

WASTE SHIPMENT RECORD

REPORT DATE

14-12-10

GENERATOR	1. Work site name and mailing address 50 Fernald Street Portland, ME		Owner's Name c/o Benjamin Const.	Owner's telephone no. 712-2979		
	2. Operator's name and address R.J. Enterprises, Inc. P.O. Box 82 Brunswick, ME 04011			Operator's telephone no. 373-0344		
	3. Waste Disposal Site (WDS) Name <u>Waste Management of Maine</u> Mailing Address <u>Waste Management of Maine</u> <u>Norridgewock, ME 04957</u>		WDS telephone no. 800-562-7779	Additional Information		
	Physical Site Location <u>357 Mercer Road</u>					
	4. Name and address of responsible agency Maine DEP 17 State House Station Augusta, ME 04333					
	5. Description of materials Asbestos Siding		6. Containers No. Type	7. Total quantity m ³ (yd ³) <i>15 yds</i>		
	8. Special handling instructions and additional information					
	9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.					
	Printed/typed name & title <i>Wayne BURT</i> <i>Supr.</i>		Signature <i>[Signature]</i>	Month	Day	Year
			<i>12</i>	<i>16</i>	<i>14</i>	
TRANSPORTER	10. Transporter #1 (Acknowledgement of receipt of materials)					
	Printed/typed name & title <i>NEEL E. McLEAN</i> <i>Supper</i>		Signature <i>Neel E. McLean</i>	Month	Day	Year
	Address and telephone no. R.J. Enterprises, inc. P.O. Box 82 Brunswick, ME 04011 207-373-0344			<i>12</i>	<i>17</i>	<i>14</i>
	11. Transporter 2 (Acknowledgement of receipt of materials)					
Printed/typed name & title <i>CARI Horkany</i> <i>Driver</i>		Signature <i>Cari Horkany</i>	Month	Day	Year	
Address and telephone no. Central Maine Disposal P.O. Box 63 Fairfield, ME 04937 207-872-8257			<i>12</i>	<i>17</i>	<i>14</i>	
DISPOSAL SITE	12. Discrepancy indication space <i># 88,245</i> <i>P25</i>					
	13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.			Grid Coordinates East _____ North _____ El <i>346</i>		
	Printed/typed name & title <i>Wm De... Chamberlain</i>		Signature <i>[Signature]</i>	Month	Day	Year
			<i>12</i>	<i>17</i>	<i>14</i>	