



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

8/19 #7 #388

1038209

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

I. GENERATOR (Generator completes la-r)

Form I: Generator information including EPA ID, manifest number, generator name/location, mailing address, phone numbers, owner information, and waste profile table.

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

Form I continued: Generator Authorized Agent Name (Print), Signature, and Date.

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

Form II: Transporter information including name/address, phone, driver name, signature, and date.

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

Form III: Disposal facility and site address, US EPA Number, discrepancy space, and destination site address.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III continued: Name of Authorized Agent (Print), Signature, and Date.

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

Form IV: Operator's Name and Address, Responsible Agency Name and Address, Phone numbers, and Special Handling Instructions.

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Form IV continued: Operator's Name and Title (Print), Signature, and Date.

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1038212

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

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### I. GENERATOR (Generator completes Ia-r)

|   |              |  |                                    |                   |                |
|---|--------------|--|------------------------------------|-------------------|----------------|
| a. Generator's US EPA ID Number:  |              | b. Manifest Document Number            |                                    | c. Page 1 of      |                |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 H Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address:    |                   |                |
| f. Phone:   |              |  | g. Phone:                          |                   |                |
| If owner of the generating facility differs from the generator, provide:  |              |  | i. Owner's Phone No.: 702-564-2544 |                   |                |
| h. Owner's Name:  |              | i. Owner's Phone No.:                  |                                    |                   |                |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.                  | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8829  | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                                  | 20                | Y              |

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

|  |                    |         |
|--|--------------------|---------|
| p. Generator Authorized Agent Name (Print) | q. Signature       | r. Date |
| <i>[Signature]</i>                         | <i>[Signature]</i> | 8-19-13 |

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

|  |                    |         |
|--|--------------------|---------|
| a. Transporter's Name and Address:<br>Mendon<br>4060 Flippin Street<br>Las Vegas Nevada 89115 702-645-5840 |                    |         |
| b. Driver Name (Print)   | d. Signature       | e. Date |
| Les Blum   | <i>[Signature]</i> | 8-19-13 |

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

|   |                  |                                  |
|---|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165 | c. US EPA Number | d. Discrepancy Indication Space: |
|---|------------------|----------------------------------|

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

|                                     |              |         |
|-------------------------------------|--------------|---------|
| e. Name of Authorized Agent (Print) | f. Signature | g. Date |
|-------------------------------------|--------------|---------|

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

|  |   |
|--|---|
| a. Operator's Name and Address:                              | c. Responsible Agency Name and Address: |
| b. Phone:  | d. Phone:                               |
| e. Special Handling Instructions and Additional Information: |   |

f.  Friable  Non-Friable  Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

|  |              |         |
|--|--------------|---------|
| g. Operator's Name and Title (Print)   | h. Signature | i. Date |
| Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both |              |         |



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

1038216

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

#98

I. GENERATOR (Generator completes la-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator's Name and Location (Titanium Metals Corporation), Mailing Address, Phone numbers, and Owner's Name and Phone Number.

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

Form I continued: Generator Authorized Agent Name (Print), Signature, and Date.

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

Form II: Transporter information including Name and Address (Wentz), Phone, Driver Name (Print), Signature, and Date.

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

Form III: Disposal Facility and Site Address (Apex Regional Landfill), US EPA Number, and Discrepancy Indication Space.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III continued: Name of Authorized Agent (Print), Signature, and Date.

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

Form IV: Operator's Name and Address, Responsible Agency Name and Address, Phone numbers, and Special Handling Instructions and Additional Information.

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Form IV continued: Operator's Name and Title (Print), Signature, and Date.

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

#69

1038215

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

I. GENERATOR (Generator completes la-r)

Form I: Generator information including EPA ID, manifest number, name, location, phone, and waste profile details.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261...

Form I continued: Authorized agent name, signature, and date.

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

Form II: Transporter information including name, address, phone, driver name, signature, and date.

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

Form III: Disposal facility information including address, EPA number, and discrepancy space.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III continued: Authorized agent name, signature, and date.

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

Form IV: Operator information including name, address, phone, and special handling instructions.

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name...

Form IV continued: Operator name, signature, and date.

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

1038214

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

#1

I. GENERATOR (Generator completes la-r)

Form I: Generator information including EPA ID, manifest number, generator name, address, phone, and waste profile details.

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

Form I continued: Generator Authorized Agent Name (Print), Signature, and Date.

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

Form II: Transporter information including name and address, phone, driver name, signature, and date.

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

Form III: Disposal facility and site address, US EPA Number, and discrepancy indication space.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III continued: Name of Authorized Agent (Print), Signature, and Date.

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

Form IV: Operator information including name and address, responsible agency name and address, phone, and special handling instructions.

f. [ ] Friable [ ] Non-Friable [ ] Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Form IV continued: Operator's Name and Title (Print), Signature, and Date.

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

#64

## 1038217

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

### I. GENERATOR (Generator completes la-r)

|  |              |  |                   |                                 |                   |                |
|--|--------------|--|-------------------|---------------------------------|-------------------|----------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                   |                                 | c. Page 1 of 1    |                |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544  |              |  |                   | e. Generator's Mailing Address: |                   |                |
| f. Phone:  |              |  |                   | g. Phone:                       |                   |                |
| If owner of the generating facility differs from the generator, provide:   |              |  |                   | 702-564-2544                    |                   |                |
| h. Owner's Name:   |              |  |                   | i. Owner's Phone No.:           |                   |                |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No. | m. Containers Type              | n. Total Quantity | o. Unit Wt/Vol |
| 3825 138329  | 5/30/2014    | Non Hazardous, Non Regulated Soil      | 1                 | DT                              | 20                | Y              |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |  |                   |                                 |                   |                |
| p. Generator Authorized Agent Name (Print)   |              |  | q. Signature      |                                 | r. Date           |                |

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

|  |               |            |
|--|---------------|------------|
| a. Transporter's Name and Address:<br>Veruso<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848 |               |            |
| b. Phone:  |               |            |
| c. Driver Name (Print)   | d. Signature  | e. Date    |
| Kenny Buckley  | Kenny Buckley | 08-19-2013 |

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

|   |  |                  |                                  |
|---|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165               |  | c. US EPA Number | d. Discrepancy Indication Space: |
| b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |                                  |
| e. Name of Authorized Agent (Print)   |  | f. Signature     | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
|  |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1038175

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

REC 21

### I. GENERATOR (Generator completes la-r)

|  |              |  |               |                                 |                   |                |
|--|--------------|--|---------------|---------------------------------|-------------------|----------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |               |                                 | c. Page 1 of 1    |                |
| d. Generator's Name and Location:<br>Hudson Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544  |              |  |               | e. Generator's Mailing Address: |                   |                |
| f. Phone:  |              | g. Phone:                              |               |                                 |                   |                |
| If owner of the generating facility differs from the generator, provide:   |              |  |               | 702-564-2544                    |                   |                |
| h. Owner's Name:   |              | i. Owner's Phone No.:                  |               |                                 |                   |                |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers |                                 | n. Total Quantity | o. Unit Wt/Vol |
|  |              |  | No.           | Type                            |                   |                |
| 3025 13-8829   | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1             | DT                              | 20                | Y              |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |  |               |                                 |                   |                |
| p. Generator Authorized Agent Name (Print)   |              |  | q. Signature  |                                 | r. Date           |                |

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

|  |              |         |
|--|--------------|---------|
| a. Transporter's Name and Address:<br>Wendco<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848 |              |         |
| b. Phone:  |              |         |
| c. Driver Name (Print)   | d. Signature | e. Date |

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

|  |  |              |                  |                                  |
|--|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13650 U.S. Highway 93 North<br>Las Vegas Nevada 89165            |  | b.           | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |              |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature |                  | g. Date                          |

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

|  |  |   |  |         |
|--|--|---|--|---------|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |         |
| b. Phone:  |  | d. Phone:                               |  |         |
| e. Special Handling Instructions and Additional Information:   |  |   |  |         |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |         |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |         |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  | i. Date |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |         |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

8/20 #2

1038019

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

### I. GENERATOR (Generator completes la-r)

|   |  |                             |   |                   |                   |                |
|---|--|-----------------------------|---|-------------------|-------------------|----------------|
| a. Generator's US EPA ID Number   |  | b. Manifest Document Number |   | c. Page 1 of 1    |                   |                |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |  |                             | e. Generator's Mailing Address:<br>PO Box 2125<br>HENDERSON NV<br>89007 |                   |                   |                |
| f. Phone: 702-564-2544  |  |                             | g. Phone: 702-564-2544  |                   |                   |                |
| h. Owner's Name:  |  |                             | i. Owner's Phone No.:   |                   |                   |                |
| j. Waste Profile #  |  | k. Exp. Date                | l. Waste Shipping Name and Description                                  | m. Containers No. | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8829  |  | 6/30/2014                   | Non Hazardous, Non Regulated Soil                                       | 1                 | 20                | Y              |

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

|  |              |         |
|--|--------------|---------|
| p. Generator Authorized Agent Name (Print) | q. Signature | r. Date |
| Jose Talavera                              | [Signature]  | 8-20-13 |

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

|  |              |         |
|--|--------------|---------|
| a. Transporter's Name and Address:<br>Wendco<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5845 |              |         |
| b. Driver Name (Print)   | c. Signature | e. Date |
| Jose Talavera  | [Signature]  | 8-20-13 |

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

|  |              |                  |                                  |
|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165            |              | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |              |                  |                                  |
| e. Name of Authorized Agent (Print)  | f. Signature | g. Date          |                                  |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | i. Date                                 |  |
| h. Signature   |  | i. Date                                 |  |

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1038172

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

178

### I. GENERATOR (Generator completes Ia-r)

|   |              |  |                                 |                |                   |                |
|---|--------------|--|---------------------------------|----------------|-------------------|----------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                 | c. Page 1 of 1 |                   |                |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                |                   |                |
| f. Phone:   |              |  | g. Phone:                       |                |                   |                |
| If owner of the generating facility differs from the generator, provide:  |              |  | 702-564-2544                    |                |                   |                |
| h. Owner's Name:  |              |  | i. Owner's Phone No.:           |                |                   |                |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.               | Type           | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 6829  | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | DT             | 20                | Y              |

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

|  |                              |         |
|--|------------------------------|---------|
| p. Generator Authorized Agent Name (Print) | q. Signature                 | r. Date |
| William A. Berrington Jr. Sr. Vice         | W.A. Berrington Jr. Sr. Vice | 8-20-13 |

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

|  |              |         |
|--|--------------|---------|
| a. Transporter's Name and Address:<br>Wentco<br>4650 Flippin Street<br>Las Vegas Nevada 89115 702-645-5248 |              |         |
| b. Driver Name (Print)   | d. Signature | e. Date |
| Lisa Blank   | Lisa Blank   | 8-20-13 |

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

|  |              |                  |                                  |
|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89105            |              | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |              |                  |                                  |
| e. Name of Authorized Agent (Print)  | f. Signature | g. Date          |                                  |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | i. Date                                 |  |
| h. Signature   |  | i. Date                                 |  |

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both





# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

1038195

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

## I. GENERATOR (Generator completes Ia-r)

|   |              |  |                                 |              |                   |                |
|---|--------------|--|---------------------------------|--------------|-------------------|----------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                 | c. Page 1 of |                   |                |
| d. Generator's Name and Location:<br>Platinum Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |              |                   |                |
| f. Phone:   |              |  | g. Phone:                       |              |                   |                |
| If owner of the generating facility differs from the generator, provide:  |              |  | 702-564-2544                    |              |                   |                |
| h. Owner's Name:  |              |  | i. Owner's Phone No.:           |              |                   |                |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.               | Type         | n. Total Quantity | o. Unit Wt/Vol |
| 3625 13 8829  | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | DT           | 20                | Y              |

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

|  |  |                                    |                    |
|--|--|------------------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>TIMET - MIKE QUINNAN |  | q. Signature<br><i>[Signature]</i> | r. Date<br>8/21/13 |
|--|--|------------------------------------|--------------------|

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

|  |  |  |                                    |                           |  |
|--|--|--|------------------------------------|---------------------------|--|
| a. Transporter's Name and Address:<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848 |  | Truck # 65<br>DOT # 81231<br>PLATE # 52750 A |                                    | TRAILER # 5<br>SD8 + SD8P |  |
| b. Phone:  | c. Driver Name (Print)<br><i>[Signature]</i> |  | d. Signature<br><i>[Signature]</i> | e. Date<br>8/21/13        |  |

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

|   |  |                  |                                  |
|---|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165               |  | b. US EPA Number | d. Discrepancy Indication Space: |
| b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |                                  |
| e. Name of Authorized Agent (Print)   |  | f. Signature     | g. Date                          |

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

|  |  |   |         |
|--|--|---|---------|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |         |
| b. Phone:  |  | d. Phone:                               |         |
| e. Special Handling Instructions and Additional Information:   |  |   |         |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |         |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |         |
| g. Operator's Name and Title (Print)   |  | h. Signature                            | i. Date |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |         |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1038193

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

### I. GENERATOR (Generator completes Ia-r)

|  |              |  |                                 |                    |                   |                |
|--|--------------|--|---------------------------------|--------------------|-------------------|----------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                                 | c. Page 1 of 1     |                   |                |
| d. Generator's Name and Location:<br>Franklin Special Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                    |                   |                |
| f. Phone:  |              |  | g. Phone:                       |                    |                   |                |
| If owner of the generating facility differs from the generator, provide:   |              |  | 702-564-2544                    |                    |                   |                |
| h. Owner's Name:   |              |  | i. Owner's Phone No.:           |                    |                   |                |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.               | m. Containers Type | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8829   | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | DT                 | 20                | Y              |

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

|   |                               |                    |
|---|-------------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>THOMAS MIKE QUINN | q. Signature<br><i>Thomas</i> | r. Date<br>8/21/13 |
|---|-------------------------------|--------------------|

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

|  |  |                                     |                       |
|--|--|-------------------------------------|-----------------------|
| a. Transporter's Name and Address:<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848 |  | b. Phone:                           |                       |
| c. Driver Name (Print)<br>Kenny Buehly   |  | d. Signature<br><i>Kenny Buehly</i> | e. Date<br>08-21-2013 |

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

|  |              |                  |                                  |
|--|--------------|------------------|----------------------------------|
| a. Disposal Facility Name and Site Address:<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165                                 | b.           | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |              |                  |                                  |
| e. Name of Authorized Agent (Print)  | f. Signature | g. Date          |                                  |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
|  |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

1038192

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

## I. GENERATOR (Generator completes Ia-r)

|  |              |  |                                    |                |                    |                |
|--|--------------|--|------------------------------------|----------------|--------------------|----------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                                    | c. Page 1 of 1 |                    |                |
| d. Generator's Name and Location:<br>Hazardous Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544   |              |  | e. Generator's Mailing Address:    |                |                    |                |
| f. Phone:  |              |  | g. Phone:                          |                |                    |                |
| If owner of the generating facility differs from the generator, provide:   |              |  | 702-564-2544                       |                |                    |                |
| h. Owner's Name:   |              |  | i. Owner's Phone No.:              |                |                    |                |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.                  | Type           | n. Total Quantity  | o. Unit Wt/Vol |
| 3625 13 8829   | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                                  | DT             | 20                 | Y              |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |  |                                    |                |                    |                |
| p. Generator Authorized Agent Name (Print)<br>on BEHALF OF AND AS AGENT FOR<br>TAMET - MIKE QUINNAN  |              |  | q. Signature<br><i>[Signature]</i> |                | r. Date<br>8/21/13 |                |

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

|   |  |                                    |                             |                    |  |
|---|--|------------------------------------|-----------------------------|--------------------|--|
| a. Transporter's Name and Address:<br>TRUCK # 1<br>4660 Flippin Street<br>Las Vegas Nevada 89119 702-645-5848 |  |                                    | TRAILER #'S<br>5B45<br>5D46 |                    |  |
| b. Phone:   |  |                                    | DUTY # 2424396              |                    |  |
| c. Driver Name (Print)<br>Jose Talarum  |  | d. Signature<br><i>[Signature]</i> |                             | e. Date<br>8-21-13 |  |

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

|  |  |              |                  |                                  |
|--|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165                                      |  | b.           | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |              |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature |                  | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
| i. Date  |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1038191

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

### I. GENERATOR (Generator completes Ia-r)

|  |              |  |                                 |                |                   |                |
|--|--------------|--|---------------------------------|----------------|-------------------|----------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                                 | c. Page 1 of 1 |                   |                |
| d. Generator's Name and Location:<br>Hazardous Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                |                   |                |
| f. Phone:  |              |  | g. Phone:                       |                |                   |                |
| If owner of the generating facility differs from the generator, provide:   |              |  | 702-564-2544                    |                |                   |                |
| h. Owner's Name:   |              |  | i. Owner's Phone No.:           |                |                   |                |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.               | Type           | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8820   | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | DT             | 20                | Y              |

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

|  |                                    |                    |
|--|------------------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>TIMET - MIKE QUINLAN | q. Signature<br><i>[Signature]</i> | r. Date<br>8/21/13 |
|--|------------------------------------|--------------------|

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

|  |  |              |         |
|--|--|--------------|---------|
| a. Transporter's Name and Address:<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848 |  | b. Phone:    |         |
| c. Driver Name (Print)   |  | d. Signature | e. Date |

*TRUCK # 3  
PLATE # 91258 P(NV)  
DOT # 2267169*

*TRAILER # 3  
SD33  
SD34*

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

|  |              |                  |                                  |
|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>1350 U.S. Highway 93 North<br>Las Vegas Nevada 89165                                       | b.           | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |              |                  |                                  |
| e. Name of Authorized Agent (Print)  | f. Signature | g. Date          |                                  |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
|  |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1038197

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

### I. GENERATOR (Generator completes la-r)

|  |              |  |                                 |              |                   |                |
|--|--------------|--|---------------------------------|--------------|-------------------|----------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                                 | c. Page 1 of |                   |                |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544  |              |  | e. Generator's Mailing Address: |              |                   |                |
| f. Phone:  |              |  | g. Phone:                       |              |                   |                |
| If owner of the generating facility differs from the generator, provide:   |              |  | 702-564-2544                    |              |                   |                |
| h. Owner's Name:   |              |  | i. Owner's Phone No.:           |              |                   |                |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.               | Type         | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8029   | 07/30/2014   | Non Hazardous, Non Regulated Soil      | 1                               | DR           | 20                | Y              |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |  |                                 |              |                   |                |
| ON BEHALF OF AND AS AGENT FOR<br>TITMET - MIKE QUINNAN   |              | <i>[Signature]</i>                     |                                 |              | 8/21/13           |                |
| p. Generator Authorized Agent Name (Print)   |              | q. Signature                           |                                 |              | r. Date           |                |

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

|  |  |                       |             |
|--|--|-----------------------|-------------|
| a. Transporter's Name and Address:<br>Wardco<br>4660 Flippin Street<br>Las Vegas Nevada 89119 702-449-5040 |  | TRACK # 011           | TRAILER # 1 |
| b. Phone:  |  | PLATE # 4A 1686 A(NV) | SD 47       |
| c. Driver Name (Print): <i>JUAN MENDOZA</i>  |  | DOT # 811231          | SD 48       |
| d. Signature: <i>[Signature]</i>   |  | 8/21/13               |             |
| e. Date  |  |                       |             |

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

|   |  |                  |                                  |
|---|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Aper Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165               |  | c. US EPA Number | d. Discrepancy Indication Space: |
| b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |                                  |
| e. Name of Authorized Agent (Print)   |  | f. Signature     | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
| i. Date  |  |   |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

1038190

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

## I. GENERATOR (Generator completes Ia-r)

|   |              |  |                                 |                |                   |                |
|---|--------------|--|---------------------------------|----------------|-------------------|----------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                 | c. Page 1 of 1 |                   |                |
| d. Generator's Name and Location:<br>Transmetal Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                |                   |                |
| f. Phone:   |              |  | g. Phone:                       |                |                   |                |
| If owner of the generating facility differs from the generator, provide:  |              |  | 702-564-2544                    |                |                   |                |
| h. Owner's Name:  |              |  | i. Owner's Phone No.:           |                |                   |                |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.               | Type           | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8829  | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | BT             | 20                | Y              |

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

|   |                     |         |
|---|---------------------|---------|
| ON BEHALF OF ABOVE AGENT FOR TRAILER - MIKE COLEMAN | <i>Mike Coleman</i> | 8/21/13 |
| p. Generator Authorized Agent Name (Print)          | q. Signature        | r. Date |

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

|   |  |  |  |                           |  |
|---|--|--|--|---------------------------|--|
| a. Transporter's Name and Address:<br>Wentco<br>4660 Flippin Street<br>Las Vegas Nevada 89115 |  | 7 TRUCK # 64<br>PLATE # 52869 A (NV)<br>DOT # 811231 |  | TRAILERS #<br>5056<br>218 |  |
| b. Phone: 702-645-5848  |  |  |  |                           |  |
| c. Driver Name (Print): <i>Kenny Buckley</i>  |  | d. Signature: <i>[Signature]</i>                     |  | e. Date: 08-21-2013       |  |

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

|  |  |              |                  |                                  |
|--|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165            |  | b.           | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |              |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature |                  | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
|  |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1038198

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

### I. GENERATOR (Generator completes Ia-r)

|   |              |  |                                 |                   |                |
|---|--------------|--|---------------------------------|-------------------|----------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                 | c. Page 1 of 1    |                |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                   |                |
| f. Phone:   |              |  | g. Phone:                       |                   |                |
| If owner of the generating facility differs from the generator, provide:  |              |  | 702-564-2544                    |                   |                |
| h. Owner's Name:  |              |  | i. Owner's Phone No.:           |                   |                |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.               | n. Total Quantity | o. Unit Wt/Vol |
| 3525 13 0829  | 6/30/2014    | Non Hazardous, Non Regulated - Soil    | 1                               | 20                | Y              |

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

|  |  |                    |         |
|--|--|--------------------|---------|
| ON BEHALF OF AND AS AGENT FOR<br>TITANIUM METALS CORPORATION<br>p. Generator Authorized Agent Name (Print) |  | q. Signature       | r. Date |
|  |  | <i>[Signature]</i> | 8/21/13 |

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

|  |  |                    |         |
|--|--|--------------------|---------|
| a. Transporter's Name and Address:<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848 |  | b. Phone:          |         |
| c. Driver Name (Print)<br>ESTRADA JESSE  |  | d. Signature       | e. Date |
|  |  | <i>[Signature]</i> | 8/21/13 |

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

|  |  |              |                  |                                  |
|--|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165            |  | b.           | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |              |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature |                  | g. Date                          |
|  |  |              |                  |                                  |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
|  |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1038189

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

### I. GENERATOR (Generator completes Ia-r)

|   |              |  |                                 |                |                   |                |
|---|--------------|--|---------------------------------|----------------|-------------------|----------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                 | c. Page 1 of 1 |                   |                |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                |                   |                |
| f. Phone:   |              |  | g. Phone:                       |                |                   |                |
| If owner of the generating facility differs from the generator, provide:  |              |  | 702-564-2544                    |                |                   |                |
| h. Owner's Name:  |              |  | i. Owner's Phone No.:           |                |                   |                |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.               | Type           | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13-8829  | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | DT             | 20                | Y              |

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

|   |              |         |
|---|--------------|---------|
| ON BEHALF OF AND AS AGENT FOR TITANIUM<br>MIKE QUINAN | <i>Mike</i>  | 8/21/13 |
| p. Generator Authorized Agent Name (Print)            | q. Signature | r. Date |

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

|   |                   |   |                                 |
|---|-------------------|---|---------------------------------|
| a. Transporter's Name and Address:<br>WELLS<br>4660 Flippin Street<br>Las Vegas Nevada 89119 702-649-9045 |                   | PLATE # 72080P<br>TRUCK # 388<br>DOT # 197465 | TRAILER # 1'S<br>SD804<br>SD805 |
| b. Phone:   | <i>Burke Hart</i> | <i>[Signature]</i>                            | 8-21-13                         |
| c. Driver Name (Print)  | d. Signature      | e. Date                                       |                                 |

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

|   |                  |                                  |
|---|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 89 North<br>Las Vegas Nevada 89103               | c. US EPA Number | d. Discrepancy Indication Space: |
| b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |                  |                                  |
| e. Name of Authorized Agent (Print)   | f. Signature     | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  | i. Date                                 |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1038188

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

### I. GENERATOR (Generator completes Ia-r)

|  |              |  |                                    |                    |                    |                |
|--|--------------|--|------------------------------------|--------------------|--------------------|----------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                                    | c. Page 1 of 1     |                    |                |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 W. Water Street<br>Las Vegas Nevada 89015 702-564-2544   |              |  | e. Generator's Mailing Address:    |                    |                    |                |
| f. Phone: 702-564-2544   |              |  | g. Phone:                          |                    |                    |                |
| h. Owner's Name:   |              |  | i. Owner's Phone No.: 702-564-2544 |                    |                    |                |
| If owner of the generating facility differs from the generator, provide:   |              |  |                                    |                    |                    |                |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.                  | m. Containers Type | n. Total Quantity  | o. Unit Wt/Vol |
| 2025 138820  | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                                  | DT                 | 20                 | Y              |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |  |                                    |                    |                    |                |
| p. Generator Authorized Agent Name (Print)<br>TIMET - AUBRE QUINNAN  |              |  | q. Signature<br><i>[Signature]</i> |                    | r. Date<br>8/21/13 |                |

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

|  |  |                                    |  |  |  |                                    |  |                       |  |
|--|--|------------------------------------|--|--|--|------------------------------------|--|-----------------------|--|
| a. Transporter's Name and Address:<br>Wendoo<br>4600 Flippin Street<br>Las Vegas Nevada 89118 702-849-9040 |  | b. Phone: 702-849-9040             |  | c. Driver Name (Print)<br><i>[Signature]</i> |  | d. Signature<br><i>[Signature]</i> |  | e. Date<br>08-21-2013 |  |
|  |  | PLATE # S2869 A (NV) TRAILER # 1's |  | TRUCK # 64                                   |  | DOT # 811231                       |  | SD56                  |  |

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

|  |  |                  |  |                                  |  |
|--|--|------------------|--|----------------------------------|--|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165            |  | c. US EPA Number |  | d. Discrepancy Indication Space: |  |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |  |                                  |  |
| e. Name of Authorized Agent (Print)  |  | f. Signature     |  | g. Date                          |  |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
|  |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |

8/23

011

1037080

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

**I. GENERATOR (Generator completes Ia-r)**

|  |                                |   |   |                               |                                |
|--|--------------------------------|---|---|-------------------------------|--------------------------------|
| a. Generator's US EPA ID Number  |                                | b. Manifest Document Number<br><b>A5970</b>                 |   | c. Page 1 of 1                |                                |
| d. Generator's Name and Location:<br><b>Titanium Metals (Timet)</b><br><b>181 N. Water Street Henderson NV 89009</b><br>f. Phone: <b>(702) 564-2544</b>  |                                |   | e. Generator's Mailing Address:<br><b>PO Box 2128</b><br><b>Henderson NV 89009</b><br>g. Phone: <b>(702) 564-2544</b> |                               |                                |
| If owner of the generating facility differs from the generator, provide:   |                                |   |   |                               |                                |
| h. Owner's Name:   |                                |   | i. Owner's Phone No.:   |                               |                                |
| j. Waste Profile #<br><b>3825 13 9321</b>  | k. Exp. Date<br><b>8-23-13</b> | l. Waste Shipping Name and Description<br><b>Asst. Sur.</b> |   | m. Containers No.<br><b>2</b> | n. Total Quantity<br><b>30</b> |
|  |                                |   |   | Type<br><b>DR</b>             | o. Unit Wt/Vol<br><b>CG</b>    |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |                                |   |   |                               |                                |
| p. Generator Authorized Agent Name (Print)<br><b>Juan Mendez</b>   |                                |   | q. Signature<br><i>[Signature]</i>  |                               | r. Date<br><b>8-23-13</b>      |

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

|  |                                    |                           |
|--|------------------------------------|---------------------------|
| a. Transporter's Name and Address:<br><b>Werdco Trucking</b><br><b>4660 Flippin Street Las Vegas NV</b><br>b. Phone: <b>(702) 645 5848</b> |                                    |                           |
| c. Driver Name (Print)<br><b>Juan Mendez</b>   | d. Signature<br><i>[Signature]</i> | e. Date<br><b>8/23/13</b> |

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

|   |  |                  |                                  |
|---|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br><b>Apex Regional Landfill</b><br><b>13550 US Hwy 93 North</b><br>b. <b>Las Vegas, NV 89165 702-599-5920</b> |  | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.                  |  |                  |                                  |
| e. Name of Authorized Agent (Print)   |  | f. Signature     | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:<br><b>Walker Specialty Construction, Inc.</b><br><b>6428 Windy Road Las Vegas NV 89119</b><br>b. Phone: <b>(702) 243-2500</b>  |  | c. Responsible Agency Name and Address:<br><b>Southern Nevada Health District</b><br><b>PO Box 3902 Las Vegas NV 89127</b><br>d. Phone: <b>(702) 759-0660</b> |  |
| e. Special Handling Instructions and Additional Information:<br><b>Friable and Asst. Sur.</b>  |  |   |  |
| f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both  |  | % Friable % Non-Friable   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)<br><b>Walter J. ...</b>   |  | h. Signature<br><i>[Signature]</i>  |  |
|  |  | i. Date<br><b>8-23-13</b>   |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |

265

1037081

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

**I. GENERATOR (Generator completes Ia-r)**

|  |                                |   |  |                           |                   |
|--|--------------------------------|---|--|---------------------------|-------------------|
| a. Generator's US EPA ID Number  |                                | b. Manifest Document Number<br><b>A5970</b>               |  | c. Page 1 of 1            |                   |
| d. Generator's Name and Location:<br><b>Titanium Metals (Timet)<br/>181 N. Water Street Henderson NV 89009</b>   |                                |   | e. Generator's Mailing Address:<br><b>PO Box 2128<br/>Henderson NV 89009</b> |                           |                   |
| f. Phone: <b>(702) 564-2544</b>  |                                |   | g. Phone: <b>(702) 564-2544</b>  |                           |                   |
| If owner of the generating facility differs from the generator, provide:   |                                |   |  |                           |                   |
| h. Owner's Name:   |                                |   | i. Owner's Phone No.:  |                           |                   |
| j. Waste Profile #<br><b>3825 13 9321</b>  | k. Exp. Date<br><b>3/23/13</b> | l. Waste Shipping Name and Description<br><b>POX SOIL</b> |  | m. Containers<br>No. Type | n. Total Quantity |
|  |                                |   |  | 2 25                      | 50                |
|  |                                |   |  |                           |                   |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |                                |   |  |                           |                   |
| p. Generator Authorized Agent Name (Print)   |                                | q. Signature  |  | r. Date                   |                   |
|  |                                |   |  | <b>5/23/13</b>            |                   |

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

|   |              |                           |
|---|--------------|---------------------------|
| a. Transporter's Name and Address:<br><b>Wardco Trucking<br/>4660 Flippin Street Las Vegas NV</b> |              |                           |
| b. Phone: <b>(702) 645 5848</b>   |              |                           |
| c. Driver Name (Print)<br><b>DAVE BELL</b>  | d. Signature | e. Date<br><b>5/23/13</b> |

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

|  |              |                  |                                  |
|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br><b>Apex Regional Landfill<br/>13550 US Hwy 93 North<br/>Las Vegas, NV 89165 702-599-5920</b> |              | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.   |              |                  |                                  |
| e. Name of Authorized Agent (Print)  | f. Signature | g. Date          |                                  |

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

|  |  |  |  |
|--|--|--|--|
| a. Operator's Name and Address:<br><b>Walker Specialty Construction, Inc.<br/>6428 Windy Road Las Vegas NV 89119</b>   |  | c. Responsible Agency Name and Address:<br><b>Southern Nevada Health District<br/>PO Box 3902 Las Vegas NV 89127</b> |  |
| b. Phone: <b>(702) 243-2500</b>  |  | d. Phone: <b>(702) 759-0660</b>  |  |
| e. Special Handling Instructions and Additional Information:<br><b>Friable and Am Soil</b>   |  |  |  |
| f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable  |  |  |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |  |  |
| g. Operator's Name and Title (Print)   |  | i. Date  |  |
|  |  | <b>5/23/13</b>   |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |  |  |

1037082

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

869

**I. GENERATOR** (Generator completes la-r)

|  |              |   |  |                   |                   |
|--|--------------|---|--|-------------------|-------------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number<br><b>A5970</b> |  | c. Page 1 of      |                   |
| d. Generator's Name and Location:<br><b>Titanium Metals (Tinect)</b><br><b>181 N. Water Street Henderson NV 89009</b>  |              |   | e. Generator's Mailing Address:<br><b>PO Box 2128</b><br><b>Henderson NV 89009</b> |                   |                   |
| f. Phone: <b>(702) 564-2544</b>  |              |   | g. Phone: <b>(702) 564-2544</b>  |                   |                   |
| If owner of the generating facility differs from the generator, provide:   |              |   |  |                   |                   |
| h. Owner's Name:   |              |   | i. Owner's Phone No.:  |                   |                   |
| j. Waste Profile #<br><b>3825 13 9321</b>  | k. Exp. Date | l. Waste Shipping Name and Description      |  | m. Containers No. | n. Total Quantity |
|  |              |   |  | Type              | o. Unit Wt/Vol    |
|  |              |   |  |                   |                   |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |   |  |                   |                   |
| p. Generator Authorized Agent Name (Print)   |              | q. Signature                                |  | r. Date           |                   |

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

|   |                                    |                              |
|---|------------------------------------|------------------------------|
| a. Transporter's Name and Address:<br><b>Werdco Trucking</b><br><b>4660 Flippin Street Las Vegas NV</b> |                                    |                              |
| b. Phone: <b>(702) 645 5848</b>   |                                    |                              |
| c. Driver Name (Print)<br><i>Kevin B...</i>   | d. Signature<br><i>[Signature]</i> | e. Date<br><i>08-23-2013</i> |

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

|  |  |  |                  |                                  |
|--|--|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br><b>Apex Regional Landfill</b><br><b>13550 US Hwy 93 North</b>                              |  | b. <b>Las Vegas, NV 89165 702-599-5920</b> | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |  |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature                               |                  | g. Date                          |

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

|   |  |  |  |
|---|--|--|--|
| a. Operator's Name and Address:<br><b>Walker Specialty Construction, Inc.</b><br><b>6428 Windy Road Las Vegas NV 89119</b>  |  | c. Responsible Agency Name and Address:<br><b>Southern Nevada Health District</b><br><b>PO Box 3902 Las Vegas NV 89127</b> |  |
| b. Phone: <b>(702) 243-2500</b>   |  | d. Phone: <b>(702) 759-0660</b>  |  |
| e. Special Handling Instructions and Additional Information:<br><i>Friable and non friable soil</i>   |  |  |  |
| f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |  |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |  |  |
| g. Operator's Name and Title (Print)  |  | h. Signature   |  |
|   |  | i. Date  |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both   |  |  |  |

1037079

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

1128

**I. GENERATOR (Generator completes la-r)**

|  |                |   |  |                           |                   |
|--|----------------|---|--|---------------------------|-------------------|
| a. Generator's US EPA ID Number  |                | b. Manifest Document Number<br><b>A5970</b> |  | c. Page 1 of              |                   |
| d. Generator's Name and Location:<br><b>Titanium Metals (Timet)</b><br><b>161 N. Water Street Henderson NV 89009</b>   |                |   | e. Generator's Mailing Address:<br><b>PO Box 2128</b><br><b>Henderson NV 89009</b> |                           |                   |
| f. Phone: <b>(702) 564-2544</b>  |                |   | g. Phone: <b>(702) 564-2544</b>  |                           |                   |
| If owner of the generating facility differs from the generator, provide:   |                |   |  |                           |                   |
| h. Owner's Name:   |                |   | i. Owner's Phone No.:  |                           |                   |
| j. Waste Profile #<br><b>3825 13 9321</b>  | k. Exp. Date   | l. Waste Shipping Name and Description      |  | m. Containers<br>No. Type | n. Total Quantity |
|  | <b>8-23-13</b> | <b>ACM SOIL</b>                             |  | <b>2</b> <b>Dr</b>        | <b>30</b>         |
|  |                |   |  |                           |                   |
|  |                |   |  |                           |                   |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |                |   |  |                           |                   |
| p. Generator Authorized Agent Name (Print)   |                | q. Signature                                |  | r. Date                   |                   |
|  |                |   |  | <b>8/23/13</b>            |                   |

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

|   |              |                           |
|---|--------------|---------------------------|
| a. Transporter's Name and Address:<br><b>Werdco Trucking</b><br><b>4660 Flippin Street Las Vegas NV</b> |              |                           |
| b. Phone: <b>(702) 645 5848</b>   |              |                           |
| c. Driver Name (Print)<br><b>Lisa Blank</b>   | d. Signature | e. Date<br><b>8-23-13</b> |

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

|  |  |                  |                                  |
|--|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br><b>Apex Regional Landfill</b><br><b>13550 US Hwy 93 North</b>                              |  | c. US EPA Number | d. Discrepancy Indication Space: |
| b. <b>Las Vegas, NV 89165 702-599-5920</b>   |  |                  |                                  |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature     | g. Date                          |
|  |  |                  |                                  |

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

|  |  |  |  |
|--|--|--|--|
| a. Operator's Name and Address:<br><b>Walker Specialty Construction, Inc.</b><br><b>6428 Windy Road Las Vegas NV 89119</b>   |  | c. Responsible Agency Name and Address:<br><b>Southern Nevada Health District</b><br><b>PO Box 3902 Las Vegas NV 89127</b> |  |
| b. Phone: <b>(702) 243-2500</b>  |  | d. Phone: <b>(702) 759-0660</b>  |  |
| e. Special Handling Instructions and Additional Information:<br><b>Frable and ACM soil</b>   |  |  |  |
| f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable  |  |  |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |  |  |
| g. Operator's Name and Title (Print)<br><b>Mark Zepher</b>   |  | h. Signature   |  |
|  |  | i. Date<br><b>8-23-13</b>  |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |  |  |

1037084

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

487

**I. GENERATOR (Generator completes la-r)**

|  |  |   |  |                |                             |
|--|--|---|--|----------------|-----------------------------|
| a. Generator's US EPA ID Number  |  | b. Manifest Document Number<br><b>A5970</b> |  | c. Page 1 of 1 |                             |
| d. Generator's Name and Location:<br><b>Titanium Metals (Timet)<br/>181 N. Water Street Henderson NV 89009</b>   |  |   | e. Generator's Mailing Address:<br><b>PO Box 2128<br/>Henderson NV 89009</b> |                |                             |
| f. Phone: <b>(702) 564-2544</b>  |  |   | g. Phone: <b>(702) 564-2544</b>  |                |                             |
| If owner of the generating facility differs from the generator, provide:   |  |   |  |                |                             |
| h. Owner's Name:   |  |   | i. Owner's Phone No.:  |                |                             |
| j. Waste Profile #<br><b>3825 13 9321</b>  |  | k. Exp. Date<br><b>2-13</b>                 | l. Waste Shipping Name and Description<br><b>Acid Solc</b>                   |                | o. Unit Wt/Vol<br><b>CS</b> |
|  |  |   |  |                |                             |
|  |  |   |  |                |                             |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |  |   |  |                |                             |
| p. Generator Authorized Agent Name (Print)<br><b>JACOB REEDER</b>  |  |   | q. Signature<br><i>[Signature]</i>   |                | r. Date                     |

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

|   |                                    |                           |
|---|------------------------------------|---------------------------|
| a. Transporter's Name and Address:<br><b>Werdco Trucking<br/>4660 Flippin Street Las Vegas NV</b> |                                    |                           |
| b. Phone: <b>(702) 645 5848</b>   |                                    |                           |
| c. Driver Name (Print)<br><b>MIKE WARD</b>  | d. Signature<br><i>[Signature]</i> | e. Date<br><b>8/23/13</b> |

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

|  |  |                  |                                  |
|--|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br><b>Apex Regional Landfill<br/>13550 US Hwy 93 North<br/>Las Vegas, NV 89165 702-599-5920</b> |  | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.   |  |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature     | g. Date                          |

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

|  |  |  |                           |
|--|--|--|---------------------------|
| a. Operator's Name and Address:<br><b>Walker Specialty Construction, Inc.<br/>6428 Windy Road Las Vegas NV 89119</b>   |  | c. Responsible Agency Name and Address:<br><b>Southern Nevada Health District<br/>PO Box 3902 Las Vegas NV 89127</b> |                           |
| b. Phone: <b>(702) 243-2500</b>  |  | d. Phone: <b>(702) 759-0660</b>  |                           |
| e. Special Handling Instructions and Additional Information:<br><b>Friable and Am Sol</b>  |  |  |                           |
| f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable  |  |  |                           |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |  |                           |
| g. Operator's Name and Title (Print)<br><b>APRIL WALKER</b>  |  | h. Signature<br><i>[Signature]</i>   | i. Date<br><b>8-23-13</b> |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.   |  |  |                           |

**1037085**

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

103

**I. GENERATOR (Generator completes Ia-r)**

|  |                                |   |  |                               |                                |
|--|--------------------------------|---|--|-------------------------------|--------------------------------|
| a. Generator's US EPA ID Number  |                                | b. Manifest Document Number<br><b>A5970</b>               |  | c. Page 1 of 1                |                                |
| d. Generator's Name and Location:<br><b>Titanium Metals (Timet)<br/>181 N. Water Street Henderson NV 89009</b>   |                                |   | e. Generator's Mailing Address:<br><b>PO Box 2128<br/>Henderson NV 89009</b> |                               |                                |
| f. Phone: <b>(702) 564-2544</b>  |                                |   | g. Phone: <b>(702) 564-2544</b>  |                               |                                |
| If owner of the generating facility differs from the generator, provide:   |                                |   |  |                               |                                |
| h. Owner's Name:   |                                |   | i. Owner's Phone No.:  |                               |                                |
| j. Waste Profile #<br><b>3825 13 9321</b>  | k. Exp. Date<br><b>5/23/13</b> | l. Waste Shipping Name and Description<br><b>ACM Soil</b> |  | m. Containers No.<br><b>2</b> | n. Total Quantity<br><b>50</b> |
|  |                                |   |  | Type<br><b>DT</b>             | o. Unit Wt/Vol<br><b>cy</b>    |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |                                |   |  |                               |                                |
| p. Generator Authorized Agent Name (Print)<br><b>Jesse Estrada</b>   |                                | q. Signature<br><i>[Signature]</i>                        |  | r. Date<br><b>5/23/13</b>     |                                |

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

|   |                                    |                           |
|---|------------------------------------|---------------------------|
| a. Transporter's Name and Address:<br><b>Wardco Trucking<br/>4660 Flippin Street Las Vegas NV</b> |                                    |                           |
| b. Phone: <b>(702) 645 5848</b>   |                                    |                           |
| c. Driver Name (Print)<br><b>ESTRADA JESSE</b>  | d. Signature<br><i>[Signature]</i> | e. Date<br><b>8/23/13</b> |

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

|  |              |                  |                                  |
|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br><b>Apex Regional Landfill<br/>13550 US Hwy 93 North<br/>Las Vegas, NV 89165 702-599-5920</b> |              | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.   |              |                  |                                  |
| e. Name of Authorized Agent (Print)  | f. Signature | g. Date          |                                  |

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

|  |  |  |  |
|--|--|--|--|
| a. Operator's Name and Address:<br><b>Walker Specialty Construction, Inc.<br/>6428 Windy Road Las Vegas NV 89119</b>   |  | c. Responsible Agency Name and Address:<br><b>Southern Nevada Health District<br/>PO Box 3902 Las Vegas NV 89127</b> |  |
| b. Phone: <b>(702) 243-2500</b>  |  | d. Phone: <b>(702) 759-0660</b>  |  |
| e. Special Handling Instructions and Additional Information:<br><b>Frable and km soil</b>  |  |  |  |
| f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable  |  |  |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |  |  |
| g. Operator's Name and Title (Print)<br><b>Walter Walker</b>   |  | h. Signature<br><i>[Signature]</i>   |  |
|  |  | i. Date<br><b>8/23/13</b>  |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |  |  |

**1037086**

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

*165*
**I. GENERATOR (Generator completes la-r)**

| a. Generator's US EPA ID Number  |                                | b. Manifest Document Number<br><b>A5970</b>                  |   | c. Page 1 of 1            |                                |                             |
|--|--------------------------------|--|---|---------------------------|--------------------------------|-----------------------------|
| d. Generator's Name and Location:<br><b>Titanium Metals (Timet)<br/>181 N. Water Street Henderson NV 89009<br/>f. Phone: (702) 564-2544</b>  |                                |  | e. Generator's Mailing Address:<br><b>PO Box 2128<br/>Henderson NV 89009<br/>g. Phone: (702) 564-2544</b> |                           |                                |                             |
| If owner of the generating facility differs from the generator, provide:   |                                |  |   |                           |                                |                             |
| h. Owner's Name:   |                                |  | i. Owner's Phone No.:   |                           |                                |                             |
| j. Waste Profile #<br><b>3825 13 9321</b>  | k. Exp. Date<br><i>5/23/13</i> | l. Waste Shipping Name and Description<br><i>Acid Solids</i> | m. Containers   |                           | n. Total Quantity<br><i>30</i> | o. Unit Wt/Vol<br><i>CF</i> |
|  |                                |  | No.   | Type                      |                                |                             |
|  |                                |  | <i>2</i>  | <i>5</i>                  |                                |                             |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |                                |  |   |                           |                                |                             |
| p. Generator Authorized Agent Name (Print)<br><i>Wardco Trucking on behalf of Timet</i>  |                                | q. Signature<br><i>[Signature]</i>                           |   | r. Date<br><i>5/23/13</i> |                                |                             |

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

|  |                                    |                           |
|--|------------------------------------|---------------------------|
| a. Transporter's Name and Address:<br><b>Wardco Trucking<br/>4660 Flippin Street Las Vegas NV<br/>b. Phone: (702) 645 5848</b> |                                    |                           |
| c. Driver Name (Print)<br><i>Mike Bell</i>   | d. Signature<br><i>[Signature]</i> | e. Date<br><i>5/23/13</i> |

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

|   |              |                  |                                  |
|---|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br><b>Apex Regional Landfill<br/>13550 US Hwy 93 North<br/>b. Las Vegas, NV 89165 702-599-5920</b> |              | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.      |              |                  |                                  |
| e. Name of Authorized Agent (Print)   | f. Signature | g. Date          |                                  |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:<br><b>Walker Specialty Construction, Inc.<br/>6428 Windy Road Las Vegas NV 89119<br/>b. Phone: (702) 243-2500</b>  |  | c. Responsible Agency Name and Address:<br><b>Southern Nevada Health District<br/>PO Box 3902 Las Vegas NV 89127<br/>d. Phone: (702) 759-0660</b> |  |
| e. Special Handling Instructions and Additional Information:<br><i>Fragile, acid, non soil</i>   |  |   |  |
| f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both      % Friable      % Non-Friable  |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)<br><i>Walker Specialty Construction</i>   |  | h. Signature<br><i>[Signature]</i>  |  |
|  |  | i. Date<br><i>5-23-13</i>   |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |

1037087

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

#64

**I. GENERATOR (Generator completes la-r)**

|  |  |   |   |              |                |
|--|--|---|---|--------------|----------------|
| a. Generator's US EPA ID Number  |  | b. Manifest Document Number<br><b>A5970</b> |   | c. Page 1 of |                |
| d. Generator's Name and Location:<br><b>Titanium Metals (Timet)</b><br><b>181 N. Water Street Henderson NV 89009</b><br>f. Phone: <b>(702) 564-2544</b>  |  |   | e. Generator's Mailing Address:<br><b>PO Box 2128</b><br><b>Henderson NV 89009</b><br>g. Phone: <b>(702) 564-2544</b> |              |                |
| h. Owner's Name:   |  |   | i. Owner's Phone No.:   |              |                |
| j. Waste Profile #<br><b>3825 13 9321</b>  |  | k. Exp. Date                                | l. Waste Shipping Name and Description  |              | o. Unit Wt/Vol |
|  |  | <b>5-23-13</b>                              | <b>Acid Sol</b>   |              | <b>30</b>      |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |  |   |   |              |                |
| p. Generator Authorized Agent Name (Print)   |  | q. Signature                                |   | r. Date      |                |

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

|  |                    |                   |
|--|--------------------|-------------------|
| a. Transporter's Name and Address:<br><b>Wardco Trucking</b><br><b>4660 Flippin Street Las Vegas NV</b><br>b. Phone: <b>(702) 645 5848</b> |                    |                   |
| c. Driver Name (Print)   | d. Signature       | e. Date           |
| <b>David B...</b>  | <i>[Signature]</i> | <b>08-23-2013</b> |

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

|   |              |                  |                                  |
|---|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br><b>Apex Regional Landfill</b><br><b>13550 US Hwy 93 North</b><br>b. <b>Las Vegas, NV 89165 702-599-5920</b> |              | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.                  |              |                  |                                  |
| e. Name of Authorized Agent (Print)   | f. Signature | g. Date          |                                  |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:<br><b>Walker Specialty Construction, Inc.</b><br><b>6428 Windy Road Las Vegas NV 89119</b><br>b. Phone: <b>(702) 243-2500</b>  |  | c. Responsible Agency Name and Address:<br><b>Southern Nevada Health District</b><br><b>PO Box 3902 Las Vegas NV 89127</b><br>d. Phone: <b>(702) 759-0660</b> |  |
| e. Special Handling Instructions and Additional Information:<br><b>FRABLE and NON-FRABLE SOL</b>   |  |   |  |
| f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable  |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature  |  |
| <b>YVES ZILBERMAN</b>  |  | <i>[Signature]</i>  |  |
| i. Date  |  | <b>8-22-13</b>  |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |

1037088

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

3011

**I. GENERATOR** (Generator completes la-r)

|  |  |   |  |              |  |
|--|--|---|--|--------------|--|
| a. Generator's US EPA ID Number  |  | b. Manifest Document Number<br><b>A5970</b> |  | c. Page 1 of |  |
| d. Generator's Name and Location:<br><b>Titanium Metals (Timet)<br/>181 N. Water Street Henderson NV 89009</b>   |  |   | e. Generator's Mailing Address:<br><b>PO Box 2128<br/>Henderson NV 89009</b> |              |  |
| f. Phone: <b>(702) 564-2544</b>  |  |   | g. Phone: <b>(702) 564-2544</b>  |              |  |
| If owner of the generating facility differs from the generator, provide:   |  |   |  |              |  |
| h. Owner's Name:   |  |   | i. Owner's Phone No.:  |              |  |
| j. Waste Profile #<br><b>3825 13 9321</b>  |  | k. Exp. Date<br><b>5-23-13</b>              | l. Waste Shipping Name and Description<br><b>ACM SOL</b>                     |              | m. Containers<br>No. Type<br><b>2 30</b> |
|  |  |   |  |              | n. Total Quantity<br><b>30</b>           |
|  |  |   |  |              | o. Unit Wt/Vol<br><b>07</b>              |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |  |   |  |              |  |
| p. Generator Authorized Agent Name (Print)<br><b>Juan Mendez</b>   |  |   | q. Signature<br><i>Juan Mendez</i>   |              | r. Date<br><b>5-23-13</b>                |

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

|   |                                    |                           |
|---|------------------------------------|---------------------------|
| a. Transporter's Name and Address:<br><b>Wardco Trucking<br/>4660 Flippin Street Las Vegas NV</b> |                                    |                           |
| b. Phone: <b>(702) 645 5848</b>   |                                    |                           |
| c. Driver Name (Print)<br><b>Juan Mendez</b>  | d. Signature<br><i>Juan Mendez</i> | e. Date<br><b>5/23/13</b> |

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

|  |  |                  |                                  |
|--|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br><b>Apex Regional Landfill<br/>13550 US Hwy 93 North<br/>Las Vegas, NV 89165 702-599-5920</b> |  | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.   |  |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature     | g. Date                          |

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

|  |  |  |                           |
|--|--|--|---------------------------|
| a. Operator's Name and Address:<br><b>Walker Specialty Construction, Inc.<br/>6428 Windy Road Las Vegas NV 89119</b>   |  | c. Responsible Agency Name and Address:<br><b>Southern Nevada Health District<br/>PO Box 3902 Las Vegas NV 89127</b> |                           |
| b. Phone: <b>(702) 243-2500</b>  |  | d. Phone: <b>(702) 759-0660</b>  |                           |
| e. Special Handling Instructions and Additional Information:<br><b>Friable and non friable soil</b>  |  |  |                           |
| f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable  |  |  |                           |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |  |                           |
| g. Operator's Name and Title (Print)<br><b>Juan Mendez</b>   |  | h. Signature<br><i>Juan Mendez</i>   | i. Date<br><b>5-23-13</b> |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |  |                           |

1037089

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

87  
 ✓

**I. GENERATOR** (Generator completes la-r)

|  |                                |   |  |  |                                |
|--|--------------------------------|---|--|--|--------------------------------|
| a. Generator's US EPA ID Number  |                                | b. Manifest Document Number<br><b>A5970</b>               |  | c. Page 1 of                             |                                |
| d. Generator's Name and Location:<br><b>Titanium Metals (Timet)<br/>181 N. Water Street Henderson NV 89009</b> |                                |   | e. Generator's Mailing Address:<br><b>PO Box 2128<br/>Henderson NV 89009</b> |  |                                |
| f. Phone: <b>(702) 564-2544</b>  |                                |   | g. Phone: <b>(702) 564-2544</b>  |  |                                |
| If owner of the generating facility differs from the generator, provide:                                       |                                |   | i. Owner's Phone No.:  |  |                                |
| h. Owner's Name:   |                                |   | i. Owner's Phone No.:  |  |                                |
| j. Waste Profile #<br><b>3825 13 9321</b>  | k. Exp. Date<br><b>5-23-13</b> | l. Waste Shipping Name and Description<br><b>Asm Soil</b> |  | m. Containers<br>No. Type<br><b>2 30</b> | n. Total Quantity<br><b>30</b> |
|  |                                |   |  |  |                                |
|  |                                |   |  |  |                                |

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

|   |                                    |         |
|---|------------------------------------|---------|
| p. Generator Authorized Agent Name (Print)<br><b>Wendy Peterson</b> | q. Signature<br><i>[Signature]</i> | r. Date |
|---|------------------------------------|---------|

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

|   |                                    |                           |
|---|------------------------------------|---------------------------|
| a. Transporter's Name and Address:<br><b>Werdco Trucking<br/>4660 Flippin Street Las Vegas NV</b> |                                    |                           |
| b. Phone: <b>(702) 645 5848</b>   |                                    |                           |
| c. Driver Name (Print)<br><b>NERI 5059</b>  | d. Signature<br><i>[Signature]</i> | e. Date<br><b>5/23/13</b> |

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

|  |                  |                                  |
|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br><b>Apex Regional Landfill<br/>13550 US Hwy 93 North<br/>Las Vegas, NV 89165 702-599-5920</b> | c. US EPA Number | d. Discrepancy Indication Space: |
|--|------------------|----------------------------------|

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

|                                     |              |         |
|-------------------------------------|--------------|---------|
| e. Name of Authorized Agent (Print) | f. Signature | g. Date |
|-------------------------------------|--------------|---------|

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

|  |  |
|--|--|
| a. Operator's Name and Address:<br><b>Walker Specialty Construction, Inc.<br/>6428 Windy Road Las Vegas NV 89119</b> | c. Responsible Agency Name and Address:<br><b>Southern Nevada Health District<br/>PO Box 3902 Las Vegas NV 89127</b> |
| b. Phone: <b>(702) 243-2500</b>  | d. Phone: <b>(702) 759-0660</b>  |

e. Special Handling Instructions and Additional Information:  
**Friable and Asm soil**

f.  Friable  Non-Friable  Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

|   |                                    |                           |
|---|------------------------------------|---------------------------|
| g. Operator's Name and Title (Print)<br><b>Max Zepeda</b> | h. Signature<br><i>[Signature]</i> | i. Date<br><b>5-23-13</b> |
|---|------------------------------------|---------------------------|

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

10

1037090

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

**I. GENERATOR (Generator completes Ia-r)**

|  |              |   |  |                           |                   |
|--|--------------|---|--|---------------------------|-------------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number<br><b>A5970</b> |  | c. Page 1 of              |                   |
| d. Generator's Name and Location:<br><b>Titanium Metals (Timet)<br/>181 N. Water Street Henderson NV 89009</b> |              |   | e. Generator's Mailing Address:<br><b>PO Box 2128<br/>Henderson NV 89009</b> |                           |                   |
| f. Phone: <b>(702) 564-2544</b>  |              |   | g. Phone: <b>(702) 564-2544</b>  |                           |                   |
| If owner of the generating facility differs from the generator, provide:                                       |              |   |  |                           |                   |
| h. Owner's Name:   |              |   | i. Owner's Phone No.:  |                           |                   |
| j. Waste Profile #<br><b>3825 13 9321</b>  | k. Exp. Date | l. Waste Shipping Name and Description      |  | m. Containers<br>No. Type | n. Total Quantity |
|  |              |   |  |                           |                   |
|  |              |   |  |                           |                   |
|  |              |   |  |                           |                   |

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

|  |                                    |                           |
|--|------------------------------------|---------------------------|
| p. Generator Authorized Agent Name (Print)<br><i>JASON BROWN</i> | q. Signature<br><i>[Signature]</i> | r. Date<br><i>8/23/13</i> |
|--|------------------------------------|---------------------------|

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

|   |  |  |                                    |  |                           |
|---|--|--|------------------------------------|--|---------------------------|
| a. Transporter's Name and Address:<br><b>Wardco Trucking<br/>4660 Flippin Street Las Vegas NV</b> |  |  | b. Phone: <b>(702) 645 5848</b>    |  |                           |
| c. Driver Name (Print)<br><i>Lisa Blank</i>   |  |  | d. Signature<br><i>[Signature]</i> |  | e. Date<br><i>8-23-13</i> |

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

|  |  |                  |                                  |
|--|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br><b>Apex Regional Landfill<br/>13550 US Hwy 93 North<br/>Las Vegas, NV 89165 702-599-5920</b> |  | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.   |  |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature     | g. Date                          |

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

|  |  |  |  |
|--|--|--|--|
| a. Operator's Name and Address:<br><b>Walker Specialty Construction, Inc.<br/>6428 Windy Road Las Vegas NV 89119</b>   |  | c. Responsible Agency Name and Address:<br><b>Southern Nevada Health District<br/>PO Box 3902 Las Vegas NV 89127</b> |  |
| b. Phone: <b>(702) 243-2500</b>  |  | d. Phone: <b>(702) 759-0660</b>  |  |
| e. Special Handling Instructions and Additional Information:<br><i>Friable and non</i>   |  |  |  |
| f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable  |  |  |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |  |  |
| g. Operator's Name and Title (Print)   |  | h. Signature   |  |
|  |  | <i>[Signature]</i>   |  |
|  |  | i. Date<br><i>8-23-13</i>  |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.   |  |  |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

15

## 1037610

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

*8/24 # 12*

### I. GENERATOR (Generator completes Ia-r)

|   |              |  |                                    |                |                   |
|---|--------------|--|------------------------------------|----------------|-------------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                    | c. Page 1 of 1 |                   |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address:    |                |                   |
| f. Phone:   |              |  | g. Phone:                          |                |                   |
| If owner of the generating facility differs from the generator, provide:  |              |  | i. Owner's Phone No.: 702-564-2544 |                |                   |
| h. Owner's Name:  |              | i. Owner's Phone No.:                  |                                    |                |                   |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No. Type             |                | n. Total Quantity |
| 3825 13 8829  | 6/30/2014    | Non Hazardous, Non Regulated Sol       | 1                                  | DT             | 20 Y              |
|   |              |  |                                    |                |                   |
|   |              |  |                                    |                |                   |

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

|   |  |                                    |                    |
|---|--|------------------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br><i>ONE BEHALF OF AND AS AGENT FOR<br/>TIMET - MIKE OUNIAN</i> |  | q. Signature<br><i>[Signature]</i> | r. Date<br>8/24/13 |
|---|--|------------------------------------|--------------------|

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

|   |  |                                    |                    |
|---|--|------------------------------------|--------------------|
| a. Transporter's Name and Address:<br>Wendy<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848 |  | b. Phone:                          |                    |
| c. Driver Name (Print)<br><i>Richard Willy</i>  |  | d. Signature<br><i>[Signature]</i> | e. Date<br>7/21/13 |

*TRUCK # 051  
PLATE # 811231  
REG # 31367 A (NV)*

*TRAILER # 15  
SD 49  
SD 50*

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

|  |  |                  |                                  |
|--|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165            |  | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature     | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

2

## 1037611

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

### I. GENERATOR (Generator completes la-r)

|   |              |  |                                    |                |                   |
|---|--------------|--|------------------------------------|----------------|-------------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                    | c. Page 1 of 1 |                   |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>191 N Water Street<br>Las Vegas Nevada 89115 702-564-2544 |              |  | e. Generator's Mailing Address:    |                |                   |
| f. Phone: 702-564-2544  |              |  | g. Phone:                          |                |                   |
| If owner of the generating facility differs from the generator, provide:  |              |  |                                    |                |                   |
| h. Owner's Name:  |              |  | i. Owner's Phone No.: 702-564-2544 |                |                   |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers<br>No. Type          |                | n. Total Quantity |
| 9825 19 8829  | 6/30/2014    | Non Hazardous, Non Regulated<br>Soil   | 1                                  | DT             | 20 Y              |

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

|   |  |                                    |                    |
|---|--|------------------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>ON BEHALF OF APP AS AGENT FOR<br>TIMIT - MIKE QUINNAN |  | q. Signature<br><i>[Signature]</i> | r. Date<br>8/24/13 |
|---|--|------------------------------------|--------------------|

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

|  |  |                                    |                    |  |  |
|--|--|------------------------------------|--------------------|--|--|
| a. Transporter's Name and Address:<br>1560 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848 |  |                                    | b. Phone:          |  |  |
| c. Driver Name (Print)<br>Jose Talavera  |  | d. Signature<br><i>[Signature]</i> | e. Date<br>8-24-13 |  |  |

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

|   |  |    |                  |                                  |
|---|--|----|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165 |  | b. | c. US EPA Number | d. Discrepancy Indication Space: |
|---|--|----|------------------|----------------------------------|

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

|                                     |              |         |
|-------------------------------------|--------------|---------|
| e. Name of Authorized Agent (Print) | f. Signature | g. Date |
|-------------------------------------|--------------|---------|

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

|                                 |  |   |  |
|---------------------------------|--|---|--|
| a. Operator's Name and Address: |  | c. Responsible Agency Name and Address: |  |
| b. Phone:                       |  | d. Phone:                               |  |

e. Special Handling Instructions and Additional Information:

f.  Friable  Non-Friable  Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

|                                      |              |         |
|--------------------------------------|--------------|---------|
| g. Operator's Name and Title (Print) | h. Signature | i. Date |
|--------------------------------------|--------------|---------|

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

2

## 1037612

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

### I. GENERATOR (Generator completes Ia-r)

|   |              |  |                                 |                |                   |
|---|--------------|--|---------------------------------|----------------|-------------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                 | c. Page 1 of 1 |                   |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                |                   |
| f. Phone:   |              |  | g. Phone:                       |                |                   |
| If owner of the generating facility differs from the generator, provide:  |              |  | 702-564-2544                    |                |                   |
| h. Owner's Name:  |              |  | i. Owner's Phone No.:           |                |                   |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers<br>No. Type       |                | n. Total Quantity |
| 3825 13-8829  | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | DT             | 20 Y              |
|   |              |  |                                 |                |                   |
|   |              |  |                                 |                |                   |

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

|  |  |                                    |                    |
|--|--|------------------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>ON BEHALF OF AND AS AGENT FOR<br>TIMET - MINE DIVISION |  | q. Signature<br><i>[Signature]</i> | r. Date<br>8/24/13 |
|--|--|------------------------------------|--------------------|

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

|  |                                    |                               |                               |
|--|------------------------------------|-------------------------------|-------------------------------|
| a. Transporter's Name and Address:<br>1660 Flippin Street<br>Las Vegas Nevada 89115 702-645-3848 |                                    | TRACK # 13<br>PLATE #<br>SD # | TRAILER #'S<br>SD 29<br>SD 30 |
| b. Phone:  |                                    |                               |                               |
| c. Driver Name (Print)   | d. Signature<br><i>[Signature]</i> | e. Date                       |                               |

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

|   |  |                  |                                  |
|---|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165   |  | c. US EPA Number | d. Discrepancy Indication Space: |
| b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |                                  |
| e. Name of Authorized Agent (Print)   |  | f. Signature     | g. Date                          |

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

|  |  |   |         |
|--|--|---|---------|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |         |
| b. Phone:  |  | d. Phone:                               |         |
| e. Special Handling Instructions and Additional Information:   |  |   |         |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both   |  | % Friable % Non-Friable                 |         |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |         |
| g. Operator's Name and Title (Print)   |  | h. Signature                            | i. Date |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |         |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

4

## 1037613

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

### I. GENERATOR (Generator completes Ia-r)

| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                    | c. Page 1 of 1 |                   |                |
|---|--------------|--|------------------------------------|----------------|-------------------|----------------|
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>101 N Water Street<br>Las Vegas Nevada 89115 702-564-2544 |              |  | e. Generator's Mailing Address:    |                |                   |                |
| f. Phone: 702-564-2544  |              |  | g. Phone:                          |                |                   |                |
| If owner of the generating facility differs from the generator, provide:  |              |  | i. Owner's Phone No.: 702-564-2544 |                |                   |                |
| h. Owner's Name:  |              | i. Owner's Phone No.:                  |                                    |                |                   |                |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers                      |                | n. Total Quantity | o. Unit Wt/Vol |
|   |              |  | No.                                | Type           |                   |                |
| 3825 13 8539  | 6/30/2014    | Non Hazardous, Non Regulated Sol       | 1                                  | DT             | 20                | Y              |
|   |              |  |                                    |                |                   |                |
|   |              |  |                                    |                |                   |                |

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

|  |  |                                    |                    |
|--|--|------------------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>TIMOTHY ALBERT QUINNAN |  | q. Signature<br><i>[Signature]</i> | r. Date<br>8/24/13 |
|--|--|------------------------------------|--------------------|

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

|  |  |                                    |  |  |  |                             |  |
|--|--|------------------------------------|--|--|--|-----------------------------|--|
| a. Transporter's Name and Address:<br>Wardco<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848 |  | b. Phone: 702-645-5848             |  | TRUCK # 111<br>DOT #<br>PLATE # 88582 P (NV) |  | TRAILER # 3<br>SD19<br>SD20 |  |
| c. Driver Name (Print)<br>Alan Bruce Elledge   |  | d. Signature<br><i>[Signature]</i> |  | e. Date<br>8-24-13                           |  |                             |  |

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

|   |  |                  |                                  |
|---|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165 |  | c. US EPA Number | d. Discrepancy Indication Space: |
|---|--|------------------|----------------------------------|

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

|                                     |              |         |
|-------------------------------------|--------------|---------|
| e. Name of Authorized Agent (Print) | f. Signature | g. Date |
|-------------------------------------|--------------|---------|

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

|                                 |  |   |  |
|---------------------------------|--|---|--|
| a. Operator's Name and Address: |  | c. Responsible Agency Name and Address: |  |
| b. Phone:                       |  | d. Phone:                               |  |

e. Special Handling Instructions and Additional Information:

|  |           |               |
|--|-----------|---------------|
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both | % Friable | % Non-Friable |
|--|-----------|---------------|

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

|                                      |              |         |
|--------------------------------------|--------------|---------|
| g. Operator's Name and Title (Print) | h. Signature | i. Date |
|--------------------------------------|--------------|---------|

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5

1037614

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

I. GENERATOR (Generator completes la-r)

Form I: Generator information including EPA ID, manifest number, generator name (Titanium Metals Corporation), mailing address, phone numbers, and owner details.

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

Form I continued: Authorized agent name (Print), signature, and date.

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

Form II: Transporter information including name and address (4660 Flippin Street), phone number, driver name (Dean Fruhner), signature, and date. Includes handwritten truck # 612, plate # 90408 P(NV), and trailer #s 5047 and 5048.

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

Form III: Destination information including disposal facility name (Apex Regional Landfill), address (13550 U.S. Highway 93 North, Las Vegas Nevada 89165), US EPA Number, and discrepancy indication space. Includes certification text and authorized agent name/signature/date.

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

Form IV: Asbestos information including operator name and address, responsible agency name and address, phone numbers, special handling instructions, friability checkboxes, operator's certification, and operator name/signature/date.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

6

## 1037615

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

### I. GENERATOR (Generator completes Ia-r)

|   |              |  |                   |                                 |                |  |
|---|--------------|--|-------------------|---------------------------------|----------------|--|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                   |                                 | c. Page 1 of 1 |  |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  |                   | e. Generator's Mailing Address: |                |  |
| f. Phone:   |              |  |                   | g. Phone:                       |                |  |
| If owner of the generating facility differs from the generator, provide:  |              |  |                   | 702-564-2544                    |                |  |
| h. Owner's Name:  |              |  |                   | i. Owner's Phone No.:           |                |  |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No. | n. Total Quantity               | o. Unit Wt/Vol |  |
| 3825 13 8829  | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                 | 20                              | Y              |  |

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

|  |  |                             |                    |
|--|--|-----------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>ON BEHALF OF TITANIUM METALS CORPORATION<br>TITANIUM - MINE OPERATOR |  | q. Signature<br>[Signature] | r. Date<br>8/24/13 |
|--|--|-----------------------------|--------------------|

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

|   |  |                             |                    |
|---|--|-----------------------------|--------------------|
| a. Transporter's Name and Address:<br>Warrco<br>4660 Rippon Street<br>Las Vegas Nevada 89115 702-645-5948 |  | b. Phone:                   |                    |
| c. Driver Name (Print)<br>Buche Hat   |  | d. Signature<br>[Signature] | e. Date<br>8-24-13 |

TRUCK # 388  
PLATE # 92680 P (NV)  
DOB 197465  
TRAILER # 13  
SD 804  
SD 805

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

|  |              |                  |                                  |
|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165            | b.           | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |              |                  |                                  |
| e. Name of Authorized Agent (Print)  | f. Signature | g. Date          |                                  |

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

|  |              |   |           |
|--|--------------|---|-----------|
| a. Operator's Name and Address:  | b. Phone:    | c. Responsible Agency Name and Address: | d. Phone: |
| e. Special Handling Instructions and Additional Information:   |              |   |           |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |              |   |           |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |              |   |           |
| g. Operator's Name and Title (Print)   | h. Signature | i. Date                                 |           |

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

7

## 1037616

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

### I. GENERATOR (Generator completes Ia-r)

|   |              |  |                                 |                |                   |
|---|--------------|--|---------------------------------|----------------|-------------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                 | c. Page 1 of 3 |                   |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>191 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                |                   |
| f. Phone:   |              |  | g. Phone:                       |                |                   |
| If owner of the generating facility differs from the generator, provide:  |              |  | 702-564-2544                    |                |                   |
| h. Owner's Name:  |              |  | i. Owner's Phone No.:           |                |                   |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No. Type          |                | n. Total Quantity |
| 3825 13 2829  | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | DT             | 20 Y              |
|   |              |  |                                 |                |                   |
|   |              |  |                                 |                |                   |

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

|   |  |                                     |                    |
|---|--|-------------------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>ON BEHALF OF AND AS AGENT FOR<br>TIMET - MIKE QUINNAN |  | q. Signature<br><i>Mike Quinnan</i> | r. Date<br>8/24/13 |
|---|--|-------------------------------------|--------------------|

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

|  |  |  |  |                           |  |
|--|--|--|--|---------------------------|--|
| a. Transporter's Name and Address:<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848 |  | TRUCK # 011<br>PLATE # 41686 A(NV)<br>DOT # 811231 |  | TRAILER #<br>SD33<br>SD54 |  |
| b. Phone:  |  |  |  |                           |  |
| c. Driver Name (Print)<br>JUAN Mendez  |  | d. Signature<br><i>Juan Mendez</i>                 |  | e. Date<br>8/24/13        |  |

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

|  |  |              |                  |                                  |  |
|--|--|--------------|------------------|----------------------------------|--|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165            |  | b.           | c. US EPA Number | d. Discrepancy Indication Space: |  |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |              |                  |                                  |  |
| e. Name of Authorized Agent (Print)  |  | f. Signature |                  | g. Date                          |  |

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

|  |  |   |  |               |  |
|--|--|---|--|---------------|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |               |  |
| b. Phone:  |  | d. Phone:                               |  |               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |               |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both   |  | % Friable                               |  | % Non-Friable |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |               |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  | i. Date       |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |               |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

8  
10-11

## 1037618

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

### I. GENERATOR (Generator completes Ia-r)

|   |              |  |                                    |                |                   |
|---|--------------|--|------------------------------------|----------------|-------------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                    | c. Page 1 of 1 |                   |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>191 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address:    |                |                   |
| f. Phone: 702-564-2544  |              |  | g. Phone:                          |                |                   |
| If owner of the generating facility differs from the generator, provide:  |              |  | i. Owner's Phone No.: 702-564-2544 |                |                   |
| h. Owner's Name:  |              |  |                                    |                |                   |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers<br>No. Type          |                | n. Total Quantity |
| 3825-13-8829  | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                                  | DT             | 20 Y              |

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

|  |  |                    |  |         |  |
|--|--|--------------------|--|---------|--|
| ON BEHALF OF AND AS AGENT FOR<br>TITMET - MIKE QUINNAN |  | <i>[Signature]</i> |  | 8/24/13 |  |
| p. Generator Authorized Agent Name (Print)             |  | q. Signature       |  | r. Date |  |

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

|   |  |  |  |                             |  |
|---|--|--|--|-----------------------------|--|
| a. Transporter's Name and Address:<br>4600 Pippin Street<br>Las Vegas Nevada 89115 702-645-5848 |  | TRUCK #1<br>PLATE # 88633 P/NV<br>DR # 2421396 |  | TRAILER #<br>SD 45<br>SD 46 |  |
| b. Phone:   |  |  |  |                             |  |
| c. Driver Name (Print): Jose Talavera   |  | d. Signature: <i>[Signature]</i>               |  | e. Date: 8-24-13            |  |

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

|   |  |                  |  |                                  |  |
|---|--|------------------|--|----------------------------------|--|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165               |  | c. US EPA Number |  | d. Discrepancy Indication Space: |  |
| b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |  |                                  |  |
| e. Name of Authorized Agent (Print)   |  | f. Signature     |  | g. Date                          |  |

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

|  |  |   |  |         |  |
|--|--|---|--|---------|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |         |  |
| b. Phone:  |  | d. Phone:                               |  |         |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |         |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |         |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |         |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  | i. Date |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |         |  |



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

9

1037619

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

I. GENERATOR (Generator completes la-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator's Name and Location (Titanium Metals Corporation), Mailing Address, Phone numbers, and Owner's Name and Phone Number.

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

Form I continued: Generator Authorized Agent Name (Print), Signature, and Date.

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

Form II: Transporter information including Name and Address (Truck #13, TRAILER #1'S), Phone, Driver Name (Print), Signature, and Date.

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

Form III: Destination information including Disposal Facility and Site Address (Apex Regional Landfill), US EPA Number, Discrepancy Indication Space, and Name of Authorized Agent (Print), Signature, and Date.

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

Form IV: Asbestos information including Operator's Name and Address, Responsible Agency Name and Address, Special Handling Instructions, Friable/Non-Friable status, and Operator's Certification. Includes fields for Operator's Name and Title (Print), Signature, and Date.



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

15

## 1037620

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

### I. GENERATOR (Generator completes la-r)

|   |              |  |                                 |                |                   |                |
|---|--------------|--|---------------------------------|----------------|-------------------|----------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                 | c. Page 1 of 1 |                   |                |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                |                   |                |
| f. Phone:   |              |  | g. Phone:                       |                |                   |                |
| If owner of the generating facility differs from the generator, provide:  |              |  | 702-564-2544                    |                |                   |                |
| h. Owner's Name:  |              |  | i. Owner's Phone No.:           |                |                   |                |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.               | Type           | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8820  | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | DT             | 20                | Y              |

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

|  |                                    |                    |
|--|------------------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>ON BEHALF OF ANDAS AGENT FOR TITANIUM METALS CORPORATION | q. Signature<br><i>[Signature]</i> | r. Date<br>8/24/13 |
|--|------------------------------------|--------------------|

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

|   |                                    |                              |  |
|---|------------------------------------|------------------------------|--|
| a. Transporter's Name and Address:<br>TRUCK # 612<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848<br>PLATE # 70408 P (NV) |                                    | TRAFFIC # 15<br>SD47<br>SD48 |  |
| b. Phone:   |                                    | 8-24-13                      |  |
| c. Driver Name (Print)<br>Dan Frasier   | d. Signature<br><i>[Signature]</i> | e. Date                      |  |

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

|  |              |                  |                                  |
|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>APEX Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165            | b.           | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |              |                  |                                  |
| e. Name of Authorized Agent (Print)  | f. Signature | g. Date          |                                  |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
|  |  | i. Date                                 |  |

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1037621

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

### I. GENERATOR (Generator completes Ia-r)

|   |              |  |                                    |                   |                |
|---|--------------|--|------------------------------------|-------------------|----------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                    | c. Page 1 of 1    |                |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 W Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address:    |                   |                |
| f. Phone:   |              |  | g. Phone:                          |                   |                |
| h. Owner's Name:  |              |  | i. Owner's Phone No.: 702-564-2544 |                   |                |
| If owner of the generating facility differs from the generator, provide:  |              |  |                                    |                   |                |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.                  | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8829  | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                                  | 20                | Y              |

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

|  |                                    |                    |
|--|------------------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>TIMET - MIKE QUINLAN | q. Signature<br><i>[Signature]</i> | r. Date<br>8/24/13 |
|--|------------------------------------|--------------------|

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

|  |  |                                    |                    |
|--|--|------------------------------------|--------------------|
| a. Transporter's Name and Address:<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5343 |  | b. Phone:                          |                    |
| c. Driver Name (Print)<br>Dante Hood   |  | d. Signature<br><i>[Signature]</i> | e. Date<br>8/24/13 |

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

|  |                  |                                  |
|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165                                      | b. US EPA Number | c. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |                  |                                  |
| e. Name of Authorized Agent (Print)  | f. Signature     | g. Date                          |

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

|  |              |   |           |
|--|--------------|---|-----------|
| a. Operator's Name and Address:  | b. Phone:    | c. Responsible Agency Name and Address: | d. Phone: |
| e. Special Handling Instructions and Additional Information:   |              |   |           |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both   |              | % Friable % Non-Friable                 |           |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |              |   |           |
| g. Operator's Name and Title (Print)   | h. Signature | i. Date                                 |           |

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

**GENERATOR RETAIN**



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

(12)

## 1037622

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

### I. GENERATOR (Generator completes Ia-r)

|  |              |  |                                 |                   |                |
|--|--------------|--|---------------------------------|-------------------|----------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                                 | c. Page 1 of 1    |                |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>(91 N. Welfer Street)<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                   |                |
| f. Phone:  |              |  | g. Phone:                       |                   |                |
| If owner of the generating facility differs from the generator, provide:   |              |  | 702-564-2544                    |                   |                |
| h. Owner's Name:   |              |  | i. Owner's Phone No.:           |                   |                |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.               | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8829   | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | 20                | Y              |
|  |              |  |                                 |                   |                |
|  |              |  |                                 |                   |                |

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

|  |  |                             |                    |
|--|--|-----------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>ON BEHALF OF AND AS AGENT FOR<br>TITANIUM METALS CORPORATION |  | q. Signature<br>[Signature] | r. Date<br>8-29-13 |
|--|--|-----------------------------|--------------------|

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

|   |  |                            |                    |
|---|--|----------------------------|--------------------|
| a. Transporter's Name and Address:<br>Las Vegas Nevada 89115 702-615-5848 |  | b. Phone:                  |                    |
| c. Driver Name (Print)<br>Lise Black                                      |  | d. Signature<br>Lise Black | e. Date<br>8-29-13 |

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

|  |  |              |                  |                                  |
|--|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>13550 U.S. Highway 90 North<br>Las Vegas Nevada 89165                                      |  | b.           | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |              |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature | g. Date          |                                  |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
| i. Date  |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1038052

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

9/11 (14)  
6  
0803

### I. GENERATOR (Generator completes Ia-r)

|  |              |  |                                 |                   |                |
|--|--------------|--|---------------------------------|-------------------|----------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                                 | c. Page 1 of 1    |                |
| d. Generator's Name and Location:<br>Transit Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                   |                |
| f. Phone:  |              |  | g. Phone:                       |                   |                |
| If owner of the generating facility differs from the generator, provide:   |              |  | 702-564-2544                    |                   |                |
| h. Owner's Name:   |              |  | i. Owner's Phone No.:           |                   |                |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No.               | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8829   | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | 20                | Y              |

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

|  |                            |                    |
|--|----------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>J. Shelton | q. Signature<br>J. Shelton | r. Date<br>9-11-13 |
|--|----------------------------|--------------------|

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

|   |  |                    |  |                                       |  |
|---|--|--------------------|--|---------------------------------------|--|
| a. Transporter's Name and Address:<br>Wenko<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-3348 |  | b. Phone:          |  | c. Driver Name (Print)<br>Tom ENRIGHT |  |
| ARK 33  |  | TRLR 1103, 1106    |  | d. Signature<br>Tom ENRIGHT           |  |
| PLF 80742P  |  | e. Date<br>9-11-13 |  |                                       |  |

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

|   |    |                  |                                  |
|---|----|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165 | b. | c. US EPA Number | d. Discrepancy Indication Space: |
|---|----|------------------|----------------------------------|

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

|                                     |              |         |
|-------------------------------------|--------------|---------|
| e. Name of Authorized Agent (Print) | f. Signature | g. Date |
|-------------------------------------|--------------|---------|

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

|  |           |   |           |
|--|-----------|---|-----------|
| a. Operator's Name and Address:                              | b. Phone: | c. Responsible Agency Name and Address: | d. Phone: |
| e. Special Handling Instructions and Additional Information: |           |   |           |

f.  Friable  Non-Friable  Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

|                                      |              |         |
|--------------------------------------|--------------|---------|
| g. Operator's Name and Title (Print) | h. Signature | i. Date |
|--------------------------------------|--------------|---------|

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5

## 1038056

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

### I. GENERATOR (Generator completes la-r)

|  |              |  |                                 |                |                    |
|--|--------------|--|---------------------------------|----------------|--------------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                                 | c. Page 1 of 1 |                    |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544  |              |  | e. Generator's Mailing Address: |                |                    |
| f. Phone:  |              |  | g. Phone:                       |                |                    |
| If owner of the generating facility differs from the generator, provide:   |              |  | 702-564-2544                    |                |                    |
| h. Owner's Name:   |              |  | i. Owner's Phone No.:           |                |                    |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers<br>No. Type       |                | n. Total Quantity  |
| 3825 138829  | 6/30/2014    | Non Hazardous, Non Regulated<br>Soil   | 1                               | DT             | 20 Y               |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |  |                                 |                |                    |
| p. Generator Authorized Agent Name (Print)<br>J. Shelly  |              |  | q. Signature<br>J Shelly        |                | r. Date<br>9-11-13 |

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

|  |  |                              |                                  |                    |  |
|--|--|------------------------------|----------------------------------|--------------------|--|
| a. Transporter's Name and Address:<br>Wentco<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5543 |  |                              | 722 64 TRLR 306,12<br>PL 891701D |                    |  |
| b. Phone:  |  |                              |                                  |                    |  |
| c. Driver Name (Print)<br>Troyen Stone   |  | d. Signature<br>Troyen Stone |                                  | e. Date<br>9-11-13 |  |

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

|   |  |                  |                                  |
|---|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165               |  | c. US EPA Number | d. Discrepancy Indication Space: |
| b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |                                  |
| e. Name of Authorized Agent (Print)   |  | f. Signature     | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
|  |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

4

## 1038054

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

### I. GENERATOR (Generator completes la-r)

|  |              |  |                                 |                |                      |
|--|--------------|--|---------------------------------|----------------|----------------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                                 | c. Page 1 of 1 |                      |
| d. Generator Name and Location<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544  |              |  | e. Generator's Mailing Address: |                |                      |
| f. Phone:  |              |  | g. Phone: 702-564-2544          |                |                      |
| If owner of the generating facility differs from the generator, provide:   |              |  | 702-564-2544                    |                |                      |
| h. Owner's Name  |              |  | i. Owner's Phone No.:           |                |                      |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers<br>No. Type       |                | n. Total Quantity    |
| 3825 138829  | 6/30/2014    | Non Hazardous, Non Regulated<br>Soil   | 1                               | DT             | 20 Y                 |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |  |                                 |                |                      |
| p. Generator Authorized Agent Name (Print)<br>OUR Exhibit of a agent for the<br>J. Shultz  |              |  | q. Signature<br>J. Shultz       |                | r. Date<br>9/11/2013 |

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

|  |  |  |                      |  |                      |
|--|--|--|----------------------|--|----------------------|
| a. Transporter Name and Address:<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848 |  |  | 702 612 7262 4021TAH |  |                      |
| b. Phone:  |  |  | PL# 90908P           |  |                      |
| c. Driver Name (Print)<br>Dean Frehner   |  |  | d. Signature         |  | e. Date<br>9/11/2013 |

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

|   |  |                  |                                  |
|---|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>12550 U.S. Highway 93 North<br>Las Vegas Nevada 89160   |  | c. US EPA Number | d. Discrepancy Indication Space: |
| b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |                                  |
| e. Name of Authorized Agent (Print)   |  | f. Signature     | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
|  |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation, operation or both   |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1038055

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

3

### I. GENERATOR (Generator completes la-r)

|   |              |  |                                 |                |                   |
|---|--------------|--|---------------------------------|----------------|-------------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |                                 | c. Page 1 of 1 |                   |
| d. Generator's Name and Location:<br>Franklin Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                |                   |
| f. Phone:   |              |  | g. Phone:                       |                |                   |
| If owner of the generating facility differs from the generator, provide:  |              |  | 702-564-2544                    |                |                   |
| h. Owner's Name:  |              |  | i. Owner's Phone No.:           |                |                   |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers<br>No. Type       |                | n. Total Quantity |
| 3825 13 5829  | 5/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | DT             | 20 Y              |
|   |              |  |                                 |                |                   |
|   |              |  |                                 |                |                   |

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

|   |  |                          |                    |
|---|--|--------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>J. Shella |  | q. Signature<br>J Shella | r. Date<br>9-11-13 |
|---|--|--------------------------|--------------------|

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

|   |  |                            |                    |           |
|---|--|----------------------------|--------------------|-----------|
| a. Transporter's Name and Address:<br>Wenko<br>4660 Flippin Street<br>Las Vegas Nevada 89118 702-919-8040 |  |                            | TRB 78             | TRC 51.52 |
| b. Phone:   |  |                            | DLF 52871A         |           |
| c. Driver Name (Print)<br>Rise Black  |  | d. Signature<br>Rise Black | e. Date<br>9-11-13 |           |

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

|   |  |                  |                                  |
|---|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165               |  | c. US EPA Number | d. Discrepancy Indication Space: |
| b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |                                  |
| e. Name of Authorized Agent (Print)   |  | f. Signature     | g. Date                          |

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

|  |  |   |         |
|--|--|---|---------|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |         |
| b. Phone:  |  | d. Phone:                               |         |
| e. Special Handling Instructions and Additional Information:   |  |   |         |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both      % Friable      % Non-Friable   |  |   |         |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |         |
| g. Operator's Name and Title (Print)   |  | h. Signature                            | i. Date |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |         |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1038027

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

2

### I. GENERATOR (Generator completes Ia-r)

|   |              |  |  |                                 |                   |                |
|---|--------------|--|--|---------------------------------|-------------------|----------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number            |  |                                 | c. Page 1 of 1    |                |
| d. Generator's Name and Location<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  |  | e. Generator's Mailing Address: |                   |                |
| f. Phone:   |              |  |  | g. Phone:                       |                   |                |
| If owner of the generating facility differs from the generator, provide:                      |              |  |  | 702-564-2544                    |                   |                |
| h. Owner's Name:  |              |  |  | i. Owner's Phone No.:           |                   |                |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description |  | m. Containers No.               | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8829  | 6/30/2014    | Non Hazardous, Non Regulated Soil      |  | 1                               | 20                | Y              |
|   |              |  |  |                                 |                   |                |
|   |              |  |  |                                 |                   |                |

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

|  |  |                          |                    |
|--|--|--------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>J Shelby |  | q. Signature<br>J Shelby | r. Date<br>9-11-13 |
|--|--|--------------------------|--------------------|

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

|  |  |  |                             |                    |
|--|--|--|-----------------------------|--------------------|
| a. Transporter's Name and Address:<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-8248 |  |  | b. Phone:                   |                    |
| c. Driver Name (Print)<br>MERI SONG  |  |  | d. Signature<br>[Signature] | e. Date<br>9-11-13 |

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

|  |  |              |                  |                                  |
|--|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89105            |  | b.           | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |              |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature |                  | g. Date                          |

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

|  |  |   |  |         |
|--|--|---|--|---------|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |         |
| b. Phone:  |  | d. Phone:                               |  |         |
| e. Special Handling Instructions and Additional Information:   |  |   |  |         |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |         |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |         |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  | i. Date |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.   |  |   |  |         |



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

1038077

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

1

I. GENERATOR (Generator completes la-r)

Form I: Generator information including EPA ID, manifest number, generator name (Mannix Waste Corporation), address, phone, and owner details.

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law...

Form I continued: Authorized agent name (J. Shelle), signature, and date.

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

Form II: Transporter information including name (Merrito), address, phone, driver name (CARESA), signature, and date.

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

Form III: Disposal facility information including name (Apex Regional Landfill), address, and EPA number.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III continued: Authorized agent name, signature, and date.

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

Form IV: Asbestos handling information including operator name, responsible agency name, phone, and special handling instructions.

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Form IV continued: Operator name and title, signature, and date.

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

8

1037973

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

### I. GENERATOR (Generator completes la-r)

|   |              |  |                                 |              |                   |                |
|---|--------------|--|---------------------------------|--------------|-------------------|----------------|
| a. Generator's US EPA ID Number   |              | b. Manifest Document Number                          |                                 | c. Page 1 of |                   |                |
| d. Generator's Name and Location:<br>Manning Media Corporation<br>Las Vegas Nevada 89115 702-564-2544 |              |  | e. Generator's Mailing Address: |              |                   |                |
| f. Phone:   |              |  | g. Phone:<br>702-564-2544       |              |                   |                |
| If owner of the generating facility differs from the generator, provide:                              |              |  | 702-564-2544                    |              |                   |                |
| h. Owner's Name:  |              |  | i. Owner's Phone No.:           |              |                   |                |
| j. Waste Profile #  | k. Exp. Date | l. Waste Shipping Name and Description               | m. Containers No.               | Type         | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8829  | 6/30/2014    | Soil<br><small>(Not Asbestos, Non Regulated)</small> | 1                               | DT           | 20                | Y              |

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

|   |                                    |                    |
|---|------------------------------------|--------------------|
| p. Generator Authorized Agent Name (Print)<br>Wanda | q. Signature<br><i>[Signature]</i> | r. Date<br>3-11-13 |
|---|------------------------------------|--------------------|

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

|   |                                    |         |
|---|------------------------------------|---------|
| a. Transporter's Name and Address:<br>Las Vegas Nevada 89115 702-645-5848 |                                    |         |
| b. Phone:<br>579789   |                                    |         |
| c. Driver Name (Print)<br>N. Cole   | d. Signature<br><i>[Signature]</i> | e. Date |

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

|   |    |                  |                                  |
|---|----|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>13530 U.S. Highway 93 North<br>Las Vegas Nevada 89109 | b. | c. US EPA Number | d. Discrepancy Indication Space: |
|---|----|------------------|----------------------------------|

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

|                                     |              |         |
|-------------------------------------|--------------|---------|
| e. Name of Authorized Agent (Print) | f. Signature | g. Date |
|-------------------------------------|--------------|---------|

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

|  |   |
|--|---|
| a. Operator's Name and Address:                              | c. Responsible Agency Name and Address: |
| b. Phone:  | d. Phone:                               |
| e. Special Handling Instructions and Additional Information: |   |

f.  Friable  Non-Friable  Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

|                                      |              |         |
|--------------------------------------|--------------|---------|
| g. Operator's Name and Title (Print) | h. Signature | i. Date |
|--------------------------------------|--------------|---------|

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1037972

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

7

### I. GENERATOR (Generator completes la-r)

|  |  |                             |  |                   |                   |                |
|--|--|-----------------------------|--|-------------------|-------------------|----------------|
| a. Generator's US EPA ID Number  |  | b. Manifest Document Number |  | c. Page 1 of 1    |                   |                |
| d. Generator's Name and Location:<br>Pan American Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544  |  |                             | e. Generator's Mailing Address:        |                   |                   |                |
| f. Phone:  |  |                             | g. Phone: 702-564-2544                 |                   |                   |                |
| h. Owner's Name:   |  |                             | i. Owner's Phone No.:                  |                   |                   |                |
| If owner of the generating facility differs from the generator, provide:   |  |                             |  |                   |                   |                |
| j. Waste Profile #   |  | k. Exp. Date                | l. Waste Shipping Name and Description | m. Containers No. | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 9829   |  | 6/30/2014                   | Non-Hazardous, Non-Regulated<br>Soil   | 1                 | 20                | Y              |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |  |                             |  |                   |                   |                |
| p. Generator Authorized Agent Name (Print)   |  |                             | q. Signature                           |                   | r. Date           |                |

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

|   |  |                    |
|---|--|--------------------|
| a. Transporter's Name and Address:<br>Las Vegas Nevada 89115 702 645 9848 |  |                    |
| b. Phone:   |  |                    |
| c. Driver Name (Print)<br>JESSE ESTRADA                                   |  | d. Signature       |
|   |  | e. Date<br>9/11/13 |

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

|   |  |                  |                                  |
|---|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89103   |  | b. US EPA Number | c. Discrepancy Indication Space: |
| b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |                                  |
| e. Name of Authorized Agent (Print)   |  | f. Signature     | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| Operator's Name and Address:   |  | c. Responsible Agency Name and Address: |  |
|  |  | d. Phone:                               |  |
| Handling Instructions and Additional Information:  |  |   |  |
| <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both    % Friable    % Non-Friable   |  |   |  |
| CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and regulations. |  |   |  |
| h. Signature   |  | i. Date                                 |  |
| any which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or   |  |   |  |

GENERATOR RETAIN

RS-F11A



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

6

## 1037971

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

### I. GENERATOR (Generator completes la-r)

|  |              |  |                                 |                |                   |
|--|--------------|--|---------------------------------|----------------|-------------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                                 | c. Page 1 of 1 |                   |
| d. Generator's Name and Location:<br>Quantum Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544   |              |  | e. Generator's Mailing Address: |                |                   |
| f. Phone:  |              |  | g. Phone:                       |                |                   |
| If owner of the generating facility differs from the generator, provide:   |              |  | 702-564-2544                    |                |                   |
| h. Owner's Name:   |              |  | i. Owner's Phone No.:           |                |                   |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers<br>No. Type       |                | n. Total Quantity |
| 3825 13 8829   | 6/30/2014    | Non Hazardous, Non Regulated Soil      | 1                               | DT             | 20 Y              |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |  |                                 |                |                   |
| p. Generator Authorized Agent Name (Print)   |              |  | q. Signature                    |                | r. Date           |

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

|  |  |              |               |         |  |
|--|--|--------------|---------------|---------|--|
| a. Transporter's Name and Address:<br>800 N Hill Street<br>Las Vegas Nevada 89115 702-645-5848 |  |              | 265<br>52750A |         |  |
| b. Phone:  |  |              |               |         |  |
| c. Driver Name (Print)   |  | d. Signature |               | e. Date |  |
| Dan Bell   |  | [Signature]  |               | 9/11/13 |  |

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

|  |  |                  |                                  |
|--|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Apex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89155            |  | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |  |                  |                                  |
| e. Name of Authorized Agent (Print)  |  | f. Signature     | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
|  |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

5

1037970

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

I. GENERATOR (Generator completes la-r)

Form I: Generator information including US EPA ID Number, Manifest Document Number, Generator Name and Location, Mailing Address, Phone numbers, and Waste Profile details.

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

Form I continued: Generator Authorized Agent Name (Print), Signature, and Date.

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

Form II: Transporter information including Name and Address, Phone, Driver Name (Print), Signature, and Date.

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

Form III: Destination information including Disposal Facility and Site Address, US EPA Number, and Discrepancy Indication Space.

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Form III continued: Name of Authorized Agent (Print), Signature, and Date.

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

Form IV: Asbestos information including Operator's Name and Address, Responsible Agency Name and Address, Phone numbers, and Special Handling Instructions.

f. Friable Non-Friable Both % Friable % Non-Friable

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Form IV continued: Operator's Name and Title (Print), Signature, and Date.

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

4

1037969

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

### I. GENERATOR (Generator completes Ia-r)

|  |              |  |                                 |                   |                |
|--|--------------|--|---------------------------------|-------------------|----------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number  |                                 | c. Page 1 of 1    |                |
| d. Generator's Name and Location:<br>131 N Water Street<br>Las Vegas Nevada 89015 702-564-2544   |              |  | e. Generator's Mailing Address: |                   |                |
| f. Phone:  |              |  | g. Phone: 702-564-2544          |                   |                |
| If owner of the generating facility differs from the generator, provide:   |              |  | i. Owner's Phone No.:           |                   |                |
| h. Owner's Name:   |              |  | i. Owner's Phone No.:           |                   |                |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description<br><small>Hazardous Non-Regulated</small> | m. Containers<br>No. Type       | n. Total Quantity | o. Unit Wt/Vol |
| 3825 13 8329   | 6/30/2014    | Soil   | 1 DT                            | 20                | Y              |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |  |                                 |                   |                |
| p. Generator Authorized Agent Name (Print)   |              | q. Signature   |                                 | r. Date           |                |

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

|   |              |                      |
|---|--------------|----------------------|
| a. Transporter's Name and Address:<br>Las Vegas Nevada 89115 702-645-5849 #13 |              |                      |
| b. Phone: 91147P  |              |                      |
| c. Driver Name (Print)<br>Daniel C.   | d. Signature | e. Date<br>9/11/2013 |

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

|  |              |                  |                                  |
|--|--------------|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Las Vegas Nevada 89103   | b.           | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |              |                  |                                  |
| e. Name of Authorized Agent (Print)  | f. Signature | g. Date          |                                  |

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

|  |              |   |           |
|--|--------------|---|-----------|
| a. Operator's Name and Address:  | b. Phone:    | c. Responsible Agency Name and Address: | d. Phone: |
| e. Special Handling Instructions and Additional Information:   |              |   |           |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |              |   |           |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |              |   |           |
| g. Operator's Name and Title (Print)   | h. Signature | i. Date                                 |           |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |              |   |           |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

## 1037968

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

3

### I. GENERATOR (Generator completes Ia-r)

|  |              |  |                                 |                |                   |
|--|--------------|--|---------------------------------|----------------|-------------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                                 | c. Page 1 of 1 |                   |
| d. Generator's Name and Location:<br>Titanium Metals Corporation<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544  |              |  | e. Generator's Mailing Address: |                |                   |
| f. Phone:  |              |  | g. Phone:                       |                |                   |
| If owner of the generating facility differs from the generator, provide:   |              |  | 702-564-2544                    |                |                   |
| h. Owner's Name:   |              |  | i. Owner's Phone No.:           |                |                   |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers<br>No. Type       |                | n. Total Quantity |
| 3825 13 8820   | 6/30/2014    | Non Hazardous, Non Regulated<br>Soil   | 1                               | DT             | 20 Y              |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. |              |  |                                 |                |                   |
| p. Generator Authorized Agent Name (Print)   |              |  | q. Signature                    |                | r. Date           |

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

|  |              |                |  |
|--|--------------|----------------|--|
| a. Transporter's Name and Address:<br>4660 Flippin Street<br>Las Vegas Nevada 89115 702-645-5848 |              | # 10<br>91524P |  |
| b. Phone:  |              | 9-11-2013      |  |
| c. Driver Name (Print)   | d. Signature | e. Date        |  |

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

|  |                  |                                  |
|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>Abex Regional Landfill<br>13550 U.S. Highway 93 North<br>Las Vegas Nevada 89165            | b. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |                  |                                  |
| e. Name of Authorized Agent (Print)  | f. Signature     | g. Date                          |

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

|   |  |   |  |
|---|--|---|--|
| a. Operator's Name and Address:   |  | c. Responsible Agency Name and Address: |  |
| b. Phone:   |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:  |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable  |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)  |  | h. Signature                            |  |
|   |  | i. Date                                 |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both   |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

2

1037967

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

### I. GENERATOR (Generator completes Ia-r)

|  |              |  |                                 |                |                   |
|--|--------------|--|---------------------------------|----------------|-------------------|
| a. Generator's US EPA ID Number  |              | b. Manifest Document Number            |                                 | c. Page 1 of 1 |                   |
| d. Generator's Name and Location:<br>181 N Water Street<br>Las Vegas Nevada 89015 702-564-2544 |              |  | e. Generator's Mailing Address: |                |                   |
| f. Phone:  |              |  | g. Phone:                       |                |                   |
| If owner of the generating facility differs from the generator, provide:                       |              |  | 702-564-2544                    |                |                   |
| h. Owner's Name:   |              |  | i. Owner's Phone No.:           |                |                   |
| j. Waste Profile #   | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No. Type          |                | n. Total Quantity |
| 3825 10-8629   | 6/30/2014    | Non Hazardous, Non Regulated<br>Soil   | 1                               | DT             | 20 Y              |
|  |              |  |                                 |                |                   |
|  |              |  |                                 |                |                   |

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

|  |              |         |
|--|--------------|---------|
| p. Generator Authorized Agent Name (Print) | q. Signature | r. Date |
| APSON PETERSON ON BEHALF OF A&S FOR DWMT   | [Signature]  | 9-11-13 |

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

|   |              |         |
|---|--------------|---------|
| a. Transporter's Name and Address:<br>Las Vegas Nevada 89115 702-645-5848 |              |         |
| b. Phone:   |              |         |
| c. Driver Name (Print)  | d. Signature | e. Date |
| Ramon Hernandez   | [Signature]  | 9-11-13 |

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

|   |                  |                                  |
|---|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>1930 U.S. Highway 95 North<br>Las Vegas Nevada 89165  | c. US EPA Number | d. Discrepancy Indication Space: |
| b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |                  |                                  |
| e. Name of Authorized Agent (Print)   | f. Signature     | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable   |  |   |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
| i. Date  |  |   |  |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both  |  |   |  |



# NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

①

## 1037966

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

### I. GENERATOR (Generator completes la-r)

|  |  |                             |                                   |  |                |
|--|--|-----------------------------|-----------------------------------|--|----------------|
| a. Generator's US EPA ID Number  |  | b. Manifest Document Number |                                   | c. Page 1 of 1                         |                |
| d. Generator's Name and Location:<br>181 H Water Street<br>Las Vegas Nevada 89015 702-564-2544 |  |                             | e. Generator's Mailing Address:   |  |                |
| f. Phone:  |  |                             | g. Phone: 702-564-2544            |  |                |
| h. Owner's Name:   |  |                             | i. Owner's Phone No.:             |  |                |
| j. Waste Profile #   |  |                             | k. Exp. Date                      | l. Waste Shipping Name and Description | o. Unit Wt/Vol |
| 3825 13 8829   |  | 07/07/2014                  | Non Hazardous, Non Regulated Soil |  | 20 Y           |
|  |  |                             |                                   |  |                |
|  |  |                             |                                   |  |                |

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

|  |              |         |
|--|--------------|---------|
| p. Generator Authorized Agent Name (Print) | q. Signature | r. Date |
|--|--------------|---------|

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

|   |              |           |
|---|--------------|-----------|
| a. Transporter's Name and Address:<br>Las Vegas Nevada 89115 702-645-5849 |              | b. Phone: |
| c. Driver Name (Print)  | d. Signature | e. Date   |

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

|   |                  |                                  |
|---|------------------|----------------------------------|
| a. Disposal Facility and Site Address:<br>13550 U.S. Highway 97 North<br>Las Vegas Nevada 89105   | b. US EPA Number | c. Discrepancy Indication Space: |
| b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. |                  |                                  |
| e. Name of Authorized Agent (Print)   | f. Signature     | g. Date                          |

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

|  |  |   |  |
|--|--|---|--|
| a. Operator's Name and Address:  |  | c. Responsible Agency Name and Address: |  |
| b. Phone:  |  | d. Phone:                               |  |
| e. Special Handling Instructions and Additional Information:   |  |   |  |
| f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both   |  | % Friable % Non-Friable                 |  |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. |  |   |  |
| g. Operator's Name and Title (Print)   |  | h. Signature                            |  |
|  |  | i. Date                                 |  |

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

**GENERATOR RETAIN**