

UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Facilities Management
Hazardous Material Program*

*883-29th Ave SE
Suite 102
Minneapolis, MN 55414
612-624-6027*

October 14, 2015

REPORT: 2015 Phase #1 Asbestos Cleanup at Rosemount Research Center

TO: Ken Kerns, Assistant Vice President, University Health and Safety, W-140
Boynton Health Services, 410 Church Street SE, Minneapolis, MN 55455

FROM: Dave Klaustermeier, Facilities Management Hazardous Materials Program
(FMHMP), 883-29th Avenue SE, Minneapolis, MN 55414

SUBJECT: 2015 Phase #1 Asbestos Cleanup at Rosemount Research Center

Summary: An asbestos cleanup project was conducted from July 13, 2015 through September 21, 2015 on foundations #222A east, #222A west, #222B east, #222B west and #238H. These foundations are near the intersection of Barbara Avenue East and 165th Street East in Rosemount, MN. The abandoned foundations and asbestos debris piles, in the vicinity of the foundations, are remains from the Gopher Ordnance Works facility that was constructed in the 1940's. The intent of the project was to remove the piles of broken asbestos containing transite and asbestos containing red spark-proof mastic that are laying on the ground near the foundations and to remove the friable red spark-proof mastic that is on the surface of the foundations. Asbestos removal work was performed by VCI Environmental, Inc., a Minnesota Department of Health (MDH) licensed asbestos abatement contractor. VCI's MDH Asbestos Contractor License number is AC167. Project oversight was performed by Facilities Management's Hazardous Materials Program (FMHMP).

Project Description: The 2015 phase #1 asbestos cleanup involved the removal of bulk red spark-proof mastic from foundations #222A east, #222A west, #222B east, #222B west and #238H. The debris piles of red spark-proof mastic and broken transite laying on the surface of the ground near foundations #222A east, #222A west and #222B east were removed as asbestos containing material. The Contractor also removed soil that was visibly contaminated with asbestos in the vicinity of these foundations. MDH issued Asbestos Related Work Project Permit #45515 to VCI Environmental for the cleanup work.

Removal Procedures: The Contractor used a combination of hand tools, a bobcat and a backhoe to remove contaminated soil and the red spark-proof mastic. The Contractor used a portable 500 gallon water tank that was connected to a water pump and generator to keep the asbestos wet during cleanup in order to maintain no visible emissions. Workers wore disposable coveralls and a negative pressure HEPA filtered ½ mask respirator during removal and cleanup work. After removal and final cleaning were completed, FMHMP personnel conducted a visual inspection to assure that the friable red antistatic material had been removed from the foundations, and that no exposed asbestos debris was laying at the surface of the ground.

UMP020875

Waste Handling and Disposal:

All asbestos-containing soil and asbestos waste was sealed in ten yard dumpsters that were lined with 6-mil polyethylene sheeting that was sealed at the top prior to leaving the site. The poly lined dumpsters were also covered with a mesh tarp prior to leaving site. Approximately 380 cubic yards of asbestos contaminated soil and waste were transported by Lloyds Construction Services to the Dem-Con Landfill located at 13020 Dem Con Drive, Shakopee, MN 55379 for disposal. The manifests for the asbestos waste are included in appendix 5.

Asbestos Exposure Monitoring: During the asbestos cleanup work exposure monitoring was performed on VCI workers performing the work along with FMHMP staff that was observing the cleanup work. The asbestos exposure monitoring results all were less than the OSHA permissible exposure limit of 0.1 fibers per cubic centimeter of air. Results of the exposure monitoring can be found in appendix 4.

Appendix information:

- Appendix #1 Before and after photos of 3 debris piles and one of the foundations.
- Appendix #2 Contractor paperwork including MDH notification and permit.
- Appendix #3 FMHMP training certifications.
- Appendix #4 OSHA Exposure Monitoring Summary Table
- Appendix #5 Waste Manifests
- Appendix #6 Legend Technical Services Report of Red Spark-proof Mastic.

If there are any questions or comments regarding the information in this report, please contact Dave Klaustermeier at (612) 624-6027.

Written By:

Dave Klaustermeier

Dave Klaustermeier
University of Minnesota
Facilities Management
Hazardous Materials Program
Minnesota Department of Health, Asbestos Supervisor Card # AS2256

Appendix 1

Typical Before and After Photos of Rosemount 2015 Phase #1 Abatement Work



Foundation #222B west before cleaning



Foundation #222B west after cleaning



#222A East debris pile south of foundation before excavation



#222A East debris pile south of foundation after excavation and seeding



#222A East debris pile northwest of foundation before excavation



#222A East debris pile northwest of foundation after excavation and seeding



#222A East debris pile northeast of foundation before excavation



#222A East debris pile northeast of foundation after excavation and seeding

Appendix 2

VCI Environmental Submittals

Minnesota Department of Health

Asbestos Contractor License

License Number: AC167

Issued on: December 10, 2014

To:

VCI Environmental, Inc.
76 St Croix Trail N.
Lakeland, Minnesota 55043

Responsible Individual: Dennis C. Schumann

This license is valid from January 9, 2015 to January 8, 2016.

Pursuant to Minnesota Statutes, section 144.99, this license may be suspended or revoked for failure to conduct asbestos-related work in compliance with applicable regulations.

Asbestos-related work must be conducted according to Minnesota Statutes, sections 326.70 to 326.81 and Minnesota Rules, parts 4620.000 to 4620.3724.



Thomas P. Hogan, Director
Environmental Health Division



Notification of Asbestos Related Work

Type of Notification: Original

Asbestos Abatement Contractor: Lic. # AC167

Name: VCI Environmental, Inc.
Address: 76 St Croix Trl N
City, State, Zip: Lakeland MN 55043
Contact Person:
Phone: 651-436-8559

Air Monitoring Consultant/Lab.: Lic. # AC246

Name: University of Minnesota - Facilities
Address: 319 15th Ave SE
300 Donhowe Bldg
City, State, Zip: Minneapolis MN 55455
Contact Person:
Phone: 612-625-7547

Building Owner:

Name: University of Minnesota
Address: 319 15th Avenue SE
City, State, Zip: Minneapolis MN 55455
Contact Person: David Klaustermeier
Phone: 612-581-5806

Building Information:

Building Name: Rosemount Campus
Address/Location: 15325 Babcock Avenue
City, State, Zip: Rosemount MN 55068
County: Dakota
Phone: 612-581-5806
Size of Bldg.(sq.ft.): 0.00 Age of Bldg.(yrs): 70
Number of Floors Including Basement Level 1
Present Use of Vacant
Prior Use of Bldg.: Manufacturing

1. Type of Project: Renovation

2. Amount(s) of RACM(Regulated Asbestos Containing Material) to be Abated:

Friable Non Friable

0.00 0.00 Linear feet on pipes

0.00 0.00 Square feet on facility components(ex. tanks,boilers,ceilings,ceiling tiles,flooring)

36.00 0.00 Cubic feet off facility components if linear footage or square footage cannot be determined

3. Asbestos Abatement Activity

- a. Precleaning Work Are to Final Visual Inspection: Start: 07/13/2015 End: 12/31/2015
b. Dates when RACM will be distributed: Start: 07/13/2015 End: 12/31/2015
c. Workshifts, time and days: 7am - 5:30pm M-Thurs

4. Building Inspection: Prior to renovation or demolition, all buildings must be inspected by an EPA accredited inspector.

Company and / or individual that conducted the building inspection: U of M

5. Description & Location of RACM to be abated (including floor # and room #):

Asbestos coating on top of foundations and asbestos debris scattered throughout.

6. Describe in detail the following procedures specific to this site:

- Containment Glove Bag
 Mini Containment Facility Component Removal

7. For emergency Renovation/Demolition Abatement Projects:

- a. Date and hour of emergency: _____
b. Description of sudden unexpected event: _____

- c. Explanation of how the event caused unsafe conditions or would cause equipment damage:

8. Waste Transporter(s) Information:

Transporter Name: Lloyds Construction Services Inc
Transporter Contact: Jeff Stocker
Transporter Address: 7207 128th St W
City, State, Zip: Savage MN 55372
Phone: 952-746-5832

9. Waste Disposal Information:

Landfill Name: Dem-Con Landfill, LLC
Owner/Operator: _____
Address/Location: 3601 West 130th Street
City, State, Zip: Shakopee MN 55379
Phone: _____

10. Permit Fee: (Check the one that applies)

\$35 permit fee

For all residential projects with less than 260 linear and 160 square feet but more than 10 linear and 6 square feet of

1% permit fee Total Cost of Project: \$ 10,000.00

For all projects, residential and nonresidential, with more than 260 linear and 160 square feet of RACM.

Attach a signed copy of the bid acceptance document or other cost verification document.

Does this 1% permit fee includes air monitoring costs? No

Is this a "Time and Materials" project? No

I certify that an individual trained in the provisions of Federal Regulations 40 CFR Part 61, Subpart M (a Minnesota Site Supervisor) will be on-site during the asbestos abatement project. I certify that the above information is correct and I am a bonafide representative of the abatement contractor or building owner and have authority to enter into agreements for my employer.

Submitted by: Aaron Ostermann

Date 07/06/2015

Send a copy of this notice

**Asbestos Coordinator
Minnesota Pollution Control Agency
Metro Districts -- Regular Facilities Section
520 Lafayette Road N
St. Paul, MN 55155-4194**

*Postmarked or delivered at least 10 working days (Mon.-Fri.)
before RACM disturbance for all projects.*

**For questions call:
651-296-6300 or 1-800-657-3864**

Minnesota Department Of Health

Asbestos-Related Work Project Permit

Permit Number: 45515

Issued On: July 07, 2015

To: VCI Environmental, Inc.

License No: AC167

For the project at: Rosemount Campus

Located at: 15325 Babcock Ave in Rosemount, Minnesota

Amount of asbestos-containing material reported:

0 Linear Feet,

0 Square Feet, and

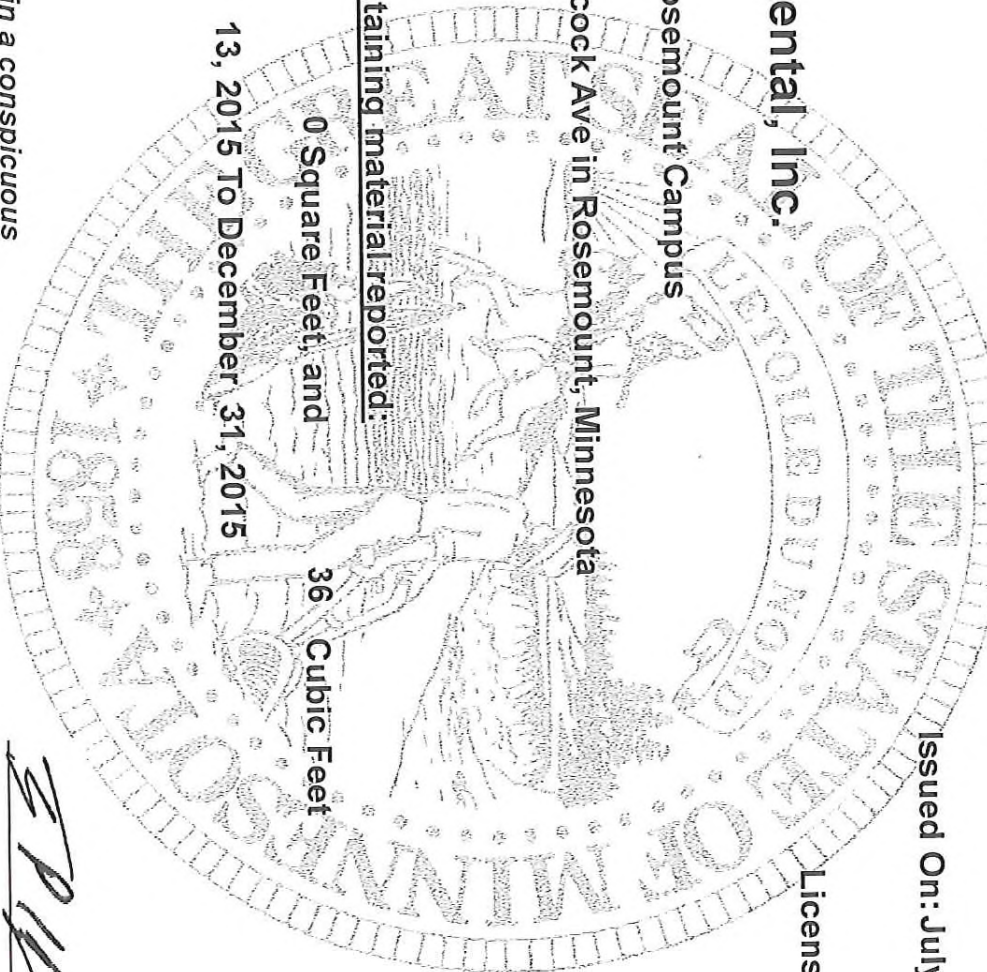
36 Cubic Feet

Activity Dates: July 13, 2015 To December 31, 2015

This permit must be posted in a conspicuous place outside the asbestos work area until the asbestos-related work is completed.



Thomas P. Hogan, Director
Environmental Health Division





STATE OF MINNESOTA
AMENDED NOTICE OF INTENT TO PERFORM ASBESTOS RELATED WORK
OR
NOTIFICATION OF ASBESTOS-RELATED WORK UNDER AN ANNUAL NOTICE
(Circle "Annual" if applicable)

AMENDMENT #: 1, 2, 3, 4, 5 AND PERMIT (REQUIRED): 45515

ASBESTOS ABATEMENT CONTRACTOR

Company Name: VCI Environmental, Inc.
Address: 76 St. Croix Trail N
City/State/ZIP: Lakeland, MN 55043
Telephone: 651-436-8559

BUILDING INFORMATION

Building Name: Rosemount Campus
Address: 15325 Babcock Ave
City/State/ZIP: Rosemount, MN 55069
Telephone: 612-581-5806

AMOUNT OF RACM TO BE ABATED

Linear Feet on Pipes: _____
Square Feet: _____
Cubic Feet: 120cy

ASBESTOS ABATEMENT ACTIVITY DATES

Start Date: 7/13/15
End Date: 12/31/15
Work Times/Days: From 5:30pm M-Thurs

#2 on site 7-13-15 @ 1:00 p.m.

Description and Location of RACM to be Abated (include floor and room #):

ACM debris piles throughout site & asbestos coatings on foundation slabs

Emission Control Procedures to be Used:

SAME

#5 off site until 7/29/15 7-28-15

#4 onsite 7/27/15 7/24/15

Other Changed or Additional Information (including waste transporter or landfill):

#7 Project on hold until further notice
Work area on Barber Ave & 104th St.
#3 off site 7/23/15 until further notice

7/22/15

I certify that the above information is correct and I am a bonafide representative of the asbestos abatement contractor or building owner and I have the authority to enter into agreements for my employer.

Signature of Contractor/Owner: _____

Date: 7/10/15

MPCA FAX: (651) 297-1438

MDH FAX: (651) 201-4606

STATE OF MINNESOTA
AMENDED NOTICE OF INTENT TO PERFORM ASBESTOS RELATED WORK
OR
NOTIFICATION OF ASBESTOS-RELATED WORK UNDER AN ANNUAL NOTICE
(Circle "Annual" if applicable)

AMENDMENT #: 6, 7, 8 AND PERMIT (REQUIRED): 45515

ASBESTOS ABATEMENT CONTRACTOR

Company Name: VCI Environmental, Inc.
Address: 76 St. Croix Trail N
City/State/ZIP: Lakeland, MN 55043
Telephone: 651-436-8559

BUILDING INFORMATION

Building Name: Rosemount Campus
Address: 15325 Rebecca Ave
City/State/ZIP: Rosemount, MN 55068
Telephone: 612-581-5806

AMOUNT OF RACM TO BE ABATED

Linear Feet on Pipes: SAME
Square Feet: SAME
Cubic Feet: SAME

ASBESTOS ABATEMENT ACTIVITY DATES

Start Date: 7/31/15
End Date: 12/31/15
Work Times/Days: Mon - 5:30pm - Thurs

Description and Location of RACM to be Abated (include floor and room #):

SAME

#7 site as of 8-17-15

Emission Control Procedures to be Used:

SAME

Other Changed or Additional Information (including waste transporter or landfill):

#7 Offsite until further notice / work hours 6:00am - 4:30pm
#8 Offsite due to weather until further notice - 8/12/15

I certify that the above information is correct and I am a bonafide representative of the asbestos abatement contractor or building owner and I have the authority to enter into agreements for my employer.

Signature of Contractor/Owner: [Signature]

Date: 8/15

MPCA FAX: (651) 297-1438

MDH FAX: (651) 201-4606

STATE OF MINNESOTA
AMENDED NOTICE OF INTENT TO PERFORM ASBESTOS RELATED WORK
OR
NOTIFICATION OF ASBESTOS-RELATED WORK UNDER AN ANNUAL NOTICE
(Circle "Annual" if applicable)

AMENDMENT #: 9, 10, 11, 12 AND PERMIT (REQUIRED): 45515

ASBESTOS ABATEMENT CONTRACTOR

Company Name: VCI Environmental, Inc.
Address: 76 St. Croix Trail N
City/State/ZIP: Lakeland, MN 55043
Telephone: 651-436-8559

BUILDING INFORMATION

Building Name: Rosemount Campus
Address: 15325 Babcock Ave
City/State/ZIP: Rosemount, MN 55068
Telephone: 612-581-5800

AMOUNT OF RACM TO BE ABATED

Linear Feet on Pipes _____
Square Feet: SAME
Cubic Feet: _____

ASBESTOS ABATEMENT ACTIVITY DATES

Start Date: 7/31/15
End Date: 12/31/15
Work Times/Days: 7am - 5:30

Description and Location of RACM to be Abated (include floor and room #):

SAME

Emission Control Procedures to be Used:

SAME

Other Changed or Additional Information (including waste transporter or landfill):

#9 8-27-15 Back onsite #10 offsite ^{8/26} until 8/27/15 - 8/25/15
#11 onsite 9/11/15
#12 Project Complete ~ 9-11-15

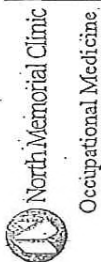
I certify that the above information is correct and I am a bonafide representative of the asbestos abatement contractor or building owner and I have the authority to enter into agreements for my employer.

Signature of Contractor/Owner: _____

Date: 8/24/15

MPCA FAX: (651) 297-1438

MDH FAX: (651) 201-4606



- Camden Hills 4209 Webber Pkwy Minnetonka, MN 55369
- Eagan 1970 Rahmediff Ct Eagan, MN 55122
- Elk River 800 Fremont Ave NW Elk River, MN 55330
- Roseville 1955 West Co Rd B2 Roseville, MN 55113
- Minneapolis 2000 Plymouth Rd Ste 100 Minneapolis, MN 55405

PHYSICIAN WRITTEN OPINION FOR ASBESTOS PROTECTION

Name: Colten Nustvold Date of Birth: 1-9-93 Char#: 0128932
 Company Name: KCI Equipment Rental Position: Supervisor Exam Date: 3-25-15

ASBESTOS SURVEILLANCE RESULTS

- A. Medical clearance for asbestos surveillance is complete Yes Revision date & initial 3/25/15 No Revision date & initial _____
- B. Medical clearance for asbestos surveillance is pending review of chest X-ray "B" read Yes Revision date & initial _____ No Revision date & initial 3/25/15
- C. Chest X-ray "B" Read findings: POS NEG Revision date & initial _____
- D. Patient may continue to work pending review of chest X-ray "B" read Yes No N/A
- E. There are detected medical conditions that would place the employee at an increased risk of health impairment for exposure to asbestos, tremolite, anthophyllite or actinolite..... Yes No
- F. The employee has been informed by provider of:
 - a. Medical examination results Yes No
 - b. Medical conditions that may result from asbestos exposure Yes No
 - c. Increased risk of lung cancer from the combined affect of smoking and asbestos..... Yes No

RESPIRATORY APPROVAL

A. This is to certify that I have examined the above named patient and determined that in accordance with the OSHA Standard 29, CFR 1910.134, the individual may may not use a respirator.

Accommodations needed: none

Medical follow-up is required in one year.

Printed Examiner Name: Slynn MD Date: 3/25/15
 Signature of Examiner: [Signature]



ASBESTOS SITE SUPERVISOR
 Certified by State of Minnesota Department of Health
 Expires: **08/16/2015**
 Colten K. Nustvold
 263 120th St
 Amery, WI 54001

[Signature]
 Director, Env. Health Div. No AS12277 Issued 03/04/2015

CONSTRUCTION LABORERS EDUCATION, APPRENTICESHIP AND TRAINING FUND OF MINNESOTA AND NORTH DAKOTA
 2350 Main Street · Lino Lakes, MN 55038
 (651) 653 6710

This certifies that
COLTEN NUSTVOLD




has satisfactorily completed the required training and skills as prescribed by the Construction Laborers Education, Apprenticeship and Training Fund of Minnesota and North Dakota in

Asbestos Supervisor Refresher - WI/MN 8/16/2014 - 8/16/2014

This training course complies with the requirements of TSCA Title II and is accredited by the State of Wisconsin, Department of Health Services, under chapter HFS 159, Wis. Admin. Code, Conducted by:


In testimony thereof I have affixed my signature on this 16 day of AUGUST, 2014
 Exam Date 8/16/2014 Certificate Issued 8/16/2014
 Certificate # 0816140974
Chris Bibeau
 Training Instructor Chris Bibeau
 Superior, WI 54880, Holiday Inn, 303 2nd Avenue East

Expiration Date: 8/16/2015



MDH ASBESTOS
SITE
SUPERVISOR
Certified by
State of Minnesota
Department of Health
Expires: 11/14/2015
Dallas R Nustvold
263 120th St
Amery, WI 54001

Director, Env. Health Div. No AS10913 Issued: 02/02/2015



CONSTRUCTION LABORERS
EDUCATION, APPRENTICESHIP AND TRAINING
FUND OF MINNESOTA AND NORTH DAKOTA
2350 Main Street · Lino Lakes, MN 55038
(651)653-6710

This certifies that
DALLAS NUSTVOLD

has satisfactorily completed the required training and skills as prescribed by the Construction Laborers Education, Apprenticeship and Training Fund of Minnesota and North Dakota in
Asbestos Supervisor Refresher - WI/MN 11/14/2014 - 11/14/2014

This training course complies with the requirements of TSCA Title II and is accredited by the State of Wisconsin, Department of Health Services, under chapter HFS 159, Wis. Admin.Code, Conducted by:

In testimony thereof I have affixed my signature on this 14 day of NOVEMBER, 2014
Exam Date 11/14/2014 Certificate Issued 11/14/2014
Certificate # 1114145864
Expiration Date: 11/14/2015

John S. Meier
Training Instructor John Meier
Hudson, WI 54016 Best Western, 1616 Crestview Drive

North Memorial Clinic
Occupational Medicine

Camden Mpls 4209 Weber Pkwy Minneapolis, MN 55369
 Elk River 500 Freeport Ave NW Ste 100 Elk River, MN 55330
 Roseville 1855 West Co Rd B2 Roseville, MN 55113
 Minneapolis 2000 Plymouth Rd Ste 100 Minneapolis, MN 55305

PHYSICIAN WRITTEN OPINION FOR ASBESTOS PROTECTION

Name: Dallas Nustvold Date of Birth: 02-04-89 Chart#: 2689407
Company Name: VLI Environmental Position: _____ Exam Date: 10-28-14

ASBESTOS SURVEILLANCE RESULTS

- A. Medical clearance for asbestos surveillance is complete. Yes No Revision date & initial 10/25/14
- B. Medical clearance for asbestos surveillance is pending review of chest X-ray "B" read. Yes No Revision date & initial _____
- C. Chest X-ray "B" Read findings: POS NEG Revision date & initial _____
- D. Patient may continue to work pending review of chest X-ray "B" read. Yes No N/A
- E. There are detected medical conditions that would place the employee at an increased risk of health impairment for exposure to asbestos, tremolite, anthophyllite or actinolite. Yes No
- F. The employee has been informed by provider of:
- a. Medical examination results Yes No
 - b. Medical conditions that may result from asbestos exposure Yes No
 - c. Increased risk of lung cancer from the combined affect of smoking and asbestos. Yes No

RESPIRATORY APPROVAL

A. This is to certify that I have examined the above named patient and determined that in accordance with the OSHA Standard 29, CFR 1910.134 the individual may may not use a respirator.

Accommodations needed: _____

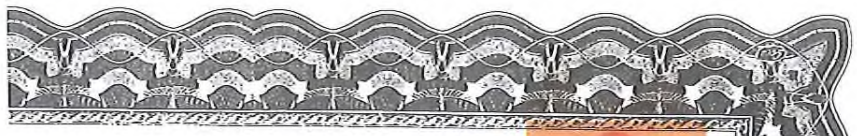
Medical follow-up is required in one year. Yes No

Printed Examiner Name: George Vukobratovic, M.D.
Signature of Examiner: *George Vukobratovic* Date: 10/25/14



ASBESTOS SITE SUPERVISOR
 Certified by the State of Minnesota
 Department of Health
 Expires: 08/16/2015
 Montana R. Edwards
 1689 210th Ave
 New Richmond, WI 54017

Director, Env. Health Div. No. AS5350 Issued: 01/12/2015



CONSTRUCTION LABORERS

EDUCATION, APPRENTICESHIP AND TRAINING
 FUND OF MINNESOTA AND NORTH DAKOTA
 2350 Main Street · Lino Lakes, MN 55038
 (651)653-6710



This certifies that

MONTANA EDWARDS

has satisfactorily completed the required training and skills as prescribed by the Construction Laborers Education, Apprenticeship and Training Fund of Minnesota and North Dakota in

Asbestos Supervisor Refresher - WI/MN 8/16/2014 - 8/16/2014

This training course complies with the requirements of TSCA Title II and is accredited by the State of Wisconsin, Department of Health Services, under chapter HFS 159, Wis. Admin. Code, Conducted by:

In testimony thereof I have affixed my signature on this 16 day of AUGUST, 14

Exam Date 8/16/2014 Certificate Issued 8/16/2014

Certificate # 0816146886

Chris L. Bibeau

Expiration Date: 8/16/2015

Training Instructor *Chris Bibeau*
 Superior, WI 54880, Holiday Inn, 303 2nd Avenue East



Med. Lic. 2412 7:10 AM WE118 MEMORIAL 1032019202



North Memorial Clinic
 Occupational Medicine

- Camden Mpls 4209 Weber Hwy Minneapolis, MN 55399
- Elk River 500 Freedom Ave NW Site 100 Elk River, MN 55333
- Roseville 1955 West Co Rd B2 Roseville, MN 55113
- Eagan 1970 Rainier Ct Eagan, MN 55122
- Miretonga 2000 Plymouth Rd Site 100 Miretonga, MN 55905

PHYSICIAN WRITTEN OPINION FOR ASBESTOS PROTECTION

Name: Montana Edwards Date of Birth: 4/3/82 Char#: 110018134
 Company Name: VCI Environmental Position: laborer Exam Date: 3-16-15

ASBESTOS SURVEILLANCE RESULTS

- A. Medical clearance for asbestos surveillance is complete Yes Revision date & Initial _____ No Revision date & Initial 3/25/15 *CB*
- B. Medical clearance for asbestos surveillance is pending review of chest X-ray "B" read Yes Revision date & Initial _____ No Revision date & Initial 3/25/15 *CB*
- C. Patient may continue to work pending review of chest X-ray "B" read Yes No N/A
- D. There are detected medical conditions that would place the employee at an increased risk of health impairment for exposure to asbestos, tremolite, anthophyllite or actinolite. Yes No
- E. The employee has been informed by provider of:
 - a. Medical examination results Yes No
 - b. Medical conditions that may result from asbestos exposure Yes No
 - c. Increased risk of lung cancer from the combined effect of smoking and asbestos Yes No

RESPIRATORY APPROVAL

A. This is to certify that I have examined the above named patient and determined that in accordance with the OSHA Standard 29, CFR 1910.134 the individual may may not use a respirator.

Accommodations needed: none

Medical follow-up is required in one year. Yes No

Printed Examiner Name: Chris L. Bibeau
 Signature of Examiner: [Signature] Date: 3/25/15



Occupational Medicine
North Memorial Regional Clinic
4955 County Road B2
Rosoville, MN 55113
Phone (763) 531-9250
Fax (763) 531-9251

- Camden Mpls 4209 Webster Pkwy Minneapolis, MN 55369
- Engen 1970 Rainier Ct Engen, MN 55122
- Elk River 300 Freeport Ave NW Ste 100 Elk River, MN 55330
- Roseville 1955 West Co Rd B2 Roseville, MN 55113
- Winnetonna 2000 Pymouth Rd Ste 100 Winnetonna, MN 55305

PHYSICIAN WRITTEN OPINION FOR ASBESTOS PROTECTION

Name: Montana Edwards Date of Birth: 4/3/82 Chart#: 91104
Company Name: VCF Environmental Position: laborer Exam Date: 09.08.15

ASBESTOS SURVEILLANCE RESULTS

- A. Medical clearance for asbestos surveillance is complete. Yes Revision date & initial _____
 No Revision date & initial _____
- B. Medical clearance for asbestos surveillance is pending review of chest X-ray "B" read. Yes Revision date & initial _____
 No Revision date & initial _____
- Chest X-ray "B" Read findings: POS NEG Revision date & initial _____
- C. Patient may continue to work pending review of chest X-ray "B" read. Yes No N/A
- D. There are detected medical conditions that would place the employee at an increased risk of health impairment for exposure to asbestos, tremolite, anthophyllite or actinolite. Yes No
- E. The employee has been informed by provider of:
a. Medical examination results Yes No
b. Medical conditions that may result from asbestos exposure Yes No
c. Increased risk of lung cancer from the combined affect of smoking and asbestos. Yes No

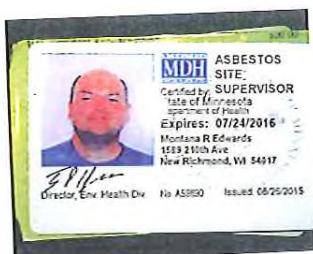
RESPIRATORY APPROVAL

A. This is to certify that I have examined the above named patient and determined that in accordance with the OSHA Standard 29, CFR 1910.134 the individual may may not use a respirator.

Accommodations needed: _____

Medical follow-up is required in one year.

Printed Examiner Name: Montana Edwards PA-C Date: 9/8/15
Signature of Examiner:



CONSTRUCTION LABORERS

EDUCATION, APPRENTICESHIP AND TRAINING
FUND OF MINNESOTA AND NORTH DAKOTA
2350 Main Street · Lino Lakes, MN 55038
(651)653-6710

This certifies that

MONTANA EDWARDS

has satisfactorily completed the required training and skills as prescribed by the Construction Laborers Education, Apprenticeship and Training Fund of Minnesota and North Dakota in

Asbestos Supervisor Refresher - WI/MN 7/24/2015 - 7/24/2015

This training course complies with the requirements of TSCA Title II and is accredited by the State of Wisconsin, Department of Health Services, under chapter HFS 159, Wis. Admin.Code, Conducted by:

In testimony thereof I have affixed my signature on this 24 day of JULY, 15
Exam Date 7/24/2015 Certificate Issued 7/24/2015
Certificate # 0724156886
Expiration Date: 7/24/2016

Training Instructor John Meier
@Hudson, WI 54016 Best Western, 1616 Crestview Drive



**CONSTRUCTION LABORERS
EDUCATION, APPRENTICESHIP AND TRAINING
FUND OF MINNESOTA AND NORTH DAKOTA**

2350 Main Street · Lino Lakes, MN 55038
(651) 653-6710



This certifies that

MONTANA EDWARDS

has satisfactorily completed the required training and skills as prescribed by the Construction Laborers Education, Apprenticeship and Training Fund of Minnesota and North Dakota in
Asbestos Supervisor Refresher - W/WMN 7/24/2015 - 7/24/2015

This training course complies with the requirements of TSCA Title II and is accredited by the State of Wisconsin, Department of Health Services, under chapter HFS 159, Wis. Admin. Code, Conducted by:

In testimony thereof I have affixed my signature on this 24 day of JULY, 2015

Exam Date 7/24/2015 Certificate Issued 7/24/2015

Certificate # 0724156886

John S. Meier

Training Instructor John Meier

Expiration Date: 7/24/2016

@Hudson, WI 54016 Best Western, 1616 Crestview Drive



Department of Health - Minnesota
\$20.00



[Handwritten Signature]
Director, Env. Health Div.



**ASBESTOS
SITE SUPERVISOR**

Certified by: **SUPERVISOR**
State of Minnesota
Department of Health

Expires: 07/24/2016

Montana R Edwards
1589 210th Ave
New Richmond, WI 54017

No. AS9890 Issued: 08/26/2015



CONSTRUCTION LABORERS
EDUCATION, APPRENTICESHIP AND TRAINING
FUND OF MINNESOTA AND NORTH DAKOTA
 2350 Main Street · Lino Lakes, MN 55038
 (651) 653-6710

This certifies that

COLTEN NUSTVOLD

has satisfactorily completed the required training and skills as prescribed by the Construction Laborers Education, Apprenticeship and Training Fund of Minnesota and North Dakota in
 Asbestos Supervisor Refresher - W/WMN 7/24/2015 - 7/24/2015

This training course complies with the requirements of TSCA Title II and is accredited by the State of Wisconsin, Department of Health Services, under chapter HFS 159, Wis. Admin. Code, Conducted by:

24 day of JULY 15

In testimony thereof I have affixed my signature on this

John S. Meier

Exam Date 7/24/2015 Certificate issued 7/24/2015

Certificate # 0724150974

Expiration Date: 7/24/2016

John Meier
 Training Instructor
 @Hudson, WI 54016 Best Western, 1616 Crestview Drive



Director, Env. Health Div. No AS12277 Issued: 08/04/2015

Handwritten signature

ASBESTOS
SITE
SUPERVISOR
Certified by:
State of Minnesota
Department of Health
Expires: 07/24/2016
Colten K. Nustvoid
263 120th St
Amery, WI 54001



Appendix 3

FMHMP Training Certifications

UNIVERSITY OF MINNESOTA

School of Public Health

UNIVERSITY OF MINNESOTA

NIEHS - Hazardous Materials Training Grant
Mayo Building, Suite 1260
420 Delaware St. SE
Minneapolis, MN 55455

This certifies that

David Klaustermeier

*Attended the 8 Hour Hazardous Waste Site Worker Refresher training course
in accordance with OSHA 1910.120 (q) (6) (ii)
November 4th, 2014*

*This course offers .80 Continuing Education Units (CEUs) from the University of Minnesota
7.0 hours of POST (Peace Officer Standards & Training) credit*

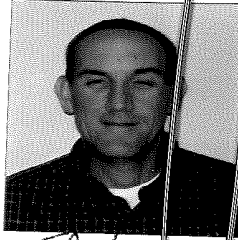
American Board of Industrial Hygiene (ABIH) - 1.34 Certification Maintenance (CM) Points



William A. Toscano, Ph.D., Dr. (hc), FAAAS

**Professor - Division of Environmental Health Sciences
Midwest Consortium for Hazardous Waste Worker Training #2 U45 ES006184-23**

*Retain this certificate for your records
Please refer to course agenda for details regarding Global Harmonization Standard*



Director, Env. Health Div.

MDH ASBESTOS
DEPARTMENT OF HEALTH SITE SUPERVISOR
Certified by: State of Minnesota
Department of Health
Expires: 10/20/2015
David C. Klaustermeier
931 18th Ave N
South St Paul, MN 55075

No. AS2256 Issued: 10/29/2014

Certificate No: SLM10201403SR

Expiration Date: October 20, 2015

*This is to certify that
David Klaustermeier
has attended and successfully completed an
ASBESTOS SUPERVISOR*

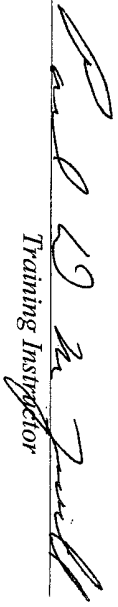
REFRESHER TRAINING COURSE

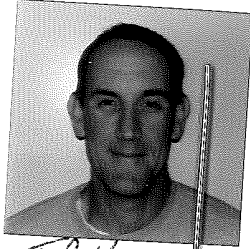
*permitted by
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722
and meets the requirements of
Section 206 of Title II of the Toxic Substances Control Act (TSCA)
conducted by*

Lake States Environmental, Ltd.

White Bear Lake, MN on October 20, 2014
Examination Date: October 20, 2014

*Lake States Environmental, Ltd
P. O. Box 645, Rice Lake, WI 54868
(800) 254-9811*


Training Instructor



MINNESOTA
MDH
DEPARTMENT OF HEALTH
ASBESTOS INSPECTOR

Certified by:
State of Minnesota
Department of Health
Expires: 10/03/2015
David C Klaustermeier
931 18th Ave N
South St Paul, MN 55075

[Signature]
Director, Env. Health Div.

No. A12256 Issued: 10/08/2014

Certificate No: 5LM100314161R

Expiration Date: October 3, 2015

This is to certify that
David C. Klaustermeier
has attended and successfully completed an
ASBESTOS INSPECTOR
REFRESHER TRAINING COURSE

permitted by
the State of Minnesota under Minnesota Rules 4620.3702 to 4620.3722
and meets the requirements of
Section 206 of Title II of the Toxic Substances Control Act (TSCA)
conducted by

Lake States Environmental, Ltd.
in
White Bear Lake, MN on October 3, 2014
Examination Date: October 3, 2014

Lake States Environmental, Ltd
P. O. Box 645, Rice Lake, WI 54868
(800) 254-9811

[Signature]
Training Inspector

Appendix 4

OSHA Exposure Monitoring Summary Table

**Asbestos Exposure Monitoring Summary Table
Rosemount 2015 Phase #1 Abatement**

Date	Employee	Foundation #	Task	Time	Flow	Volume	Result	TWA
7/13/2015	Montana Edwards	222A west	excavation & tree clearing	183	2.0 LPM	366	<0.01 f/cc	
7/15/2015	Colten Nustvold	222A west	hand digging, operating bobcat	431	2.1 LPM	905.1	<0.01 f/cc	
7/21/2015	Dave Klaustermeier	222A east	watering asbestos debris	151	2.0 LPM	302	<0.01 f/cc	
7/21/2015	Dave Klaustermeier	222A east	hand digging	30	2.0 LPM	60	<0.01 f/cc	
7/21/2015	Dave Klaustermeier	222A east	observing excavation	311	2.0 LPM	622	<0.01 f/cc	<0.01 f/cc
7/21/2015	Montana Edwards	222A east	excavation of debris w/backhoe	162	2.0 LPM	324	<0.01 f/cc	
7/21/2015	Montana Edwards	222A east	excavation of debris w/backhoe	30	2.0 LPM	60	<0.01 f/cc	
7/21/2015	Montana Edwards	222A east	excavation of debris w/backhoe	311	2.0 LPM	622	<0.01 f/cc	<0.01 f/cc
7/22/2015	Montana Edwards	222A east	excavation of debris w/backhoe	286	2.0 LPM	572	<0.01 f/cc	
7/22/2015	Montana Edwards	222A east	excavation of debris w/backhoe	30	2.0 LPM	60	<0.01 f/cc	
7/22/2015	Montana Edwards	222A east	excavation of debris w/backhoe	172	2.0 LPM	344	<0.01 f/cc	<0.01 f/cc
7/22/2015	Colten Nustvold	222A east	operating bobcat	370	2.0 LPM	740	<0.01 f/cc	
7/22/2015	Colten Nustvold	222A east	powerwash foundation	30	2.0 LPM	60	<0.01 f/cc	
7/22/2015	Colten Nustvold	222A east	hand digging	137	2.0 LPM	274	<0.01 f/cc	<0.01 f/cc
7/27/2015	Colten Nustvold	222A east	excavation of debris w/bobcat	263	2.0 LPM	526	<0.01 f/cc	
7/27/2015	Colten Nustvold	222A east	excavation of debris w/bobcat	30	2.0 LPM	60	<0.01 f/cc	
7/27/2015	Colten Nustvold	222A east	excavation of debris w/bobcat	215	2.0 LPM	430	= 0.01 f/cc	<0.01 f/cc
7/30/2015	Colten Nustvold	222A east	hand digging	395	2.0 LPM	790	<0.01 f/cc	
7/30/2015	Colten Nustvold	222A east	hand digging	30	2.0 LPM	60	<0.01 f/cc	
7/30/2015	Colten Nustvold	222A east	hand digging	145	2.0 LPM	290	<0.01 f/cc	<0.01 f/cc

**Asbestos Exposure Monitoring Summary Table
Rosemount 2015 Phase #1 Abatement**

Date	Employee	Foundation #	Task	Time	Flow	Volume	Result	TWA
8/11/2015	Colten Nustvold	222B west	tree and brush clearing	270	2.0 LPM	540	<0.01 f/cc	
8/11/2015	Colten Nustvold	222B west	tree and brush clearing	30	2.0 LPM	60	<0.01 f/cc	
8/11/2015	Colten Nustvold	222B west	tree and brush clearing	150	2.0 LPM	300	<0.01 f/cc	<0.01 f/cc
8/11/2015	Dave Klaustermeier	222A west	scrubbing concrete with brush	31	2.0 LPM	62	<0.01 f/cc	
8/11/2015	Dave Klaustermeier	222B west	brush clearing	165	2.0 LPM	330	<0.01 f/cc	
8/11/2015	Dave Klaustermeier	222A west	scrubbing concrete with brush	30	2.0 LPM	60	<0.01 f/cc	
8/11/2015	Dave Klaustermeier	222A east	hand picking asbestos debris	110	2.0 LPM	220	<0.01 f/cc	<0.01 f/cc
8/14/2015	Dave Klaustermeier	222A east	hand picking asbestos debris	80	2.0 LPM	160	<0.01 f/cc	
8/14/2015	Dave Klaustermeier	222B west	observing cleanup work	255	2.0 LPM	510	=0.02 f/cc	
8/14/2015	Dave Klaustermeier	222B west	observing cleanup work	30	2.0 LPM	60	<0.01 f/cc	
8/14/2015	Dave Klaustermeier	222B west	observing cleanup work	50	2.0 LPM	100	<0.01 f/cc	<0.01 f/cc
8/17/2015	Dave Klaustermeier	222B west	washing foundation	270	2.0 LPM	540	=0.01 f/cc	
8/17/2015	Dave Klaustermeier	222B west	washing foundation	170	2.0 LPM	340	<0.01 f/cc	
8/17/2015	Dave Klaustermeier	222B west	washing foundation	30	2.0 LPM	60	<0.01 f/cc	<0.01 f/cc
8/17/2015	Dave Klaustermeier	222B west	observing cleanup work	30	2.0 LPM	60	<0.01 f/cc	
8/17/2015	Dave Klaustermeier	222B west	observing cleanup work	410	2.0 LPM	820	<0.01 f/cc	<0.01 f/cc
8/24/2015	Dave Klaustermeier	222B west	observing excavation activities	300	2.0 LPM	600	<0.01 f/cc	
8/24/2015	Dave Klaustermeier	222B west	observing excavation activities	30	2.0 LPM	60	<0.01 f/cc	
8/24/2015	Dave Klaustermeier	222B west	observing excavation activities	75	2.0 LPM	150	=0.01 f/cc	<0.01 f/cc

Montana Edwards works for VCI Environmental
Colten Nustvold works for VCI Environmental
Dave Klaustermeier work for the University of Minnesota

Appendix 5

Waste Manifests

Job # 6260

Load # 1

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 23512

GENERATOR

1. Work Site Name and Mailing Address: Rosemount campus
Barbrae and 164th st

Owner's Name:
U of M

Rosemount MN

Owner's Telephone:
612-581-5806

2. Generator/Contractor Name and Mailing Address:
VCI Environmental
765t. croix trail N
Lakeland MN 55043

Contractor's Telephone:
651-436-8558

3. Name and Address of Responsible Agency: MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:
(651) 296-6300

4. Waste Disposal Site: Dem-Con Landfill
3601 West 130th Street
Shakopee, MN 55379

Dem-Con's Telephone:
(952) 445-5755

5. Description of Materials:
 Impacted Soil Non-Friable Asbestos
 Other (specify below) Friable Asbestos

ACM transite
ACM Anti-static Flooring

6. Total Quantity:
CY or TON

10cy

7. Special handling instruction/
additional information:

RQ Asbestos
class 9
NA 2212 P.G.111

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

Printed Name and Title:

Montane Edwards

Signature

Date

7/13/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Tim W. / Driver

Signature

Date

7-14-15

Transporter 1's Address:

LCS
7207 W 128th St Shakopee MN 55378

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:
Certification of materials covered by this manifest except as noted in item 11.

Printed/Typed Name & Title:

WT

Signature:

Date:

7-14-15

Job# 6260

Load# 2

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 23513

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbra ~~ave~~ and 164th st.
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 st. croix trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

ACM transite
Antistatic floor covering

6. Total Quantity:
CY or TON

10CY

7. Special handling instruction/
additional information:

RQ Asbestos
class 9

NA2212 PG111

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

Printed Name and Title:

Montana Edwards

Signature

Date

7/13/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Tim K. / Driver

Signature

Date

7-14-15

Transporter 1's Address:

LCS
7207 W 128th St
Sauage Mn 55378

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature

Date:

7-14-15

Job # 6260

Load # 3

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 23514

GENERATOR

1. Work Site Name and Mailing Address:
Rosemount Campus
Barbra and 164th
Rosemount MN 55068

Owner's Name:
U of M
Owner's Telephone:
612-581-5806

2. Generator/Contractor Name and Mailing Address:
VCI Environmental
76 st. croix trail N
Lakeland MN 55045

Contractor's Telephone:
651-436-8559

3. Name and Address of Responsible Agency: MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:
(651) 296-6300

4. Waste Disposal Site: Dem-Con Landfill
3601 West 130th Street
Shakopee, MN 55379

Dem-Con's Telephone:
(952) 445-5755

5. Description of Materials:
 Impacted Soil Non-Friable Asbestos
 Other (specify below) Friable Asbestos
ACM transite
ACM Anti-static flooring

6. Total Quantity:
CY or TON
10 cy

7. Special handling instruction/
additional information:
RQ Asbestos
class 1
NA 22.12 PG 111

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

Printed Name and Title:
Montana Edwards
Sup

Signature

Date
7/14/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)
Printed Name and Title:
Tim K. / Driver

Signature

Date
7-15-15

Transporter 1's Address:
LCS
7207 W 128th St Savage Mn 55378

Transporter 1's Telephone:
952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)
Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:
Certification of materials covered by this manifest except as noted in item 11.

Printed/Typed Name & Title:
WT

Signature:

Date:
7-15-15

Job # 6260

Load # 4

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 23515

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbra and 164th
Rosemount MN 55088

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 St. Croix Trail N
Lakeford MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

Impacted Soil Non-Friable Asbestos
 Other (specify below) Friable Asbestos
ACM - transite and
Anti-static flooring

6. Total Quantity:
(CY or TON)

10cy

7. Special handling instruction/
additional information:

RQ Asbestos
class 9
NA2212 P.G.111

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

Printed Name and Title:

Martina Edwards

Signature

Date

7-14-15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Tim K / Driver

Signature

Date

7-15-15

Transporter 1's Address:

LCS
7207 W 128th St. Savage Mn 55378

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

Wt

Signature:

Date:

7-15-15

Job # 6260

Load # 5

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 23516

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount campus
Burbank and 164th
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 St. Croix Trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:
(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:
(952) 445-5755

5. Description of Materials:

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

ACM - transite, and
Anti-static flooring

6. Total Quantity:
CY or TON

10 cy
of soil

7. Special handling instruction/
additional information:

RQ Asbestos
class 9
NA2212 PG111

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

Printed Name and Title:

Montana Edwards (sup)

Signature

[Signature]

Date

7/15/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Tim K / Driver

Signature

[Signature]

Date

7-15-15

Transporter 1's Address:

LCS 55378
7207 W 128th St. Savage MN

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WJ

Signature:

[Signature]

Date:

7-15-15

Job # 6260

Load # 6

(Soil) Load

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 23517

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount + Campus
Barbra and 164th
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 St. Croix trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

ACM - transite and
Anti-static flooring (soil)

6. Total Quantity:
CY or TON

10 cy
soil

7. Special handling instruction/
additional information:

RQ Asbestos
class 9
NA2212 P.G.111

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

Printed Name and Title:

Montana Edwards (sup)

Signature

[Signature]

Date

7/15/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Tim K / Driver

Signature

[Signature]

Date

7/15/15

Transporter 1's Address:

LCS 55378
7207 W 128th St Savage MN

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature:

[Signature]

Date:

7-15-15

Job # 6260

Load # 7

(Soil) / dl

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 23518

GENERATOR

1. Work Site Name and Mailing Address:
Rosemount Campus
Barbra and 164
Rosemount MN 55068

Owner's Name:
U of M
Owner's Telephone:
612-551-5806

2. Generator/Contractor Name and Mailing Address:
VCI Environmental
76 St. Croix Trail N
Lake Land MN 55043

Contractor's Telephone:
651-436-8559

3. Name and Address of Responsible Agency: MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:
(651) 296-6300

4. Waste Disposal Site: Dem-Con Landfill
3601 West 130th Street
Shakopee, MN 55379

Dem-Con's Telephone:
(952) 445-5755

5. Description of Materials:
 Impacted Soil Non-Friable Asbestos
 Other (specify below) Friable Asbestos
ACM - transite and
Anti-static flooring

6. Total Quantity:
CY or TON
10cy
soil

7. Special handling instruction/
additional information:
RQ asbestos
class 9
NA 2212
PG. 117

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

Printed Name and Title: (sup)
Montana Edwards

Signature

Date
7/20/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)
Printed Name and Title: Dan Selmons
Signature

Date
7-20-15

Transporter 1's Address: 7207 W 128th St. Savage Mn 55378

Transporter 1's Telephone:
952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)
Printed Name and Title:
Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:
Certification of materials covered by this manifest except as noted in item 11.

Printed/Typed Name & Title:
WO

Signature
WR

Date:
7-20-15

Load # 6260

load # 8

Soil Load

DEM-CON LANDFILL, LLC WASTE MANIFEST FORM	Manifest # 23450
--	-------------------------

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Bardonia 164
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5808

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 St. Coix trail N
Lakeland MN 55043

Contractor's Telephone:

651-456-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

ACM (soil) transite
and Anti-static flooring

6. Total Quantity:
CY or TON

10 cy

7. Special handling instruction/
additional information:

RQ Asbestos
class 2 PG III
NA2212 ~~RQ Asbestos~~

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

Printed Name and Title:

Montana Edwards

Signature

Date

7/20/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Dan Jensen

Signature

Date

7-20-15

Transporter 1's Address:

LCS 55378
7207 W 128th St Savage MN

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature:

Date:

7-20-15

Job # 6260

Load # 9 #1019 Soil Load

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26259

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbra and 164
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5808

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 St. Croix Trail N
Lakeford MN 55043

Contractor's Telephone:

651-436-8558

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

ACM (soil) transite
and Anti-static Flooring

6. Total Quantity:
CY or TON

10 CY
total
8" debris
2" soil

7. Special handling instruction/
additional information:

RQ Asbestos
class 9
NA2212 P.G.111

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

Printed Name and Title:

Montana Edwards

Signature

Date

7/20/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

CHRIS HARTWIG/DRIVER

Signature

Date

7-2-15

Transporter 1's Address:

1207 W 128th Street Savage MN 55378

Transporter 1's Telephone:

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature:

Date:

7-2-15

Job # 6260

Load # 10

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26260

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Complex
Barbra and 164
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCF Environmental
76 st. croix trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

409V

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:
(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:
(952) 445-5755

5. Description of Materials:

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

ACM (soil) transite
and Antistatic flooring

6. Total Quantity:
CY or TON

10cy
909 soil
124 debris

7. Special handling instruction/
additional information:

RQ Asbestos
class 2

NA 2212 PG III

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

Printed Name and Title:

Montana Edwards

Signature

Date

7/20/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Mike Flavin / Driver

Signature

Date

7-22-15

Transporter 1's Address:

207 W 128th Street, Savage MN 55378

Transporter 1's Telephone:

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

77701

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature:

Date:

7-22-15

Job # 6260

Load # 11

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26261

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th

Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 st. croix trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:
(951) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:
(952) 445-5755

5. Description of Materials:

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

ACM - transite and red flooring

6. Total Quantity:
CY or TON

10cy
5 debris
5 soil

7. Special handling instruction/
additional information:

RQ Asbestos
Class 9
NA2212 PG 111

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

Printed Name and Title:

Montana Edwards

Signature

Date

7/21/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Mike Flavin/Driver

Signature

Date

7-22-15

Transporter 1's Address:

1207 W 128th Street, Savage MN 55378

Transporter 1's Telephone:

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WO

Signature:

Date:

7-22-15

Note Last Load (#10) was 5 debris and 5 soil
White Copy - Dem-Con Yellow Copy - Generator Pink Copy - Transporter

6260

Load # 12

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26262

GENERATOR

1. Work Site Name and Mailing Address:
Rosemount Camp45
Barbara and 164th
Rosemount MN 55068

Owner's Name:
U of M
Owner's Telephone:
612-581-5806

2. Generator/Contractor Name and Mailing Address:
VCI Environmental
76 St. Croix trail N
Lakeford MN 55043

Contractor's Telephone:
651-436-8552

3. Name and Address of Responsible Agency: MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:
(651) 296-6300

4. Waste Disposal Site: Dem-Con Landfill
3601 West 130th Street
Shakopee, MN 55379

Dem-Con's Telephone:
(952) 445-5755

5. Description of Materials:
 Impacted Soil Non-Friable Asbestos
 Other (specify below) Friable Asbestos
ACM - transite and Red flooring
9 soil
1 debris

6. Total Quantity:
CY or TON
10 CY
~~9 soil~~
9 soil
1 debris

7. Special handling instruction/
additional information:
RQ asbestos
class 9
NA 2212 PG 111

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

Printed Name and Title:
Montana Edwards (sup)

Signature

Date
7/22/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)
Printed Name and Title:
Mike Flavin/Driver

Signature

Date
7-22-15

Transporter 1's Address:
JCS
7207 W 128th Street, Savage, MN 55378

Transporter 1's Telephone:

10. Transporter 2 (Acknowledgement of receipt of materials)
Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:
Certification of materials covered by this manifest except as noted in item 11.

Printed/Typed Name & Title:
WT

Signature:

Date:
7-22-15

#6260

Load # 13

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26281

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th
Rose Mount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 st. croix trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:
(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:
(952) 445-5755

5. Description of Materials:

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

ACM - transite and Red flooring
10 soil

6. Total Quantity:
CY or TON

10 total
CY

7. Special handling instruction/
additional information:

RQ Asbestos
Class 1
NA2222 PG 111

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

Printed Name and Title:

sup
Montana Edwards

Signature

Date

7/22/14

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Mike Flavin/Driver

Signature

Date

7-22-15

Transporter 1's Address:

JCS
207 W 128th Street, Savage, MN 55378

Transporter 1's Telephone:

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature:

Date:

7-22-15

#6260

Load # 14

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26282

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th

Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCF Environmental
76 st. croix trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

ACM - transite and Red flooring
10 soil also TSI

6. Total Quantity:
CY or TON

10 total
10 soil

7. Special handling instruction/
additional information:

RQ Asbestos
class 9

NA2212 PG 111

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

Printed Name and Title:

Montana Edwards (sup)

Signature

[Signature]

Date

7/22/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Mike Flavin/Driver

Signature

[Signature]

Date

7-22-15

Transporter 1's Address:

207 W 128th Street, Savage MN 55378

Transporter 1's Telephone:

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

UOT

Signature:

[Signature]

Date:

7.22-15

#6260

Load # ~~10~~ 15

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26283

GENERATOR

1. Work Site Name and Mailing Address: Rosemount Campus Barbara and 164 Rosemount MN 55068		Owner's Name: U of M
2. Generator/Contractor Name and Mailing Address: VCI Environmental 76 St. Croix Trail N Lakeland MN 55043		Owner's Telephone: 612-581-5806
3. Name and Address of Responsible Agency: MPCA 520 Lafayette Road North St. Paul, MN 55155		Contractor's Telephone: 651-438-8559
4. Waste Disposal Site: Dem-Con Landfill 3601 West 130th Street Shakopee, MN 55379		Agency's Telephone: (651) 296-6300
5. Description of Materials: <input type="checkbox"/> Impacted Soil <input type="checkbox"/> Non-Friable Asbestos <input type="checkbox"/> Other (specify below) <input checked="" type="checkbox"/> Friable Asbestos ACM - transite, red flooring and TSI Soil 10cy		6. Total Quantity: CY or TON 10 total 10 soil
7. Special handling instruction/ additional information: RQ asbestos class 9 NA2212 PG111		
8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. I further certify that the contents of this consignment do not contain hazardous waste as defined in 40 CFR Part 261		
Printed Name and Title: Montana Edwards sup	Signature: 	Date: 7/27/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)		Date
Printed Name and Title: Mike Finvin / DRIVER	Signature: 	7-27-15
Transporter 1's Address: JCS 7207 W 128th Street, Savage MN 55378		Transporter 1's Telephone:
10. Transporter 2 (Acknowledgement of receipt of materials)		
Printed Name and Title:	Signature:	Date:
Transporter 2's Address:	Transporter 2's Telephone:	

FACILITY

11. Discrepancy indication space:		
12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except as noted in item 11.		
Printed/Typed Name & Title: W0	Signature: WY	Date: 7-27-15

#6260

222A East

Load # 16

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26284

GENERATOR

1. Work Site Name and Mailing Address: Rosemount Campus Barbara and 164th Rosemount MN 55068		Owner's Name: U of M
2. Generator/Contractor Name and Mailing Address: VCI Environmental 76 St Croix trail N Lakeland MN 55043		Owner's Telephone: 612-581-5806
3. Name and Address of Responsible Agency:	MPCA 520 Lafayette Road North St. Paul, MN 55155	Contractor's Telephone: 651-436-8559
4. Waste Disposal Site:	Dem-Con Landfill 3601 West 130th Street Shakopee, MN 55379	Agency's Telephone: (651) 296-6300
5. Description of Materials: <input type="checkbox"/> Impacted Soil <input type="checkbox"/> Other (specify below) ACM - transite, red flooring and TSI 10 cy debris	<input type="checkbox"/> Non-Friable Asbestos <input checked="" type="checkbox"/> Friable Asbestos	6. Total Quantity: CY or TON 10 total 10 debris
8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. I further certify that the contents of this consignment do not contain hazardous waste as defined in 40 CFR Part 261		7. Special handling instruction/ additional information: RQ Asbestos Class 9 NA2212 PG III
Printed Name and Title: Montana Edwards	Signature: 	Date: 7/27/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)		
Printed Name and Title: Mike Favin / Driver	Signature: 	Date: 7-27-15
Transporter 1's Address: 2007 W 128th Street, Savage MN 55378		Transporter 1's Telephone:
10. Transporter 2 (Acknowledgement of receipt of materials)		
Printed Name and Title:	Signature:	Date:
Transporter 2's Address:		Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:		
12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except as noted in item 11.		
Printed/Typed Name & Title: WOT	Signature: WOT	Date: 7-27-15

#6260

Load #17

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26285

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 St. Croix trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

ACM-transite, red flooring
and TSI
10 debris

6. Total Quantity:
CY or TON

10 cy box

10 Debris

7. Special handling instruction/
additional information:

RQ Asbestos
class 1
NA2212 PG 111

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

Printed Name and Title:

Montana Edwards

Signature

Date

7/27/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Mike Flavin / Driver

Signature

Date

7-27-15

Transporter 1's Address:

JCS
1207 W 128th Street Savage MN 55378

Transporter 1's Telephone:

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature:

WT

Date:

7-27-15

#6260

Load # 18

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26286

GENERATOR

1. Work Site Name and Mailing Address: Rosemount Campus Barbara and 164th Rosemount MN 55068		Owner's Name: U of M
2. Generator/Contractor Name and Mailing Address: VCI Environmental 76 st. croix trail N Lakeland MN 55043		Owner's Telephone: 612-581-5806
3. Name and Address of Responsible Agency: MPCA 520 Lafayette Road North St. Paul, MN 55155		Contractor's Telephone: 651-436-8559
4. Waste Disposal Site: Dem-Con Landfill 3601 West 130th Street Shakopee, MN 55379		Agency's Telephone: (651) 296-6300
5. Description of Materials: <input type="checkbox"/> Impacted Soil <input type="checkbox"/> Non-Friable Asbestos <input type="checkbox"/> Other (specify below) <input checked="" type="checkbox"/> Friable Asbestos ACM - transite, Red flooring and TSI (10cy soil)		6. Total Quantity: CY or TON 10cy box (10cy soil)
7. Special handling instruction/ additional information: RQ asbestos class 9 NA2212 P.G.111		
8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. I further certify that the contents of this consignment do not contain hazardous waste as defined in 40 CFR Part 261		
Printed Name and Title: Mortan Edwards (sup)	Signature 	Date 7/27/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)		
Printed Name and Title: Mike Favin Driver	Signature 	Date 7-27-15
Transporter 1's Address: 2007 W 128th Street, Savage MN 55378		Transporter 1's Telephone:
10. Transporter 2 (Acknowledgement of receipt of materials)		
Printed Name and Title: Paul Forn Pwr LLC	Signature 	Date 072815
Transporter 2's Address:		Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:		
12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except as noted in item 11.		
Printed/Typed Name & Title: JESS	Signature: 	Date: 7/28/15

Box 1075 W 2233rd

White Copy - Dem-Con

Yellow Copy - Generator

Pink Copy - Transporter

6260

19

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26287

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbra and 164th
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 St. Croix Trail N
Lakeeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:
(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:
(952) 445-5755

5. Description of Materials:

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

ACM - Transite, red Flooring
and TSI

10 Soil

6. Total Quantity:
CY or TON

10 cy box

10 cy soil

7. Special handling instruction/
additional information:

RQ Asbestos
Class 9

NA 2212 P.G. 111

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

Printed Name and Title:

sup

Signature

Date

7/29/15

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Yusef Prew

Signature

Date

7/29/15

Transporter 1's Address:

207 W 128th Street Savage MN 55378

Transporter 1's Telephone:

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

1

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature

Date:

7.29.15

62100

20

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

Manifest # **26289**

**G
E
N
E
R
A
T
O
R**

1. Work Site Name and Mailing Address:
Rosemount Campus
Barbara on & 164th
Rosemount MN 55068

Owner's Name:
U of M
Owner's Telephone:
612-581-5806

2. Generator/Contractor Name and Mailing Address:
VCI Environmental
78 St. Croix Trail N
Lakeland MN 55043

Contractor's Telephone:
651-436-8559

3. Name and Address of Responsible Agency: MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:
(651) 296-6300

4. Waste Disposal Site: Dem-Con Landfill
3601 West 130th Street
Shakopee, MN 55379

Dem-Con's Telephone:
(952) 445-5755

5. Description of Materials:
 Impacted Soil Non-Friable Asbestos
 Other (specify below) Friable Asbestos
ACM, transite, red flooring
TSI

6. Total Quantity:
(CY or TON)
10 cy box
7 soil
3 debris

7. Special handling instruction/
additional information:
RQ Asbestos
class 9
NA2012 PG111

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

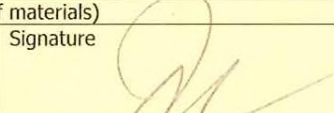
Printed Name and Title:
Montana Edwards

Signature


Date
7/29/15

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9. Transporter 1 (Acknowledgement of receipt of materials)
Printed Name and Title:
Jesse Poore

Signature


Date
7.29.15

Transporter 1's Address:
2007 W 128th Street, Savage MN 55378

Transporter 1's Telephone:

10. Transporter 2 (Acknowledgement of receipt of materials)
Printed Name and Title:

Signature

Date

Transporter 2's Address:

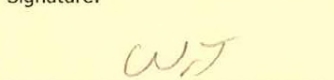
Transporter 2's Telephone:

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11. Discrepancy indication space:

12. Waste Disposal site owner or operator:
Certification of materials covered by this manifest except as noted in item 11.

Printed/Typed Name & Title:
WT

Signature:


Date:
7.26.15

6260

~~21~~ 21

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

Manifest # **26288**

**G
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1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76. St. Croix trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

Impacted Soil Non-Friable Asbestos
 Other (specify below) Friable Asbestos
ACM-transite, red flooring
TSI,

6. Total Quantity:
CY or TON

10 cy Box
7 soil
3 debris

7. Special handling instruction/
additional information:

RQ Asbestos
Class 9
NA2212
P.G. 111

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

Printed Name and Title:

Montana Edwards

Signature

Date

7/29/15

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9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Jose Reyno

Signature

Date

7.29.15

Transporter 1's Address:

JCS
207 W 128th Street, Savage MN 55378

Transporter 1's Telephone:

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

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11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature

Date:

7.29.15

6260

22

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26374

GENERATOR

1. Work Site Name and Mailing Address: Rosemount Campus Barbara and 164 222A East Rosemount MN 55068		Owner's Name: U of M
2. Generator/Contractor Name and Mailing Address: VCI Environmental 76 St. Croix trail N Lakeland MN 55043		Owner's Telephone: 612-581-5806
3. Name and Address of Responsible Agency:	MPCA 520 Lafayette Road North St. Paul, MN 55155	Contractor's Telephone: 651-436-8559
4. Waste Disposal Site:	Dem-Con Landfill 3601 West 130th Street Shakopee, MN 55379	Agency's Telephone: (651) 296-6300
5. Description of Materials: <input type="checkbox"/> Impacted Soil <input type="checkbox"/> Non-Friable Asbestos <input type="checkbox"/> Other (specify below) <input checked="" type="checkbox"/> Friable Asbestos ACM, transite, red flooring TSI	6. Total Quantity: CY or TON Tox Box 9 soil 1 debris	7. Special handling instruction/ additional information: RC Asbestos Class 9 NA2212 P.G. 111
8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. I further certify that the contents of this consignment do not contain hazardous waste as defined in 40 CFR Part 261		
Printed Name and Title: Montana Edwards	Signature: 	Date: 7/29/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)		
Printed Name and Title: 	Signature: 	Date: 7-29-15
Transporter 1's Address: 2207 W 125th St Shakopee, MN 55379	Transporter 1's Telephone: 952-746-5832	
10. Transporter 2 (Acknowledgement of receipt of materials)		
Printed Name and Title:	Signature:	Date:
Transporter 2's Address:	Transporter 2's Telephone:	

FACILITY

11. Discrepancy indication space:		
12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except as noted in item 11.		
Printed/Typed Name & Title: WT	Signature: WT	Date: 7-30-15

6260

23

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26375

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount campus
Barbara and 164th 222A East
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 st. croix trail N
Lake land MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

ACM - transite, red flooring
TSI

6. Total Quantity:
CY or TON

1000 Box
10 soil

7. Special handling instruction/
additional information:

RQ Asbestos
class 2
NA2212 PG. 111

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

Printed Name and Title:

Montana Edwards

Signature

Date

7/30/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Spence Danner

Signature

Date

7-30-15

Transporter 1's Address:

7207 W 198th St. Shakopee, MN 55378

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WJ

Signature:

Date:

7-30-15

White Copy - Dem-Con

Yellow Copy - Generator

Pink Copy - Transporter

UMP020929

#6200

#24

4 soil from 222A East
6 debris from 222B West

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

Manifest # **26376**

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1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th

Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 st. croix trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8558

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

ACM - transite, red flooring
and TSI
"6 cy debris" "4 cy soil"
"4 soil"

6. Total Quantity:
CY or TON

10 cy box
6 debris
4 soil

7. Special handling instruction/
additional information:

RQ Asbestos
class 9
NA2212 P.G.111

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

Printed Name and Title:

Montana Edwards (sup)

Signature

Date

7/24/15

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9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Mike Flavin / Driver

Signature

Date

7-24-15

Transporter 1's Address:

7207 West 130th Street
Shakopee, MN 55378

Transporter 1's Telephone:

952 746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

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11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature:

Date:

8-14-15

#6260

#25

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26377

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5808

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 St. Croix Trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

ACM - transite, red flooring
and TSI
6 debris 4 soil

6. Total Quantity:
CY or TON

6 debris
4 soil
10 cy total

7. Special handling instruction/
additional information:

RQ Asbestos
class 9
NA2212 PG. 19

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

Printed Name and Title:

Montana Edwards

Signature

Date

8/17/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Mike Flavin/Driver

Signature

Date

8.17.15

Transporter 1's Address:

2207 W 118th St Shakopee MN 55378

Transporter 1's Telephone:

952 746 5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WO

Signature:

Date:

8-17-15

#6260

#1046

#26

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26378

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
barbata and 164th
Rosemount Mn 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 St. Croix Trail N
Lakeland Mn 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

Impacted Soil Non-Friable Asbestos
 Other (specify below) Friable Asbestos
- Asm - Jobsite, Red flooring
and TSI
222 B West 10 soil

6. Total Quantity:
CY or TON

10 soil
222 B West

7. Special handling instruction/
additional information:

RQ Asbestos
Class 9
NA2212 PG 111

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

Printed Name and Title:

Signature

Date

Montana Edwards

8/18/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

CIND HERRN

8-19-15

Transporter 1's Address:

7207 W 125th St. Savage Mn 55578

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

Signature:

Date:

WO

8-18-15

#6260

#116

#27

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26379

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCT Environmental
76 ST. Cloix Trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

Impacted Soil Non-Friable Asbestos
 Other (specify below) Friable Asbestos
- ACM Transite, Red Roofing
and TSI
222B West 10 soil

6. Total Quantity:
CY or TON

222B West
10 soil

7. Special handling instruction/
additional information:

Box Asbestos
class 9
NA2212 PG111

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

Printed Name and Title:

Montana Edwards
SUP

Signature

Date

8/18/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

CHRIS HORTON / DRIVER

Signature

Date

8-18-15

Transporter 1's Address:

7307 W 138th St Shakopee MN 55378

Transporter 1's Telephone:

952-746-5852

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WOT

Signature

Date:

8-18-15

#6260

#28

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26380

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th 222B West
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environ mental
76 St. Croix Trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

-Asm Transite, Red flooring
and TSI

6. Total Quantity:
CY or TON

10 soil
222B West

7. Special handling instruction/
additional information:

Ra Asbestos
Class 9
NA2212 PG111

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

Printed Name and Title:

Montana Edwards

Signature

Date

8/24/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Bon Kniefel/Driver

Signature

Date

8-25-15

Transporter 1's Address:

7207 West St Shakopee MN 55378

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

UOT

Signature:

Date:

8-25-15

Job # 6260

29 #1050

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

Manifest # **26381**

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1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th 222B West
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5808

2. Generator/Contractor Name and Mailing Address:

VEI Environmental
765 Focroix Trail N
Lakeford MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

ACM - transite, red flooring
and TSI

6. Total Quantity:
CY or TON

18 soil
222B West

7. Special handling instruction/
additional information:

RQ Asbestos
class 9
NA2212 P.G. 111

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

Printed Name and Title:

Montana Edwards

Signature

Date

8/24/15

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R**

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Tim K / Driver

Signature

Date

9-1-15

Transporter 1's Address:

7207 W 138th St Savage MN 55578

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

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11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature

Date:

9-1-15

White Copy - Dem-Con

Yellow Copy - Generator

Pink Copy - Transporter

UMP020935

Job # 6260

#30

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26382

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbary and 164th

Rosemount MN 55068

Owner's Name:

UGFM

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

UCF Environmental
76 St. Croix Trail N

Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

-Acm Transite, Red Flooring

and TSI

222B West (4 soil) 222B East (6 debris) 6 debris

6. Total Quantity:
CY or TON

10 cy

4 soil

6 debris

7. Special handling instruction/
additional information:

Re Asbestos

Class 9

NA2212 PG111

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

Printed Name and Title:

Montana Edwards

Signature

Date

8/2/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Tim K Dina

Signature

Date

8-27-15

Transporter 1's Address:

7207 W 128th St Shakopee MN 55378

Transporter 1's Telephone:

952 746 5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature:

Date:

8-27-15

White Copy - Dem-Con

Yellow Copy - Generator

Pink Copy - Transporter

UMP020936

Job # 6200

31

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26383

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th
Rosemount MN 55068

Owner's Name:

V of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 ST Cloix Trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

Asm Transfer Red flooring
and TSI 222B East 9 debris
1 soil

6. Total Quantity:
CY or TON

10 cy
9 debris
1 soil

7. Special handling instruction/
additional information:

RQ Asbestos
Class 9
MA2212 PG III

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

Printed Name and Title:

sup
Montana Edwards

Signature

Date

8/27/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Mike Flavin / Driver

Signature

Date

8-21-15

Transporter 1's Address:

2207 W 138th St. Shakopee MN 55378

Transporter 1's Telephone:

952-746-5852

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WOT

Signature:

Date:

8-31-15

White Copy - Dem-Con

Yellow Copy - Generator

Pink Copy - Transporter

UMP020937

Job # 6260

#1038

#32

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26384

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-587-5806

2. Generator/Contractor Name and Mailing Address:

VCT Environmental
76 St. Croix Trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

ACM Transite, Red flooring
and TSI (10 soil)

6. Total Quantity:
CY or TON

10581
2228 East

7. Special handling instruction/
additional information:

RQ Asbestos
Class 9
NA2212 PG11

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

Printed Name and Title:

Montana Edwards ^{sup}

Signature

Date

8/31/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

CHAD HORTON/DRIVER

Signature

Date

9-1-15

Transporter 1's Address:

7207 W 125th St Savage MN 55378

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

Jess

Signature:

Date:

9/1/15

White Copy - Dem-Con

Yellow Copy - Generator

Pink Copy - Transporter

UMP020938

Job # 6260

33

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

Manifest # **26385**

**G
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R**

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th 222B West
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

Vet Environmental
76 St. Croix Trail N
Lakeeland MN 55013

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

Air Transite, Red flooring
and TSE soil
1 debris

6. Total Quantity:
CY or TON

10 cy
9 soil
1 debris

7. Special handling instruction/
additional information:

Re Asbestos
class 9
NA 2012 P6111

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

Printed Name and Title:

(SUP)

Signature

Date

Montana Edwards

9/1/15

**T
R
A
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P
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E
R**

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Tim Diller

Signature

Date

9-2-15

Transporter 1's Address:

7207 W 128th St. Shakopee MN 55378

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

**F
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Y**

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

Sess

Signature:

Date:

9/2/15

White Copy - Dem-Con

Yellow Copy - Generator

Pink Copy - Transporter

UMP020939

Job # 6260

#34

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26386

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th 222B West
Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 St. Croix Trail N
Lakeeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

Impacted Soil Non-Friable Asbestos
 Other (specify below) Friable Asbestos
Acm transite, Red flooring
and TSI 9 soil
1 debris

6. Total Quantity:
CY or TON

10 cy
9 soil
1 debris

7. Special handling instruction/
additional information:

R & Asbestos
Class 9
NA 2212 P6/11

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

Printed Name and Title:

Montana Edwards (sup)

Signature

Date

9/1/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Tim M. Driver

Signature

Date

9-2-15

Transporter 1's Address:

7207 W 128th St Savage MN 55378

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

Jess

Signature

Date:

9/2/15

Job # 6260

35

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26387

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbara and 164th

Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 ST Croix Trail N
Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

ACM Transite, Red flooring
and TSI
9 soil
1 debris

6. Total Quantity:
CY or TON

9 soil
1 debris
10.10

7. Special handling instruction/
additional information:

RQ Asbestos
class 9
NA2212 PG111

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

Printed Name and Title:

Martine Edwards (sup)

Signature

Date

9/3/15

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Sam Anderson LCS

Signature

Date

09/03/15

Transporter 1's Address:

7207 W 128th St Shakopee, MN 55378

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WT

Signature

Date:

9-3-15

Job # 6260

#36

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26388

GENERATOR

1. Work Site Name and Mailing Address:

ROSEMOUNT CAMPUS
Barbata and 164th 222B East
Rosemount MN 55068

Owner's Name:

Vofm

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCT Environmental
76 St. Cloix Trail N
Lakeland MN 55043

Contractor's Telephone:

651 4136-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

Acm transite, Red flooring
and TSI 10 soil

6. Total Quantity:
CY or TON

10 soil

7. Special handling instruction/
additional information:

RQ Asbestos
Class 9
NA 2212 PG III

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

Printed Name and Title:

sup

Signature

Date

9/3/15

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Sam Anderson LES

Signature

Date

09/03/15

Transporter 1's Address:

7207 W 128th St. Savage, MN 55378

Transporter 1's Telephone:

952-746-5532

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 2's Address:

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WJ

Signature:

Date:

9-3-15

White Copy - Dem-Con

Yellow Copy - Generator

Pink Copy - Transporter

UMP020942

Job # 6260 1/20

37

DEM-CON LANDFILL, LLC
WASTE MANIFEST FORM

Manifest # 26389

GENERATOR

1. Work Site Name and Mailing Address:

Rosemount Campus
Barbata and 164th

Rosemount MN 55068

Owner's Name:

U of M

Owner's Telephone:

612-581-5806

2. Generator/Contractor Name and Mailing Address:

VCI Environmental
76 ST. Croix Trail N

Lakeland MN 55043

Contractor's Telephone:

651-436-8559

3. Name and Address of Responsible Agency:

MPCA
520 Lafayette Road North
St. Paul, MN 55155

Agency's Telephone:

(651) 296-6300

4. Waste Disposal Site:

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

Dem-Con's Telephone:

(952) 445-5755

5. Description of Materials:

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

AcM Transite, Red flooring

and TST 4 debris
6 soil

6. Total Quantity:
CY or TON

4 debris
6 soil
12 1/2

7. Special handling instruction/
additional information:

Re Asbestos
Class 9

NA 2212 PG III

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

Printed Name and Title:

Signature

Date

TRANSPORTER

9. Transporter 1 (Acknowledgement of receipt of materials)

Printed Name and Title:

Signature

Date

Transporter 1's Address:

7247 W 128th St, Shakopee, MN 55378

Transporter 1's Telephone:

952-746-5832

10. Transporter 2 (Acknowledgement of receipt of materials)

Printed Name and Title: Driver

Signature

Date

Transporter 2's Address:

Rick Nygard

9/11/15

Transporter 2's Telephone:

FACILITY

11. Discrepancy indication space:

12. Waste Disposal site owner or operator:

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

Printed/Typed Name & Title:

WR

Signature:

WR

Date:

9-11-15

Appendix 6

Legend Technical Services Report on Red Sparkproof Mastic



88 Empire Drive
St Paul, MN 55103
Tel: 651-642-1150
Fax: 651-642-1239

May 14, 2015

REVISION

Mr. Sean Gabor
University of Minnesota Facilities Management
319 15th Avenue SE
Minneapolis, MN 55455

Work Order Number: 1501364
RE: Analytical Services

This is a revised report. The details of the revision are listed in the case narrative on the following page.

Enclosed are the results of analyses for samples received by the laboratory on 04/16/15. If you have any questions concerning this report, please feel free to contact me.

Results are not blank corrected unless noted within the report. Additionally, all QC results meet requirements unless noted.

All samples will be retained by Legend Technical Services, Inc., unless consumed in the analysis, at ambient conditions for 30 days from the date of this report and then discarded unless other arrangements are made. All samples were received in acceptable condition unless otherwise noted.

All test results and QC meet requirements of the 2003 NELAC standard.

MDH (NELAC) Certification #027-123-295

Prepared by,
LEGEND TECHNICAL SERVICES, INC

Bach Pham
Client Manager II
bpham@legend-group.com



88 Empire Drive
 St Paul, MN 55103
 Tel: 651-642-1150
 Fax: 651-642-1239

University of Minnesota Facilities Management 319 15th Avenue SE Minneapolis, MN 55455	Project: Analytical Services Project Number: Rosemount Project Manager: Mr. Sean Gabor	Work Order #: 1501364 Date Reported: 05/14/15
--	--	--

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
S222-A	1501364-01	Other	04/15/15 11:45	04/16/15 15:50
P-222	1501364-02	Other	04/15/15 11:47	04/16/15 15:50

<u>Shipping Container Information</u>		
Default Cooler	Temperature (°C):	
Received on ice: No	Temperature blank was not present	Received on ice pack: No
Received on melt water: No	Ambient: Yes	Acceptable (IH/ISO only): No
Custody seals: No		

Case Narrative:

The results are reported on an 'as received' basis.

Per the client's request, this report was revised on May 14, 2015 to include TCLP Arsenic, Chromium, and Lead analyses for both samples. This report supersedes the report dated April 24, 2015.



88 Empire Drive
 St Paul, MN 55103
 Tel: 651-642-1150
 Fax: 651-642-1239

University of Minnesota Facilities Management 319 15th Avenue SE Minneapolis, MN 55455	Project: Analytical Services Project Number: Rosemount Project Manager: Mr. Sean Gabor	Work Order #: 1501364 Date Reported: 05/14/15
--	--	--

TOTAL METALS ANALYSIS
Legend Technical Services, Inc.

Analyte	Result	RL	MDL	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
S222-A (1501364-01) Other Sampled: 04/15/15 11:45 Received: 04/16/15 15:50										
Arsenic	98	0.50	0.10	mg/kg wet	1	B5D2014	04/20/15	04/20/15	EPA 6010C	
Barium	150	1.0	0.066	mg/kg wet	1	"	"	"	"	
Cadmium	2.3	0.25	0.0087	mg/kg wet	1	"	"	"	"	
Chromium	39	0.50	0.036	mg/kg wet	1	"	"	"	"	
Lead	190	1.0	0.062	mg/kg wet	1	"	"	"	"	
Mercury	<0.080	0.080	0.023	mg/kg	1	"	"	"	"	
Selenium	2.5	1.0	0.29	mg/kg wet	1	"	"	"	"	
Silver	21	0.25	0.012	mg/kg wet	1	"	"	"	"	
P-222 (1501364-02) Other Sampled: 04/15/15 11:47 Received: 04/16/15 15:50										
Arsenic	120	0.50	0.10	mg/kg wet	1	B5D2014	04/20/15	04/20/15	EPA 6010C	
Barium	130	1.0	0.066	mg/kg wet	1	"	"	"	"	
Cadmium	1.2	0.25	0.0087	mg/kg wet	1	"	"	"	"	
Chromium	49	0.50	0.036	mg/kg wet	1	"	"	"	"	
Lead	210	1.0	0.062	mg/kg wet	1	"	"	"	"	
Mercury	<0.079	0.079	0.023	mg/kg	1	"	"	"	"	
Selenium	3.3	1.0	0.29	mg/kg wet	1	"	"	"	"	
Silver	42	0.25	0.012	mg/kg wet	1	"	"	"	"	



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University of Minnesota Facilities Management 319 15th Avenue SE Minneapolis, MN 55455	Project: Analytical Services Project Number: Rosemount Project Manager: Mr. Sean Gabor	Work Order #: 1501364 Date Reported: 05/14/15
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TCLP METALS
Legend Technical Services, Inc.

Analyte	Result	RL	MDL	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
S222-A (1501364-01) Other Sampled: 04/15/15 11:45 Received: 04/16/15 15:50										
Arsenic	<0.050	0.050	0.013	mg/L	1	B5E0104	05/01/15	05/04/15	EPA 1311/6010C	
Chromium	<0.050	0.050	0.0060	mg/L	1	"	"	"	"	
Lead	<0.025	0.025	0.0058	mg/L	1	"	"	"	"	
P-222 (1501364-02) Other Sampled: 04/15/15 11:47 Received: 04/16/15 15:50										
Arsenic	<0.050	0.050	0.013	mg/L	1	B5E0104	05/01/15	05/04/15	EPA 1311/6010C	
Chromium	<0.050	0.050	0.0060	mg/L	1	"	"	"	"	
Lead	<0.025	0.025	0.0058	mg/L	1	"	"	"	"	



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 St Paul, MN 55103
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 Fax: 651-642-1239

University of Minnesota Facilities Management 319 15th Avenue SE Minneapolis, MN 55455	Project: Analytical Services Project Number: Rosemount Project Manager: Mr. Sean Gabor	Work Order #: 1501364 Date Reported: 05/14/15
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TOTAL METALS ANALYSIS - Quality Control
Legend Technical Services, Inc.

Analyte	Result	RL	MDL	Units	Spike Level	Source Result	%REC	%REC Limits	%RPD	%RPD Limit	Notes
Batch B5D2014 - EPA 3050B											
Blank (B5D2014-BLK1)											
Prepared & Analyzed: 04/20/15											
Arsenic	< 0.50	0.50	0.10	mg/kg wet							
Barium	< 1.0	1.0	0.066	mg/kg wet							
Cadmium	< 0.25	0.25	0.0087	mg/kg wet							
Chromium	< 0.50	0.50	0.036	mg/kg wet							
Lead	< 1.0	1.0	0.062	mg/kg wet							
Mercury	< 0.080	0.080	0.023	mg/kg							
Selenium	< 1.0	1.0	0.29	mg/kg wet							
Silver	< 0.25	0.25	0.012	mg/kg wet							
LCS (B5D2014-BS1)											
Prepared & Analyzed: 04/20/15											
Arsenic	41.4	0.50	0.10	mg/kg wet	39.9		104	80-120			
Barium	42.3	1.0	0.066	mg/kg wet	39.9		106	80-120			
Cadmium	42.4	0.25	0.0087	mg/kg wet	39.9		106	80-120			
Chromium	41.7	0.50	0.036	mg/kg wet	39.9		105	80-120			
Lead	41.7	1.0	0.062	mg/kg wet	39.9		104	80-120			
Mercury	25.8	0.080	0.023	mg/kg	25.0		103	80-120			
Selenium	41.7	1.0	0.29	mg/kg wet	39.9		105	80-120			
Silver	3.98	0.25	0.012	mg/kg wet	3.99		99.6	80-120			
LCS Dup (B5D2014-BSD1)											
Prepared & Analyzed: 04/20/15											
Arsenic	41.8	0.50	0.10	mg/kg wet	39.9		105	80-120	0.880	20	
Barium	42.3	1.0	0.066	mg/kg wet	39.9		106	80-120	0.111	20	
Cadmium	43.0	0.25	0.0087	mg/kg wet	39.9		108	80-120	1.32	20	
Chromium	42.2	0.50	0.036	mg/kg wet	39.9		106	80-120	1.28	20	
Lead	42.2	1.0	0.062	mg/kg wet	39.9		106	80-120	1.28	20	
Mercury	26.2	0.080	0.023	mg/kg	25.0		105	80-120	1.32	20	
Selenium	42.2	1.0	0.29	mg/kg wet	39.9		106	80-120	1.10	20	
Silver	4.10	0.25	0.012	mg/kg wet	3.99		103	80-120	2.96	20	
Matrix Spike (B5D2014-MS1)											
Source: 1501375-02 Prepared & Analyzed: 04/20/15											
Arsenic	42.7	0.52	0.10	mg/kg dry	41.2	0.939	101	75-125			
Barium	65.6	1.0	0.069	mg/kg dry	41.2	21.7	107	75-125			
Cadmium	42.7	0.26	0.0091	mg/kg dry	41.2	<0.26	104	75-125			
Chromium	50.0	0.52	0.038	mg/kg dry	41.2	6.73	105	75-125			
Lead	45.7	1.0	0.065	mg/kg dry	41.2	4.16	101	75-125			
Mercury	24.1	0.079	0.023	mg/kg	24.8	<0.079	97.3	75-125			
Selenium	42.2	1.0	0.30	mg/kg dry	41.2	<1.0	103	75-125			
Silver	4.20	0.26	0.012	mg/kg dry	4.12	<0.26	102	75-125			
Matrix Spike Dup (B5D2014-MSD1)											
Source: 1501375-02 Prepared & Analyzed: 04/20/15											
Arsenic	41.9	0.52	0.10	mg/kg dry	41.2	0.939	99.4	75-125	1.72	20	
Barium	65.5	1.0	0.069	mg/kg dry	41.2	21.7	106	75-125	0.107	20	



88 Empire Drive
 St Paul, MN 55103
 Tel: 651-642-1150
 Fax: 651-642-1239

University of Minnesota Facilities Management 319 15th Avenue SE Minneapolis, MN 55455	Project: Analytical Services Project Number: Rosemount Project Manager: Mr. Sean Gabor	Work Order #: 1501364 Date Reported: 05/14/15
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TOTAL METALS ANALYSIS - Quality Control
Legend Technical Services, Inc.

Analyte	Result	RL	MDL	Units	Spike Level	Source Result	%REC	%REC Limits	%RPD	%RPD Limit	Notes
Batch B5D2014 - EPA 3050B											
Matrix Spike Dup (B5D2014-MSD1)											
	Source: 1501375-02				Prepared & Analyzed: 04/20/15						
Cadmium	42.3	0.26	0.0091	mg/kg dry	41.2	<0.26	103	75-125	0.848	20	
Chromium	50.6	0.52	0.038	mg/kg dry	41.2	6.73	106	75-125	1.30	20	
Lead	45.9	1.0	0.065	mg/kg dry	41.2	4.16	101	75-125	0.567	20	
Mercury	24.0	0.079	0.023	mg/kg	24.8	<0.079	96.7	75-125	0.509	20	
Selenium	41.8	1.0	0.30	mg/kg dry	41.2	<1.0	101	75-125	1.16	20	
Silver	4.10	0.26	0.012	mg/kg dry	4.12	<0.26	99.5	75-125	2.42	20	



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TCLP METALS - Quality Control
Legend Technical Services, Inc.

Analyte	Result	RL	MDL	Units	Spike Level	Source Result	%REC	%REC Limits	%RPD	%RPD Limit	Notes
Batch B5E0104 - EPA 200.7/3005A Digestion											
Blank (B5E0104-BLK1)											
						Prepared: 05/01/15 Analyzed: 05/04/15					
Arsenic	< 0.050	0.050	0.013	mg/L							
Chromium	< 0.050	0.050	0.0060	mg/L							
Lead	< 0.025	0.025	0.0058	mg/L							
Blank (B5E0104-BLK2)											
						Prepared: 05/01/15 Analyzed: 05/04/15					
Arsenic	< 0.050	0.050	0.013	mg/L							
Chromium	< 0.050	0.050	0.0060	mg/L							
Lead	< 0.025	0.025	0.0058	mg/L							
LCS (B5E0104-BS1)											
						Prepared: 05/01/15 Analyzed: 05/04/15					
Arsenic	4.26	0.050	0.013	mg/L	3.99		107	80-120			
Chromium	4.18	0.050	0.0060	mg/L	3.99		105	80-120			
Lead	4.06	0.025	0.0058	mg/L	3.99		102	80-120			
LCS Dup (B5E0104-BSD1)											
						Prepared: 05/01/15 Analyzed: 05/04/15					
Arsenic	4.48	0.050	0.013	mg/L	3.99		112	80-120	5.14	20	
Chromium	4.41	0.050	0.0060	mg/L	3.99		111	80-120	5.43	20	
Lead	4.30	0.025	0.0058	mg/L	3.99		108	80-120	5.61	20	
Matrix Spike (B5E0104-MS1)											
						Source: 1501449-01 Prepared: 05/01/15 Analyzed: 05/04/15					
Arsenic	4.42	0.050	0.013	mg/L	3.99	<0.050	111	75-125			
Chromium	4.41	0.050	0.0060	mg/L	3.99	<0.050	110	75-125			
Lead	4.21	0.025	0.0058	mg/L	3.99	<0.025	105	75-125			
Matrix Spike Dup (B5E0104-MSD1)											
						Source: 1501449-01 Prepared: 05/01/15 Analyzed: 05/04/15					
Arsenic	4.32	0.050	0.013	mg/L	3.99	<0.050	108	75-125	2.11	20	
Chromium	4.31	0.050	0.0060	mg/L	3.99	<0.050	107	75-125	2.40	20	
Lead	4.11	0.025	0.0058	mg/L	3.99	<0.025	103	75-125	2.33	20	



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Notes and Definitions

- < Less than value listed
- dry Sample results reported on a dry weight basis
- NA Not applicable. The %RPD is not calculated from values less than the reporting limit.
- MDL Method Detection Limit
- RL Reporting Limit
- RPD Relative Percent Difference
- LCS Laboratory Control Spike = Blank Spike (BS) = Laboratory Fortified Blank (LFB)
- MS Matrix Spike = Laboratory Fortified Matrix (LFM)

Page 1 of 1
LEGEND TECHNICAL SERVICES, INC.
 88 Empire Drive, St. Paul, MN 55103 - Telephone: 651-642-1150, Fax: 651-642-1239
CHAIN-OF-CUSTODY RECORD

Client Name: <u>UofM</u>		Bill To: <u>UofM</u>	LEGEND Project #: <u>1301364</u>	Analyst	
Address: <u>883 29th Ave SE</u> <u>Mpls. MN 55414</u>		Address: <u>Sum</u>	Turnaround Time: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> RUSH		
Attn: <u>Sean Guber</u>		PO # <u>13407156</u>	Requested Due Date: _____	Number of Containers	
Phone: <u>612-625-7547</u>		Fax: _____	Condition Received: <input type="checkbox"/> Received at _____ °C <input type="checkbox"/> Received on ice <input checked="" type="checkbox"/> No temp. blank <input type="checkbox"/> Received on ice pack <input type="checkbox"/> Received on melt water <input checked="" type="checkbox"/> Received ambient <input type="checkbox"/> Acceptable (HHSO only) <input type="checkbox"/> Custody Seals		
Project Name: <u>Resumant</u>		Project #: _____	Collection Date: _____ Time: _____	Sample Matrix: _____ Lab ID No. _____ Date: <u>04/15/15</u> Time: <u>11:45</u> <u>Solid OA</u> Date: <u>4/15/15</u> Time: <u>11:47</u> <u>Solid OA</u>	
Item No.	Field ID	Sample Description	Comp		Grab
1	B222-A	Red Flooring Material			
2	P-222	Red Flooring Debris Pile			
3					
4					
5					
6					
7					
8					
9					
10					
Sample Collector (please print): <u>Sean Guber</u>		Relinquished By: <u>Sean Guber</u>	Date: <u>4/15/15</u> Time: <u>3:30 PM</u>	Accepted By: _____	
Comments: <u>Material Containing Asbestos</u>		Relinquished By: _____	Date: _____	Received By Lab: <u>Wiley Becker</u>	
				Date: <u>4/16/15</u> Time: <u>15:30</u>	

Form LAB-288 (06/07)
 PLEASE REVIEW TERMS AND CONDITIONS ON BACK BEFORE SIGNING
 White Copy - Original Accompanies Shipment to Lab Yellow Copy - Lab Pink Copy - Customer or Field Copy