



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

3532283

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

GENERATOR (Generator completes Ia-r)

Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
Generator's Name and Location: Foundation Energy Caykondall-Lauch			e. Generator's Mailing Address: Foundation Energy Management LLC 1831 North Parkway Dallas, TX 75246		
Phone: Owner of the generating facility differs from the generator, provide:			g. Phone:		
Owner's Name:			i. Owner's Phone No.:		

Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers		n. Total Quantity	o. Unit Wt/Vol
			No.	Type		
212 151162	9/2/11	C&P Tail Team Contaminated Soil			20	ton

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

p. Generator Authorized Agent Name (Print) K. Buckner	q. Signature <i>[Signature]</i>	r. Date 11-2-11
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II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: D.D. Buckner + Dorez		
b. Phone:		
c. Driver Name (Print) K. Buckner	d. Signature <i>[Signature]</i>	e. Date 11-2-11

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

a. Disposal Facility and Site Address: Foundation Energy Management LLC 1831 North Parkway Dallas, TX 75246	c. US EPA Number	d. Discrepancy Indication Space:
b. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print) K. Buckner	f. Signature <i>[Signature]</i>	g. Date 11-2-11

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

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			

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

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