015-2	Clean Harbor Env. Serv.	Spring Grove Resource Recovery, Inc.
8/4/2015	7	Drums	Hydraulic Oil	19243	American Recyclers Co.	American Recyclers Co.

402 and 430 Buffalo Avenue - TENORM Load Summaries

Date	Load	Truck	Ticket	G	T	N	TN
5/4/2015	1	Austin Masters Services	283947	78960	35060	43900	21.95
5/4/2015	2	Austin Masters Services	283939	62920	33400	29520	14.76
5/4/2015	3	Austin Masters Services	283937	76460	32420	44040	22.02
5/4/2015	4	Austin Masters Services	283935	60080	32640	27440	13.72
Total TNs						72.45	

CWM Disposal Transformer Room Load Summary
401,402, 430 Buffalo Ave

Date	Quantity	Units	Manifest No.	Transporter	Disposal Facility
7/24/2015	17.24	Tons	002733200 GBF	Tonawanda Tank Transport Services Inc.	CWM Chemical Services, L.L.C.
7/24/2015	12.67	Tons	002733201 GBF	Tonawanda Tank Transport Services Inc.	CWM Chemical Services, L.L.C.
7/27/2015	3	Transformers	002733211 GBF	Tonawanda Tank Transport Services Inc.	CWM Chemical Services, L.L.C.
7/27/2015	8	Drums	002733211 GBF	Tonawanda Tank Transport Services Inc.	CWM Chemical Services, L.L.C.
8/4/2015	11.55	Tons	002733209 GBF	Tonawanda Tank Transport Services Inc.	CWM Chemical Services, L.L.C.
8/13/2015	2	Drums	2733341 GBF	Tonawanda Tank Transport Services Inc.	CWM Chemical Services, L.L.C.

TENORM Tonnage Log
402 Buffalo Ave. Site
October, 2015

Date	Load	Trucking Company	Trailer #	Manifest #	Martins Ferry Weight (tons)
10/14/2015	1	D&V	160T	BUF AVE-001	24.37
10/15/2015	2	D&V	179T	BUF AVE-002	20.63
10/16/2015	3	D&V	169T	BUF AVE-003	24.55
10/17/2015	4	D&V	177T	BUF AVE-004	21.29
10/18/2015	5	D&V	166T	BUF AVE-005	22.00
10/19/2015	6	D&V	173T	BUF AVE-006	20.21
10/20/2015	7	D&V	175T	BUF AVE-007	22.39
10/21/2015	8	D&V	170T	BUF AVE-008	21.68
10/22/2015	9	D&V	148T	BUF AVE-009	21.12
10/23/2015	10	McCutcheon	TD80	BUF AVE-010	19.22
10/24/2015	11	McCutcheon	TD76	BUF AVE-011	22.39
10/25/2015	12	D&V	167T	BUF AVE-012	20.34
10/26/2015	13	D&V	158T	BUF AVE-013	21.07
10/27/2015	14	D&V	168T	BUF AVE-014	21.93
10/28/2015	15	D&V	164T	BUF AVE-015	21.14
10/15/2015	16	D&V	169T	BUF AVE-016	22.73
10/15/2015	17	D&V	177T	BUF AVE-017	22.40
10/15/2015	18	D&V	160T	BUF AVE-018	23.22
10/15/2015	19	D&V	179T	BUF AVE-019	20.16
10/15/2015	20	McCutcheon	TD80	BUF AVE-020	19.90
10/15/2015	21	McCutcheon	TD76	BUF AVE-021	22.46
10/15/2015	22	D&V	173T	BUF AVE-022	23.18
10/15/2015	23	D&V	166T	BUF AVE-023	23.10
10/15/2015	24	D&V	148T	BUF AVE-024	22.11
10/15/2015	25	D&V	175T	BUF AVE-025	23.12
10/15/2015	26	D&V	170T	BUF AVE-026	22.92
10/15/2015	27	D&V	158T	BUF AVE-027	24.47
10/15/2015	28	D&V	164T	BUF AVE-028	23.75
10/15/2015	29	D&V	167T	BUF AVE-029	23.00
10/15/2015	30	D&V	168T	BUF AVE-030	22.61
10/16/2015	31	McCutcheon	TD76	BUF AVE-031	23.85
10/16/2015	32	McCutcheon	TD80	BUF AVE-032	22.57
10/16/2015	33	D&V	177T	BUF AVE-033	23.06
10/16/2015	34	D&V	160T	BUF AVE-034	25.32
10/16/2015	35	D&V	179T	BUF AVE-035	26.85
10/16/2015	36	D&V	173T	BUF AVE-036	21.50
10/16/2015	37	D&V	166T	BUF AVE-037	24.30
10/16/2015	38	D&V	148T	BUF AVE-038	25.04
10/16/2015	39	D&V	175T	BUF AVE-039	24.56
10/16/2015	40	D&V	170T	BUF AVE-040	24.10
10/16/2015	41	D&V	164T	BUF AVE-041	24.45

10/16/2015	42	D&V	158T	BUF AVE-042	25.76
10/16/2015	43	D&V	167T	BUF AVE-043	27.82
10/16/2015	44	D&V	168T	BUF AVE-044	25.09
10/16/2015	45	D&V	169T	BUF AVE-045	24.84
10/19/2015	46	D&V	160T	BUF AVE-046	26.60
10/19/2015	47	D&V	177T	BUF AVE-047	23.19
10/19/2015	48	D&V	175T	BUF AVE-048	26.47
10/19/2015	49	D&V	170T	BUF AVE-049	25.52
10/19/2015	50	D&V	173T	BUF AVE-050	23.18
10/19/2015	51	D&V	166T	BUF AVE-051	22.60

Total: 1180.13

Universal Waste Load Summary
401, 402, 430 Buffalo Ave.

Item	Count	Transporter	Manifest No.	Disposal Site
Fluorescent Lights	350	Per 56 Svices Inc.	--	Waste Management
PCB Ballasts	200	Per 56 Svices Inc.	--	Waste Management
Fire Extinguishers	6	Per 56 Svices Inc.	--	DiVal Safety
Smoke Detectors	150	Per 56 Svices Inc.	--	System Sensor
Exit Signs	15	Per 56 Svices Inc.	--	Waste Management
U-Bulbs	50	Per 56 Svices Inc.	--	Waste Management
Security Lights	50	Per 56 Svices Inc.	--	Waste Management
6-Volt Power Cell Batteries	20	Per 56 Svices Inc.	--	Niagara Metals
Latex Paint	50 gal.	Per 56 Svices Inc.	--	Waste Management
PCBs Soil Mixture	1 DM	Frank Vacuum Truck Service	2582506	CWM Chemical Services, L.L.C.
UW Lamps	1 DF	Frank Vacuum Truck Service	2582506	CWM Chemical Services, L.L.C.
UW Fluorescent T	7 CF	Frank Vacuum Truck Service	2582506	CWM Chemical Services, L.L.C.

APPENDIX H3

WASTE MANIFESTS OR
BILLS OF LADING
(CD ENCLOSED)

APPENDIX J

RADIOLOGIC MATERIALS DOCUMENTATION
(CD ENCLOSED)

BCP Site No. C932164 / 401 Buffalo Avenue: Excavation Support

Survey No.:	GRD-4142015-02		Item Surveyed:	Excavation in east entry way of main parking lot
Date:	4/14/2015		Instrument Info:	Model 2221 Sr#117636 / Probe 44-10 Ser#199127 Cal Due 11/24/2015
Survey Tech.:	Pat Krawcak		Comments:	Bkgd Cnts 3,500 cpm / Gamma Scan Ranges From 3,500 to 12,000 cpm



Pre excavation Gamma readings in this area range from 3,500 cpm to 12,000 cpm

Post excavation Gamma reading in this area range from 3,500 cpm to 5,500 cpm

BCP Site No. C932164 / 401 Buffalo Avenue: Excavation Support

Survey No.:	GRD-4142015-06		Item Surveyed:	Stockpile #1 located in Northeast corner of main parking lot
Date:	4/14/2015		Instrument Info:	Model 2221 Sr#117636 / Probe 44-10 Ser#199127 Cal Due 11/24/2015
Survey Tech.:	Pat Krawcak		Comments:	Bkgd Cnts 4,000 cpm / Gamma Scan Ranges From 10,000 to 17,000 cpm



Pre load-out of stockpile Gamma readings range from 10,000 cpm to 17,000 cpm

Post load-out Gamma reading in this area range from 3,500 cpm to 5,500 cpm

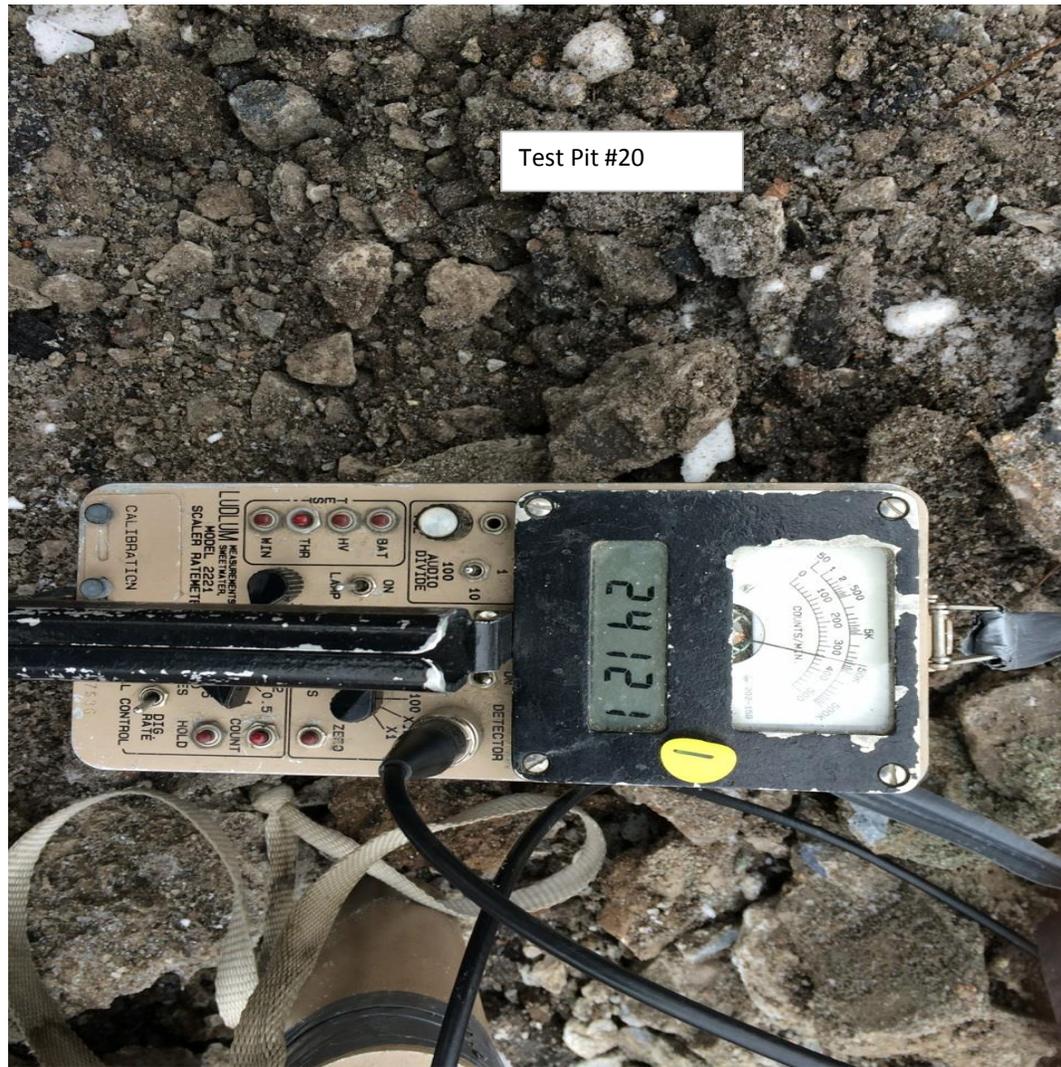
BCP Site No. C932164 / 401 Buffalo Avenue: Excavation Support

Survey No.:	GRD-4142015-01		Item Surveyed:	Excavation in southeast part of main parking lot
Date:	4/14/2015		Instrument Info:	Model 2221 Sr#117636 / Probe 44-10 Ser#199127 Cal Due 11/24/2015
Survey Tech.:	Pat Krawcak		Comments:	Bkgd Cnts 4,000 cpm / Gamma Scan Ranges From 6,000 to 17,000 cpm



BCP Site No. C932164 / 401 Buffalo Avenue: Excavation Support

Survey No.:	GRD-4142015-05		Item Surveyed:	Excavation in southwest part of 401 property Lower Parking lot
Date:	4/14/2015		Instrument Info:	Model 2221 Sr#117636 / Probe 44-10 Ser#199127 Cal Due 11/24/2015
Survey Tech.:	Pat Krawcak		Comments:	Bkgd Cnts 4,000 cpm / Gamma Scan Ranges From 6,000 to 24,000 cpm



Pre excavation Gamma readings in this area range from 10,000 cpm too 24,000 cpm

Post excavation Gamma reading in this area range from 4,000 cpm too 5,500 cpm

Only excavated to property line. Left half of the exciting parking lot with gamma readings from 10,000 cpm too 20,000 cpm.

Stockpile #2 is located in this area. Pre load-out gamma readings range from 10,000 cpm too 16,000 cpm

Post load-out gamma readings range from 4,500 cpm tpp 5,500 cpm

A Small area where the pool was located was excavated and added to stockpile #2. The gamma readings in this area ranged from 9,000 cpm too 20,000 cpm

401 Buffalo Avenue Site: Shipping Event on 5/1/2015 Survey Map

Survey No.:	GRD-512015 001		Item Surveyed:	4 trailers / Surveyed top, both sides, and cab area
Date:	5/1/2015		Instrument Info:	Gr-130 #1551 Cal Due 2/8/2016
Survey Tech.:	Adrian Segarra		Comments:	Bkgd Dose Rate 5 uR/hr / Refer to data sheet for results



GRD/ Buffalo Ave. Hotel Site: Dose Rate Survey Data Sheet



Survey No.:	GRD-512015 001	Item Surveyed: 4 trailers of TENORM				
Date:	5/1/2015	Dose Rates in uR/hr				
Survey Tech.:	Adrian Segarra	4 Trailers Total				
Count Rm. Tech.:	N/A	Parameters	Dose Rate in ur/hr			
Date Counted:	N/A		Highest on Contact	Highest 1 meter	Highest 2 meter	Highest in cab
Survey Type:	Dose Rate / Shipping		Instrument Model:	Gr-130		
Level of Posting:	None		Instrument SN:	1551		
			Cal. Due Date:	2/8/2016		
		background ur/hr:	5			

No.	Manifest #				uRem/hr	uRem/hr	uRem/hr	uRem/hr
1	Manifest#	3263969	Truck #631	Date 5/1/2015	13	5	5	5
2	Manifest#	3263970	Truck #632	Date 5/1/2015	14	5	5	5
3	Manifest#	3263971	Truck # 636	Date 5/1/2015	15	5	5	5
4	Manifest#	3263972	Truck #637	Date 5/1/2015	15	5	5	5
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Austin Master Services

Austin Master Services, LLC
801 North First St
Martins Ferry, OH 43935
(860) 324-6599
www.austinmasterservices.com

ISOCS Operator: Anthony Mazzocco

Container ID: 631
Analysis ID: 631_20150501.CNF
Analysis Date: 5/1/2015
Analysis Time: 9:29:42 AM

Container Type: 40yd End Dump
Project: Buffalo Ave Hotel

Parameters	Approved			
Radionuclide	Method	Activity Concentration (pCi/g)	Uncertainty (pCi/g)	MDA (pCi/g)
Ra-226	ODH In-Situ	1.115	0.141	0.243
Ra-228	ODH In-Situ	0.477	0.309	0.586
Total radium		1.592	0.340	0.634
Total Radium with Uncertainty		1.93		

The radium contents of this container PASS for disposition in Ohio. The total radium activity concentration plus the total radium measurement uncertainty of the contents is less than the regulated value of 6.99 pCi/g. Therefore, the contents of this container can be disposed as is at a municipal landfill in the state of Ohio.

The contents of this container were analyzed using in-situ gamma spectroscopy. The method, ODH In-Situ under Austin Masters' Radioactive Materials License. #03219510000. ODH In-Situ is approved by Ohio Department of Health and the Ohio Environmental Protection Agency as an acceptable method for the analysis of Ra-226 and Ra-228.

The Ra-226 values were quantitated from the 186 keV peak as well as several peaks from the radioactive progeny of Ra-226. Ra-228 values were quantitated from several peaks from the radioactive progeny of Ra-228. The most likely peaks for quantitation of Ra-226 and Ra-228 are listed as follows (all in units of keV): Ra-226 -- 186.2, 295.2, 351.9, and 609.3; Ra-228 -- 583.2, 911.1, and 969.1. The uncertainty is the total propagated uncertainty listed at 2 sigma. The minimum

detectable activity (MDA) was calculated using equations from Currie's Limits for Qualitative Detection and Quantitative Determination paper. Where there is no reported activity the uncertainty is listed as zero and the activity equivalent to the MDA.

Note: the complete analytical report related to this container is available upon request. All reports are maintained by Austin Masters for a period of three years.

Melissa Smalley
SME Analyst (Print)

SME Analyst (Signature)

5/1/2015
Date



Profile Amendment Request Form

Jack Bement/Pat Horkman hereby requests an amendment to WMI profile #: 493274OH Merani
(Contact Name)

to include the following:

Amendment Type: One Time Only Request (Event) Permanent Addition to Profile (Base)

Additional Analytical/MSDS to be added to profile (see attached)

Volume Increase (specify volume) _____ Tons Cubic Yards Drums Gallons Other (specify) _____

Constituent(s) to be added and/or modify current range in chemical composition:

Chemicals or constituents to be added/modify	Low	High	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Change current ranges on profile (specify below)

pH Range _____ to _____ Free Liquid Range _____ to _____

Other (specify) Radium testing for Box(es): # 631

GENERATOR CERTIFICATION

By signing this form, the Generator hereby certifies:

The information provided in this document, the referenced Waste Management Generator's Waste Profile Sheet, and all other referenced documents contain true and accurate descriptions of the waste material. All information regarding known or suspected hazards in the possession of the Generator has been disclosed.

Generator/Customer Signature: Pat Horkman Date: 5/1/11

Company Name: GRD

Name (Print): Adrian Segon Title: 5/1/11

FOR WASTE MANAGEMENT USE ONLY

Submitted By: _____ (W.M. Initials) Date: _____ Time: _____

WM Approval: _____ Date: _____

Agency Approval Required: Yes No

Profile Extension

Analytical Extension

Original Expiration Date _____

Analytical Due Date _____

Requested Extension _____

Requested Extension _____

New Expiration Date _____

New Analytical Due Date _____

Conditions/Precautions: _____



Austin Master Services

Austin Master Services, LLC
801 North First St
Martins Ferry, OH 43935
(860) 324-6599

www.austinmasterservices.com

ISOCs Operator: Anthony Mazzocco

Container ID: 632
Analysis ID: 632_20150501.CNF
Analysis Date: 5/1/2015
Analysis Time: 10:16:10 AM

Container Type: 40yd End Dump
Project: Buffalo Ave. Waste

Parameters	Approved			
Radionuclide	Method	Activity Concentration (pCi/g)	Uncertainty (pCi/g)	MDA (pCi/g)
Ra-226	ODH In-Situ	1.390	0.152	0.166
Ra-228	ODH In-Situ	0.714	0.000	0.714
Total radium		2.104	0.152	0.733
Total Radium with Uncertainty		2.26		

The radium contents of this container PASS for disposition in Ohio. The total radium activity concentration plus the total radium measurement uncertainty of the contents is less than the regulated value of 6.99 pCi/g. Therefore, the contents of this container can be disposed as is at a municipal landfill in the state of Ohio.

The contents of this container were analyzed using in-situ gamma spectroscopy. The method, ODH In-Situ under Austin Masters' Radioactive Materials License. #03219510000. ODH In-Situ is approved by Ohio Department of Health and the Ohio Environmental Protection Agency as an acceptable method for the analysis of Ra-226 and Ra-228.

The Ra-226 values were quantitated from the 186 keV peak as well as several peaks from the radioactive progeny of Ra-226. Ra-228 values were quantitated from several peaks from the radioactive progeny of Ra-228. The most likely peaks for quantitation of Ra-226 and Ra-228 are listed as follows (all in units of keV): Ra-226 -- 186.2, 295.2, 351.9, and 609.3; Ra-228 -- 583.2, 911.1, and 969.1. The uncertainty is the total propagated uncertainty listed at 2 sigma. The minimum

detectable activity (MDA) was calculated using equations from Currie's Limits for Qualitative Detection and Quantitative Determination paper. Where there is no reported activity the uncertainty is listed as zero and the activity equivalent to the MDA.

Note: the complete analytical report related to this container is available upon request. All reports are maintained by Austin Masters for a period of three years.

Melissa Smalley
SME Analyst (Print)

SME Analyst (Signature)

5/1/2015
Date



Profile Amendment Request Form

Jack Bement/Pat Horkman hereby requests an amendment to WMI profile #: 493274OH Merani

(Contact Name)

to include the following:

Amendment Type: One Time Only Request (Event) Permanent Addition to Profile (Base)

Additional Analytical/MSDS to be added to profile (see attached)

Volume Increase (specify volume) _____ Tons Cubic Yards Drums Gallons Other (specify) _____

Constituent(s) to be added and/or modify current range in chemical composition:

Chemicals or constituents to be added/modify	Low	High	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Change current ranges on profile (specify below)

pH Range _____ to _____ Free Liquid Range _____ to _____

Other (specify) Radium testing for Box(es): #632

GENERATOR CERTIFICATION

By signing this form, the Generator hereby certifies:
The information provided in this document, the referenced Waste Management Generator's Waste Profile Sheet, and all other referenced documents contain true and accurate descriptions of the waste material. All information regarding known or suspected hazards in the possession of the Generator has been disclosed.

Generator/Customer Signature: AKTJ Date: 5/1/15

Company Name: GRD

Name (Print): Adrian Segura Title: 5/1/15

FOR WASTE MANAGEMENT USE ONLY

Submitted By: _____ Date: _____ Time: _____
(W.M. Initials)

WM Approval: _____ Date: _____

Agency Approval Required: Yes No

<input type="checkbox"/> Profile Extension	<input type="checkbox"/> Analytical Extension
Original Expiration Date _____	Analytical Due Date _____
Requested Extension _____	Requested Extension _____
New Expiration Date _____	New Analytical Due Date _____

Conditions/Precautions: _____



Austin Master Services

Austin Master Services, LLC
801 North First St
Martins Ferry, OH 43935
(860) 324-6599
www.austinmasterservices.com

ISOCS Operator: Anthony Mazzocco

Container ID: 636
Analysis ID: 636_20150501.CNF
Analysis Date: 5/1/2015
Analysis Time: 8:54:17 AM

Container Type: 40yd End Dump
Project: Buffalo Ave. Hotel

Parameters	Approved			
Radionuclide	Method	Activity Concentration (pCi/g)	Uncertainty (pCi/g)	MDA (pCi/g)
Ra-226	ODH In-Situ	0.417	0.115	0.291
Ra-228	ODH In-Situ	0.773	0.000	0.773
Total radium		1.190	0.115	0.826
Total Radium with Uncertainty		1.30		

The radium contents of this container PASS for disposition in Ohio. The total radium activity concentration plus the total radium measurement uncertainty of the contents is less than the regulated value of 6.99 pCi/g. Therefore, the contents of this container can be disposed as is at a municipal landfill in the state of Ohio.

The contents of this container were analyzed using in-situ gamma spectroscopy. The method, ODH In-Situ under Austin Masters' Radioactive Materials License. #03219510000. ODH In-Situ is approved by Ohio Department of Health and the Ohio Environmental Protection Agency as an acceptable method for the analysis of Ra-226 and Ra-228.

The Ra-226 values were quantitated from the 186 keV peak as well as several peaks from the radioactive progeny of Ra-226. Ra-228 values were quantitated from several peaks from the radioactive progeny of Ra-228. The most likely peaks for quantitation of Ra-226 and Ra-228 are listed as follows (all in units of keV): Ra-226 -- 186.2, 295.2, 351.9, and 609.3; Ra-228 -- 583.2, 911.1, and 969.1. The uncertainty is the total propagated uncertainty listed at 2 sigma. The minimum

detectable activity (MDA) was calculated using equations from Currie's Limits for Qualitative Detection and Quantitative Determination paper. Where there is no reported activity the uncertainty is listed as zero and the activity equivalent to the MDA.

Note: the complete analytical report related to this container is available upon request. All reports are maintained by Austin Masters for a period of three years.

Melissa Smalley
SME Analyst (Print)

SME Analyst (Signature)

5/1/2015
Date



Profile Amendment Request Form

Jack Bement/Pat Horkman hereby requests an amendment to WMI profile #: 493274OH Merani
(Contact Name)

to include the following:

Amendment Type: One Time Only Request (Event) Permanent Addition to Profile (Base)

Additional Analytical/MSDS to be added to profile (see attached)

Volume Increase (specify volume) _____ Tons Cubic Yards Drums Gallons Other (specify) _____

Constituent(s) to be added and/or modify current range in chemical composition:

Chemicals or constituents to be added/modify	Low	High	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Change current ranges on profile (specify below)

pH Range _____ to _____ Free Liquid Range _____ to _____

Other (specify) Radium testing for Box(es): # 636

GENERATOR CERTIFICATION

By signing this form, the Generator hereby certifies:

The information provided in this document, the referenced Waste Management Generator's Waste Profile Sheet, and all other referenced documents contain true and accurate descriptions of the waste material. All information regarding known or suspected hazards in the possession of the Generator has been disclosed.

Generator/Customer Signature: ATS Date: 5/1/15

Company Name: GRD

Name (Print): Adrian Segura Title: 5/1/15

FOR WASTE MANAGEMENT USE ONLY

Submitted By: _____ Date: _____ Time: _____
(W.M. Initials)

WM Approval: _____ Date: _____

Agency Approval Required: Yes No

Profile Extension
Original Expiration Date _____
Requested Extension _____
New Expiration Date _____

Analytical Extension
Analytical Due Date _____
Requested Extension _____
New Analytical Due Date _____

Conditions/Precautions: _____



Austin Master Services

Austin Master Services, LLC
801 North First St
Martins Ferry, OH 43935
(860) 324-6599
www.austinmasterservices.com

ISOCS Operator: Anthony Mazzocco

Container ID: 637
Analysis ID: 637_20150501.CNF
Analysis Date: 5/1/2015
Analysis Time: 11:02:01 AM

Container Type: 40yd End Dump
Project: Buffalo Ave. Waste

Parameters	Approved			
Radionuclide	Method	Activity Concentration (pCi/g)	Uncertainty (pCi/g)	MDA (pCi/g)
Ra-226	ODH In-Situ	0.960	0.092	0.184
Ra-228	ODH In-Situ	0.275	0.000	0.275
Total radium		1.235	0.092	0.331
Total Radium with Uncertainty		1.33		

The radium contents of this container PASS for disposition in Ohio. The total radium activity concentration plus the total radium measurement uncertainty of the contents is less than the regulated value of 6.99 pCi/g. Therefore, the contents of this container can be disposed as is at a municipal landfill in the state of Ohio.

The contents of this container were analyzed using in-situ gamma spectroscopy. The method, ODH In-Situ under Austin Masters' Radioactive Materials License. #03219510000. ODH In-Situ is approved by Ohio Department of Health and the Ohio Environmental Protection Agency as an acceptable method for the analysis of Ra-226 and Ra-228.

The Ra-226 values were quantitated from the 186 keV peak as well as several peaks from the radioactive progeny of Ra-226. Ra-228 values were quantitated from several peaks from the radioactive progeny of Ra-228. The most likely peaks for quantitation of Ra-226 and Ra-228 are listed as follows (all in units of keV): Ra-226 -- 186.2, 295.2, 351.9, and 609.3; Ra-228 -- 583.2, 911.1, and 969.1. The uncertainty is the total propagated uncertainty listed at 2 sigma. The minimum

detectable activity (MDA) was calculated using equations from Currie's Limits for Qualitative Detection and Quantitative Determination paper. Where there is no reported activity the uncertainty is listed as zero and the activity equivalent to the MDA.

Note: the complete analytical report related to this container is available upon request. All reports are maintained by Austin Masters for a period of three years.

Melissa Smalley
SME Analyst (Print)

SME Analyst (Signature)

5/1/2015
Date



Profile Amendment Request Form

Jack Bement/Pat Horkman hereby requests an amendment to WMI profile #: 493274OH Merani
(Contact Name)

to include the following:

Amendment Type: One Time Only Request (Event) Permanent Addition to Profile (Base)

Additional Analytical/MSDS to be added to profile (see attached)

Volume Increase (specify volume) _____ Tons Cubic Yards Drums Gallons Other (specify) _____

Constituent(s) to be added and/or modify current range in chemical composition:

Chemicals or constituents to be added/modify	Low	High	Units
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Change current ranges on profile (specify below)

pH Range ____ to ____ Free Liquid Range ____ to ____

Other (specify) Radium testing for Box(es): # 637

GENERATOR CERTIFICATION

By signing this form, the Generator hereby certifies:

The information provided in this document, the referenced Waste Management Generator's Waste Profile Sheet, and all other referenced documents contain true and accurate descriptions of the waste material. All information regarding known or suspected hazards in the possession of the Generator has been disclosed.

Generator/Customer Signature: Pat Horkman

Date: 5/1/15

Company Name: GRD

Name (Print): Adam Segur

Title: 5/1/15

FOR WASTE MANAGEMENT USE ONLY

Submitted By: _____ Date: _____ Time: _____
(W.M. Initials)

WM Approval: _____ Date: _____

Agency Approval Required: Yes No

Profile Extension

Analytical Extension

Original Expiration Date _____

Analytical Due Date _____

Requested Extension _____

Requested Extension _____

New Expiration Date _____

New Analytical Due Date _____

Conditions/Precautions: _____

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BERP- Radioactive Material Section

Reciprocity Approval

Request Approval Date: 7/28/2015

NYS Temporary Registration No. 16145

Austin Masters Services, Inc.
355 Circle of Progress Dr.

Telephone Number: 518-859-1944
Fax Number: 484-624-5506

Pottstown PA 19464

Attention Radiation Safety Officer Peter Collopy

Your Request for Reciprocity is approved. Below are the specific dates and temporary jobsite location in New York State. You must keep a copy of this approved Reciprocity Request along with a copy of your Agreement State/NRC Specific License. Please note that temporary storage in New York State is only authorized for 5 consecutive nights after which the RAM must be returned to its permanent storage location.

Jobsite Information

Dates Scheduled:	From:	To:	Number of days at jobsite	Year to Date
	8/17/2015	8/21/2015	5	5

Client Name Address
Benchmark/Turnkey
2558 Hamburg Turnpike
Suite 300
Buffalo, NY 14218

Work site:
402 Buffalo Ave, Niagara Falls, NY
14304

Client Contact
Nathan Munley
716-856-0635

Activity to be conducted:
Other (Specify)
Perform Radiological Surveys- Package
and Ship TENORM Waste

Comment:

Approved by: MTS

Licensing State/agency: Ohio
License Number: 03219070000
Expiration Date: 2/1/2019





**STATE OF NEW YORK
DEPARTMENT OF HEALTH**
 ESP Corning Towers, Room 1245
 Albany, New York 12237
 Phone: 518-402-7590
 Fax: 518-402-7585

FOR OFFICIAL USE ONLY	
Registration No.	
Date Issued:	
Request Approved:	Y N
Initials:	

NOTICE OF PROPOSED USE OF RADIOACTIVE MATERIAL UNDER RECIPROcity

1. NAME OF LICENSEE REQUESTING RECIPROcity Austin Master Services, LLC		2. FEIN NO. 273265991	
4. LICENSEE MAILING ADDRESS 355 Circle of Progress Dr. Pottstown, PA 19464		3. <input type="checkbox"/> INITIAL REQUEST Follow-up to 7/14/2015 FAX <input type="checkbox"/> SUBSEQUENT REQUEST	
5. CONTACT PERSON FOR LICENSEE Peter Collopy		6. TELEPHONE NO 518-859-1944	
		7 FACSIMILE NO. 484-624-5506	

8. ACTIVITIES TO BE CONDUCTED IN NEW YORK STATE			
<input type="checkbox"/> WELL LOGGING	<input type="checkbox"/> MOISTURE/ DENSITY GAUGES	<input type="checkbox"/> TELETHERAPY/IRRADIATOR SERVICE	
<input type="checkbox"/> OTHER PORTABLE GAUGES	<input checked="" type="checkbox"/> LEAK TESTING AND/OR CALIBRATIONS	<input checked="" type="checkbox"/> OTHER (specify) Perform Radiological Surveys and	
<input type="checkbox"/> RADIOGRAPHY	<input type="checkbox"/> REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NO.s)	<input type="checkbox"/> Assist in packaging and shipping of TENORM Wastes	

9. CLIENT NAME, MAILING ADDRESS Benchmark/Turnkey 2558 Hamburg Turnpike Suite 300 Buffalo, NY 14218		12. ADDRESS OF WORK LOCATION (BE AS SPECIFIC AS POSSIBLE) 402 Buffalo Avenue Niagara Falls, NY 14304	
11. CLIENT TELEPHONE NO 716-856-0635		12. CONTACT PERSON ON SITE Nathan Munley	13. SITE TELEPHONE NO. 716-856-0599
14. DATES SCHEDULED: FROM 8/17/2015 TO 8/21/2015		15. NUMBER OF WORK DAYS 5	16. TOTAL NUMBER OF DAYS USED TO DATE IN NEW YORK STATE (THE MAXIMUM IS 30 CALENDAR DAYS IN ONE YEAR) 5

17. LIST THE RADIOACTIVE MATERIAL WHICH YOU WILL BRING, USE, INSTALL OR TEST IN NEW YORK STATE:		
License Exempt Check Sources - Tc-99, Th-230, Cs-137		

18. LIST THE SPECIFIC LICENSE YOU CURRENTLY HOLD THAT AUTHORIZES YOU TO PERFORM SUCH ACTIVITIES AS PROPOSED TO BE PERFORMED IN NEW YORK STATE. IF YOUR LICENSE HAS BEEN AMENDED SINCE YOUR LAST RECIPROcity REQUEST YOU MUST SUBMIT A COPY OF THE AMENDED LICENSE.		
032190700000	Ohio Department of Health/OH	02/01/2019
a. LICENSE NUMBER	b. LICENSING AUTHORITY/STATE	c. EXPIRATION DATE

19. I hereby certify that the information contained on this form is true and correct to the best of my knowledge and belief and that any changes to this information will be reported immediately.	
Peter Collopy Name (Print or Type)	AMS Radiation Safety Officer Title
Peter Collopy Signature	7/27/2015 Date

FOR OFFICIAL USE ONLY

OHIO DEPARTMENT OF HEALTH LICENSE FOR RADIOACTIVE MATERIAL

Pursuant to Chapter 3748 of the Ohio Revised Code, and in reliance on statements and representations made by the licensee, a license is hereby issued authorizing the licensee named herein to receive, acquire, possess and transfer radioactive material as designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the applications of Chapter 3748 of the Ohio Revised Code and all applicable rules promulgated thereunder. This license is subject to all applicable rules, regulations and orders of the Ohio Department of Health now or hereinafter in effect and to any conditions specified below.

LICENSEE 1. Austin Master Services, LLC 2. 355 Circle of Progress Pottstown, PA 19464	LICENSE NUMBER 2. 03219 07000 EXPIRATION DATE 3. February 1, 2019 FILE/ID NUMBER 4. 501482/10284
--	---

6. RADIOACTIVE MATERIAL A. Uranium – Depleted and Natural B. Any radioactive material with atomic numbers 1 to 103, except Special Nuclear Material C. U-233 D. Uranium enriched in the U-235 isotope E. Plutonium F. Ra-226 G. Ra-228	7. CHEMICAL AND/OR PHYSICAL FORM A. Any B. Any C. Any D. Any E. Any F. Contaminant in TENORM solid waste G. Contaminant in TENORM solid waste	8. MAXIMUM QUANTITY THAT LICENSEE MAY PROCESS AT ANY ONE TIME UNDER THIS LICENSE A. As necessary for the uses authorized in item no. 9. Total not to exceed 370 GBq (10 Ci) B. No single isotope to exceed 37 GBq (1Ci). Total not to exceed 370 GBq (10Ci) C. 200 grams as specified in condition no. 11 D. 350 grams of contained U-235 as specified in condition no.11 E. 200 grams as specified in condition no. 11 F. As necessary for the uses authorized in item no. 9. Total not to exceed 74 GBq (2 Ci) G. As necessary for the uses authorized in item no. 9. Total not to exceed 74 GBq (2 Ci)
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9. AUTHORIZED USE

- A to E Processing, storage, packaging, and shipment of radioactive material incident to the surface decontamination of structures, components and items for the purpose of unrestricted release. This license also authorizes surveys, characterizations and remediation of radioactively contaminated structures, materials, soils and soil-like materials.
- B *Receipt, decay in storage and/or trans-loading of solid wastes containing Sc-46, Sb-124, Ir-192 or Au-198 tracer units in any combination.*
- F to G Receipt, shipment and radiological analysis of containerized TENORM solid waste.

OHIO DEPARTMENT OF HEALTH LICENSE FOR RADIOACTIVE MATERIALS SUPPLEMENTARY SHEET	Page 2 of 4
	License Number: 03219070000
	File/ID Number: 501482/10284
	Amendment No. 3

CONDITIONS

10. Licensed materials shall be used only at 801 North 1st Street, Martins Ferry, Ohio 43935; and temporary job sites of the licensee anywhere in the State of Ohio. Except for calibration sources, reference standards and contaminated equipment owned by the licensee, processing of licensed material at each temporary job site shall be limited to material originating from each site. This material must either be transferred to an authorized recipient or remain at the temporary job site after licensee activities are complete.
11. For each kind of Special Nuclear Material, determine the ratio between the quantity of that Special Nuclear Material and the quantity specified in 8C, 8D, or 8E for the same kind of special nuclear material. The sums of such ratios for all kinds of Special Nuclear Material in combination shall not exceed "1" (i.e. unity).
12. Licensed material shall be used by those individuals receiving the training described in the license application dated 12/6/2013.
13. The Radiation Safety Officer (RSO) for this license is: Peter Collopy, CHP, CIH,CSP
14. The licensee shall notify the Ohio Department of Health in writing at least 14 days before initiating activities at a temporary job site. This notification shall include:
 - A. The estimated type, quantity, and physical/chemical forms of licensed material to be used;
 - B. The specific site location;
 - C. A description of planned activities including waste management and disposition;
 - D. The estimated start date and completion date for the job; and
 - E. The name and title of a point of contact for the job, including information on how to contact the individual.
 - F. Written agreements between the licensee and customer pursuant to condition no. 15
15. If a customer also holds a license issued by the Ohio Department of Health or the Nuclear Regulatory Commission, the licensee shall establish a written agreement between the licensee and the customer specifying which licensee activities will be performed under the customer's license and supervision and which licensee activities will be performed under the licensee's supervision pursuant to this license. The agreement shall include a commitment by the licensee and the customer to ensure safety, plus any commitments by the licensee to help the customer clean up the temporary job site if there is an accident. A copy of this agreement shall be included in the notification required by license condition 14.
16. The licensee shall maintain records of information important to decommissioning each temporary job site at the applicable job site pursuant to the applicable regulations. The records shall be made available to the customer upon request. At the completion of activities at a temporary job site, the licensee shall transfer these records to the customer for retention.
17. Before processing any licensed material at a temporary job site in quantities requiring an emergency plan the licensee shall either:
 - A. Obtain Ohio Department of Health approval of an evaluation demonstrating that an emergency plan is not required pursuant to rules 3701:1-40-14 and 3701:1-44-14 of the Administrative Code.
 - B. Submit written confirmation to the Director, Ohio Department of Health, that licensee personnel have been trained and will follow the provisions of an existing emergency plan approved by the Ohio Department of Health or the Nuclear Regulatory Commission for the temporary job site.

OHIO DEPARTMENT OF HEALTH
LICENSE FOR RADIOACTIVE MATERIALS
SUPPLEMENTARY SHEET

Page 3 of 4

License Number: 03219070000

File/ID Number: 501482/10284

Amendment No. 3

18. If approved by a Radiation Safety Officer specifically identified in this license, the licensee may take reasonable action in an emergency that departs from conditions in this license when the action is immediately needed to protect public health and safety, and no action consistent with all license conditions that can provide adequate or equivalent protection is immediately apparent. The licensee shall notify the Ohio Department of Health before, if practicable, and in any case, immediately after taking such emergency using the reporting procedure as specified in rule 3701:1-40-20 of the Administrative Code.
19. The licensee shall maintain complete and accurate records of the receipt and disposal of radioactive material. The licensee shall, for radioactive material no longer useful for any purpose and for any equipment or supplies contaminated with such material for which further use and decontamination is not planned, define those materials as radioactive waste and treat them as such in accordance with the following provisions:
 - A. Radioactive waste material shall not be stored with non-radioactive waste.
 - B. A written record of all radioactive waste material shall be maintained until it has been shipped to an authorized recipient in accordance with all applicable regulations. Accountability of radioactive waste material prepared for shipment but not yet shipped shall be maintained by the licensee by an internal record system such that the licensee is constantly aware of the material's location and the proposed time of shipment. Individuals who are involved in the shipping of such material and/or the storage of such material prior to shipment, shall be trained in the precautions necessary for such handling and storage.
 - C. Shipment records of radioactive waste material shall be maintained and the licensee shall require written confirmation from the authorized recipient of such material that the material has been received.
 - D. All records and written confirmations required by this condition shall be maintained by the licensee for inspection by the Ohio Department of Health.
20. Except for plutonium contained in a medical device designed for individual human application, no plutonium, regardless of form, shall be delivered to a carrier for shipment by air transport or transported in an aircraft by the licensee except in packages the design of which the U.S. NRC has specifically approved for transport of plutonium by air.
21. Sealed sources shall be tested for leakage and/or contamination in accordance with rule 3701:1-38-24 of the Ohio Administrative Code.
22. All sealed sources that are used or obtained shall have been evaluated and approved under the provision of rule 3701:1-46-49 of the Administrative Code or by equivalent NRC or Agreement State regulation.
23. Sealed sources or detector cells containing licensed material shall not be opened or sources removed from source holders by the licensee.
24. The licensee is authorized to transport licensed material only in accordance with the provisions of Chapter 3701:1-50 of the Ohio Administrative Code.
25. Within 30 days of completing activities at each temporary job site location, the licensee shall notify the Ohio Department of Health in writing of the temporary job site status and the disposition of any licensed material used.
26. The licensee is authorized to conduct radiological analysis of containerized TENORM solid waste in accordance with the Austin Master - Ohio TENORM Waste Acceptance Procedure, number RP-AMS-035 revision 4, dated 1/27/2014.
27. *The licensee is authorized to handle wastes containing Sc-46, Sb-124, Ir-192, or Au-198 tracer units in any combination, for decay in storage and/or trans-loading for shipment to an authorized disposal facility, in accordance with Austin Master - Handling and Disposition of Tracer Radionuclide Contaminated Hydro fracturing Sands procedure, number RP-AMS-036 revision 2, dated 4-10-2015.*

OHIO DEPARTMENT OF HEALTH
LICENSE FOR RADIOACTIVE MATERIALS
SUPPLEMENTARY SHEET

Page 4 of 4

License Number: 03219510000

File/ID Number: 501482/10284

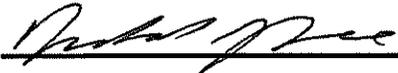
Amendment No. 3

28. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. The Ohio Department of Health's statutes, rules, and orders shall govern unless statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.

- A. Application dated 12/6/2013; and supplemental communications dated 12/13/2013; 1/6/2014; 1/26/2014; 1/27/2014; and 1/28/2014.
- B. Letters dated 9/10 /2014 (Materials Disposition) and 9/5/2014 (Amendment # 2 Request).
- C. Amendment request dated 1/2/2015; and supplemental communications dated 1/22/2015; 2/16/2015; 3/23/2015; and 4/10/2015.

For the Ohio Department of Health

DATE: 4/29/15

BY: 

Michael J. Snee,
Bureau of Environmental Health and
Radiation Protection
on behalf of the Director of Health

OP-001-02 RADIOLOGICAL SURVEY SHEET (rev 1)

Location: 402 Buff Ave. Footprint Site: Buffalo Ave.	RWP# N/A	Survey # AMS-BUF-004	Survey Type: Post Excavation
---	----------	----------------------	------------------------------

Smear Results					
CPM/100cm ²					
No.	α	β	No.	α	β
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
12	N	A	37	N	A
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		

Performed a 100% scan of the excavated area.

See attached drawing for survey locations and readings.

* Shielded detector
** Un-shielded detector

Comments		Surveyed By:	Date:	Instrument	Serial #	α Eff.	β Eff.	α Bkg (cpm)	β Bkg (cpm)	Cal. Due	Key			
		Pat Horkman	10/20/2015	*L-2221	115157	n/a	n	n/a	4200-5300	7/27/2016	○	Smear	*_*	Boundary
				**L-2222	115158	n/a	n	n/a	6200-8300	7/27/2016	□	Dose Rate uRem/hr	■	A/S Location
		Reviewed By:	Date:								*	Direct Reading CPM/100 cm ²		
											△	Grab Sample		

402 Buffalo Ave. Post Excavation Footprint
1 minute static locations and scanning area

100'

180'

	$\frac{14682}{31347}$	$\frac{21565}{46061}$	$\frac{20537}{41760}$		
	$\frac{10490}{\leftarrow 23892}$	<u>4670</u>	<u>4102</u>	<u>4560</u>	$\frac{20059}{43802}$
	<u>8487</u>	<u>4419</u>	<u>3365</u>	<u>3466</u>	<u>4766</u>
	$\leftarrow 25583$	<u>4578</u>	<u>425</u>	<u>4423</u>	<u>3827</u>
	$\frac{11732}{\leftarrow 31229}$	<u>4744</u>	<u>3668</u>	<u>4487</u>	$\frac{5223}{12117}$
	<u>28787</u>	<u>5397</u>	<u>5143</u>	<u>4103</u>	$\frac{5393}{12840}$
	$\leftarrow 62652$	<u>5020</u>	<u>4340</u>	<u>4221</u>	$\frac{3589}{2410}$
	<u>7976</u>	<u>4899</u>	<u>5084</u>	<u>3604</u>	$\frac{4995}{11963}$
	$\leftarrow 21265$	<u>4896</u>	<u>2001</u>	<u>5117</u>	$\frac{3917}{9552}$
	$\frac{11552}{\leftarrow 30071}$	<u>27426</u>	<u>10201</u>	<u>1903</u>	$\frac{37744}{\leftarrow 5552}$
	<u>37155</u>	$\leftarrow 60620$	$\leftarrow 26087$	$\frac{8106}{19813}$	$\frac{44441}{\leftarrow 98251}$
	$\leftarrow 82171$				$\leftarrow 57726$

ALL READINGS IN CPM

BKG SHIELDED = 4200 - 5300 cpm

SHIELDED DETECTOR

UN-SHIELDED DETECTOR

BKG UNSHIELDED = 6200 - 8300 cpm

100% SCANS OF ENTIRE FOOTPRINT WAS PERFORMED

402 POST EXCAVATION RADIOLOGICAL READINGS

401, 402, 430 BUFFALO AVE, NIAGARA FALLS, NY

Location	Face of Wall		Three Feet Off Wall		Six Feet Off Wall	
	Shield	No Shield	Shield	No Shield	Shield	No Shield
1	5393	12840	--	--	--	--
2	5223	12117	--	--	--	--
3	20059	43802	4766	11496	3827	9454
4	20537	41760	4560	11138	3466	9149
5	21565	46061	4102	9562	3365	8598
6	14682	31347	4670	12202	4419	10690
7	10490	23892	5029	12785	4419	10690
8	8487	25583	4578	11117	4025	9968
9	11732	31229	4744	11393	3668	8583
10	28787	62652	5397	13061	5143	12029
11	7976	21265	5020	11899	4340	10256
12	11552	30071	4899	11794	5084	12536
13	37155	82171	5633	12808	4943	11612
14	27426	60620	4896	11599	4943	11612
15	10201	26087	2001	5568	2013	5477
16	8106	19813	1903	5357	1906	5330
17	44441	98251	5117	12792	3743	9265
18	32744	57726	5481	13229	3743	8727
19	3917	9552	3765	9238	3743	8727
20	4995	11963	3604	8347	--	--
21	2410	5940	3587	8435	--	--

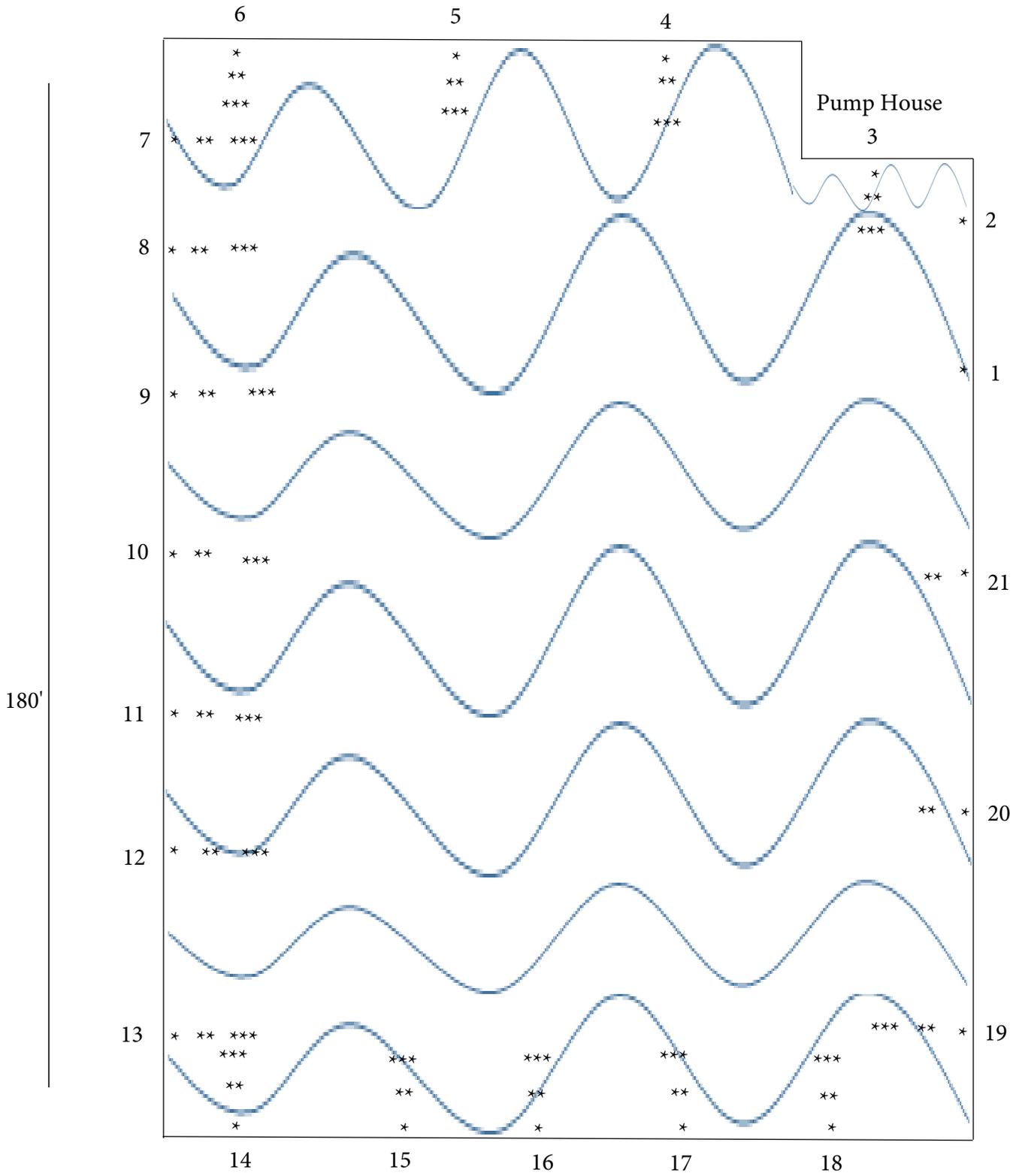
Note:

1. All measurements were taken using a Ludlum 2221 w/2x2 sodium iodide detector. Values were measured in counts per minute (cpm).
2. Instrument background with shielding = 4200 cpm - 5300 cpm
3. Instrument background without shielding = 6200 cpm - 8300 cpm
4. Scanning surveys were performed moving the 2 x 2 detector in a serpentine pattern at a speed of no greater than 1 meter per second, covering at 100% of the area. All areas that were identified to have significant activity above background during the survey were removed and resurveyed.

Buffalo Ave. Post Excavation Footprint

1 minute static locations and scanning area

100'



= 2x2 scanning area

- * = contact on side wall
- ** = on ground 3' from wall
- *** = on ground 6' from wall

Inst.# 115157_PR090262		
QC Daily Source		
Date	Result (cpm)	P/F
9/9/2015	6121	Pass
9/23/2015	6132	Pass
9/24/2015	6099	Pass
9/25/2015	6108	Pass
9/28/2015	6121	Pass
9/29/2015	6088	Pass
9/30/2015	6115	Pass
10/1/2015	6095	Pass
10/2/2015	6113	Pass
10/5/2015	6088	Pass
10/8/2015	6108	Pass
10/9/2015	6095	Pass
10/14/2015	6099	Pass
10/15/2015	6124	Pass
10/16/2015	6101	Pass
10/19/2015	6093	Pass
10/20/2015	6113	Pass

Inst.# 115157_PR090262		Source Ser. #	BKG
Initial Source Readings		Nuclide	N/A
Date	Result (cpm)		
9/9/2015	6013		
9/9/2015	6105		
9/9/2015	5992		
9/9/2015	6215		
9/9/2015	6188		
9/9/2015	5891		
9/9/2015	5927		
9/9/2015	6081		
9/9/2015	6109		
9/9/2015	5998		
	Average		
	6052		

Inst.# 115157_PR090262		
QC Daily Source		
Date	Result (cpm)	P/F
9/9/2015	24521	Pass
9/23/2015	25011	Pass
9/24/2015	24913	Pass
9/25/2015	25113	Pass
9/28/2015	24998	Pass
9/29/2015	24662	Pass
9/30/2015	25018	Pass
10/1/2015	24942	Pass
10/2/2015	24817	Pass
10/5/2015	24883	Pass
10/8/2015	24913	Pass
10/9/2015	24807	Pass
10/14/2015	25016	Pass
10/15/2015	24983	Pass
10/16/2015	24913	Pass
10/19/2015	25042	Pass
10/20/2015	24421	Pass

Inst.# 115157_PR090262		Source Ser. #	56
Initial Source Readings		Nuclide	Cs-137
Date	Result (cpm)		
9/8/2015	24656		
9/8/2015	24583		
9/8/2015	24933		
9/8/2015	25018		
9/8/2015	24998		
9/8/2015	25213		
9/8/2015	24579		
9/8/2015	24766		
9/8/2015	24792		
9/8/2015	24630		
	Average		
	24817		

AMS ALPHA-BETA COUNTING INSTRUMENT

Counting Instrument:		2360		Detector:		43-93		Calibration Date:		7/27/2015										
Serial #:		202398		Serial #:		PR197431		12 month calibration:		OK										
Detector Active Area or Area Covered by Smear (cm ²):				100																
	Efficiency (fraction)	Source Nuclide	Source Number	Original Source Activity (DPM)	Source Creation Date	T _{1/2} (yr)	Source Decayed Activity	Required MDA (DPM/100cm ²)	Control Chart & Daily Bkg Count Time	Control Chart & Daily Source-Sample Count Time	Control Chart bkg Average α/β cpm	Control Chart bkg 1 sigma, cpm	Control Chart Source-bkg Average α/β cpm	Control Chart source 1 sigma, cpm						
Alpha	0.1919	Th-230	4005-02	22,000	3/24/2010	7.54E+04	21,999	200	10	1	1.14	0.19	4221.7	101.03						
Beta	0.1595	Tc-99	5445-05	11,600	3/28/2005	2.11E+05	11,600	1000	10	1	137.80	11.29	1849.8	44.08						
Date	Daily Bkg Counts		Daily Check Source Counts		Daily Bkg Rate (cpm)		Net Daily Source Rate (cpm)		Bkg QC Pass/Fail		Source QC Pass/Fail		MDA α (dpm)	MDA β (dpm)	α MDA OK?	β MDA OK?	H.P. Technician	Technician Initials		
	Alpha	Beta	Alpha	Beta	Alpha	Beta	Alpha	Beta	Alpha	Beta	Alpha	Beta								
9/23/2015	8	1420	4113	1998	0.8	142.0	4112.2	1856.0	PASS	PASS	PASS	PASS	31.72	277	Yes	Yes	PSH	PSH		
9/24/2015	12	1398	4233	2013	1.2	139.8	4231.8	1873.2	PASS	PASS	PASS	PASS	35.33	275	Yes	Yes	PSH	PSH		
9/25/2015	9	1387	4321	2016	0.9	138.7	4320.1	1877.3	PASS	PASS	PASS	PASS	32.69	274	Yes	Yes	PSH	PSH		
9/28/2015	10	1390	4298	2065	1.0	139.0	4297.0	1926.0	PASS	PASS	PASS	PASS	33.61	274	Yes	Yes	PSH	PSH		
9/29/2015	10	1409	4222	2001	1.0	140.9	4221.0	1860.1	PASS	PASS	PASS	PASS	33.61	276	Yes	Yes	PSH	PSH		
9/30/2015	11	1421	4313	1993	1.1	142.1	4311.9	1850.9	PASS	PASS	PASS	PASS	34.49	277	Yes	Yes	PSH	PSH		
10/1/2015	9	1370	4291	1994	0.9	137.0	4290.1	1857.0	PASS	PASS	PASS	PASS	32.69	272	Yes	Yes	PSH	PSH		
10/2/2015	10	1410	4287	2007	1.0	141.0	4286.0	1866.0	PASS	PASS	PASS	PASS	33.61	276	Yes	Yes	PSH	PSH		
10/5/2015	8	1400	4290	2008	0.8	140.0	4289.2	1868.0	PASS	PASS	PASS	PASS	31.72	275	Yes	Yes	PSH	PSH		
10/8/2015	10	1390	4293	1998	1.0	139.0	4292.0	1859.0	PASS	PASS	PASS	PASS	33.61	274	Yes	Yes	PSH	PSH		
10/9/2015	10	1400	4265	1997	1.0	140.0	4264.0	1857.0	PASS	PASS	PASS	PASS	33.61	275	Yes	Yes	PSH	PSH		
10/14/2015	9	1380	4307	2042	0.9	138.0	4306.1	1904.0	PASS	PASS	PASS	PASS	32.69	273	Yes	Yes	PSH	PSH		
10/15/2015	10	1410	4310	2013	1.0	141.0	4309.0	1872.0	PASS	PASS	PASS	PASS	33.61	276	Yes	Yes	PSH	PSH		
10/16/2015	10	1400	4298	2001	1.0	140.0	4297.0	1861.0	PASS	PASS	PASS	PASS	33.61	275	Yes	Yes	PSH	PSH		
10/19/2015	8	1420	4287	1999	0.8	142.0	4286.2	1857.0	PASS	PASS	PASS	PASS	31.72	277	Yes	Yes	PSH	PSH		
10/20/2015	9	1409	4308	2040	0.9	140.9	4307.1	1899.1	PASS	PASS	PASS	PASS	32.69	276	Yes	Yes	PSH	PSH		

Project Name	Buffalo Office	Meter		Probe		Source	
Date Performed	10/0/2015	Model	Bircon	Model	N/A	Model	Cs-137
Instrument Type	micro-Rem	Serial #	1299	Serial #	N/A	Serial #	56

INITIAL READINGS

	1	2	3	4	5	6	7	8	9	10	Tech Initials
Background	4	5	5	5	4	5	5	5	5	5	PSH
Source	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000	PSH
Acceptable Background Limits			Acceptable Source Limits								
Average	Lower Limit	Upper Limit	Average	Lower Limit	Upper Limit						
5	4	6	3000	2400	3600						

Daily Background and Source QC Check

Date	Background Results	Source Results	Background Pass/Fail	Source Pass/Fail	Comments
10/1/2015	4	3000	Pass	Pass	
10/2/2015	4	3000	Pass	Pass	
10/5/2015	4	3000	Pass	Pass	
10/8/2015	4	3000	Pass	Pass	
10/9/2015	4	3000	Pass	Pass	
10/14/2015	4	3000	Pass	Pass	
10/15/2015	4	3000	Pass	Pass	
10/16/2015	4	3000	Pass	Pass	
10/19/2015	4	3000	Pass	Pass	
10/20/2015	4	3000	Pass	Pass	



Designer and Manufacturer
of
Scientific and Industrial
Instruments

CERTIFICATE OF CALIBRATION

LUDLUM MEASUREMENTS, INC.

501 Oak Street
325-235-5494
Sweetwater, TX 79556, U.S.A.

10744 Dutchtown Road
865-392-4601
Knoxville, TN 37932, U.S.A.

CUSTOMER ERG ORDER NO. 20266883/420424

Mfg. Thermo Model MICRO REM Serial No. 1299

Mfg. _____ Model _____ Serial No. _____

Cal. Date 4-May-15 Cal Due Date 4-May-16 Cal. Interval 1 Year Meterface 0-200µrem/

Check mark Applies to applicable instr. and/or detector IAW mfg. spec. T. 74 °F RH 41 % Alt 701.8 mm Hg

- New Instrument Instrument Received Within Toler. +/-10% 10-20% Out of Tol. Requiring Repair Other-See comments
- Mechanical ck. Meter Zeroed Background Subtract Input Sens. Linearity
- F/S Resp. ck Reset ck. Window Operation Geotropism
- Audio ck. Alarm Setting ck. Batt. ck. (Min. Volt) _____ VDC
- Calibrated in accordance with LMI SOP 14.8 rev 12/05/89. Calibrated in accordance with LMI SOP 14.9 rev 02/07/97.

Instrument Volt Set _____ V Input Sens. _____ mV Det. Oper. _____ V at _____ mV Threshold Dial Ratio _____ = _____ mV

HV Readout (2 points) Ref./Inst. _____ / _____ V Ref./Inst. _____ / _____ V

COMMENTS:

Gamma Calibration: GM detectors positioned perpendicular to source except for M 44-9 in which the front of probe faces source.

RANGE/MULTIPLIER	REFERENCE CAL. POINT	INSTRUMENT REC'D "AS FOUND READING"	INSTRUMENT METER READING*
x 1000	150 mR/hr	150	150
x 1000	50 mR/hr	48	48
x 100	15 mR/hr	160	150
x 100	5 mR/hr	50	48
x 10	1500 µR/hr	145	150
x 10	500 µR/hr	45	48
x 1	150 µR/hr	12	150
x 1	100 µR/hr	80	100
x0.1	15 µR/hr	150	150
x0.1			

*Uncertainty within ± 10% C.F. within ± 20%

Range(s) Calibrated Electronically

REFERENCE CAL. POINT	INSTRUMENT RECEIVED	INSTRUMENT METER READING*	REFERENCE CAL. POINT	INSTRUMENT RECEIVED	INSTRUMENT METER READING*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Ludlum Measurements, Inc. certifies that the above instrument has been calibrated by standards traceable to the National Institute of Standards and Technology, or to the calibration facilities of other International Standards Organization members, or have been derived from accepted values of natural physical constants or have been derived by the ratio type of calibration techniques. The calibration system conforms to the requirements of ANSI/NCCL Z540-1-1994 and ANSI N323-1978 State of Texas Calibration License No. LO-1963

Reference Instruments and/or Sources: Cs-137 S/N: 059 2171CP 2261CP 720 734 781 1131 1616 1696 1909 1916CP 5105 5717CO 5719CO 60646 70897 73410 E562 G112 M565 S-394 S-1054 T10081 T10082 Neutron Am-241 Be S/N: T-304 Ra-226 S/N: Y982

Alpha S/N _____ Beta S/N _____ Other Cs-137 20µCi

m 500 S/N _____ Oscilloscope S/N _____ Multimeter S/N _____

Calibrated By: Ducinet Date 4-May-15

Reviewed By: Paul H. Date 4-May-15



Certificate of Calibration

Calibration and Voltage Plateau

Environmental Restoration Group, Inc.
8809 Washington St NE, Suite 150
Albuquerque, NM 87113
(505) 298-4224
www.ERGoffice.com

Meter: Manufacturer: Ludlum Model Number: 2221r Serial Number: 115157
Detector: Manufacturer: Ludlum Model Number: 44-10 Serial Number: PR090262

- Mechanical Check
- F/S Response Check
- Geotropism
- Meter Zeroed
- THR/WIN Operation
- Reset Check
- Audio Check
- Battery Check (Min 4.4 VDC)

HV Check (+/- 2.5%): 500 V 1000 V 1500 V
Cable Length: 39-inch 72-inch Other:

Source Distance: Contact 6 inches Other:
Source Geometry Side Below Other:

Threshold: 10 mV
Window:

Barometric Pressure: 24.66 inches Hg
Temperature: 73 °F
Relative Humidity: 20 %

Instrument found within tolerance: Yes No

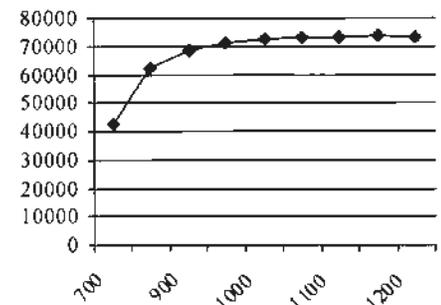
Range/Multiplier	Reference Setting	"As Found Reading"	Meter Reading	Integrated 1-Min. Count	Log Scale Count
x 1000	400	400	400	399305	400
x 1000	100	100	100		100
x 100	400	400	400	39932	400
x 100	100	100	100		100
x 10	400	400	400	3993	400
x 10	100	100	100		100
x 1	400	400	400	400	400
x 1	100	100	100		100

High Voltage	Source Counts
700	42978
800	62436
900	68474
950	70860
1000	72758
1050	73032
1100	72957
1150	73624
1200	73349

Background

9703

Voltage Plateau



Comments: HV Plateau Scaler Count Time = 1-min. Recommended HV = 1050

Reference Instruments and/or Sources:

Ludlum pulser serial number: 97743 201932
 Alpha Source: Th-230 @ 12,800 dpm (1/4/12) sn: 4098-03
 Beta Source: Tc-99 @ 17,700 dpm (1/4/12) sn: 4099-03

Fluke multimeter serial number: 8749012
 Gamma Source Cs-137 @ 5.2 uCi (1/4/12) sn: 4097-03
 Other Source:

Calibrated By:
Reviewed By:

Calibration Date: 7-27-15 Calibration Due 7-27-16
Date: 7-27-15

ERG Form ITC. 101.A

This calibration conforms to the requirements and acceptable calibration conditions of ANSI N323.A - 1997



Certificate of Calibration

Calibration and Voltage Plateau

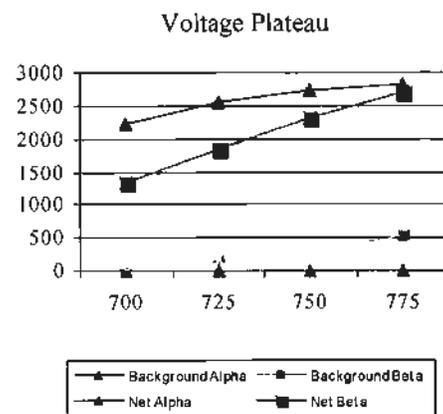
Environmental Restoration Group, Inc.
8809 Washington St NE, Suite 150
Albuquerque, NM 87113
(505) 298-4224
www.ERGIofTice.com

Meter: Manufacturer: Ludlum Model Number: 2360 Serial Number: 202398
Detector: Manufacturer: Ludlum Model Number: 43-93 Serial Number: PR197431

- Mechanical Check
 - P/S Response Check
 - Geotropism
 - Meter Zeroed
 - Source Distance: Contact 6 inches Other:
 - Source Geometry Side Below Other:
 - THR/WIN Operation
 - Reset Check
 - Audio Check
 - Battery Check (Min 4.4 VDC)
 - Alpha Threshold: 120 mV
 - Beta Threshold: 4
 - Beta Window: 30 mV
 - HV Check (+/- 2.5%): 500 V 1000 V 1500 V
 - Cable Length: 39-inch 72-inch Other:
 - Barometric Pressure: 24.65 inches Hg
 - Temperature: 73 °F
 - Relative Humidity: 20 %
- Instrument found within tolerance: Yes No

Range/Multiplier	Reference Setting	"As Found Reading"	Meter Reading	Integrated 1-Min. Count	
				α	β
x 1000	400 Kcpm	400	400	399442	399500
x 1000	100 Kcpm	100	100		
x 100	40 Kcpm	400	400	39950	39951
x 100	10 Kcpm	100	100		
x 10	4 Kcpm	400	400	3996	3995
x 10	1 Kcpm	100	100		
x 1	400 cpm	400	400	399	399
x 1	100 cpm	100	100		

High Voltage	Alpha Source		Beta Source		Background	
	α	β	α	β	α	β
700	2234	379	12	1450	6	111
725	2564	440	9	2027	5	200
750	2725	552	17	2613	6	303
775	2829	751	8	3239	5	532



Comments: HV Plateau Scaler Count Time = 1 min. Recommended HV = 750

Reference Instruments and/or Sources:

Ludlum pulser serial number: 97743 201932

Fluke multimeter serial number 8749012

Alpha Source: Th-230 (s/n 4098-03) 12,800 dpm on 1/4/12

Gamma Source Cs-137 @ 5.2 uCi (1/4/12) sn: 4097-03

Beta Source: ~~Th-99~~ (sn: 4099-03) 17,700 dpm on 1/4/12

Other Source:

Calibrated By:

Calibration Date: 7-27-15 Calibration Due 7-27-16

Reviewed By:

Date: 7-27-15

ERG Form ITC. 101.C

This calibration conforms to the requirements and acceptable calibration conditions of ANSI N323.4 - 1997



Certificate of Calibration

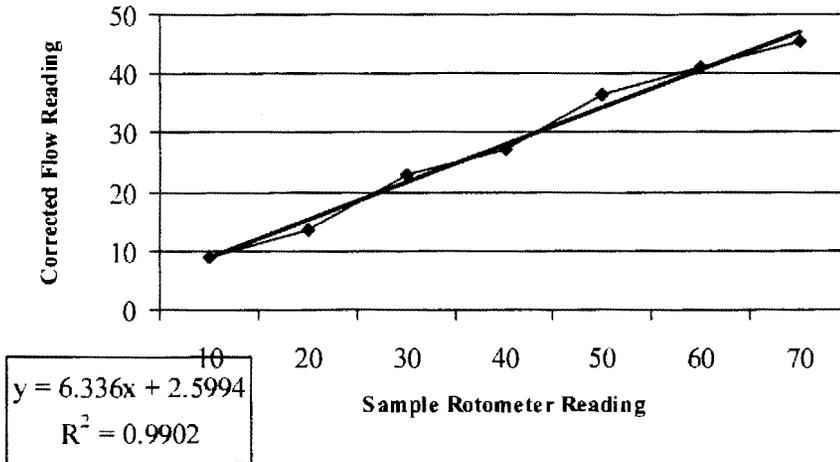
Air Sampler Calibration Form

Environmental Restoration Group, Inc.
8809 Washington St NE, Suite 150
Albuquerque, NM 87113
(505) 298-4224
www.ERGoffice.com

Sampler: Manufacturer: F&J Model Number: LV-1 Serial Number: 2803
Warm up Time 15 min Temperature: 68 °F Relative Humidity 20 % Barometric Pressure: 24.6 in. Hg
Correction Factor: 0.909790

Sampler Rotometer	Calibrator Flow Meter	Corrected Flow
10	10	9.097902
20	15	13.64685
30	25	22.74476
40	30	27.29371
50	40	36.39161
60	45	40.94056
70	50	45.48951

Calibration Chart



Correction Factor = $(A * B)^{0.5}$ Corrected Flow = Calibrated Flow Meter * Correction Factor

$$A = \frac{\text{Barometric Pressure in inches of Hg.}}{29.92} \quad B = \frac{529.67}{459.67 + ^\circ\text{F}} * \frac{181.87}{\mu_{\text{air}}}$$

$$\mu_{\text{air}} = \frac{14.58 \left(\frac{459.67 + ^\circ\text{F}}{1.8} \right)^{3/2}}{110.4 + \left(\frac{459.67 + ^\circ\text{F}}{1.8} \right)}$$

Comments:

Reference Instrument:

Air Flow Calibrator: AFC-85L sn: 6042

HFC-SIDE-60C sn: 12723

Calibrated By:

Calibration Date: 9-29-15

Calibration Due: 9-29-16

Reviewed By:

Review Date: 9/29/15



Certificate of Calibration

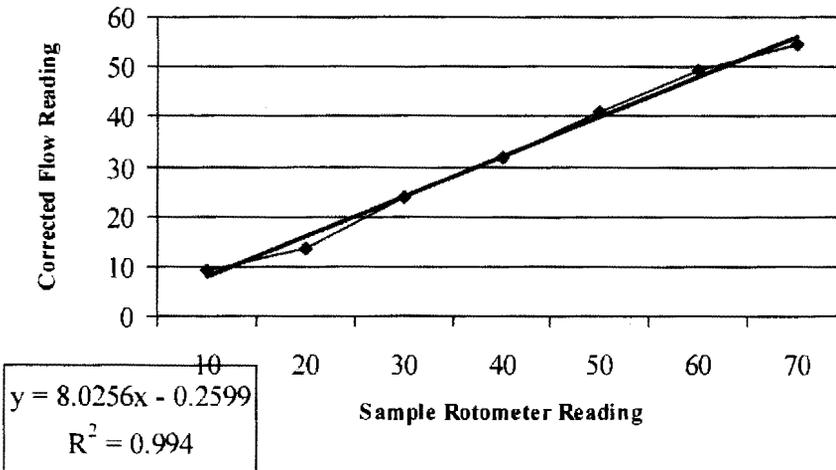
Air Sampler Calibration Form

Environmental Restoration Group, Inc.
8809 Washington St NE, Suite 150
Albuquerque, NM 87113
(505) 298-4224
www.ERGoffice.com

Sampler: Manufacturer: F & J Model Number: LV-1 Serial Number: 3390
Warm up Time 15 min Temperature: 68 °F Relative Humidity 20 % Barometric Pressure: 24.6 in. Hg
Correction Factor: 0.909790

Sampler Rotometer	Calibrator Flow Meter	Corrected Flow
10	10	9.097902
20	15	13.64685
30	26	23.65455
40	35	31.84266
50	45	40.94056
60	54	49.12867
70	60	54.58741

Calibration Chart



Correction Factor = $(A * B)^{0.5}$ Corrected Flow = Calibrated Flow Meter * Correction Factor

$$A = \frac{\text{Barometric Pressure in inches of Hg.}}{29.92} \quad B = \frac{529.67}{459.67 + ^\circ\text{F}} * \frac{181.87}{\mu_{\text{air}}}$$

$$\mu_{\text{air}} = \frac{14.58 \left(\frac{459.67 + ^\circ\text{F}}{1.8} \right)^{3/2}}{110.4 + \left(\frac{459.67 + ^\circ\text{F}}{1.8} \right)}$$

Comments:

Reference Instrument:

Air Flow Calibrator: AFC-85L sn: 6042

HFC-SIDE-60C sn: 12723

Calibrated By:

Calibration Date: 9-29-15

Calibration Due: 9-29-16

Reviewed By:

Review Date: 9/29/15

Inst.# 73687/PR137500		
QC Daily Source		
Date	Result (cpm)	P/F
9/23/2015	50	Pass
9/24/2015	50	Pass
9/25/2015	50	Pass
9/28/2015	50	Pass
9/29/2015	50	Pass
9/30/2015	50	Pass
10/1/2015	50	Pass
10/2/2015	50	Pass
10/5/2015	50	Pass
10/8/2015	50	Pass
10/9/2015	50	Pass
10/14/2015	50	Pass
10/15/2015	50	Pass
10/16/2015	50	Pass
10/19/2015	50	Pass
10/20/2015	50	Pass

Inst.# 73687/PR137500		Source Ser. #	BKG
Initial Source Readings		Nuclide	N/A
Date	Result (cpm)		
9/23/2015	40		
9/23/2015	40		
9/23/2015	40		
9/23/2015	50		
9/23/2015	40		
9/23/2015	50		
9/23/2015	50		
9/23/2015	50		
9/23/2015	50		
9/23/2015	40		
9/23/2015	50		
	Average		
	45		

Inst.# 73687/PR137500		
QC Daily Source		
Date	Result (cpm)	P/F
9/23/2015	1800	Pass
9/24/2015	1800	Pass
9/25/2015	1800	Pass
9/28/2015	1800	Pass
9/29/2015	1800	Pass
9/30/2015	1750	Pass
10/1/2015	1800	Pass
10/2/2015	1800	Pass
10/5/2015	1800	Pass
10/8/2015	1800	Pass
10/9/2015	1800	Pass
10/14/2015	1800	Pass
10/15/2015	1800	Pass
10/16/2015	1800	Pass
10/19/2015	1800	Pass
10/20/2015	1800	Pass

Inst.# 73687/PR137500		Source Ser. #	5445-05
Initial Source Readings		Nuclide	Tc-99
Date	Result (cpm)		
9/23/2015	1800		
9/23/2015	1800		
9/23/2015	1800		
9/23/2015	1750		
9/23/2015	1750		
9/23/2015	1700		
9/23/2015	1800		
9/23/2015	1800		
9/23/2015	1750		
9/23/2015	1800		
	Average		
	1775		

OP-001-02 RADIOLOGICAL SURVEY SHEET (rev 1)

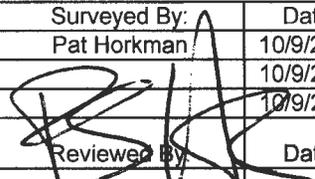
Location: Bulldozer #1 Site: Buffalo Ave.	RWP# N/A	Survey # AMS-BUF-001	Survey Type: Release
--	----------	----------------------	----------------------

Smear Results					
CPM/100cm ²					
No.	α	β	No.	α	β
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
12	N	A	37	N	A
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		
Comments					

Performed a large area swipe of the dozer, no detectable activity above background detected

Performed a 100% scan of the dozer, no detectable activity above background detected

Also perform 1 minute direct measurements at 25 locations on the dozer (see page 2 of 2 for results)

Surveyed By:	Date:	Instrument	Serial #	α Eff.	β Eff.	α Bkg (cpm)	β Bkg (cpm)	Cal. Due	Key			
Pat Horkman	10/9/2015	L-12	72687	n/a	0.1	n/a	50	7/27/2016	○	Smear	*-*	Boundary
	10/9/2015	L-2360	202398	0.192	0.16	1	140	7/27/2016	□	Dose Rate uRem/hr	■	A/S Location
	10/9/2015	L-2221	115157	n/a	n	n/a	6095	7/27/2016	*	Direct Reading CPM/100 cm ²		
Reviewed by:	Date:								△	Grab Sample		

CABRERA STATIC COUNTING WORKSHEET (Rev 6)

Detector Active Area (cm ²)
100

α eff	β eff
0.1919	0.1595

Static Count Time (min)
1.0

Daily Background Count Time (min)
10.0

dpm/100 cm ²	
α Flag	β Flag
200	1000

* Morning Daily Count

seq. #	Sample ID# and Description	Date	Background Total Counts*		Sample Total Counts		Background (cpm)		Sample Counts (cpm)		Sample (dpm/100 cm ²)		> α flag	> β flag	Tech. Initial
			α	β	α	β	α	β	α	β	α	β			
1	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	4	148	0.1	14.0	4.00	148	20.3	840			PSH
2	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	4	152	0.1	14.0	4.00	152	20.3	865			PSH
3	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	1	159	0.1	14.0	1.00	159	4.7	909			PSH
4	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	1	143	0.1	14.0	1.00	143	4.7	809			PSH
5	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	1	139	0.1	14.0	1.00	139	4.7	784			PSH
6	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	0	160	0.1	14.0	0.00	160	-0.5	916			PSH
7	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	0	159	0.1	14.0	0.00	159	-0.5	909			PSH
8	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	2	143	0.1	14.0	2.00	143	9.9	809			PSH
9	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	0	155	0.1	14.0	0.00	155	-0.5	884			PSH
10	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	0	170	0.1	14.0	0.00	170	-0.5	978			PSH
11	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	4	155	0.1	14.0	4.00	155	20.3	884			PSH
12	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	0	136	0.1	14.0	0.00	136	-0.5	765			PSH
13	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	0	142	0.1	14.0	0.00	142	-0.5	803			PSH
14	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	1	141	0.1	14.0	1.00	141	4.7	796			PSH
15	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	1	166	0.1	14.0	1.00	166	4.7	953			PSH
16	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	3	155	0.1	14.0	3.00	155	15.1	884			PSH
17	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	2	160	0.1	14.0	2.00	160	9.9	916			PSH
18	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	2	163	0.1	14.0	2.00	163	9.9	934			PSH
19	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	1	159	0.1	14.0	1.00	159	4.7	909			PSH
20	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	1	155	0.1	14.0	1.00	155	4.7	884			PSH
21	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	2	150	0.1	14.0	2.00	150	9.9	853			PSH
22	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	4	172	0.1	14.0	4.00	172	20.3	991			PSH
23	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	2	170	0.1	14.0	2.00	170	9.9	978			PSH
24	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	2	168	0.1	14.0	2.00	168	9.9	966			PSH
25	AMS-BUF-001 (bulldozer #1)	10/9/2015	1	140	2	166	0.1	14.0	2.00	166	9.9	953			PSH

OP-001-02 RADIOLOGICAL SURVEY SHEET (rev 1)

Location: Bulldozer #2 Site: Buffalo Ave.	RWP# N/A	Survey # AMS-BUF-002	Survey Type: Release
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Smear Results					
CPM/100cm ²					
No.	α	β	No.	α	β
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
12	N	A	37	N	A
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		
Comments					

Performed a large area swipe of the dozer, no detectable activity above background detected

Performed a 100% scan of the dozer, no detectable activity above background detected

Also perform 1 minute direct measurements at 25 locations on the dozer (see page 2 of 2 for results)

Surveyed By:	Date:	Instrument	Serial #	α Eff.	β Eff.	α Bkg (cpm)	β Bkg (cpm)	Cal. Due	Key			
Pat Horkman	10/19/2015	L-12	72687	n/a	0.1	n/a	50	7/27/2016	○	Smear	*-*	Boundary
	10/19/2015	L-2360	202398	0.192	0.16	0.08	142	7/27/2016	□	Dose Rate uRem/hr	■	A/S Location
	10/19/2015	L-2221	115157	n/a	n	n/a	6093	7/27/2016	*	Direct Reading CPM/100 cm ²		
Reviewed By:	Date:								△	Grab Sample		

CABRERA STATIC COUNTING WORKSHEET (Rev 6)

Detector Active Area (cm ²)
100

α eff	β eff
0.1919	0.1595

Static Count Time (min)
1.0

Daily Background Count Time (min)
10.0

dpm/100 cm ²	
α Flag	β Flag
200	1000

* Morning Daily Count

Sample ID# and Description	Date	Background Total Counts*		Sample Total Counts		Background (cpm)		Sample Counts (cpm)		Sample (dpm/100 cm ²)		> α flag	> β flag	Tech. Initial
		α	β	α	β	α	β	α	β	α	β			
AMS-BUF-002 (bulldozer #2)	10/19/15	0.8	142	1	155	0.1	14.2	1.00	155	4.8	883			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	1	132	0.1	14.2	1.00	132	4.8	739			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	1	148	0.1	14.2	1.00	148	4.8	839			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	2	156	0.1	14.2	2.00	156	10.0	889			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	1	172	0.1	14.2	1.00	172	4.8	990			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	1	164	0.1	14.2	1.00	164	4.8	939			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	3	154	0.1	14.2	3.00	154	15.2	877			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	1	122	0.1	14.2	1.00	122	4.8	676			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	2	139	0.1	14.2	2.00	139	10.0	783			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	2	164	0.1	14.2	2.00	164	10.0	939			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	1	160	0.1	14.2	1.00	160	4.8	914			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	3	155	0.1	14.2	3.00	155	15.2	883			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	3	157	0.1	14.2	3.00	157	15.2	895			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	0	150	0.1	14.2	0.00	150	-0.4	852			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	2	166	0.1	14.2	2.00	166	10.0	952			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	1	163	0.1	14.2	1.00	163	4.8	933			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	0	159	0.1	14.2	0.00	159	-0.4	908			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	4	150	0.1	14.2	4.00	150	20.4	852			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	2	140	0.1	14.2	2.00	140	10.0	789			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	1	132	0.1	14.2	1.00	132	4.8	739			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	1	130	0.1	14.2	1.00	130	4.8	726			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	2	144	0.1	14.2	2.00	144	10.0	814			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	0	149	0.1	14.2	0.00	149	-0.4	845			PSH
AMS-BUF-002 (bulldozer #2)		0.8	142	2	155	0.1	14.2	2.00	155	10.0	883			PSH

OP-001-02 RADIOLOGICAL SURVEY SHEET (rev 1)

Location: Excavator Site: Buffalo Ave.	RWP# N/A	Survey # AMS-BUF-003	Survey Type: Release	pg. 1 of 2
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Smear Results					
CPM/100cm ²					
No.	α	β	No.	α	β
1			26		
2			27		
3			28		
4			29		
5			30		
6			31		
7			32		
8			33		
9			34		
10			35		
11			36		
12	N	A	37	N	A
13			38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		
Comments					

Performed a large area swipe of the excavator, no detectable activity above background detected

Performed a 100% scan of the excavator, no detectable activity above background detected

Also perform 1 minute direct measurements at 25 locations on the dozer (see page 2 of 2 for results)

Surveyed By:	Date:	Instrument	Serial #	α Eff.	β Eff.	α Bkg (cpm)	β Bkg (cpm)	Cal. Due	Key		
Pat Horkman	10/19/2015	L-12	72687	n/a	0.1	n/a	50	7/27/2016			
	10/19/2015	L-2360	202398	0.192	0.16	0.08	142	7/27/2016	○	Smear	*-* Boundary
	10/19/2015	L-2221	115157	n/a	n	n/a	6093	7/27/2016	□	Dose Rate uRem/hr	■ A/S Location
Reviewed By:	Date:								*	Direct Reading CPM/100 cm ²	
									△	Grab Sample	

CABRERA STATIC COUNTING WORKSHEET (Rev 6)

Detector Active Area (cm ²)
100

α eff	β eff
0.1919	0.1595

Static Count Time (min)
1.0

Daily Background Count Time (min)
10.0

dpm/100 cm ²	
α Flag	β Flag
200	1000

* Morning Daily Count

Sample ID# and Description	Date	Background Total Counts*		Sample Total Counts		Background (cpm)		Sample Counts (cpm)		Sample (dpm/100 cm ²)		> α flag	> β flag	Tech. Initial
		α	β	α	β	α	β	α	β	α	β			
AMS-BUF-003 (excavator)	12/19/15	0.8	142	1	148	0.1	14.2	1.00	148	4.8	839			PSH
AMS-BUF-003 (excavator)		0.8	142	0	152	0.1	14.2	0.00	152	-0.4	864			PSH
AMS-BUF-003 (excavator)		0.8	142	2	149	0.1	14.2	2.00	149	10.0	845			PSH
AMS-BUF-003 (excavator)		0.8	142	1	132	0.1	14.2	1.00	132	4.8	739			PSH
AMS-BUF-003 (excavator)		0.8	142	0	170	0.1	14.2	0.00	170	-0.4	977			PSH
AMS-BUF-003 (excavator)		0.8	142	0	166	0.1	14.2	0.00	166	-0.4	952			PSH
AMS-BUF-003 (excavator)		0.8	142	2	159	0.1	14.2	2.00	159	10.0	908			PSH
AMS-BUF-003 (excavator)		0.8	142	1	162	0.1	14.2	1.00	162	4.8	927			PSH
AMS-BUF-003 (excavator)		0.8	142	4	153	0.1	14.2	4.00	153	20.4	870			PSH
AMS-BUF-003 (excavator)		0.8	142	0	155	0.1	14.2	0.00	155	-0.4	883			PSH
AMS-BUF-003 (excavator)		0.8	142	0	149	0.1	14.2	0.00	149	-0.4	845			PSH
AMS-BUF-003 (excavator)		0.8	142	4	165	0.1	14.2	4.00	165	20.4	946			PSH
AMS-BUF-003 (excavator)		0.8	142	1	133	0.1	14.2	1.00	133	4.8	745			PSH
AMS-BUF-003 (excavator)		0.8	142	2	166	0.1	14.2	2.00	166	10.0	952			PSH
AMS-BUF-003 (excavator)		0.8	142	0	157	0.1	14.2	0.00	157	-0.4	895			PSH
AMS-BUF-003 (excavator)		0.8	142	0	148	0.1	14.2	0.00	148	-0.4	839			PSH
AMS-BUF-003 (excavator)		0.8	142	1	137	0.1	14.2	1.00	137	4.8	770			PSH
AMS-BUF-003 (excavator)		0.8	142	1	139	0.1	14.2	1.00	139	4.8	783			PSH
AMS-BUF-003 (excavator)		0.8	142	2	158	0.1	14.2	2.00	158	10.0	902			PSH
AMS-BUF-003 (excavator)		0.8	142	1	161	0.1	14.2	1.00	161	4.8	921			PSH
AMS-BUF-003 (excavator)		0.8	142	3	152	0.1	14.2	3.00	152	15.2	864			PSH
AMS-BUF-003 (excavator)		0.8	142	0	133	0.1	14.2	0.00	133	-0.4	745			PSH
AMS-BUF-003 (excavator)		0.8	142	3	144	0.1	14.2	3.00	144	15.2	814			PSH
AMS-BUF-003 (excavator)		0.8	142	3	161	0.1	14.2	3.00	161	15.2	921			PSH