### UNIVERSITY OF MINNESOTA

Twin Cities Campus

Facilities Management Hazardous Material Program 883-29<sup>th</sup> 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), 883-29<sup>th</sup> 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 165<sup>th</sup> 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. 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, #222Awest and #222Beast 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.

#### 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



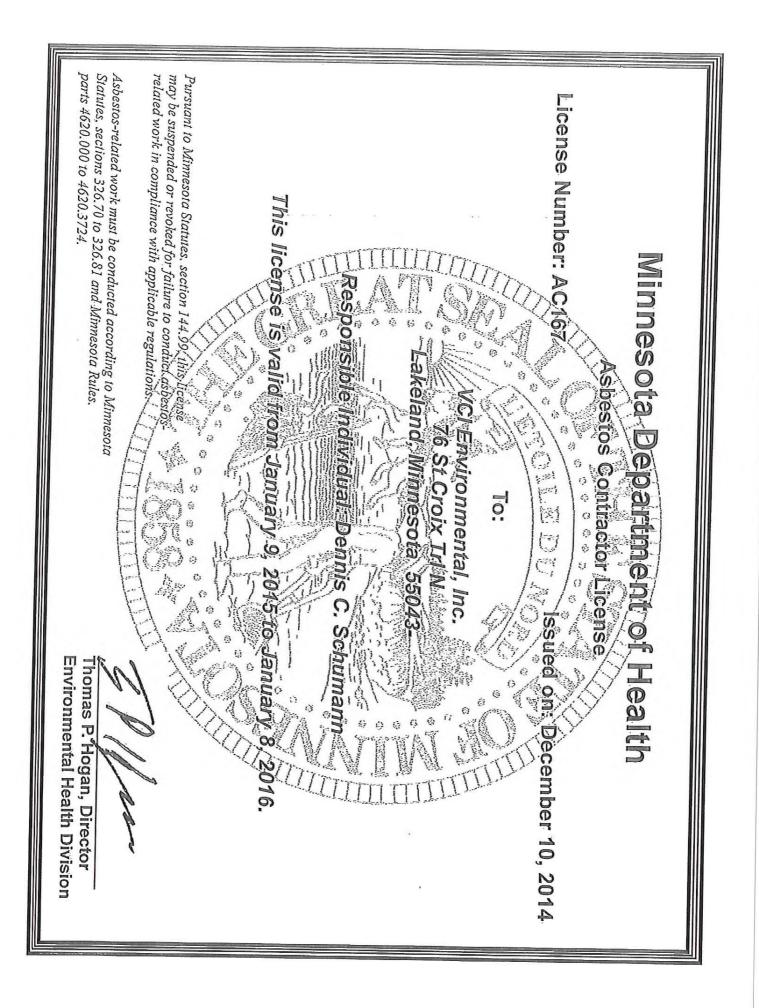
#222A East debris pile northeast of foundation before excavation



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

## Appendix 2

## **VCI Environmental Submittals**



Minnesota Pollution Control Agency/Minnesota Dept. of Health

Notification of Asbestos Related Work



### Type of Notification: Original

Asbestos Aba	tement Contractor: Lic. # AC167	<b>Building Owner:</b>						
Name:	VCI Environmental, Inc.	Name: Univ	University of Minnesota					
Address:	76 St Croix Trl N	Address: 319	15th Avenue SE					
City, State, Zip:	Lakeland MN 55043	City, State, Zip: Minr	: Minneapolis MN 55455					
Contact Person:		Contact Person: Dav	id Klaustermeier					
Phone:	651-436-8559	Phone: 612	-581-5806					
Air Monitorin	g Consultant/Lab.: Lic. # AC246	Building Informat	tion:					
Name:	University of Minnesota - Facilities	 Building Name: F	Rosemount Campus					
Address:	319 15th Ave SE	Address/Location: 1	5325 Babcock Avenue					
	300 Donhowe Bldg	City, State, Zip: F	Rosemount MN 55068					
City, State, Zip:	Minneapolis MN 55455	County:	Dakota					
Contact Person:		Phone: 6	512-581-5806					
Phone:	612-625-7547	- Size of Bldg.(sq.ft.):	0.00 Age of Bldg.(yrs): 70					
		Number of Floors Inc	luding Basement Level 1					
		Present Use of	Vacant					
		Prior Use of Bldg.:	Manufacturing					

### 1. Type of Project: Renovation

3.

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

Friable	Non Fri	able									
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									
Asbesto	os Abate	ment Activity									
a. Preclea	ning Work	Are to Final Visual Inspection: Start: 07/13/2015 End: 12/31/2015									

b. Dates when RACM will be distributed:	Start: 07/1	13/2015	End: 12/31/2015

c. Workshifts, time and days: <sup>7am - 5:30pm M-Thurs</sup>

### 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 specicific to this site:

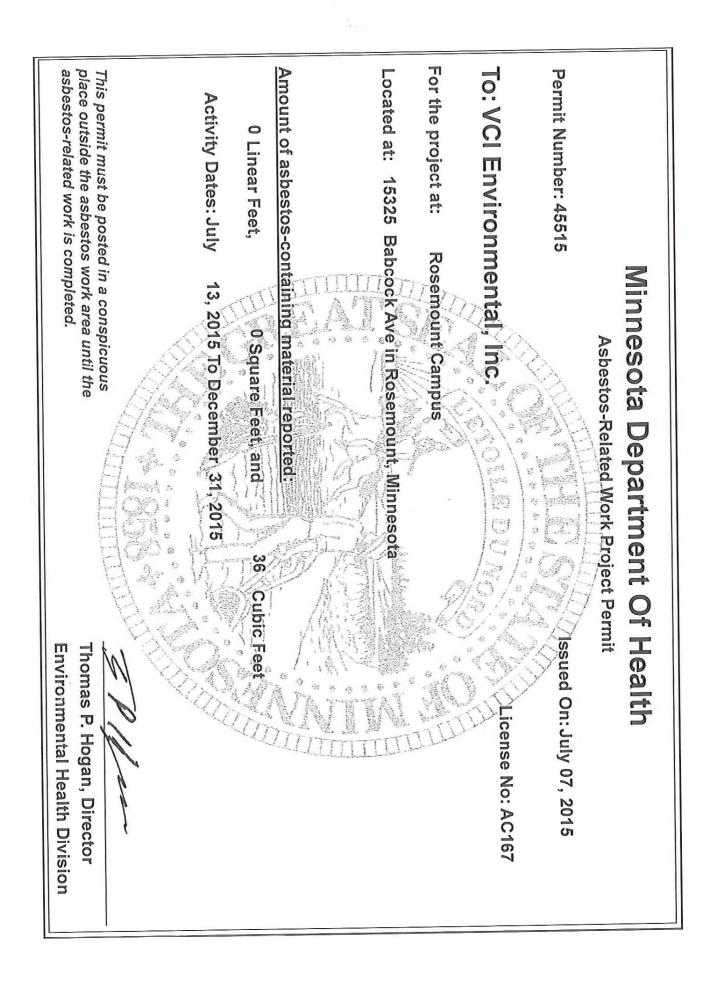
	Containment	Glove Bag		
	Mini Containment	Facility Component Remo		
7.	For emergency Re	enovation/Demolition Abateme	nt Projects:	
	a. Date and hour of en	nergency:		
	b. Description of sudde	en unexpected event:		
	c. Explanation of how	the event caused unsafe conditions or	would cause equipment	damage:
8.	Waste Transporte	er(s) Information:	9. Waste Dispos	al Information:
	Transporter Name:	Lloyds Construction Services Inc	Landfill Name:	Dem-Con Landfill, LLC
	Transporter Contact:	Jeff Stocker	Owner/Operator:	
	Transporter Address:	7207 128th St W	Address/Location:	3601 West 130th Street
	City, State, Zip:	Savage MN 55372	City, State, Zip:	Shakopee MN 55379
	Phone:	952-746-5832	Phone:	
10	0. Permit Fee: (	Check the one that applies)		
	\$35 permit fe		1100 - mark fact but m	ere then 10 linear and 6 square feet of
				ore than 10 linear and 6 square feet of
	~		00.00	
		residential and nonresidential, with m		
		copy of the bid acceptance document		n document.
	Does this 1%	permit fee includes air monito	oring costs? No	
	Is this a "Tin	ne and Materials" project?	No	
	Minnesota Site Supe	vidual trained in the provisions of ervisor) will be on-site during the a ct and I am a bonafide representat co enter into agreements for my en	isbestos abatement p tive of the abatement	roject. I certify that the above
	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 Pollution



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 #: 4,34,54,00 PERMIT (REQUIRED): 45515	
ASBESTOS ABATEMENT CONTRACTOR Company Name: VCI Environmental, Inc.BUILDING INFORMATION Building Name: Rosemant Campos Address: 76 St. Croix Trail N City/State/ZIP: Lakeland, MN 55043 Telephone: 651-436-8559BUILDING INFORMATION Building Name: Rosemant Campos City/State/ZIP: Rosemant Campos Address: 15 325 Bebaack Arc City/State/ZIP: Rosemant MN 55069Address: 651-436-8559Telephone: 612-581-5806 Telephone: 612-581-5806	3.15
AMOUNT OF RACM TO BE ABATED       ASBESTOS ABATEMENT ACTIVITY DATES         Linear Feet on Pipes       Start Date: 7/13/15         Square Feet:       End Date: 12/31/15         Cubic Feet:       YZOCY	w.
Description and Location of RACM to be Abated (include floor and room #): <u>ACM Bebris piles throught site figsbestes</u> <u>cachings on foundation stabs</u> Emission Control Procedures to be Used: <u>SAME</u>	7
Other Changed or Additional Information (including waste transporter or landfill): # 7 Project on hold undit forther notice Work out on Barben Ac + 164th St. #3 addite 7/23/15 unit forther notice //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:         7/16/15           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 #: $(2, 1, 8)$ AND PERMIT (REQUIRED): $(2, 5)$
ASBESTOS ABATEMENT CONTRACTOR Company Name: VCI Environmental, Inc.BUILDING INFORMATION Building Name: Keenwent Compon Address: 15 325 Rebeach AurAddress: 76 St. Croix Trail N City/State/ZIP: Lakeland, MN 55043Address: 15 325 Rebeach AurCity/State/ZIP: 651-436-8559City/State/ZIP: Cost Meent MN 55068 Telephone: 651-436-8559
AMOUNT OF RACM TO BE ABATED       ASBESTOS ABATEMENT ACTIVITY DATES         Linear Feet on Pipes       ASBESTOS ABATEMENT ACTIVITY DATES         Square Feet:       Start Date:         Cubic Feet:       Book and
Description and Location of RACM to be Abated (include floor and room #):
SAME
Other Changed or Additional Information (including waste transporter or landfill): <u>All Catscine until toother notice work haves Consult 430pm</u> <u>All Catscine until toother work haves Consult 430pm</u> <u>All Catscine until toother notice file</u> <u>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.</u>
Signature of Contractor/Owner;         Date: 4/15           MPCA FAX: (651) 297-1438         MDH FAX: (651) 201-4606

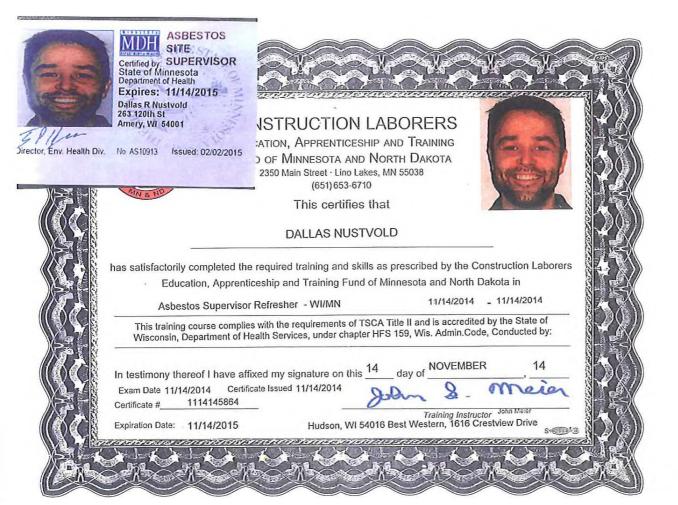
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Minnesota Pollution Control Agency
STATE OF MINNESOTA AMENDED NOTICE OF INTENT TO PERFORM ASBESTOS RELATED WORK or NOTIFICATION OF ASBESTOS-RELATED WORK UNDER AN ANNUAL NOTICE (Circle "Annual" if applicable) AMENDMENT #: <u>1,12</u> AND PERMIT (REQUIRED): <u>455(5</u>
ASBESTOS ABATEMENT CONTRACTORBUILDING INFORMATIONCompany Name: VCI Environmental, Inc.Building Name: Resement (ampus)Address: 76 St. Croix Trail NAddress: 15325 Babcack AcCity/State/ZIP: Lakeland, MN 55043City/State/ZIP: Resement, MN 55068Telephone: 651-436-8559Telephone: 661-581 - 5806
AMOUNT OF RACM TO BE ABATED       ASBESTOS ABATEMENT ACTIVITY DATES         Linear Feet on Pipes       Start Date: 7/3 (/15         Square Feet:       Cubic Feet:         Cubic Feet:       Work Times/Days:         Description and Location of RACM to be Abated (include floor and room #):
SANGE
Emission Control Procedures to be Used:
Other Changed or Additional Information (including waste transporter or landfill): #9 $8-27-15$ Buck onsite #10 offsite $2/24,13 = 8/27/15 - 8/25/15$ # 11 onsite 9/11/15 # 12 Respect 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:         \$         24/15           MPCA FAX: (651) 297-1438         MDH FAX: (651) 201-4606

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ASBESTOS SWF Certified by: SUPERVISOR State of Minnesota Department of Health Expires: 08/16/2015 Colten K. Nustvold 263 12010 51	
Amery, VII 54001 v. Health Div. No ASI2277 Issued 03:04/201	SONSTRUCTION LABORERS DUCATION, APPRENTICESHIP AND TRAINING UND OF MINNESOTA AND NORTH DAKOTA 2350 Main Street - Lino Lakes, MN 55038
True Tub	(651) 653 6710 This certifies that COLTEN NUSTVOLD
Education, Asbestos Su	pleted the required training and skills as prescribed by the Construction Laborers Apprenticeship and Training Fund of Minnesota and North Dakota in upervisor Refresher - WI/MN 8/16/2014 - 8/16/2014
Wisconsin, Departm	e complies with the requirements of TSCA Title II and is accredited by the State of nent of Health Services, under chapter HFS 159, Wis. Admin.Code, Conducted by:
In testimony thereof I Exam Date 8/16/2014 Certificate #081614	
Expiration Date: 8/16/2	Training InstructorChris B beau           015         Superior, WI 54880, Holiday Inn, 303 2nd Avenue East           Score

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	ASBESTOS SITE: Contrady SUPERVISOR State of Minnesola Departmento (Health Expires: 08/16/2015 Montana R Edwards 1589 210th Ave New Richmond/Wi 53017									
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	MONTANA EDWARDS									
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	Signature of Examiner.	Medical follow-up is required in one year. Printed Examiner Name:	Accommodations needed: Internet	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 Tr may Transmission may not use a respirator.	RESPIRATORY APPROVAL	medical conditions that may result from asbestos exposure     Medical conditions that may result from asbestos exposure     Increased risk of lung cancer from the combined affect of smoking and asbestos	The employee has been informed by provider of:	Incre are detected medical conditions that would place the employee at an increased risk of health impairment for exposure to asbestos, tramolite, anthophyllite or actinolite	Patient may continue to work pending review of chest X-ray "B" road	<ul> <li>Chest X-ray "B" Read findings: POS</li></ul>		Medical clearance for asbastos surveillance is pending review	Medical clearance for asbestos surveillance is complete .	BESTOS SURVEILANCE RESULTS	Company Name: VCI Environmentel Po	Name: Mandang Edwards D:	PHYSICIAN WRITTEN OPINION		Occupational Medicine Esgan, MV SS Esgan, MV SS 1270 Rannelli Ct	North Memorial Clinic Cameon Mpts	Mai: 23. 2015 2:20Fm Nerth Memoriai /059019202
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xF4250 02/12	Pon	4. 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 may not use a respirator. Accommodations needed: Accommodations needed: Medical follow-up is required in one year.	E. The employee has been informed by provider of:     a. Medical examination results	<ul> <li>C. Patient may continue to work pending review of chest X-ray "B" read Yes INO XNA</li> <li>D. There are detected medical conditions that would place the employee at an increased</li> <li>risk of health impairment for exposure to asbestos, tremolite, anthophylite or actinolite Yes XNO</li> </ul>	B. Medical clearance for asbestos surveillance is pending review of chest X-ray "B" read	ASBESTOS SURVEILANCE RESULTS  A. Medical clearance for asbestos surveillance is complete	Roseville, NIN 55113 Phone (763) 551-8250 Fax PHYSICIAN WRITTEN OPINION FOR ASBESTOS PROTECTION Name: <u>Mantan Edwards</u> Date of Birth: <u>4/3/82</u> Chartet: <u>9118</u> Company Name: <u>VCT Environmental</u> Position: <u>/Aborco</u> Exam Date: <u>910X-15</u>	North Memorial Clinic       Ganden Mpls       Elk River       Reseville         Occupational Medicine       Minneapolis, MN 65383       300 Freeport Ave NW       1935 Visat Go Rd B2         North Memorial Clinic       Bagen       Bagen       Ste 100       Ste 200         North Weittorial Organic Grant       Bagen       Ste 100       Minneapolis, MN 65393       Ste 200         North Weittorial Organic Grant       Bagen, NW 5512       Ste 200       Ste 200       Ste 200         Accessing       Bagen, NW 5512       Ste 200       Ste 200       Ste 200         Accessing       Bagen, NW 5512       Ste 200       Ste 200	Sep. 8. 2015 1:34PM North Memorial /035819202 wo.3023 r. 2
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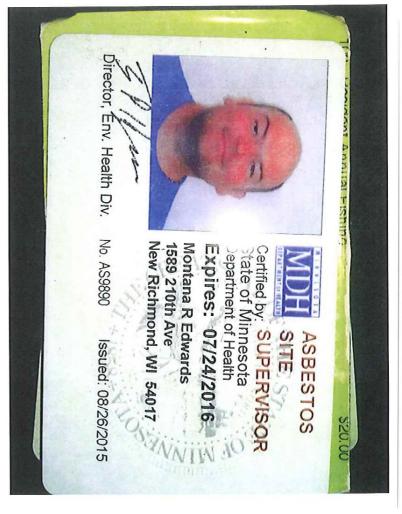
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	CONSTRUCTION LABORERS EDUCATION, APPRENTICESHIP AND TRAINING FUND OF MINNESOTA AND NORTH DAKOTA 2350 Main Street · Lino Lakes, MN 55038 (651) 653-6710 This certifies that	MONTANA EDWARDS         MONTANA EDWARDS         has satisfactorily completed the required training and skills as prescribed by the Construction Laborers         Education, Apprenticeship and Training Fund of Minnesota and North Dakota in       Education         Hazardous Waste Refresher Hazwoper       6/14/2013       6/14/2013         This Course Is Approved By The Trustees/CLEA/TF of Minnesota and North Dakota	In testimony thereof I have affixed my signature on this14_ day ofJUNE13

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ASBESTOS Seather K, Nustvold Certified by, SUPERVISOR State of Minnesola Department of Health Expires: 07/24/2016 Colten K, Nustvold Colten K, Nustvold S63 1201h 51 Colten K, Nustvold S63 1201h 51 Colten K, Nustvold S63 1201h 51 Colten K, Nustvold

rector, Env. Health Div. No ASI2277 Issued: 08/04/2015

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## Appendix 3

## **FMHMP** Training Certifications

UMP020899

**JNIVERSITY 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 4<sup>th</sup>, 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

Midwest Consortium for Hazardous Waste Worker Training #2 U45 ES006184-23

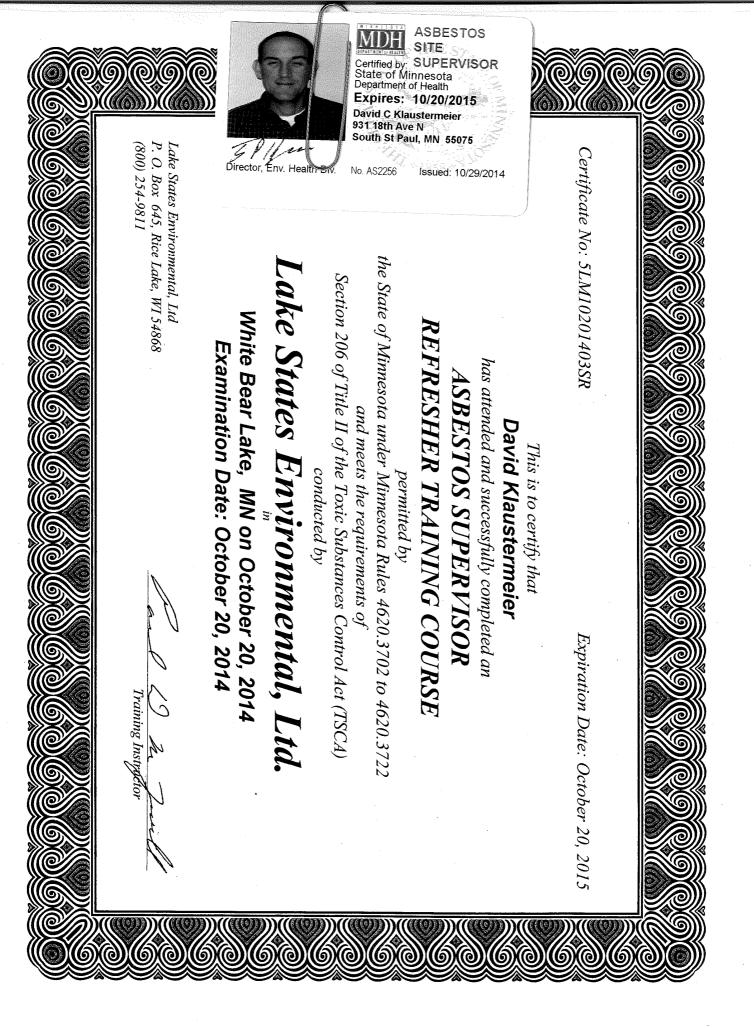
Retain this certificate for your records

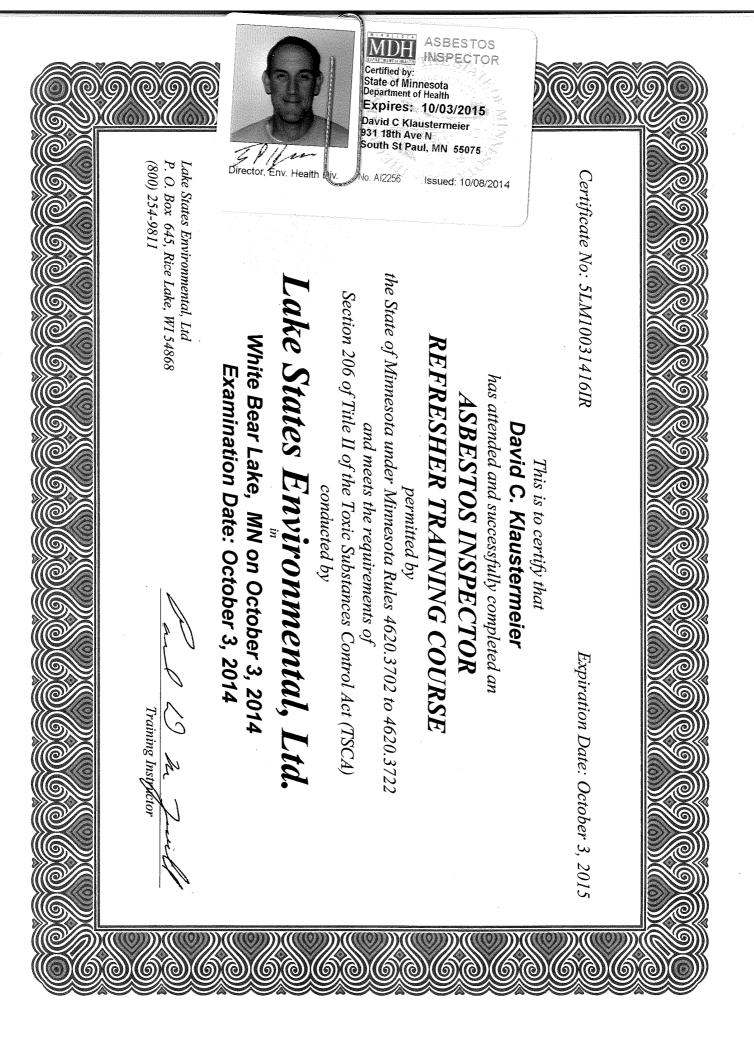
Please refer to course agenda for details regording Global Harmonization Standard

**Professor - Division of Environmental Health Sciences** 

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

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## 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
7/13/201	7/13/2015 Montana Edwards	222A west	excavation & tree clearing	183	2.0 LPM	366	<0.01 f/cc	Π
7/15/201	7/15/2015 Colten Nustvold	222A west	hand digging, operating bobcat	431	2.1 LPM	905.1	<0.01 f/cc	Π
7/21/20:	7/21/2015 Dave Klaustermeier	222A east	watering asbestos debris	151	2.0 LPM	302	<0.01 f/cc	<0.01 f/cc
7/21/201	7/21/2015 Dave Klaustermeier	222A east	hand digging	30	2.0 LPM	60	<0.01 f/cc	
7/21/201	7/21/2015 Dave Klaustermeier	222A east	observing excavation	311	2.0 LPM	622	<0.01 f/cc	
7/21/20:	7/21/2015 Montana Edwards	222A east	excavation of debris w/backhoe	162	2.0 LPM	324	<0.01 f/cc	<0.01 f/cc
7/21/201	7/21/2015 Montana Edwards	222A east	excavation of debris w/backhoe	30	2.0 LPM	60	<0.01 f/cc	
7/21/201	7/21/2015 Montana Edwards	222A east	excavation of debris w/backhoe	311	2.0 LPM	622	<0.01 f/cc	
7/22/20:	7/22/2015 Montana Edwards	222A east	excavation of debris w/backhoe	286	2.0 LPM	572	<0.01 f/cc	<0.01 f/cc
7/22/201	7/22/2015 Montana Edwards	222A east	excavation of debris w/backhoe	30	2.0 LPM	60	<0.01 f/cc	
7/22/201	7/22/2015 Montana Edwards	222A east	excavation of debris w/backhoe	172	2.0 LPM	344	<0.01 f/cc	
7/22/20:	7/22/2015 Colten Nustvold	222A east	operating bobcat	370	2.0 LPM	740	<0.01 f/cc	<0.01 f/cc
7/22/201	7/22/2015 Colten Nustvold	222A east	powerwash foundation	30	2.0 LPM	60	<0.01 f/cc	
7/22/201	7/22/2015 Colten Nustvold	222A east	hand digging	137	2.0 LPM	274	<0.01 f/cc	
7/27/20:	7/27/2015 Colten Nustvold	222A east	excavation of debris w/bobcat	263	2.0 LPM	526	<0.01 f/cc	<0.01 f/cc
7/27/201	7/27/2015 Colten Nustvold	222A east	excavation of debris w/bobcat	30	2.0 LPM	60	<0.01 f/cc	
7/27/201	7/27/2015 Colten Nustvold	222A east	excavation of debris w/bobcat	215	2.0 LPM	430	= 0.01 f/cc	
7/30/20:	7/30/2015 Colten Nustvold	222A east	hand digging	395	2.0 LPM	790	<0.01 f/cc	<0.01 f/cc
7/30/201	7/30/2015 Colten Nustvold	222A east	hand digging	30	2.0 LPM	60	<0.01 f/cc	
7/30/201	7/30/2015 Colten Nustvold	222A east	hand digging	145	2.0 LPM	290	<0.01 f/cc	

		-	Asbestos Exposure Monitoring Summary Table Rosemount 2015 Phase #1 Abatement	ımary Tab tement	e			
Date	Employee	Foundation #	Task	Time	Flow	Volume	Result	TWA
8/11/201	8/11/2015 Colten Nustvold	222B west	tree and brush clearing	270	2.0 LPM	540	<0.01 f/cc	
8/11/201	8/11/2015 Colten Nustvold	222B west	tree and brush clearing	30	2.0 LPM	60		
8/11/201	8/11/2015 Colten Nustvold	222B west	tree and brush clearing	150	2.0 LPM	300	<0.01 f/cc	<0.01 f/cc
8/11/201	8/11/2015 Dave Klaustermeier	222A west	scrubbing concrete with brush	31	2.0 LPM	62	<0.01 f/cc	
8/11/201	8/11/2015 Dave Klaustermeier	222B west	brush clearing	165	2.0 LPM	330	<0.01 f/cc	
8/11/201	8/11/2015 Dave Klaustermeier	222A west	scrubbing concrete with brush	30	2.0 LPM	60	<0.01 f/cc	
8/11/201	8/11/2015 Dave Klaustermeier	222A east	hand picking asbestos debris	110	2.0 LPM	220	<0.01 f/cc	<0.01 f/cc
8/14/201	8/14/2015 Dave Klaustermeier	222A east	hand picking asbestos debris	80	2.0 LPM	160	<0.01 f/cc	
8/14/201	8/14/2015 Dave Klaustermeier	222B west	observing cleanup work	255	2.0 LPM	510	=0.02 f/cc	
8/14/201	8/14/2015 Dave Klaustermeier	222B west	observing cleanup work	30	2.0 LPM	60	<0.01 f/cc	
8/14/201	8/14/2015 Dave Klaustermeier	222B west	observing cleanup work	50	2.0 LPM	100	<0.01 f/cc	<0.01 f/cc
8/17/201	8/17/2015 Dave Klaustermeier	222B west	washing foundation	270	2.0 LPM	540	=0.01 f/cc	
8/17/201	8/17/2015 Dave Klaustermeier	222B west	washing foundation	170	2.0 LPM	340	<0.01 f/cc	
8/17/201	8/17/2015 Dave Klaustermeier	222B west	washing foundation	30	2.0 LPM	60	<0.01 f/cc	<0.01 f/cc
8/17/201	8/17/2015 Dave Klaustermeier	222B west	observing cleanup work	30	2.0 LPM	60	<0.01 f/cc	
8/17/201	8/17/2015 Dave Klaustermeier	222B west	observing cleanup work	410	2.0 LPM	820	<0.01 f/cc	<0.01 f/cc
,								
8/24/201	8/24/2015 Dave Klaustermeier	222B west	observing excavation activities	300	2.0 LPM	600	<0.01 f/cc	
8/24/201	8/24/2015 Dave Klaustermeier	222B west	observing excavation activities	30	2.0 LPM	60	<0.01 f/cc	
8/24/201	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 Environemental Dave Klaustermeier work for the University of Minnesota

## Appendix 5

### Waste Manifests

Ī	T.ob # 6260	R	Logo	1#1
	DEM-CON LANDFILL			Manifest # 23512
	WASTE MANIFEST F			
	1. Work Site Name and Mailing Address: Rose	mount c	cimpus	Owner's Name:
	1. Work Site Name and Mailing Address: Rose Barbre and 16	4th st		U of M
				Owner's Telephone:
G E	Rose Monn + MN			612-581-5806
N	2. Generator/Contractor Name and Mailing Addres			Contractor's Telephone:
E R A T	765t. Croix train Lakeland MN	IN	43	651-436-8558
o	3. Name and Address of Responsible Agency:	MPCA		Agency's Telephone:
R		520 Lafayette Roa St. Paul, MN 5515		(651) 296-6300
	4. Waste Disposal Site:	Dem-Con Landfill 3601 West 130th Shakopee, MN 55		Dem-Con's Telephone: (952) 445-5755
	5. Description of Materials:		. Total Quantity: GY or TON	7. Special handling instruction/ additional information:
	Other (specify below)			RQ Asbestos
	ACM transite ~ locy			class 9
	ACM Anti-static Fl	looring		NA2212 P.G.111
	8. Generator's Certification: I hereby declare that the contents of this consignment are name and are classified, packed, marked and labeled, and are in all respects in proper of international and national government regulations. I further certify that the contents of in 40 CFR Part 261			ondition for transport by highway according to applicable
		Signature	./	Date
	Montane Edwards	All		7/13/15
		any ja		
	9. Transporter 1 (Acknowledgement of receipt of a Printed Name and Title:	materials) Signature		Date
т	Tim M. / Driver	Jighature /	1.1	7-14-15
R	Transporter 1's Address:			Transporter 1's Telephone:
A	Hansporter I's Hadress LCS	1-1	22318	OSA-FULL FORD
N S	10. Transporter 2 (Acknowledgement of receipt of materials)			902-146-5852
P	10. Transporter 2 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature			Date
R				Transporter 2's Telephone:
T E	Transporter 2's Address:			
R				
	11. Discrepancy indication space:			
F				
С				
I L				
I	<ol> <li>Waste Disposal site owner or operator: Certification of materials covered by this manife</li> </ol>	est except as note	d in item 11.	
Т		Signature:		Date:
Y	LUT			7-141-15
	007	$\mathcal{O}$	Vr	

Yellow Copy - Generator

Pink Copy - Transporter

5.

To	b# 6260 Load # 2	2
	DEM-CON LANDFILL, LLC WASTE MANIFEST FORM	Manifest # 23513
	1. Work Site Name and Mailing Address: Rosemon + Camples Barbra are and 164th st.	Owner's Name: $\mathcal{M} \text{ of } \mathcal{M}$
GE	Rosemount MN 55068	Owner's Telephone: 612 - 581 - 5806
N E R A T	2. Generator/Contractor Name and Mailing Address: VCI Environmental 76 st. croix trail N Lakeland MN 55043	Contractor's Telephone: 651-436-8559
O R	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 130 <sup>th</sup> Street Shakopee, MN 55379	Dem-Con's Telephone: (952) 445-5755
	5. Description of Materials:       □       Non-Friable Asbestos       6. Total Quantity:         □ Impacted Soil       □       Non-Friable Asbestos       CY or TON         □ Other (specify below)       □       Friable Asbestos       10 CY	7. Special handling instruction/ additional information: RQAsbestas Class 9
	Antistatic floor covering 8. Generator's Certification: I hereby declare that the contents of this consignment are	NA2212 PG111
	name and are classified, packed, marked and labeled, and are in all respects in proper or international and national government regulations. I further certify that the contents of in 40 CFR Part 261	condition for transport by highway according to applicable
	Printed Name and Title: Montang Fewerks	Date 7/13/15
Т	9. Transporter 1 (Acknowledgement of receipt of materials) Printed Name and Title: Signature Time K Driver	Date 7-14-15
R A N S	Transporter 1's Address: LCS SS378 1207 W (284 Str Subge Mn	Transporter 1's Telephone: QS2 - 746 - 5832
P O R	10. Transporter 2 (Acknowledgement of receipt of materials)         Printed Name and Title:         Signature	Date
T E R	Transporter 2's Address:	Transporter 2's Telephone:
F.	11. Discrepancy indication space:	
A C I L		
I T Y	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 wr	7-141-15

White Copy - Dem-Con

Yellow Copy - Generator

Pink Copy - Transporter

	Job # 6260	. 20	ad # \$3
	DEM-CON LANDFI WASTE MANIFEST		Manifest # 23514
G E N E R A T O R	1. Work Site Name and Mailing Address: Rosemant Gan Barbra and 164 Bosemant M 2. Generator/Contractor Name and Mailing Add VCL Environme 76 st. croix trait Lakeland MV 5 3. Name and Address of Responsible Agency:	M 55068 Iress: MPCA 520 Lafayette Road North St. Paul, MN 55155	Owner's Name: $40f$ Owner's Telephone: $612 - 581 - 5806$ Contractor's Telephone: $651 - 436 - 8559$ Agency's Telephone:(651) 296-6300
	4. Waste Disposal Site:	Dem-Con Landfill 3601 West 130 <sup>th</sup> Street Shakopee, MN 55379 6. Total Quantity:	Dem-Con's Telephone: (952) 445-5755
	5. Description of Materials: Impacted Soil Non-Friable As Other (specify below) Friable As $A \subset M$ transite $A \subset M$ Anti-static	7. Special handling instruction/ additional information: RQAsbestos <lass NA22.12 PG111</lass 	
	name and are classified, packed, marked and lat international and national government regulation in 40 CFR Part 261 Printed Name and Title:	fully and accurately described above by proper shipping condition for transport by highway according to applicable f this consignment do not contain hazardous waste as defined Date	
	Monton Edwards	IN/X	117/15
T R A	9. Transporter 1 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature         TIM K.       Driver         Transporter 1's Address:       55378		Date 7-15-15 Transporter 1's Telephone:
N S	JOOT WIZBWStr	952-746-5832	
P O R	10. Transporter 2 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature		Date
T E R	Transporter 2's Address:		Transporter 2's Telephone:
F A C I	11. Discrepancy indication space:		
L I T Y	12. Waste Disposal site owner or operator: Certification of materials covered by this man Printed/Typed Name & Title:	ifest except as noted in item 11. Signature:	Date: 7-15-15
	WT	UT.	

Pink Copy - Transporter

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	Dob# 6260		- 1.00	ad #04
	DEM-CON LANDFI WASTE MANIFEST			Manifest # 23515
G	1. Work Site Name and Mailing Address: Rosemont Con Barbra and 16 Rosemont MM			Owner's Name: UOF Owner's Telephone:
E N E R A T O R	2. Generator/Contractor Name and Mailing Add VCL Environ 76 st. cmix train Lakeland May 3. Name and Address of Responsible Agency:	mental	3	612-581-5806         Contractor's Telephone:         651-436-8559         Agency's Telephone:         (651) 296-6300
R	4. Waste Disposal Site:	St. Paul, MN 551 Dem-Con Landfill 3601 West 130 <sup>th</sup> Shakopee, MN 55	55 Street	Dem-Con's Telephone: (952) 445-5755
	5. Description of Materials:         □ Impacted Soil       □ Non-Friable Asbestos         □ Other (specify below)       □ Friable Asbestos         ACM       Acm site		5. Total Quantity: CY or TON	7. Special handling instruction/ additional information: RRAsbestos Class
	Anti-Static Floerins 8. Generator's Certification: I hereby declare that the contents of this consignment are in ame and are classified, packed, marked and labeled, and are in all respects in proper conternational and national government regulations. I further certify that the contents of in 40 CFR Part 261 Printed Name and Title:			12 P.G.111 fully and accurately described above by proper shipping prodition for transport by biobway according to applicable
	Monting Edwards	M		7/00/15
T R A N	9. Transporter 1 (Acknowledgement of receipt o Printed Name and Title: Tim K / Driver Transporter 1's Address:	f materials) Signature	5378 S378	Date 7-15-15 Transporter 1's Telephone: 952-746-5832
S P O R	10. Transporter 2 (Acknowledgement of receipt of materials)         Printed Name and Title:    Signature		ge m	Date
T E R	Transporter 2's Address:			Transporter 2's Telephone:
F A C I L	11. Discrepancy indication space:			
I T Y	12. Waste Disposal site owner or operator: Certification of materials covered by this mani Printed/Typed Name & Title:	ifest except as noted Signature:	in item 11.	Date: 7-15-15

Pink Copy - Transporter

	Job # 6260 Load # 5			
		DEM-CON LANDFI WASTE MANIFEST		Manifest # 23516
		1. Work Site Name and Mailing Address: Rosemount cam	Phs.	Owner's Name: Uof M
	G E	Barbra and 1641 Rosemont MN	th	Owner's Telephone: 612 - 581 - 5806
	N E R A T	2. Generator/Contractor Name and Mailing Add VCI Environm 76 st. croix to Lakeland MN	ental nail N	Contractor's Telephone: 651-436-8559
	O R	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 130 <sup>th</sup> Street Shakopee, MN 55379	Dem-Con's Telephone: (952) 445-5755
	/	5. Description of Materials: Impacted Soil Non-Friab Other (specify below)	sbestos	7. Special handling instruction/ additional information: RQAsbestos
15	oil	ACM - transi Anti-static Flo	te, and 10 cy	Class 9
L		<ol><li>Generator's Certification: I hereby declare that</li></ol>	MA2212 PG111 fully and accurately described above by proper shipping pondition for transport by highway according to applicable	
		international and national government regulation in 40 CFR Part 261 Printed Name and Title:	Signature	this consignment do not contain hazardous waste as defined
		Mortons Edwards	MIL	7/15/18
	T	9. Transporter 1 (Acknowledgement of receipt of Printed Name and Title:	of materials) Signature	Date
	T R A	Transporter 1's Address:	1-1-1-	7-15/5 Transporter 1's Telephone:
	N S P	10. Transporter 2 (Acknowledgement of receipt	r. Swagema	952-746.5832.
	O R	Printed Name and Title:	Signature	Date
	T E R	Transporter 2's Address:		Transporter 2's Telephone:
		11. Discrepancy indication space:		
	F A C I			
	L I T	12. Waste Disposal site owner or operator: Certification of materials covered by this man		
	Y	Printed/Typed Name & Title:	Signature:	Date: 7-15-K
L			V	

Job# 6260 Load#6 [Soil Load]				
	DEM-CON LANDFI WASTE MANIFEST			Manifest # 23517
	1. Work Site Name and Mailing Address: Rose mount Camp Barbra and 164			Owner's Name: Mor M Owner's Telephone:
G E N E	Rosemant MN 55068 2. Generator/Contractor Name and Mailing Address: VCI Environmental		612-581-5806 Contractor's Telephone:	
RAT	76 st. croix trail Lakeland MN 5	N	÷	651-438-8559
O R	3. Name and Address of Responsible Agency:	MPCA 520 Lafayette St. Paul, MN S	55155	Agency's Telephone: (651) 296-6300
3 4	4. Waste Disposal Site:	Dem-Con Land 3601 West 13 Shakopee, MN	0 <sup>th</sup> Street V 55379	Dem-Con's Telephone: (952) 445-5755
	5. Description of Materials: Impacted Soil Non-Friable As Other (specify below) Friable As	sbestos	6. Total Quantity: CY or TON	7. Special handling instruction/ additional information: RQAsbestos
ì	Acm-transite as Arti-static floo	oil	10 cy Soil	class 9 NA2212 P.G.111
	8. Generator's Certification: I hereby declare that the contents of this consignment are name and are classified, packed, marked and labeled, and are in all respects in proper conternational and national government regulations. I further certify that the contents of in 40 CFR Part 261		fully and accurately described above by proper shipping ondition for transport by highway according to applicable	
	Printed Name and Title: (Sup) Montung Edwards	Signature		Date 7/15/15
	9. Transporter 1 (Acknowledgement of receipt of	of materials)		
T R	Printed Name and Title: TIMK/Driver	Signature	1.1	Date 7/15/15
A N S	Transporter 1's Address: CS	Saina	55378 0. Mn	Transporter 1's Telephone: 952-746-5832
P O R	10. Transporter 2 (Acknowledgement of receipt Printed Name and Title:	of materials) () Signature		Date
T E R	Transporter 2's Address:		Transporter 2's Telephone:	
	11. Discrepancy indication space:			
F A C I				
L I	12. Waste Disposal site owner or operator: Certification of materials covered by this man	ifest except as no	oted in item 11.	
T Y	Printed/Typed Name & Title:	Signature:		Date:
	WT	luy	-	7-15-15

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ī	Tob # 6260		Load 7	+7 (Soil 2 .dl
	DEM-CON LANDFI WASTE MANIFEST	LL, LLC		Manifest # 23518
	1. Work Site Name and Mailing Address:			Owner's Name:
	Rosemont Camp	44		
				U of M
	Barbra and 164			Owner's Telephone:
G E	Rose Mount NN 55068			612-581-5806
N	2. Generator/Contractor Name and Mailing Address:			Contractor's Telephone:
E	VCI Environment	te (		
R	76 st. croix trail	N		651-436-8559
Α	Lakeland MN	55047	>	
T O	3. Name and Address of Responsible Agency:	MPCA		Agency's Telephone:
R		520 Lafayette		(651) 296-6300
	and the second se	St. Paul, MN 5	5155	
	4. Waste Disposal Site:	Dem-Con Land		Dem-Con's Telephone:
		3601 West 13 Shakopee, MN		(952) 445-5755
	E. Description of Materials	знакорее, ни		
	5. Description of Materials:	le Ashestos	6. Total Quantity: CY or TON	<ol> <li>Special handling instruction/ additional information:</li> </ol>
	Other (specify below)		$\bigcirc$	RQ asbestas
			10.	
	ACM - transity		10ey	Class9 NA2212
	Anti-static Flo	ON FI	~ 1	PG. 112
	30.1	2		
				fully and accurately described above by proper shipping on ondition for transport by highway according to applicable
				this consignment do not contain hazardous waste as defined
	in 40 CFR Part 261		nn	
	Printed Name and Title:	Signature	1//	Date
	Montan Edwards	1 Mix	1	-120/15
		- M	Y	120/13
	<ol> <li>Transporter 1 (Acknowledgement of receipt o Printed Name and Title:</li> </ol>	f materials) Signature	1	Date
-				7.7.4
T R	Van Dulansa	the 10	h	1-60-15
A	Transporter 1's Address:	55	200	Transporter 1's Telephone:
N	I DAD MA COM	VOING	200	AED 1111-5032
S	1207 W1281	maye	11011	400-146 0000 -
Р	<ol> <li>Transporter 2 (Acknowledgement of receipt Printed Name and Title:</li> </ol>	Signature		Date
0				
R	Transporter 2's Address:			Transporter 2's Telephone:
E	numporter 23 Address.			
R				
	11. Discrepancy indication space:			
F				
Α				
C				
I L				
I	12. Waste Disposal site owner or operator:			
T	Certification of materials covered by this man		ted in item 11.	Deter
Ŷ	Printed/Typed Name & Title:	Signature:		Date:
	1.15		2.4	7.20-15
	(D)	C	Ur I	

L	ord # 6260	load #	- 8 (Soil Load
	DEM-CON LANDFI WASTE MANIFEST	· · · · · · · · · · · · · · · · · · ·	Manifest # 23450
	1. Work Site Name and Mailing Address:		Owner's Name:
	Rosemount Camp	1. 6	
		43	Uor M
	Bardra and 164		Owner's Telephone:
G E	Rose Mount MN 55068		612-581-5806
N	2. Generator/Contractor Name and Mailing Address:		Contractor's Telephone:
E	VCI Environment	-	
R	76 st. coix trail.	N	651-436-8559
A	Lakeland MN		0.5
T O	3. Name and Address of Responsible Agency:	MPCA	Agency's Telephone:
R		520 Lafayette Road North St. Paul, MN 55155	(651) 296-6300
	4. Waste Disposal Site:	Dem-Con Landfill	Dem-Con's Telephone:
		3601 West 130 <sup>th</sup> Street Shakopee, MN 55379	(952) 445-5755
	5. Description of Materials:	6. Total Quantity:	7. Special handling instruction/
	☐ Impacted Soil ☐ Non-Friab ☐ Other (specify below) ☐ Friable As	hostoc	additional information:
		10 -V	RQASbestos
	ACM (Soil) +.	ransite	class & PG III
	and Anti-stat.	is Floring	NAJJIZ RATION
8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately declare and are classified, packed, marked and labeled, and are in all respects in proper condition for transport to international and national government regulations. I further certify that the contents of this consignment do not provide the contents of this consignment do not provide the contents.		fully and accurately described above by proper shipping ondition for transport by highway according to applicable	
	in 40 CFR Part 261 Printed Name and Title:	Signature	Date
	Sap	INC	7/20/15
-	Montang Edwards		1/20/13
	<ol> <li>Transporter 1 (Acknowledgement of receipt of Printed Name and Title:</li> </ol>		Data
-	Printed Name and Title:	Signature	Date
T R	Im De 2010	the K	1-2015
A	Transporter 1's Address:	0.000	Transporter 1's Telephone:
N	his - 11 - Oll Cd	( 5>5/0	952-746-5832
S	10. Transporter 2 (Acknowledgement of receipt	Savage Mn	750 170 5050
P	Printed Name and Title:	Signature	Date
O R			
T	Transporter 2's Address:		Transporter 2's Telephone:
E			
R			
	11. Discrepancy indication space:		
F			
A			
C I			
Î.			
I	<ol> <li>Waste Disposal site owner or operator: Certification of materials covered by this man</li> </ol>	ifest except as noted in item 11	
T	Printed/Typed Name & Title:	Signature:	Date:
Y			7-20-15
	WT	Ul .	114 3

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Yellow Copy - Generator

Job # 6260 Load # 9 #1019 Soil Load			
	DEM-CON LANDFILL, LLC WASTE MANIFEST FORM		Manifest # 26259
	1. Work Site Name and Mailing Address:		Owner's Name:
	Rosemount Campus		U of M
G	Barbra and 184 Rosemount MAL 55068		Owner's Telephone: 612 - 581 - 5806
E	2. Generator/Contractor Name and Mailing Address:	)	Contractor's Telephone:
N			
E	VCI Environmental	651-436-8552	
R	76 St. croix trail N	/	
A	Lake land MN 55		
TO	3. Name and Address of Responsible Agency: MPCA	075	Agency's Telephone:
R	520 Lafa	ayette Road North , MN 55155	(651) 296-6300
		n Landfill	Dem-Con's Telephone:
		est 130 <sup>th</sup> Street ee, MN 55379	(952) 445-5755
	5. Description of Materials:	6. Total Quantity:	
	Impacted Soil		<ol> <li>Special handling instruction/ additional information:</li> </ol>
	Other (specify below)		
		10cy	RQ Asbestos
	ACM (Soil transite	Fotal III	Class 9
		(8"debris")	
	and Anti-static Flooring	2"soil"	NA2212 P.G.111
	8. Generator's Certification: I hereby declare that the conte	ents of this consignment are f	fully and accurately described above by proper shipping
	name and are classified, packed, marked and labeled, and a	are in all respects in proper of	ondition for transport by highway according to applicable this consignment do not contain hazardous waste as defined
	in 40 CFR Part 261	r certify that the contents of	this consignment up not contain nazardous waste as defined
	Printed Name and Title: Signature	1	Date
	M	"A	7/20/15
	Montana Edwards Mas	$\bigcirc$	1120113
	9. Transporter 1 (Acknowledgement of receipt of materials)	)	
	Printed Name and Title: Signature		Date
T	CANS NORTH / INTEGER Ch	14XIX	7:21-15
R	Transporter 1's Address: 1 (S	NY N	Transporter 1's Telephone:
A			
N -	1207 W 128th Street Source	ege MN55378	B
S	10. Transporter 2 (Acknowledgement of receipt of materials		
0	Printed Name and Title: Signature		Date
R			
T	Transporter 2's Address:		Transporter 2's Telephone:
E	and a final sector of the sect		
R			
	11. Discrepancy indication space:		
F			
A			
C			
I			
L	12. Waste Disposal site owner or operator:		
IT	Certification of materials covered by this manifest except		
T	Printed/Typed Name & Title: Signature	2	Date:
	Ut	CU,	7.21-15

Job # 6260 Load # 10				
	DEM-CON LANDFI WASTE MANIFEST			Manifest # 26260
	1. Work Site Name and Mailing Address:			Owner's Name:
	Rosemonn + Compas			
	Barbra and 164			Owner's Telephone:
G	Rosemount MN 5	-FOR		612-581-5806
E	2. Generator/Contractor Name and Mailing Add			Contractor's Telephone:
N E R A	VCT Environmental 76 st. Croix trail N		651-436-8559	
T	Lakeland MAR 5:	5043		HOCY
O R	<ol><li>Name and Address of Responsible Agency:</li></ol>	MPCA 520 Lafayette Ro St. Paul, MN 551		Agency's Telephone: (651) 296-6300
	4. Waste Disposal Site:	Dem-Con Landfill 3601 West 130 <sup>th</sup> Shakopee, MN 55		Dem-Con's Telephone: (952) 445-5755
	<ul> <li>5. Description of Materials:</li> <li>Impacted Soil</li> <li>Other (specify below)</li> <li>Friable As</li> </ul>	le Asbestos	. Total Quantity: CY or TON	7. Special handling instruction/ additional information: RQAsbestas
	ACM- Soil tra	nsite Fa	acy soil	class & NA 2212 PG111
	and Antistatic fi	ooring +	Ily debis	NA 2212 PG111
	8. Generator's Certification: I hereby declare that the contents of this consignment are name and are classified, packed, marked and labeled, and are in all respects in proper c international and national government regulations. I further certify that the contents of in 40 CFR Part 261			ondition for transport by highway according to applicable
	Printed Name and Title:	Signature	7	Date
	Montana Edwards	Mes		7/20/15
	<ol> <li>Transporter 1 (Acknowledgement of receipt of Printed Name and Title:</li> </ol>	of materials) Signature	-	Date
T		Signature	$\mathcal{A}$	
R	Mike travin/DI ile F	Mary	42	t. La-15
A	Transporter 1's Address: 30			Transporter 1's Telephone:
N-	DOT W L28th Street Street	Savage MI	N55378	
S P	10. Transporter 2 (Acknowledgement of receipt	of materials)		
0	Printed Name and Title:	Signature		Date
R	Transporter 2's Address:			Transporter 2's Telephone:
E R				
	11. Discrepancy indication space:			
F	11. Discrepancy molection space.			77101
A				
C I L				
I	<ol> <li>Waste Disposal site owner or operator: Certification of materials covered by this man</li> </ol>	ifest except as noted	d in item 11.	
T	Printed/Typed Name & Title:	Signature:		Date:
Y	1. 15	1	-	7-22-15
	<i>W</i>	01		

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Joh # 6260 Load # 11			
	DEM-CON LANDFILL, LLC WASTE MANIFEST FORM		Manifest # 26261
	1. Work Site Name and Mailing Address:		Owner's Name:
	Rosemount (ampas		
	· · · · · · · · · · · · · · · · · · ·		yor M
	Barbara and 164th		Owner's Telephone:
G	Rosemant MN 55	068	612-581-5806
E	2. Generator/Contractor Name and Mailing Address:	Contractor's Telephone:	
N E	VCI Environmenta		
R		/	651-436-8559
A	76 st. croix trail N.		
Т	La Keland MN 550	43	
0	3. Name and Address of Responsible Agency: MPCA	ette Road North	Agency's Telephone: (651) 296-6300
R	St. Paul, N		(051) 250 0500
	4. Waste Disposal Site: Dem-Con	andfill	Dem-Con's Telephone:
	3601 Wes	: 130th Street	(952) 445-5755
		MN 55379	(+)
	5. Description of Materials: Impacted Soil Non-Friable Asbesto:	6. Total Quantity: CY or TON	7. Special handling instruction/
	□ Impacted Soil □ Non-Friable Asbeston □ Other (specify below) □ Friable Asbestos	Port	additional information:
			RQAsbestos
	ACM-transite and Red floor	" 5 debris	Class &
		5 soil	NA2212 PG111
	8. Generator's Certification: I hereby declare that the content	s of this consignment are	fully and accurately described above by proper shipping
	name and are classified, packed, marked and labeled, and are international and national government regulations. I further of	in all respects in proper of	condition for transport by highway according to applicable
	in 40 CFR Part 261	ertily that the contents of	this consignment to not contain nazardous waste as defined
	Printed Name and Title: Signature Signature	/	Date
	M. J. F. in Alla	1	7/21/15
	Montana Edwards Mills		1/00//15
	9. Transporter 1 (Acknowledgement of receipt of materials) Printed Name and Title: Signature	1 1	Date
7		. P.	7 00
T R	Mike Flavin/Dbiver With	AL	1. dd. 15
A	Transporter 1's Address: SCS	15-	Transporter 1's Telephone:
N	1207 W 128th Street Sun	e. MN 553-	8
S	10. Transporter 2 (Acknowledgement of receipt of materials)	g 11 333	
P	Printed Name and Title: Signature		Date
R			
T	Transporter 2's Address:		Transporter 2's Telephone:
E			
R			
11. Discrepancy indication space:			
F			
A C			
I			
L			
I	<ol> <li>Waste Disposal site owner or operator: Certification of materials covered by this manifest except a</li> </ol>	s noted in item 11.	
T	Printed/Typed Name & Title: Signature:		Date:
Y			7.27-15
	WT I	Nr	.7.22-15
	Note Last Load (#10) White Copy - Dem-Con Yellow	Mac El	1:01 550.1
	White Copy - Dem-Con Yellow	Copy - Generator	Pink Copy - Transporter

#	6260		Load	#12
	DEM-CON LANDFIL WASTE MANIFEST			Manifest # 26262
	1. Work Site Name and Mailing Address: Rose Mount Campus Barbara and 164			Owner's Name: <i>Uof M</i>
GE	Rosemount MN 55068		Owner's Telephone: 612 - 58/-5806	
N E R A T	2. Generator/Contractor Name and Mailing Address: VCI Environmental 76 st.croix trail N Lakeland MN 55043		Contractor's Telephone: 651-436 - 8559	
0 R	3. Name and Address of Responsible Agency:	MPCA 520 Lafayette St. Paul, MN S		Agency's Telephone: (651) 296-6300
	4. Waste Disposal Site:	Dem-Con Lan 3601 West 13 Shakopee, Mi	30th Street	Dem-Con's Telephone: (952) 445-5755
	5. Description of Materials: Impacted Soil Non-Friable Other (specify below) Friable Ast ACM - fransik and Red	pestos	6. Total Quantity: CY or TON	7. Special handling instruction/ additional information: R R assestas
	9 soil 1 debris		9 soil 1 debris	Class 9 NA 2212 PG111
	8. Generator's Certification: I hereby declare that the contents of this consignment are name and are classified, packed, marked and labeled, and are in all respects in proper c international and national government regulations. I further certify that the contents of in 40 CFR Part 261		ondition for transport by highway according to applicable	
	Montan Edwards	Signature	4	Date 7/22/15
T R A N	9. Transporter 1 (Acknowledgement of receipt of Printed Name and Title: Mike Mavin / DLiver Transporter 1's Address: SCS	Signature	The later	Date 7 22.15 Transporter 1's Telephone:
S P	10. Transporter 2 (Acknowledgement of receipt of Printed Name and Title:		. MN 5537	Date
O R T E R	Transporter 2's Address:			Transporter 2's Telephone:
F A C I L	11. Discrepancy indication space:			
I T Y	12. Waste Disposal site owner or operator: Certification of materials covered by this manif Printed/Typed Name & Title:	Signature:	oted in item 11.	Date: 7 · 22 - 15 -

DEM-CON LANDFILL, LLC WASTE MANIFEST FORM     Manifest # 26281       I. Work Ste Name and Haling Address:     Owner's Name:       Rose mom + Campos     Manifest # 26281       Barbara and 1644h     Owner's Telephone:       Rose Manue + Milling Address:     Manifest # 26586       V. C. Genesdo/Contractor Name and Maling Address:     Contractor's Telephone:       V. C. Genesdo/Contractor Name and Maling Address:     Contractor's Telephone:       V. C. E. Wiren much - To structure + and Maling Address:     Contractor's Telephone:       J. Second M. M. SSOG M.     Sol Lafyette Road North St. Paul, Milling Address:     Contractor's Telephone:       B. Secondor Materials:     Dem-Con Landiii     Agency's Telephone:       Sol Lafyette Road North St. Paul, Milling Address:     Dem-Con's Telephone:       Sol Lafyette Road North St. Paul, Milling Address:     Dem-Con's Telephone:       Sol Lafyette Road North St. Paul, Milling Address:     Sol Lafyette Road North St. Paul, Milling Address:       Sol Lafyette Road Registration     Sol Contractor's Telephone:       Sol Lafyette Road Registration     Sol Contractor's Telephone:       B. Generator's Confliction:     Three Continuation:       A. Marke Biogosti Site:     Dem-Con Landiii       B. Generator's Confliction:     Three Continuation:       A. Marke Biogosti Site:     Sol Lafyette Road Nation Sol Milling Contractore Sol Milling Contractories and Maling Address: <t< th=""><th>Ŧ</th><th colspan="4">#6260 Load # 13</th></t<>	Ŧ	#6260 Load # 13			
Rose mean 1       Carry us Barbaca       Carr		DEM-CON LANDFILL, LLC	Manifest # 26281		
G       Rose Acan +       MV 55068       GU-SE 1-5806         N       2. Generator/Contractor Name and Maling Address:       GU-SE 1-5806         VCII       E.Wiremarchi       GS 1-456-8559         A       Total Contractor's Telephone:         Status and Address of Responsible Agency:       MPCA         Status and Address of Responsible Agency:       Status and Address of Responsible Agency:         Status and Address of Responsible Agency:       Status and Address of Responsible Agency:         Acan and Address and Address       Responsint address of Responsible Age		Rosemont Campus	U of M		
R       VGT Environmental 76 st. craix trail VSOHS       651-436-8559         A       Jacked and VSOHS       651/246-8559         3. Name and Address of Responsible Agency: S. Paul, MN S5135       MPCA 320 Largette Road North S. Paul, MN S5135       Agency's Telephone: (952) 45-5735         4. Waste Disposal Site: Demotion of Materials: Demotion of Materials: Demotion of Materials: Demotion of Materials: Demotion (Specify below)       Demotion Telephone: (952) 45-5735         5. Description of Materials: Demotion (Specify below)       Finable Asbestos Finable Asbestos       Demotion Telephone: (952) 45-5735         6. Generator's Certification : Thereby declare that the contents of this consignment are fully and accurately decorating to applicable international and national uperment regulations. I further certify that the contents of this consignment are fully and accurately decorating to applicable in demotion and and the decorating to applicable. In 40 CFR Part 261.         9. Transporter 1 (Acconvedgement of receipt of materials) Printed Name and Title: Signature       Signature       Date Transporter 1's Address 3050         9. Transporter 1 (Acconvedgement of receipt of materials) Printed Name and Title: Signature       Signature       Date         11. Discrepancy indication space: Here       In abst. Stock 1 Scored Structure Coll of materials) Printed Name and Title: Signature       Signature       Date         12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except as noted in item 11. Printed Typed Name 8. Title: Signature:       Date: Signature: S	E	Rose Mont MN 55068	612-581-5806		
R     S20 Lafayette Road North St. Paul, Wh S5155     (651) 295-6300       4. Waste Disposal Site:     Dem-Con Landfill 3601 West 130° Street Shakapee, MN S5379     Dem-Con's Telephone: (952) 445-5755       5. Description of Materials:     Don-Friable Asbestos     Total Quantity: "Grintel Name Street Shakapee in a classified, acceled, marked and the contents of this consignment are fully and accurately decide that the contents of this consignment are fully and accurately decide that the contents of this consignment are fully and accurately decide that the contents of this consignment are fully and accurately decide that the contents of this consignment are fully and accurately decide that the contents of this consignment are fully and accurately decide in the termination:       B. Generator's Certification: Thereby decide that the contents of this consignment are fully and accurately decide in the termination: and the contents of this consignment are fully and accurately decide in the abeled, and are in all respects in fully and accurately decide in the abeled, and are in all respects in fully and accurately decide in the abeled, and are in all respects in the contents of this consignment do not contain hazardous waste as defined       Printed Name and Title:     Sup Materials)       Printed Name and Title:     Signature       Date     Transporter 1's Telephone:       10. Transporter 2's Address:     Transporter 2's Telephone:       Printed Name and Title:     Signature       Date     Transporter 2's Address:       Tansporter 2's Address:     Transporter 2's Telephone:       10. Transporter 2's Address:     Transporter 2's Telephone:	E R A	VCI Environmental 76 st. croix trail N Lakeland MN 55043			
3001 Weit 3300 Street Shakopee, MN 55379       (952) 445-5753         S. Description of Materials: □ Impacted Soil □ Impacted Soil □ Other (specify below) □ Friable Asbestos ACM - transpirter and Red Flowing IO Soil       7. Special handling instruction/ additional information: RQ Asbestos Chass 9 IO Soil         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 confidence of this consignment do not contain hazardous waste as defined international antitonal government regulations. I further certify that the contents of this consignment do not contain hazardous waste as defined in 40 CTR and 261.         Printed Name and Title:       Stignature         9. Transporter 1 Staddress:       Signature         10. Transporter 1 Staddress:       Signature         11. Discrepancy indication space:       Signature         12. Waste Disposal site owner or operator: Certification of materials.       Signature         11. Discrepancy indication space:       Transporter 2's Telephone:         12. Waste Disposal site owner or operator: Certification of materials.       Signature:       Date         12. Waste Disposal site owner or operator: Certification of materials.       Transporter 2's Telephone:         12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except as noted in item 11.       Date: Transporter 2's Telephone:		520 Lafayette Road North			
Impacted Soil       Non-Friable Asbestos       A green international group of the international group of the international group of the international of the internation of the internation of the international of the international of		3601 West 130th Street Shakopee, MN 55379			
Image: Product in the second secon		□ Impacted Soil □ Non-Friable Asbestos CY or TON □ Other (specify below) □ Friable Asbestos □ + otal	additional information: R.Q. Asbestos		
Indiffe and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable         International and anotal government regulations. I further certify that the contents of this consignment do not contain hazardous waste as defined         Printed Name and Title:       Signature         Mathematication       Date         Mathematication       Transporter 1 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature         Date       Transporter 1 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature         Date       Transporter 1 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature         Date       Transporter 1's Address:         Transporter 1's Address:       Signature         Date       Transporter 2's Address:         Transporter 2's Address:       Transporter 2's Telephone:         It       Discrepancy indication space:         It       12. Waste Disposal site owner or operator:         Certification of materials covered by this manifest except as noted in item 11.       Date:         It       Signature:       Date:		10 soil	NA2212 PGILI		
Matter     5.47     7/22/14       9. Transporter 1 (Acknowledgement of receipt of materials) Printed Name and Title:     Signature     Date       Matter     Matter     12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except as noted in item 11.     Date		international and national government regulations. I further certify that the contents of in 40 CFR Part 261	ondition for transport by highway according to applicable		
Printed Name and Title:     Signature     Date       Transporter 1's Address:     CS     Transporter 1's Telephone:       N     Date     Date       10. Transporter 2 (Acknowledgement of receipt of materials)     Printed Name and Title:     Signature       Po     Printed Name and Title:     Signature     Date       Transporter 2 (Acknowledgement of receipt of materials)     Printed Name and Title:     Signature       Po     Printed Name and Title:     Signature     Date       Transporter 2's Address:     Transporter 2's Telephone:       T     Transporter 2's Address:     Transporter 2's Telephone:       I     I. Discrepancy indication space:     Image: Certification of materials covered by this manifest except as noted in item 11.       Printed/Typed Name & Title:     Signature:     Date:		Montina Edwards MAL			
R       Transporter 1's Address:       Transporter 1's Telephone:         N       Date       Transporter 2 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature       Date         Transporter 2's Address:       Transporter 2's Telephone:         I       Transporter 2's Address:       Transporter 2's Telephone:         I       I. Discrepancy indication space:       Transporter 2's Telephone:         I       11. Discrepancy indication space:       Transporter 2's Telephone:         I       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:			Date		
N       Dor W 138 th Street, Savage, MN 55378         10. Transporter 2 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature         Transporter 2's Address:       Transporter 2's Telephone:         Transporter 2's Address:       Transporter 2's Telephone:         I.       Discrepancy indication space:         I.       I.         Vertication of materials covered by this manifest except as noted in item 11.         Printed/Typed Name & Title:       Signature:         Date:	R		7.22.15		
Printed Name and Title:       Signature       Date         Transporter 2's Address:       Transporter 2's Telephone:         F       I       Discrepancy indication space:         I       Discrepancy indication space:       I         I       Printed/Typed Name & Title:       Signature:       Date:	N _ S	DOT W 128th Street Savage MN 55378			
F     A       I     11. Discrepancy indication space:       I     I<	O R	Printed Name and Title: Signature	Date		
F     A       C     I       I     12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except as noted in item 11.       Y     Printed/Typed Name & Title:         Signature:     Date:	E	Transporter 2's Address:	Transporter 2's Telephone:		
F     A       C     I       I     I       I     12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except as noted in item 11.       Y     Printed/Typed Name & Title:   Signature: Date:	_				
T     Certification of materials covered by this manifest except as noted in item 11.       Printed/Typed Name & Title:     Signature:   Date:	A C	11. Discrepancy indication space:			
let 47 7-22-15	Т	Certification of materials covered by this manifest except as noted in item 11.	Date:		
		let ur	7-22-15		

7	+6260	Lord #	E 14
-	DEM-CON LANDFILL, LLC WASTE MANIFEST FORM		Manifest # 26282
G	1. Work Site Name and Mailing Address: Rose mount Campus Barbara and 164th Rose mount MN 55068		Owner's Name: $\mathcal{U}$ of $\mathcal{M}$ Owner's Telephone: 612 - 581 - 5806
E N E R A T O	2. Generator/Contractor Name and Mailing Address: VCF Environmental 76 st. croix trail N LaKeland MN 55043 3. Name and Address of Responsible Agency: MPCA	to Dood North	Contractor's Telephone: 651-4-36-8-559 Agency's Telephone:
R	4. Waste Disposal Site: Dem-Con La 3601 West	ndfill 130 <sup>th</sup> Street	(651) 296-6300 Dem-Con's Telephone: (952) 445-5755
	5. Description of Materials:       6. Total Quantity:         Impacted Soil       Non-Friable Asbestos         CY or TON		ondition for transport by highway according to applicable
	Montana Edwards MUR	1/	Date 7/22/15
T R A N S	9. Transporter 1 (Acknowledgement of receipt of materials) Printed Name and Title: Signature Mile Flavin/Drives Transporter 1's Address; SCS BOT W B8th Street, Savage	Arc. MN 55378	Date 2-22-15 Transporter 1's Telephone:
P O R T E R	10. Transporter 2 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature         Transporter 2's Address:		Date Transporter 2's Telephone:
F A C I L	11. Discrepancy indication space:		
I T Y	12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except as r Printed/Typed Name & Title: Signature:	noted in item 11.	Date: 7. 22-15

1. 194

#	#6260 Load # (15)			
	DEM-CON LANDFILL, LLC WASTE MANIFEST FORM	Manifest # 26283		
	1. Work Site Name and Mailing Address: Rosemount Campus Barbara and 164	Owner's Name: Mof M		
GE	Rosemount MN 55068	Owner's Telephone: 612-581-5806		
N E R A T	2. Generator/Contractor Name and Mailing Address: VCI Environmental 765t.croix trait N LaKelant MN 55043	Contractor's Telephone: 651-436-8559		
O R	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 130 <sup>th</sup> 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/ On b TSI (10 50)	Additional information: tal RQRSDestos		
	and Ist Soil locy (Soil locy)	NALLIZ PGILI		
	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 Montany Edysords	Date 7/27/15		
	9. Transporter 1 (Acknowledgement of receipt of materials) Printed Name and Title: Signature	Data		
T R	Mike Flavin/Driver Miles	Date		
A N	Transporter 1's Address: JCS	Transporter 1's Telephone: 378		
S	10. Transporter 2 (Acknowledgement of receipt of materials)			
0	Printed Name and Title: Signature	Date		
R T E R	Transporter 2's Address:	Transporter 2's Telephone:		
	11. Discrepancy indication space:			
F A C I				
LI	12. Waste Disposal site owner or operator:			
Т	Certification of materials covered by this manifest except as noted in item 11 Printed/Typed Name & Title: Signature:	Date:		
Y	Wo wy	7.27-15		

\$6260 222AEast Load # 16				
	DEM-CON LANDFII WASTE MANIFEST	LL, LLC	Manifest # 26284	
G E N E R A T O	1. Work Site Name and Mailing Address: PRosemount Campus Barbara and 164th Rosemount MN: 55068		Owner's Name: M  of  M Owner's Telephone: 6/2 - 58/ - 5806	
	2. Generator/Contractor Name and Mailing Addr VCI Environment 76 st. croix trail LaKeland MN 3. Name and Address of Responsible Agency:	ress: the U	Contractor's Telephone: 651-436-8559 Agency's Telephone:	
R	4. Waste Disposal Site:	520 Lafayette Road North St. Paul, MN 55155 Dem-Con Landfill 3601 West 130 <sup>th</sup> Street Shakopee, MN 55379	(651) 296-6300 Dem-Con's Telephone: (952) 445-5755	
	name and are classified, packed, marked and labe	6. Total Quantity: CY or TON TO + dt/ 10 de briss t the contents of this consignment are leed, and are in all respects in proper c	7. Special handling instruction/ additional information: RR Asbestas MR Class MR Class RR Asbestas MR Class RR Class R	
	Printed Name and Title: (Shp) Mantaire Edwards	Signature	Date 7 / Q7/15	
T R A N S		Signature March 1 Wage MN 55378	Date 7.27.15 Transporter 1's Telephone:	
P O R T E R	10. Transporter 2 (Acknowledgement of receipt of Printed Name and Title:         Printed Name and Title:         Transporter 2's Address:	of materials) Signature	Date Transporter 2's Telephone:	
F A C I	11. Discrepancy indication space:			
L I T Y	12. Waste Disposal site owner or operator: Certification of materials covered by this manif Printed/Typed Name & Title: W	fest except as noted in item 11. Signature:	Date: 7-27-15	

White Copy - Dem-Con

Yellow Copy - Generator

Pink Copy - Transporter

4

#	6260		Load #17
	DEM-CON LANDE WASTE MANIFES	ILL, LLC	Manifest # 26285
	1. Work Site Name and Mailing Address: Rosemont (comput Barbera and 164 t	s Lh	Owner's Name: U of M
GENERAT	Rose Mount MW 5 2. Generator/Contractor Name and Mailing Ad	5068	Owner's Telephone: 612-581-5806
	VCI Environme 76 st. croix trail Lakeland MN	ntal N	Contractor's Telephone: 651-436-8559
0 R	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 130 <sup>th</sup> Street Shakopee, MN 55379	Dem-Con's Telephone: (952) 445-5755
	5. Description of Materials: $\Box$ Impacted Soil $\Box$ Non-Fria $\Box$ Other (specify below) $\Box$ Friable A $A \subset M$ - transite, re- $a \ge T \le I$	sbestos 10 ay har	7. Special handling instruction/ additional information: RR Asbestos class 9
	name and are classified, packed, marked and la	NA2212 PG111 fully and accurately described above by proper shipping condition for transport by highway according to applicable this consignment do not contain hazardous waste as defined Date	
	Montana Edwards	dilles	7/27/15
T R A N	9. Transporter 1 (Acknowledgement of receipt Printed Name and Title: Mile Flavin Drive Transporter 1's Address: SCS	of materials) Signature MN 55378	Date 7-27-15 Transporter 1's Telephone:
S P O	10. Transporter 2 (Acknowledgement of receip) Printed Name and Title:		Date
R T E R	Transporter 2's Address:		Transporter 2's Telephone:
	11. Discrepancy indication space:		
F A C I L			
I T	12. Waste Disposal site owner or operator: Certification of materials covered by this mar Printed/Typed Name & Title:		
Y	W/	Signature:	Date: 7-27-15

	DEM-CON LANDFIL		Manifest # 26286
	WASTE MANIFEST	FORM	20200
	1. Work Site Name and Mailing Address:		Owner's Name:
	Rose mount Campus		11 - 11
	Barbara and 164th		U of M
G	0		Owner's Telephone:
	Rasemount MN 53		612-581-5806
V	2. Generator/Contractor Name and Mailing Addr VCT Environment		Contractor's Telephone:
R	76 st. croix trail N		651-436-8559
A		- FALLS	-31 130 0337
7	3. Name and Address of Responsible Agency:	5043 MPCA	Agenerie Teleshana
) 2	5. Name and Address of Responsible Agency:	520 Lafayette Road North	Agency's Telephone: (651) 296-6300
•		St. Paul, MN 55155	
	4. Waste Disposal Site:	Dem-Con Landfill	Dem-Con's Telephone:
		3601 West 130 <sup>th</sup> Street Shakopee, MN 55379	(952) 445-5755
	5. Description of Materials:	6. Total Quantity:	7. Special handling instruction/
	Impacted Soil Non-Friable Action		additional information:
	□ Other (specify below) □ Friable Asb ACM- transite, Pe and TSJ	pestos 10 cy box	RQasbestes
	TCM- transite, re	a l'orring (Dung 1)	class9
	and Ist	10292011	
-	(10ay501)		NAZZIZ P.G.III
+	8. Generator's Certification: 1 hereby declare that name and are classified, packed, marked and labe	the contents of this consignment are eled, and are in all respects in proper of	fully and accurately described above by proper shipping condition for transport by highway according to applicable
	international and national government regulations in 40 CFR Part 261	. I further certify that the contents of	f this consignment do not contain hazardous waste as defin
	Printed Name and Title:	Signature	Date
	sup	11 C	7/27/15
	Mortan Edwards		1/2 1/15
	9. Transporter 1 (Acknowledgement of receipt of		
		materials) Signature	Date
	Printed Name and Title:		Date 7-27-K
	Printed Name and Title:		
1-	Printed Name and Title: <u>Vife</u> Flavn, Driver Transporter 1's Address: SCS	Signature	Transporter 1's Telephone:
1-	Printed Name and Title: <u>Vife</u> <u>Flavin</u> <u>Driver</u> Transporter 1's Address: <u>SCS</u> 1207 W 128 <sup>th</sup> Street, Sc	Signature Wooge MN 55378	Transporter 1's Telephone:
	Printed Name and Title: Transporter 1's Address:	Signature Wooge MN 55378	Transporter 1's Telephone:
	Printed Name and Title: <u>Ville Flavn</u> Transporter 1's Address: <u>SCS</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u> <u>DOTW</u>	Signature Suboe MN 55378 f materials)	Transporter 1's Telephone:
1	Printed Name and Title: Transporter 1's Address:	Signature Suboe MN 55378 f materials)	Transporter 1's Telephone:
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Printed Name and Title: <u>Vife</u> <u>Flav</u> , <u>Driver</u> Transporter 1's Address: <u>SCS</u> <u>DOT W 128 th Street</u> <u>S</u> <u>10. Transporter 2 (Acknowledgement of receipt of</u> <u>Printed Name and Title:</u> <u>Port For Market</u>	Signature Suboe MN 55378 f materials)	Transporter 1's Telephone:
	Printed Name and Title: <u>Vife</u> <u>Flav</u> , <u>Driver</u> Transporter 1's Address: <u>SCS</u> <u>DOT W 128 th Street</u> <u>S</u> <u>10. Transporter 2 (Acknowledgement of receipt of</u> <u>Printed Name and Title:</u> <u>Port For Market</u>	Signature Suboe MN 55378 f materials)	Transporter 1's Telephone:
· · · · · · · · · · · · · · · · · · ·	Printed Name and Title: <u>Vife</u> <u>Flav</u> , <u>Driver</u> Transporter 1's Address: <u>SCS</u> <u>DOT W 128 th Street</u> <u>S</u> <u>10. Transporter 2 (Acknowledgement of receipt of</u> <u>Printed Name and Title:</u> <u>Port For Market</u>	Signature Suboe MN 55378 f materials)	Date 072815
	Printed Name and Title: Transporter 1's Address: DOT W 128 <sup>th</sup> Street Str	Signature Suboe MN 55378 f materials)	Date 072815
	Printed Name and Title: Transporter 1's Address: DOT W 128 <sup>th</sup> Street Str	Signature Suboe MN 55378 f materials)	Date 072815
	Printed Name and Title: Transporter 1's Address: DOT W 128 <sup>th</sup> Street Str	Signature Suboe MN 55378 f materials)	Date 072815
	Printed Name and Title: Transporter 1's Address: DOT W 128 <sup>th</sup> Street Str	Signature Suboe MN 55378 f materials)	Date 072815
	Printed Name and Title: Transporter 1's Address: 10. Transporter 2 (Acknowledgement of receipt of Printed Name and Title: Part or March 2000 Transporter 2's Address: 11. Discrepancy indication space: 12. Waste Disposal site owner or operator:	Signature MN 55378 f materials) Signature	Date 072815
	Printed Name and Title: Transporter 1's Address: 10. Transporter 2 (Acknowledgement of receipt of Printed Name and Title: Part or Printed Name and Title: Part o	Signature MN 55378 f materials) Signature	Date 072815
	Printed Name and Title: Transporter 1's Address: 10. Transporter 2 (Acknowledgement of receipt of Printed Name and Title: Part or Printed Name and Title: Part o	Signature MN 55378 f materials) Signature est except as noted in item 11.	Transporter 1's Telephone: Date 072815 Transporter 2's Telephone:
	Printed Name and Title: Transporter 1's Address: 10. Transporter 2 (Acknowledgement of receipt of Printed Name and Title: Part or Printed Name and Title: Part o	Signature MN 55378 f materials) Signature est except as noted in item 11.	Transporter 1's Telephone: Date 072815 Transporter 2's Telephone:

UMP020924

#	6260	#19
	DEM-CON LANDFILL, LLC WASTE MANIFEST FORM	Manifest # 26287
G	1. Work Site Name and Mailing Address: Resemble Campus Barbra and 164th Resemble MN 55068	Owner's Name: $M_{of} M_{o}$ Owner's Telephone: 5/2 - 581 - 5806
E N E R A T O	2. Generator/Contractor Name and Mailing Address: 46 st. doi:x trail N 46 st. doi:x trail N 47 st. doi:x tr	Contractor's Telephone: 651-436-8559 Agency's Telephone:
R	4. Waste Disposal Site:       Dem-Con Landfill         3601 West 130 <sup>th</sup> Street       Shakopee, MN 55379	(651) 296-6300 Dem-Con's Telephone: (952) 445-5755
	5. Description of Materials: Impacted Soil INON-Friable Asbestos Other (specify below) Friable Asbestos ACM - Transite, red Flooring and TSI	additional information: RQ Asbestos D Class 9
	8. Generator's Certification: I hereby declare that the contents of this consignment name and are classified, packed, marked and labeled, and are in all respects in pro international and national government regulations. I further certify that the content in 40 CFR Part 261         Printed Name and Title:       Support         Monthman Educade       Signature	per condition for transport by highway according to applicable
T R A N	9. Transporter 1 (Acknowledgement of receipt of materials) Printed Name and Title: Transporter 1's Address: SCS BOT W B8 <sup>th</sup> Street Savage MN 553 <sup>-</sup>	Date Transporter 1's Telephone:
S P O R T E R	10. Transporter 2 (Acknowledgement of receipt of materials)         Printed Name and Title:         Signature         Transporter 2's Address:	Date Transporter 2's Telephone:
F A C I L	11. Discrepancy indication space:	
I T Y	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:         WM       WM	Date: 7.29-15

	# 62100 #20				
	DEM-CON LANDFI WASTE MANIFEST			Manifest # 26289	
G E N E	1. Work Site Name and Mailing Address: Rose Mount Campus Barbara and 164th Rose Mount MV 55068 2. Generator/Contractor Name and Mailing Address: VII Environmental		Owner's Name: $\mathcal{U} \circ \mathcal{F} \mathcal{M}$ Owner's Telephone: $\mathcal{S} 1 \mathcal{Q} - \mathcal{S} \mathcal{S} 1 - \mathcal{S} \mathcal{S} \mathcal{O} \mathcal{S}$ Contractor's Telephone:		
R A T O R	78 st. croix train		Road North	651-438-8559 Agency's Telephone: (651) 296-6300	
	4. Waste Disposal Site:	Dem-Con Land 3601 West 130 Shakopee, MN	fill <sup>bh</sup> Street	Dem-Con's Telephone: (952) 445-5755	
	5. Description of Materials: $\Box$ Impacted Soil $\Box$ Non-Friable As $\Box$ Other (specify below) $\Box$ Friable As ACM - transite, red $TST$	bestos Flooring	6. Total Quantity: CY of TON 10 cy box 7 soil 3 debris	7. Special handling instruction/ additional information: R Q As bestos class 9 NA2212 PG111	
	8. Generator's Certification: I hereby declare that the contents of this consignment are from and are classified, packed, marked and labeled, and are in all respects in proper continuer and national government regulations. I further certify that the contents of in 40 CFR Part 261         Printed Name and Title:       Signature         Mantana Edwards       Mathematication		ondition for transport by highway according to applicable		
T R A N	9. Transporter 1 (Acknowledgement of receipt of Printed Name and Title: Transporter 1's Address: CS	of materials) Signature	1N 55378	Date 7. 24. 'S Transporter 1's Telephone:	
S P O R T E	10. Transporter 2 (Acknowledgement of receipt Printed Name and Title: Transporter 2's Address:	of materials) Signature		Date Transporter 2's Telephone:	
R	11. Discrepancy indication space:				
F A C I L	12. Waste Disposal site owner or operator:				
IT	Certification of materials covered by this man Printed/Typed Name & Title:	ifest except as not Signature:	ted in item 11.	Date:	
Y	WT	C	JJ	9.26-15	

White Copy - Dem-Con

Yellow Copy - Generator

DEM-CON LANDFILL, LLC WASTE MANIFEST FORM     Manifest # 26288       I. Work Ste Name and Maling Address: Backana and 16446     Owner's Name: Backana and 16446     Owner's Name: Backana and 16446       G. Backana and J. 16446     Owner's Name: Backana and 16446     Owner's Name: Backana and 16446       J. Generator/Contractor Name and Maling Address: I. Generator/Society I. J. Joseph Address I. J	7	4 6260		4	+ == 21
I. Work Site Name and Mailing Address:       Owner's Name:         Rose mount is a strategy and isolation of the strategy and isolation isolation of the strategy and isolation isolation isolation isolation of the strategy and isolation isolation isolation isolation isolation.         Transporter 1's Address:       Signature         Date       Transporter 1's Address:         Note the strategy indication space:       Signature         11. Discrepancy indication space:       Signature					Manifest # 26288
G       Rosemant Compass Backan and 1644K       User Market Contractor/Contractor Name and Malling Address:         2. Generator/Contractor Name and Malling Address:       Contractor's Telephone:         3. Rame and Address of Responsible Agency:       MPCA State Lake Law       State State         4. Waste Disposal Site:       Dem-Contactor Name and Malling Address:       Contractor's Telephone:         5. Description of Materials:       Dem-Contactor State       Open-Contactor State         6. Total Quantity:       State Disposal Site:       Dem-Contactor's Telephone:         1. Impacted Sol       Non-Friable Asbestos       State Quantity:         Contractor's Continication:       Non-Friable Asbestos       State Quantity:         1. State       Dem-Contactor's Telephone:       Contractor's Telephone:         Contractor's Continication:       Non-Friable Asbestos       State Quantity:         1. Impacted Sol       Non-Friable Asbestos       State Quantity:         1. Transporter 1 Sold Quantity:       Signature       Take State Sta			TOILI		
G       Accurate MM       55068       Contractor's Telephone:         Contractor's Telephone:       Contractor's Telephone:       Contractor's Telephone:         R       Accurate Market M       S5088       Contractor's Telephone:         R       Accurate Market M       S5088       Contractor's Telephone:         S       Accurate Market M       S5088       Contractor's Telephone:         S       S20 Lafayette Road North       S. Peace MM S5355       Agency's Telephone:         S       S20 Lafayette Road North       S. Peace MM S5355       Contractor's Telephone:         S       Dem-Con Landfill       Dem-Con's Telephone:       (S2) 445-5755         S       Description of Materials:       Dem-Con Landfill       Dem-Con's Telephone:         S       Description of Materials:       Dom-Criate Aspectors       Contractor's Telephone:         S       Description of Materials:       Dom-Criate Aspectors       Contractor's Telephone:         S       Description of Materials:       Non-Friable Aspectors       Contractor's Telephone:         S       Description of Materials:       Non-Friable Aspectors       Toso;1       Accurately described above by proper shipp mame and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applic Intermating dowornment regulations.		Rosemount Came	ous		
N       2. Generator/Contractor Name and Malling Address:       Contractor's Telephone:         N       S. Standard Mathematical Standard Mathematical Math				58	
R     520 Lafayette Road North St. Paul, MN 55155     (651) 296-6300       4. Waste Disposal Site:     Dem-Con Landfill 3601 West 130° Street 3601 West 13	N E R A	VCI Environme 76. stecroix tra.	ital -	3	
3601 West 130° Street Shakopee, MN 55379       (952) 445-5755         9       5. Description of Materials: Impacted Soil Other (specify below) TSTL       6. Total Quantity: CC or TON Other (specify below) TSTL       7. Special handling instruction/ additional information: RCASSC stass TSTL         8. Generator's Certification: 1 hereby declare that the contents of this consignment are fully and accurately described above by proper shipp name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applic international and national government regulations. I further certify that the contents of this consignment are fully and accurately described above by proper shipp name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applic international and national government regulations. I further certify that the contents of this consignment do not contain hazardous waste as in 40 CCR Part 261         9. Transporter 1 (Acknowledgement of receipt of materials). Printed Name and Title: Signature Transporter 1's Address: Signature Transporter 2's Address: Transporter 2's Address: Transporter 2's Address: Transporter 2's Address: Transporter 2's Address: Transporter 2's Telephone:         11. Discrepancy Indication space:		3. Name and Address of Responsible Agency:	520 Lafayette		
Impacted Soil       Non-Friable Asbestos       Non-Friable Asbestos         Other (specify below)       Friable Asbestos       Non-Friable Asbestos         Stational information:       Reparators         Reparators       Stational information:         Reparators       Stational informatino:         Reparators       St		4. Waste Disposal Site:	3601 West 13	30th Street	
B. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipp name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applic 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:       Signature       Date         9. Transporter 1 (Acknowledgement of receipt of materials)       Printed Name and Title:       Signature         9. Transporter 1's Address:       Signature       Date         Transporter 1's Address:       Signature       Date         10. Transporter 2's Address:       Signature       Date         Transporter 2's Address:       Transporter 2's Telephone:       Transporter 2's Telephone:         11. Discrepancy indication space:       11. Discrepancy indication space:       Date		Impacted Soil Non-Friat Other (specify below) Friable As ACM - transite, red	sbestos	CY dr TON	additional information: RQASBESTOS Class9
Name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applic 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:       Signature       Date         Mathematication       Transporter 1 (Acknowledgement of receipt of materials)       Date         Printed Name and Title:       Signature       Date         Transporter 1's Address:       Signature       Date         Transporter 1's Address:       Signature       Date         N       Son W Bart       Signature       Date         International and Title:       Signature       Date       Transporter 1's Telephone:         N       Son W Bart       Support of materials)       Transporter 1's Telephone:         P       On W Bart       Support of materials)       Transporter 2's Address:         P       Transporter 2's Address:       Transporter 2's Telephone:         It. Discrepancy indication space:       It. Discrepancy indication space:				3 debris	1.05.111
Printed Name and Title:       Signature       Date         Maxtan Eduards       Tale       Tale         Maxtan Eduards       Signature       Date         Printed Name and Title:       Signature       Date         Printed Name and Title:       Signature       Date         Transporter 1's Address:       Signature       Date         Transporter 1's Address:       Transporter 1's Telephone:         N       Street Savaac MN 555378         10. Transporter 2 (Acknowledgement of receipt of materials)       Date         Printed Name and Title:       Signature       Date         Transporter 2's Address:       Transporter 2's Telephone:       Transporter 2's Telephone:         11. Discrepancy indication space:       11. Discrepancy indication space:       Signature		name and are classified, packed, marked and labeled, and are in all respects in proper co- international and national government regulations. I further certify that the contents of			ondition for transport by highway according to applicable
9. Transporter 1 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature         T       Transporter 1's Address:         N       Transporter 1's Address:         N       Transporter 2 (Acknowledgement of receipt of materials)         P       Transporter 2 (Acknowledgement of receipt of materials)         P       Date         Transporter 2 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature         Date         Transporter 2's Address:       Transporter 2's Telephone:         11. Discrepancy indication space:		_	Signature	1	/
Printed Name and Title:     Signature     Date       T     Transporter 1's Address:     Transporter 1's Telephone:       N     Transporter 2 (Acknowledgement of receipt of materials)     Transporter 2 (Acknowledgement of receipt of materials)       Printed Name and Title:     Signature     Date       10. Transporter 2 (Acknowledgement of receipt of materials)     Date       Printed Name and Title:     Signature     Date       10. Transporter 2's Address:     Transporter 2's Telephone:       T     Transporter 2's Address:     Transporter 2's Telephone:			F		1 1 2
T     Transporter 1's Address:     Signature     Transporter 1's Telephone:       N     Transporter 2 (Acknowledgement of receipt of materials)     Transporter 2 (Acknowledgement of receipt of materials)       P     0     Date       T     Transporter 2's Address:     Transporter 2's Telephone:       I. Discrepancy indication space:     I. Discrepancy indication space:					Dete
N       Sor W bath Street Severe MN 55378         P       10. Transporter 2 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature       Date         T       Transporter 2's Address:       Transporter 2's Telephone:         II. Discrepancy indication space:       II. Discrepancy indication space:	R	70550 Regno	7055 Ryno		7.29-15
Printed Name and Title:       Signature       Date         R       Transporter 2's Address:       Transporter 2's Telephone:         R       Transporter 2's Telephone:       Transporter 2's Telephone:         I       Date       Transporter 2's Telephone:         I       Transporter 2's Telephone:       Telephone:         I       Discrepancy indication space:       I	N – S	1207 W 68th Street	Sawage 1	MN 55378	
E     R       11. Discrepancy indication space:	0	Printed Name and Title:		ξ.	Date
	E	Transporter 2's Address:			Transporter 2's Telephone:
	1	11. Discrepancy indication space:			
A C I L	A C I				
12. Waste Disposal site owner or operator:		12. Waste Disposal site owner or operator:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Certification of materials covered by this manifest except as noted in item 11.		Certification of materials covered by this mani		ted in item 11.	
V Printed Typed Name & Title: Signature: Date:		Printed/Typed Name & Title:	Signature:		
wr wr 7.29-15		wr	W	17	1. 79-13

#	# 6260 # 22			
	DEM-CON LANDFILL, LLC WASTE MANIFEST FORM	Manifest # 26374		
	1. Work Site Name and Mailing Address: Rose Mount Campus Barbara and 164 222A East	Owner's Name: U of M Owner's Telephone:		
G E	Rosemount MN 55068	612-581-5806		
N E R A T	2. Generator/Contractor Name and Mailing Address: VCI Environmental 76 st. Croix trail N LaKeland MN 55043	Contractor's Telephone: 651-436-8559		
O R	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 130 <sup>th</sup> 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 A C M- fransite, red flooring 9 soil	7. Special handling instruction/ additional information: R C As bes to s		
	TSI (1 debris)	Class 9 NA2212 P.G. 111		
	8. Generator's Certification: I hereby declare that the contents of this consignment are f name and are classified, packed, marked and labeled, and are in all respects in proper co international and national government regulations. I further certify that the contents of in 40 CFR Part 261	ondition for transport by highway according to applicable		
*	Montan Edunds Maria	Date 7/29/15		
TR	9. Transporter 1 (Acknowledgement of receipt of materials) Printed Name and Title: Signature Transporter 1's Address:	Date		
A N S P	10. Transporter 2 (Acknowledgement of receipt of materials)	954-740 5832		
O R	Printed Name and Title: Signature	Date		
T E	Transporter 2's Address:	Transporter 2's Telephone:		
R	11 Discropancy indication space:			
F	11. Discrepancy indication space:	4		
C I L				
IT	12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except as noted in item 11.			
Ŷ	Printed/Typed Name & Title: Signature:	Date: 7-36-15		

White Copy - Dem-Con

Yellow Copy - Generator

#	6260			#23
	DEM-CON LANDFII WASTE MANIFEST			Manifest # 26375
	1. Work Site Name and Mailing Address:			Owner's Name:
-	Rosemount campas		1. 6 11	
	Barbara and 164th 2224 East		Ust M	
				Owner's Telephone:
G	Rosemount MN 55068			612=581-5806
E N	2. Generator/Contractor Name and Mailing Address:			Contractor's Telephone:
E	VCI Ervironnen	tal		(r1 1126 arm
R	76 st. croix trail	N		651-436-8559
Α	Lakeland MN 3			
T	3. Name and Address of Responsible Agency:	MPCA		Agency's Telephone:
O R	3. Name and Address of Responsible Agency.	520 Lafayette Road N	North	(651) 296-6300
R		St. Paul, MN 55155		
	4. Waste Disposal Site:	Dem-Con Landfill		Dem-Con's Telephone:
		3601 West 130 <sup>th</sup> Stre Shakopee, MN 55379		(952) 445-5755
	5. Description of Materials:		otal Quantity:	7. Special handling instruction/
	☐ Impacted Soil ☐ Non-Friab	le Asbestos	M or TON	additional information:
	Other (specify below)		& Box	RQ Asbestas
	ACM - transite, r	ed Flooring		class 2
	TSI	105	oil	NA2212 PG.111
	12-4		1	ivilanda F.C.
	8. Generator's Certification: I hereby declare that the contents of this consignment are fu			fully and accurately described above by proper shipping
	name and are classified, packed, marked and labeled, and are in all respects in proper of international and national government regulations. I further certify that the contents of			ondition for transport by highway according to applicable
	in 40 CFR Part 261		the contents of	
	Printed Name and Title: (Sap	Signature		Date
		MU		7/30/15
-	Montana Edwards	MAX_		1100113
	<ol> <li>Transporter 1 (Acknowledgement of receipt o Printed Name and Title:</li> </ol>			Date
_	Printed Name and Title:	Signature		
T R	DPCCE VOIAMOS	NIA	/	7-20-15
A	Transporter 1's Address:	1100		Transporter 1's Telephone:
N	7.967 11198 4-1 Save	1 55	-270	952 746 5832
S	10. Transporter 2 (Acknowledgement of receipt	of materials)	270	
P	Printed Name and Title:	Signature		Date
R				
T	Transporter 2's Address:			Transporter 2's Telephone:
E	3.	}	1	$\sum_{i=1}^{N} \sum_{j=1}^{N} \frac{1}{2} \sum_{i=1}^{N} \sum_{j=1}^{N} \frac{1}{2} \sum_{i=1}^{N} \sum_{j=1}^{N} \frac{1}{2} \sum_{i=1}^{N} \sum_{j=1}^{N} \frac{1}{2} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{j=1}^{N} \sum_{j=1}^{N} \sum_{i=1}^{N} \sum_{i=1}^$
R	7			
	11 Discrepancy indication energy			
F	11. Discrepancy indication space:			
A				
C				
I		1.0	7	
L	12. Waste Disposal site owner or operator:			
I	Certification of materials covered by this man		item 11.	Deter
Ŷ	Printed/Typed Name & Title:	Signature:		Date:
				7-30-15
	105	Up		1-1-

#	6260	7.	+24 4 Soil From 2224	AES
	DEM-CON LANDFILL, LLC WASTE MANIFEST FORM		Manifest # 26376	Key
G E N E R A T O R	1. Work Site Name and Mailing Address: $Rosemont Campas$ $Barban and 164 Hh$ $Rosemont MM 5500$ 2. Generator/Contractor Name and Mailing Address: $VCI Environmental76 st. croix tnail WLaKelad MM 55003. Name and Address of Responsible Agency:4. Waste Disposal Site:Dem-Co3601 W$		Owner's Name: $\mathcal{U} \circ \mathcal{F} \mathcal{M}$ Owner's Telephone: $\mathcal{O}(2-SSI-SSO)$ Contractor's Telephone: $\mathcal{O} S I - \mathcal{H} S \mathcal{O} - \mathcal{S} \mathcal{S} \mathcal{S} \mathcal{S}$ Agency's Telephone:         (651) 296-6300         Dem-Con's Telephone:         (952) 445-5755         7. Special handling instruction/	
	☐ Impacted Soil ☐ Non-Friable Asbest ☐ Other (specify below) ☐ Friable Asbestos ☐ Other (specify below) ☐ Friable Asbestos ☐ Asbest ☐ Asbestos ☐	To g box of debris 4 soil nts of this consignment are re in all respects in proper c	additional information: RQASBESFOS Class 9 MA2212 P.G.111 e fully and accurately described above by proper shipping	
T R A N S P O R T E R	9. Transporter 1 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature         Mile Flauin / Drives       Mile         Transporter 1's Address:       Mile Flauin / Drives         7267 / Mile Flauin / Drives       Mile         10. Transporter 2 (Acknowledgement of receipt of materials         Printed Name and Title:       Signature         Transporter 2's Address:	1.55575 3)	Date 7-21/15 Transporter 1's Telephone: 252 746 533 Date Transporter 2's Telephone:	
F A C I L I T	<ul> <li>11. Discrepancy indication space:</li> <li>12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except</li> <li>Printed/Typed Name &amp; Title:</li> <li>Signature:</li> </ul>		Date:	
Y	ler l	Wr	8-14-15	

#	6260		#25
	DEM-CON LANDFI WASTE MANIFEST		Manifest # 26377
G E R A T O R	<ol> <li>Work Site Name and Mailing Address:</li></ol>	MPCA 520 Lafayette Road North St. Paul, MN 55155 Dem-Con Landfill 3601 West 130 <sup>th</sup> Street Shakopee, MN 55379 6. Total Quantity: Ole Asbestos	Owner's Name:         UAM         Owner's Telephone:         610-581-583         Contractor's Telephone:         651-436-8559         Agency's Telephone:         (651) 296-6300         Dem-Con's Telephone:         (952) 445-5755         7. Special handling instruction/ additional information:
	And TSI 6 debris 4501 8. Generator's Certification: I hereby declare th hame and are classified, packed, marked and lat	Flooring $4$ soil 10  cy  total at the contents of this consignment are beled, and are in all respects in proper	RQ Asbestos class 9 MA2212 P.5.19 fully and accurately described above by proper shipping condition for transport by highway according to applicable f this consignment do not contain hazardous waste as defined Date
T R A N S P O R T E R	9. Transporter 1 (Acknowledgement of receipt of Printed Name and Title: Mile Flavin/Driver Transporter 1's Address: 2007 / 1010000000000000000000000000000000	Signature 169, 9, 11, 11, 58378	Date 8.17.15 Transporter 1's Telephone: 959.746.5832 Date Transporter 2's Telephone:
F A C I L I T Y	<ol> <li>Discrepancy indication space:</li> <li>12. Waste Disposal site owner or operator: Certification of materials covered by this man Printed/Typed Name &amp; Title:</li> </ol>	ifest except as noted in item 11. Signature:	Date:
Y	WT	Wr .	8-17-15

White Copy - Dem-Con

Yellow Copy - Generator

Pink Copy - Transporter

UMP020931

#6	#1046 #1046 #26				
	DEM-CON LANDFI WASTE MANIFEST			Manifest # 26378	
G E N E R A T O	1. Work Site Name and Mailing Address: ROSE hourt Campus barburg and 164th ROSEMOUNT MN S	5068		Owner's Name: UOSM Owner's Telephone: 612-581-5806	
	2. Generator/Contractor Name and Mailing Add VCI ENVISIONMENTED 76 ST. CTOIX TRAIL N Lakeland May SSO 3. Name and Address of Responsible Agency:	dress:	e Road North	Contractor's Telephone: 651-436-8559 Agency's Telephone: (651) 296-6300	
R	4. Waste Disposal Site:	St. Paul, MN Dem-Con Lar 3601 West 1 Shakopee, M	55155 Idfill 30 <sup>th</sup> Street	Dem-Con's Telephone: (952) 445-5755	
	5. Description of Materials: Impacted Soil INON-Frial Other (specify below) Friable As - Acn - Transite, Red f and TST 222 B West 10 so 8. Generator's Certification: I hereby declare th	ble Asbestos sbestos 16001×9	6. Total Quantity: Cryor TON 10 soil 222 B Vest	7. Special handling instruction/ additional information: RQ AS 6ES 605 CIASS 9 MAJJIJ PG 11/ fully and accurately described above by proper shipping	
	name and are classified, packed, marked and la	beled, and are in	all respects in proper c	ondition for transport by highway according to applicable this consignment do not contain hazardous waste as defined	
	Montena Edwards	M	5	8/18/115	
T R	9. Transporter 1 (Acknowledgement of receipt of Printed Name and Title:	of materials) Signature	(	Date 8-119-15	
A N S	Transporter 1's Address:	of materials)	4 55 5 78	Transporter 1's Telephone: 952 - 746 - 55.32	
P O R	Printed Name and Title:	Signature		Date	
T E R	Transporter 2's Address:			Transporter 2's Telephone:	
F A C I L	11. Discrepancy indication space:			- 44.	
I T Y	12. Waste Disposal site owner or operator: Certification of materials covered by this man Printed/Typed Name & Title:	nifest except as n Signature:	oted in item 11.	Date:	

Ħ.	6260		#NYG	#27
	DEM-CON LANDF			Manifest # 26379
	1. Work Site Name and Mailing Address: ROSE MOUNT CUMPUS Barbarra and 164 th			Owner's Name:
GE	Rosemourt MN	5506	8	Owner's Telephone: 612-581-5806
N E R A T	2. Generator/Contractor Name and Mailing Add VCF Environmental 76 ST. Croix Trail LakeLand MN S.	N		Contractor's Telephone: 651-436-8559
O R	3. Name and Address of Responsible Agency:	MPCA 520 Lafayette St. Paul, MN		Agency's Telephone: (651) 296-6300
	4. Waste Disposal Site:	Dem-Con Lan 3601 West 13 Shakopee, M	30th Street	Dem-Con's Telephone: (952) 445-5755
4	5. Description of Materials: Impacted Soil Non-Friat Other (specify below) Friable As	sbestos	6. Total Quantity: CY or TON 222B West	7. Special handling instruction/ additional information: RQ ASSESTOS
	- ACM transite, Red.	ADDAING	10 soil	class q Relu
	8. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper sh name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applinternational and national government regulations. I further certify that the contents of this consignment do not contain hazardous waster in 40 CFR Part 261			ondition for transport by highway according to application
	Printed Name and Title: MONTANA Edwards	Signature	Z	Date 8/18/15
	9. Transporter 1 (Acknowledgement of receipt of	of materials)		
	Printed Name and Title:	Signature		Date
T R	CHAD HORTON / DRIVER	Ce	24	8-18-15 Transporter 1's Telephone:
A N S	7307 11135 WSI Veven	a mit	55378	952 - 746 - 5852
P O R	10. Transporter 2 (Acknowledgement of receipt Printed Name and Title:	of materials) Signature		Date
T E	Transporter 2's Address:	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Transporter 2's Telephone:
R				A.
F	11. Discrepancy indication space:			
A C I L				
I	12. Waste Disposal site owner or operator: Certification of materials covered by this man	ifest except as pr	oted in item 11	
Т. Ү	Printed/Typed Name & Title:	Signature:		Date:
	CUT	le	17	8-18-15

White Copy - Dem-Con

- Aller

Yellow Copy - Generator

H	#6260 #28				
	DEM-CON LANDFI WASTE MANIFEST			Manifest # 26380	
G E N E R A T O R	<ol> <li>Work Site Name and Mailing Address: R OSE MOUNT CAMPU Barbarg and 164<sup>th</sup> Resemburt 2. Generator/Contractor Name and Mailing Add VCI ENVIRON Menta 76 ST. COIX Trail N Lakeland MS 3. Name and Address of Responsible Agency:</li> <li>4. Waste Disposal Site:</li> <li>5. Description of Materials:</li> </ol>	A 2228 55066 dress: A SOLA SOLA PCA 520 Lafayette St. Paul, MN 5 Dem-Con Land 3601 West 130 Shakopee, MN	Road North 5155 Ifill <sup>Dth</sup> Street	Owner's Name: $UOF$ $Owner's Telephone:(1) - S81 - 5806Contractor's Telephone:OSI - 436 - 8559Agency's Telephone:(651) 296-6300Dem-Con's Telephone:(952) 445-57557. Special handling instruction/$	
	name and are classified, packed, marked and lal	Substos	this consignment are f Il respects in proper co	additional information:	
T R A N S P O R T E R	9. Transporter 1 (Acknowledgement of receipt of Printed Name and Title: Den Karcfeld Den Verson Transporter 1's Address: 10. Transporter 2 (Acknowledgement of receipt Printed Name and Title: Transporter 2's Address:		J. 55575	Date S-25-15 Transporter 1's Telephone: 252-746-5852 Date Transporter 2's Telephone:	
F A C I L	11. Discrepancy indication space:	1			
I T Y	12. Waste Disposal site owner or operator: Certification of materials covered by this man Printed/Typed Name & Title:	ifest except as not Signature:		Date: 8-25-15	

Job	#6260	# 29 # 1050
	DEM-CON LANDFILL, LLC WASTE MANIFEST FORM	Manifest # 26381
	1. Work Site Name and Mailing Address:	Owner's Name:
	D	
	Rose Mount Campas	Uatin
	Barbara and 164th 222BWest	Owner's Telephone:
G	Rosemanit MN 55068	612-581-5806
N	2. Generator/Contractor Name and Mailing Address:	Contractor's Telephone:
E	KI Environmental	
R	7657 1 411	651-436-8559
A	76 Starroix trail N	Vecesores , so
Т	Lakillad MN 55043	
0	3. Name and Address of Responsible Agency: MPCA	Agency's Telephone:
R	520 Lafayette Road North	(651) 296-6300
	St. Paul, MN 55155	
	4. Waste Disposal Site: Dem-Con Landfill	Dem-Con's Telephone:
	3601 West 130th Street	(952) 445-5755
1	Shakopee, MN 55379	and the second part of the secon
	5. Description of Materials: 6. Total Quantity:	7. Special handling instruction/
	Impacted Soil Non-Friable Asbestos CY or TON	additional information:
	Other (specify below) Friable Asbestos	RQ Asbestos
	ACM- transite, red r/ooning 222BWest	NQ ASBEST OS
	1 CC 100ma 222RILACK	chard
	1 TOT "g= a D West	CIESS
3	and ISI	NA2212 PG: 1/1
-	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 of	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	
	Printed Name and Title: Signature	Date
-		8/24/15
	Monting Educids	0/24/12
	9. Transporter 1 (Acknowledgement of receipt of materials)	
1	Printed Name and Title: Signature	Date
T	Tunk Downey	$\geq Q + \pi$
R	Imin/ Live, J	FID
A	Transporter 1's Address:	Transporter 1's Telephone:
N	Dan worth I P	DED DUL ERZO
S	7207 W 128 151 Savage 1111 55578	952-746-5132
P	10. Transporter 2 (Acknowledgement of receipt of materials)	2 j
0	Printed Name and Title: Signature	Date
R	a generation of the second	
T	Transporter 2's Address:	Transporter 2's Telephone:
E	a Ser	The second s
R	e <sup>ner</sup> .	
+	11. Discrepancy indication space:	
e	11. Discrepancy indication space.	
F		
A		
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I		
Ĺ	12. Waste Disposal site owner or operator:	
I	Certification of materials covered by this manifest except as noted in item 11.	
T Y	Printed/Typed Name & Title: Signature:	Date:
Y		G I II
	WT IN I WY	9-1-15

White Copy - Dem-Con

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Yellow Copy - Generator

,U	Job # 6260 # 30				
8	DEM-CON LANDFI WASTE MANIFEST		Manifest # 26382		
G E R A T O R	1. Work Site Name and Mailing Address: Rogemound Campus Barbarg and 16 um Rogemound M 55068 2. Generator/Contractor Name and Mailing Add UCF ENVIONMENT 76 St. Croit Itail N Lateland MN 55043 3. Name and Address of Responsible Agency: 4. Waste Disposal Site:	dress: MPCA 520 Lafayette Road North St. Paul, MN 55155 Dem-Con Landfill 3601 West 130 <sup>th</sup> Street Shakopee, MN 55379	Dem-Con's Telephone: $UGFM$ Owner's Telephone: $GJJ - SSJ - S866$ Contractor's Telephone: $dSJ - 436 - 8559$ Agency's Telephone: $(651) 296-6300$ Dem-Con's Telephone: $(952) 445-5755$		
	name and are classified, packed, marked and la	sbestos <i>Jebris</i> <i>debris</i> <i>at the contents of this consignment are</i> beled, and are in all respects in proper c	7. Special handling instruction/ additional information: Ra Asbestos Class 9 NAJJJ PCIII fully and accurately described above by proper shipping ondition for transport by highway according to applicable this consignment do not contain hazardous waste as defined Date		
T R A N S P O R T E R	9. Transporter 1 (Acknowledgement of receipt of Printed Name and Title: Transporter 1's Address: 7007 (1984) A Casta 10. Transporter 2 (Acknowledgement of receipt Printed Name and Title: Transporter 2's Address:	Signature	Date 8 - 27 - 15 Transporter 1's Telephone: , 29 744 5832 Date Transporter 2's Telephone:		
F A C I L I T Y	<ol> <li>Discrepancy indication space:</li> <li>12. Waste Disposal site owner or operator: Certification of materials covered by this mar Printed/Typed Name &amp; Title:</li> </ol>	ifest except as noted in item 11. Signature:	Date:		

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# Job # 6260 ## 31 DEM-CON LANDFILL, LLC WASTE MANIFEST FORM Manifest # 26383 1. Work Site Name and Mailing Address: Owner's Name:

	WASTE PARE 51	TORPI				
	1. Work Site Name and Mailing Address:		Owner's Name:			
	ROSEMOUNT CUMPUS		VOFM			
	Barbary and 164th					
G	0		Owner's Telephone:			
E	Rosemeunt MN 5506	612-581-5806				
N	2. Generator/Contractor Name and Mailing Add	ress:	Contractor's Telephone:			
Е		1				
R	76 ST Graix. Trail N		651-436-8559			
A T	Lakeland Mr SSOUR	ţ				
0	3. Name and Address of Responsible Agency:	MPCA	Agency's Telephone:			
R		520 Lafayette Road North	(651) 296-6300			
		St. Paul, MN 55155				
	4. Waste Disposal Site:	Dem-Con Landfill	Dem-Con's Telephone:			
		3601 West 130 <sup>th</sup> Street Shakopee, MN 55379	(952) 445-5755			
	5. Description of Materials:	6. Total Quantity:	7. Special handling instruction/			
	Impacted Soil	le Asbestos CY or TON	additional information:			
	□ Other (specify below) 😡 Friable As	bestos 10 cV	RQ Aspestos			
	Acm Transiter Red Slow	L'un QI	1100 1 0 0 0 0			
	ACA TANES OF ON O.C.	ging 9 debris	Class 9			
	and TSI 222B East	Cepris 1 sail	NADID 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	s. I further certify that the contents of	of this consignment do not contain hazardous waste as defined			
	Printed Name and Title: 540	Signature	Date			
	1	111	8/27/15			
	Mantina Edwards	1111	8/21/15			
	9. Transporter 1 (Acknowledgement of receipt of	f materials)				
	Printed Name and Title:	Signature	Date			
T	Mike Fluxin Driver	March	8-21-15			
R A	Transporter 1's Address:	in all	Transporter 1's Telephone:			
N	1/2 1.13					
S		551111 55578	952.7916.5832			
Р	10. Transporter 2 (Acknowledgement of receipt of Printed Name and Title:	of materials) Signature	Date			
0	Finted Name and Title.	Signature	Date			
R	Transportor 2/2 Address		There are a few of the second se			
T E	Transporter 2's Address:		Transporter 2's Telephone:			
R			5			
		1				
	11. Discrepancy indication space:					
F						
Α			- V			
Ç			1			
I L						
I	12. Waste Disposal site owner or operator:		2			
T	Certification of materials covered by this mani Printed/Typed Name & Title:	fest except as noted in item 11. Signature:	Date:			
γ	rance, ryped name or nue.	oignature.				
	1.10	1.0	8-31-15			

Jo.	TOS# 6260 #1028 #32				
	DEM-CON LANDFILL, LLC WASTE MANIFEST FORM		Manifest # 26384		
	1. Work Site Name and Mailing Address: ROSE MOUNT CAR PUS		Owner's Name:		
G E N E R A	Barbarg and 164th Rose mount MN 55068	Owner's Telephone: 612-581-5866			
	2. Generator/Contractor Name and Mailing Address: VCF ENVIRONMENTAL 76 St. Croix Trail N	Contractor's Telephone: 651-436-8559			
T O R	Lakeland       MN       SSOGR         3. Name and Address of Responsible Agency:       MPCA         520 Lafayett       St. Paul, MN	e Road North 55155	Agency's Telephone: (651) 296-6300		
	4. Waste Disposal Site: Dem-Con Lar 3601 West 1 Shakopee, M	30th Street	Dem-Con's Telephone: (952) 445-5755		
	5. Description of Materials:         □ Impacted Soil       □ Non-Friable Asbestos         □ Other (specify below)       □ Friable Asbestos	6. Total Quantity: CY or TON	7. Special handling instruction/ additional information: RR ASDESTOS		
	ACM TRANSITE, Red flooring	222B Fast			
	<ul> <li>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.</li> </ul>				
,	In 40 CFR Part 261 Printed Name and Title: Sup Signature	1 M	Date 8/31/15		
	9. Transporter 1 (Acknowledgement of receipt of materials) Printed Name and Title: Signature		Date		
T R	CHO HUNTON/DRIVER CL	12AQ	9-1-15 Transporter 1's Telephone:		
A N S	10. Transporter 2 (Acknowledgement of receipt of materials)	952-746-5832			
P O R	Printed Name and Title: Signature		Date		
TE	Transporter 2's Address:		Transporter 2's Telephone:		
R					
F	11. Discrepancy indication space:		-		
A C I L		с. Х			
I	12. Waste Disposal site owner or operator: Certification of materials covered by this manifest except as r	noted in item 11.			
Ŷ	Printed/Typed Name & Title:     Signature:       Sess     SM	L	Date: 9/1/15		

Jal	Joh # 6260 #33			
	DEM-CON LANDFI WASTE MANIFEST	and the second		Manifest # 26385
• •	1. Work Site Name and Mailing Address: Reserver Campus Barburg and 164th	22.B	West	Owner's Name:
G E	Rosemount MN	55668		Owner's Telephone: 612 - 581-5806
N E R A T	2. Generator/Contractor Name and Mailing Address: VCL ENVISONMENTY 76 ST. Croix Trail N Lakeland MN SSOLI3			Contractor's Telephone: 651-436-8559
O R	3. Name and Address of Responsible Agency:	MPCA 520 Lafayette St. Paul, MN 5		Agency's Telephone: (651) 296-6300
	4. Waste Disposal Site:	Dem-Con Land 3601 West 13 Shakopee, MN	0th Street	Dem-Con's Telephone: (952) 445-5755
	5. Description of Materials: ☐ Impacted Soil ☐ Non-Friat ☐ Other (specify below) ☐ Friable As ÂCM Tagaste Re	chactor	6. Total Quantity: CY or TON $O \subset V$	7. Special handling instruction/ additional information: RQ ASSISS
	ACM THUNSITE, RE and TSF I debri	en pour s'	1 debris	NA 2212 P6111
	8. Generator's Certification: I hereby declare that the contents of this consignment are find name and are classified, packed, marked and labeled, and are in all respects in proper content in the content of the cont		this consignment are fall respects in proper of	fully and accurately described above by proper shipping ondition for transport by highway according to applicable
-			Date 9/1/15	
	9. Transporter 1 (Acknowledgement of receipt of	of materials)		
	Printed Name and Title:	Signature		Date
T R	TIMK DINCK	T-4	6	- 11-2-15
A	Transporter 1's Address:			Transporter 1's Telephone:
N S	7207 10128 4/2 St. Sau	<u>ac, c, 1141</u>	55318	957 7916 5832
P O R	10. Transporter 2 (Acknowledgement of receipt Printed Name and Title:	Signature		Date
T E R	Transporter 2's Address:			Transporter 2's Telephone:
F A C I L	11. Discrepancy indication space:			
I	12. Waste Disposal site owner or operator: Certification of materials covered by this man	oifest excent as no	ted in item 11	5 C
T	Printed/Typed Name & Title:	Signature:		Date:
Y	Less	-Ca A		Q1/2/18-
	L'D	20		10/13

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Yellow Copy - Generator

Je	Job # 6260 #34				
	DEM-CON LANDFILL, LLC WASTE MANIFEST FORM	Manifest # 26386			
~	1. Work Site Name and Mailing Address: Rosemount Campus Barbara and 164 th 222B West	Owner's Name: UOF M Owner's Telephone:			
GE	RUSEMONT MN SSB68	612-581-5806			
N E R A T	2. Generator/Contractor Name and Mailing Address: VCF ENVISONMENDE 76 ST. Croix Trail N Lakeland MN 55043	Contractor's Telephone: 657-436-8559			
O R	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 130 <sup>th</sup> Street Shakopee, MN 55379	Dem-Con's Telephone: (952) 445-5755			
	5. Description of Materials: Impacted Soil INON-Friable Asbestos Other (specify below) Friable Asbestos Acm Trunsife, Red flooring Soil	7. Special handling instruction/ additional information: R& Asbestas Class 4			
	and TSI debris I debris	NAZZIJ PEIII			
	8. Generator's Certification: I hereby declare that the contents of this consignment are name and are classified, packed, marked and labeled, and are in all respects in proper international and national government regulations. I further certify that the contents of in 40 CFR Part 261	condition for transport by highway according to applicable			
	Printed Name and Title: (Sup) Signature	Date 9/1/15			
	9. Transporter 1 (Acknowledgement of receipt of materials)         Printed Name and Title:       Signature	Date			
T R	TimM. Driver T-16	9.215			
Α	Transporter 1's Address:	Transporter 1's Telephone:			
N S	10. Transporter 2 (Acknowledgement of receipt of materials)	954 711c 5832			
P O	Printed Name and Title: Signature	Date			
R T E	Transporter 2's Address:	Transporter 2's Telephone:			
R		.e%.			
F A C I	11. Discrepancy indication space:				
L I T Y	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:         Signature:       Signature:	Date:			
	Job Sect	1415			

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Jo	2b # 6260			井 35
	DEM-CON LANDFI WASTE MANIFEST			Manifest # 26387
G E R A T O R	Rosemourt       Campos         Barbarg       Cand 164 th         Bosemourt       MN         Sober       Sober         2. Generator/Contractor Name and Mailing Address:         VCT       Encircumental         76       ST         VCT       Encircumental         76       ST         VA       SOUNT         VA       SOUNT         VA       SOUNT         VA       SOUNT         76       ST         VA       SOUNT         VA       SOUNT         VA       SOUNT         VA       SOUNT         VA       SUME         VA       SUME <t< th=""><th>Owner's Name:<math>U</math><math>OF</math><math>Owner's</math> Telephone:<math>GOM</math><math>GOM</math><math>GOM</math><math>GOM</math><math>GOM</math><math>Agency's</math> Telephone:<math>(651)</math> 296-6300Dem-Con's Telephone:<math>(952)</math> 445-5755</th></t<>		Owner's Name: $U$ $OF$ $Owner's$ Telephone: $GOM$ $GOM$ $GOM$ $GOM$ $GOM$ $Agency's$ Telephone: $(651)$ 296-6300Dem-Con's Telephone: $(952)$ 445-5755	
1	name and are classified, packed, marked and lal	sbestos Wirg at the contents of peled, and are in	all respects in proper co	7. Special handling instruction/ additional information: R Q AS bestoc Class Q MADDID PG/// fully and accurately described above by proper shipping ondition for transport by highway according to applicable this consignment do not contain hazardous waste as defined Date
T R A N S P O R T E R	<ul> <li>9. Transporter 1 (Acknowledgement of receipt of Printed Name and Title:</li> <li>Sam Anderson LCS</li> <li>Transporter 1's Address:</li> <li>2007 (STAS WSA Second 10. Transporter 2 (Acknowledgement of receipt Printed Name and Title:</li> <li>Transporter 2's Address:</li> </ul>	Signature	SA	Date 09/03/15 Transporter 1's Telephone: 959-79/6-5852 Date Transporter 2's Telephone:
F A C I L I T	<ol> <li>Discrepancy indication space:</li> <li>12. Waste Disposal site owner or operator: Certification of materials covered by this man</li> </ol>		oted in item 11.	
Ŷ	Printed/Typed Name & Title: $\mathcal{WT}$	Signature:	Wr	Date: 9 - 3 - 15

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J	sh # 6260			#36
	DEM-CON LANDFIL WASTE MANIFEST I			Manifest # 26388
G E R A T O R	E20 Lafavette Dead North			Owner's Name: UOFM Owner's Telephone: GIJ - 58I - 5866 Contractor's Telephone: GSF UI3G - 8559 Agency's Telephone: (651) 296-6300 Dem-Con's Telephone: (952) 445-5755
	name and are classified, packed, marked and labe international and national government regulations in 40 CFR Part 261	e Asbestos pestos 601 N G the contents of the ded, and are in all	5. Total Quantity: CY or TON	7. Special handling instruction/ additional information: RGASSASAS C19559 MADD PG/// fully and accurately described above by proper shipping ondition for transport by highway according to applicable this consignment do not contain hazardous waste as defined Date
T R A N S P O R T E R	Sam Anderson LCS Transporter 1's Address: 7297 W128 HST. Saccase 10. Transporter 2 (Acknowledgement of receipt of	Signature	A	Date 09/03/15 Transporter 1's Telephone: 752-146-5532 Date Transporter 2's Telephone:
F A C I L I T Y	<ul> <li>11. Discrepancy indication space:</li> <li>12. Waste Disposal site owner or operator: Certification of materials covered by this manife Printed/Typed Name &amp; Title:</li> </ul>	est except as note Signature:		Date: 9 - 3 - 15

Pink Copy - Transporter

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Job # 6260 100 # 37				
	DEM-CON LANDFI WASTE MANIFEST			Manifest # 26389
G E N E R A T O R	Rosemount Gampus Barbala and 164 fu         Barbala and 164 fu         Solds         2. Generator/Contractor Name and Mailing Address:         VCI Ewintermental         76 ST. Croix Truit N         Lakeland My Solds         3. Name and Address of Responsible Agency:         MPCA         520 Lafayette Road North St. Paul, MN 55155         4. Waste Disposal Site:         Dem-Con Landfill         3601 West 130 <sup>th</sup> Street         Shakopee, MN 55379         5. Description of Materials:         Impacted Soil         Non-Friable Asbestos         6. Total Quantity:         Cror TON         Other (specify below)         Friable Asbestos		Owner's Name: $V G M$ Owner's Telephone: $UJ - 58I - 5806$ Contractor's Telephone: $GSI - UI36 - 8559$ Agency's Telephone:(651) 296-6300Dem-Con's Telephone:(952) 445-57557. Special handling instruction/ additional information:	
	ACM Transite, Red floo and TST. 6 501 8. Generator's Certification: Thereby declare the name and are classified, packed, marked and lat	at the contents of beled, and are in a	all respects in proper co	R& Asbestos <i>Klass</i> 9 <i>MADD PS-11/</i> fully and accurately described above by proper shipping ondition for transport by highway according to applicable this consignment do not contain hazardous waste as defined Date
	9. Transporter 1 (Acknowledgement of receipt of Printed Name and Title:	of materials) Signature		Date
T R A N S P O R T E R	Transporter 1's Address: 7247 W 128 4 51 Saa 10. Transporter 2 (Acknowledgement of receipt Printed Name and Title: Driver Rick Mgard Transporter 2's Address:	of materials) Signature	Λ	Transporter 1's Telephone:         959-746-5832         Date         9/11/15         Transporter 2's Telephone:
	11. Discrepancy indication space:			
F A C I L	12. Waste Disposal site owner or operator:			
I T	Certification of materials covered by this man Printed/Typed Name & Title:	ifest except as no Signature:	ted in item 11.	Date:
Y	U T		r	9-11-75

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## 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

Legend Technical Services, Inc.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.

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

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



University of Minnesota Facilities Management	Project:	Analytical Services		
319 15th Avenue SE	Project Number:	Rosemount	Work Order #:	1501364
Minneapolis, MN 55455	Project Manager:	Mr. Sean Gabor	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: 0	4/16/15 15:5	0					
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 F	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		"	"	"	

University of Minnesota Facil	lities Management	Proj	ect:	Analytical	Services								
319 15th Avenue SE		Proj	ect Number:	Rosemou	nt			Wor	k Order #:	1501364			
Minneapolis, MN 55455		Project Manager: Mr. Sean Gabor							Date Reported: 05/14/15				
			тс	LP MET	ALS								
		L	_egend Teo	chnical S	Services	, Inc.							
Analyte	Result	RL	MDL	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes			
S222-A (1501364-01) Other	Sampled: 04/15/15 1	1:45	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 R	eceived: 04/1	6/15 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	"	"	"	"				



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

#### TOTAL METALS ANALYSIS - Quality Control Legend Technical Services, Inc.

					Spike	Source		%REC		%RPD	
Analyte	Result	RL	MDL	Units	Level	Result	%REC	Limits	%RPD	Limit	Notes
Batch B5D2014 - EPA 3050B											
Blank (B5D2014-BLK1)				F	Prepared	l & Analyze	ed: 04/20/1	5			
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)				F	Prepared	l & Analyze	ed: 04/20/1	5			
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	l & Analyze	ed: 04/20/1	5			
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)	S	Source:	1501375-	02 I	Prepared	l & Analyze	ed: 04/20/1	5			
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)	S	Source:	1501375-	02	Prepared	l & Analyze	ed: 04/20/1	5			
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	

Legend Technical Services, Inc.

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

#### 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)	S	ource: 1	1501375-	<b>02</b> I	Preparec	l & Analyze	ed: 04/20/ <sup>-</sup>	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	

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

### TCLP METALS - Quality Control Legend Technical Services, Inc.

					Spike	Source		%REC		%RPD	
Analyte	Result	RL	MDL	Units	Level	Result	%REC	Limits	%RPD	Limit	Notes
Batch B5E0104 - EPA 200.7/3005A Diges	tion										
Blank (B5E0104-BLK1)					Prepared	: 05/01/15	Analyzed	I: 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	l: 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	l: 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	I: 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)	S	ource:	1501449-0 <sup>-</sup>	1	Prepared	: 05/01/15	Analyzed	l: 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)	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	

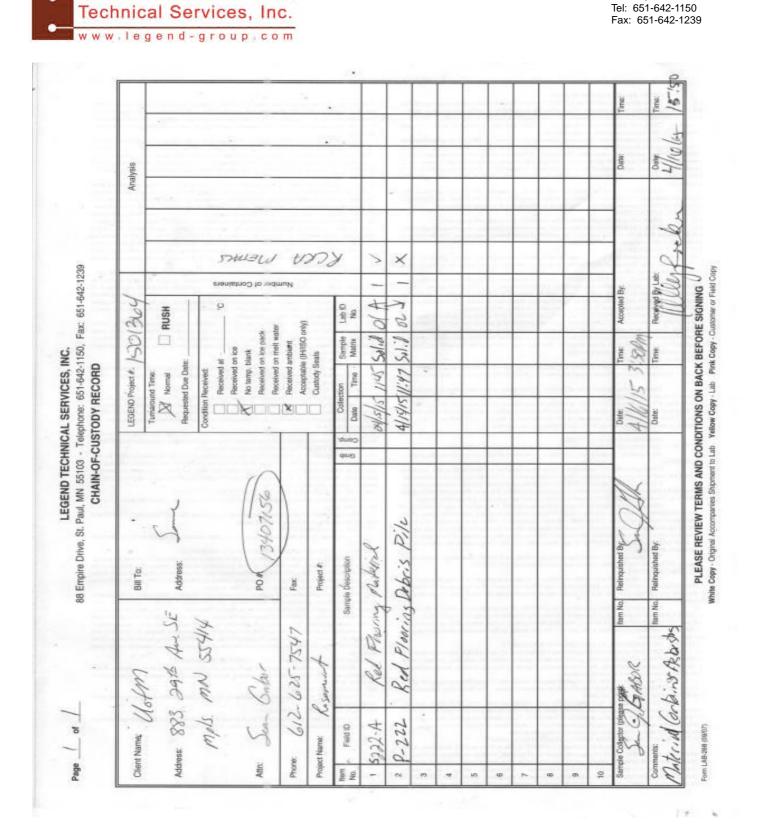


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University of Minnesota Facilities Management	Project:	Analytical Services		
319 15th Avenue SE	Project Number:	Rosemount	Work Order #:	1501364
Minneapolis, MN 55455	Project Manager:	Mr. Sean Gabor	Date Reported:	05/14/15

#### **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)



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