



MISSOURI DEPARTMENT OF NATURAL
RESOURCES AIR POLLUTION CONTROL PROGRAM
ASBESTOS POST-NOTIFICATION

GENERAL INSTRUCTIONS

Persons who perform asbestos abatement projects are required to submit post-notification to the department within 60 days of the completion date indicated on the initial notification. This post-notification shall include signed and dated receipts of asbestos disposal as well as final air clearance results (if applicable). These documents, along with the completed post-notification form shall be mailed to the following address*:

MISSOURI DEPARTMENT OF NATURAL RESOURCES
AIR POLLUTION CONTROL PROGRAM (ASBESTOS)
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102

*For projects under the jurisdiction of a local agency, send post-notification to the appropriate office.

PART A. ASBESTOS PROJECT INFORMATION

| | | | |
|---|--|-------|----------|
| PROJECT NAME | PROJECT ID ASSIGNED BY THE AIR POLLUTION CONTROL PROGRAM | | |
| Former St Mary's Bldgs | A8942-2025 | | |
| ADDRESS | | | |
| 622 North Main St, East and North Bldgs | | | |
| CITY | | STATE | ZIP CODE |
| Independence | | MO | 64050 |
| START DATE | COMPLETION DATE | | |
| 05/22/2025 | 08/07/2025 | | |

PART B. CONTRACTOR INFORMATION

| | | | |
|---|--|---------------------------------|--|
| NAME OF CONTRACTOR | MO ASBESTOS CONTRACTOR REGISTRATION NUMBER | | |
| Construction & Abatement Services, Inc. | 26-07-0621 | | |
| CONTRACTOR CONTACT PERSON | EMAIL | TELEPHONE NUMBER WITH AREA CODE | |
| Jory Swim | jory.swim@caskc.com | (816) 524-3233 | |

PART C. WASTE DISPOSAL INFORMATION

| | | |
|-------------------------|-------|----------|
| NAME OF LANDFILL | | |
| Courtney Ridge Landfill | | |
| ADDRESS | | |
| 2001 N 291 Hwy | | |
| CITY | STATE | ZIP CODE |
| Sugar Creek | MO | 64058 |

NOTE: INCLUDE COPIES OF ALL WASTE SHIPMENT RECORDS AND DISPOSAL RECEIPTS

PART D. AIR SAMPLING INFORMATION

| | |
|-----------------------------------|---------------------------------|
| NAME OF AIR SAMPLING PROFESSIONAL | CERTIFICATION NUMBER |
| Don Plaskett | 4300 |
| COMPANY NAME | TELEPHONE NUMBER WITH AREA CODE |
| DP Environmental | (816) 935-0976 |

NOTE: INCLUDE COPIES OF FINAL AIR CLEARANCE RESULTS (IF APPLICABLE)

PART E. AUTHENTICATION

I CERTIFY THAT THE INFORMATION LISTED ABOVE AND ENCLOSED IS TRUE AND ACCURATE.

| | |
|--|------|
| SIGNATURE OF ASBESTOS ABATEMENT CONTRACTOR | DATE |
| | |

Project Name: 622 North Main St. Independence, MO
 Project Address: 622 North Main St. Independence, MO
 Project No.: 25-11919
 Contractor: CAS
 Sampled By: Victoria Plaskett
 Methodology NIOSH 7400
 Date Sampled: 8/5/25



B=BLANK

BG=BACKGROUND

IWA=INSIDE WORK AREA

P=PERSONNEL

EX=EXCURSION

FC=FINAL CLEARANCE

| SAMPLE NUMBER | LOCATION/ WORKER | SAMPLE TYPE | PUMP # | FLOW START | FLOW STOP | FLOW AVG. | TIME ON | TIME OFF | TOTAL MINUTES | TOTAL VOLUME | FIBERS | FIELD S | FIBERS / CC | DETECTIO N LIMIT |
|------------------|--------------------------|----------------|--------|---------------|--------------|--------------|---------|----------|------------------|-----------------|--------|------------|----------------|---------------------|
| 7740 | Basement Boiler/ SE Side | FC | 1 | 5 | 5 | 5 | 10:13 | 14:13 | 240 | 1200 | 3 | 100 | BDL | 0.0023 |
| 7749 | Basement Boiler/ SW Side | FC | 1 | 5 | 5 | 5 | 10:14 | 14:14 | 240 | 1200 | 2 | 100 | BDL | 0.0023 |
| 7741 | 1st Floor/ SE Side | FC | 2 | 5 | 5 | 5 | 10:17 | 14:17 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7289 | 1st Floor/ SW Side | FC | 2 | 5 | 5 | 5 | 10:18 | 14:18 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7181 | 1st Floor/ NE Side | FC | 3 | 5 | 5 | 5 | 10:19 | 14:19 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7180 | 1st Floor/ NW Side | FC | 3 | 5 | 5 | 5 | 10:20 | 14:20 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7186 | 2nd Floor/ SE Side | FC | 4 | 5 | 5 | 5 | 10:21 | 14:21 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7165 | 2nd Floor/ SW Side | FC | 4 | 5 | 5 | 5 | 10:22 | 14:22 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7243 | 2nd Floor/ NE Side | FC | 5 | 5 | 5 | 5 | 10:23 | 14:23 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7170 | 2nd Floor/ NW Side | FC | 5 | 5 | 5 | 5 | 10:24 | 14:24 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |

Permissible Exposure Limit (PEL): 0.1 f/cc calculated as an 8 hour TWA

Short Term Exposure Limit (EX): 1.0 f/cc as averaged over a 30 minute sampling period

Clearance Level: .01 f/cc

All samples passed the clearance level of 0.01 f/cc

Analyst:

Victoria Plaskett

DATE: 8/6/2025

I certify that the above fiber counts were performed in strict compliance with applicable standards and regulations.

Project Name: 622 N Main St. Independence, MO
 Project Address: 622 N Main St. Independence, MO
 Project No.: 25-11919
 Contractor: CAS
 Sampled By: Victoria
 Methodology NIOSH 7400
 Date Sampled: 8/7/25



B=BLANK

BG=BACKGROUND

IWA=INSIDE WORK AREA

P=PERSONNEL

EX=EXCURSION

FC=FINAL CLEARANCE

| SAMPLE NUMBER | LOCATION/ WORKER | SAMPLE TYPE | PUMP # | FLOW START | FLOW STOP | FLOW AVG. | TIME ON | TIME OFF | TOTAL MINUTES | TOTAL VOLUME | FIBERS | FIELD S | FIBERS / CC | DETECTIO N LIMIT |
|------------------|-------------------|----------------|--------|---------------|--------------|--------------|---------|----------|------------------|-----------------|--------|------------|----------------|---------------------|
| 7745 | 2nd Floor NW Side | FC | 2 | 5 | 5 | 5 | 8:03 | 12:03 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7760 | 2nd Floor NE Side | FC | 2 | 5 | 5 | 5 | 8:04 | 12:04 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7757 | 2nd Floor SE Side | FC | 3 | 5 | 5 | 5 | 8:08 | 12:08 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7733 | 2nd Floor SW Side | FC | 3 | 55 | 5 | 30 | 8:09 | 12:09 | 240 | 7200 | 1 | 100 | BDL | 0.0004 |
| 7189 | Basement SE Side | FC | 1 | 5 | 5 | 5 | 8:12 | 12:12 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7168 | Basement SW Side | FC | 1 | 5 | 5 | 5 | 8:13 | 12:13 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7179 | 1st Floor SW Side | FC | 4 | 5 | 5 | 5 | 8:14 | 12:14 | 240 | 1200 | 1 | 100 | BDL | 0.0023 |
| 7729 | 1st Floor SE Side | FC | 4 | 5 | 5 | 5 | 8:15 | 12:15 | 240 | 1200 | 2 | 100 | BDL | 0.0023 |
| 7240 | 1st Floor NW Side | FC | 5 | 5 | 5 | 5 | 8:16 | 12:16 | 240 | 1200 | 3 | 100 | BDL | 0.0023 |
| 7178 | 1st Floor NE Side | FC | 5 | 5 | 5 | 5 | 8:17 | 12:17 | 240 | 1200 | 2 | 100 | BDL | 0.0023 |

Permissible Exposure Limit (PEL): 0.1 f/cc calculated as an 8 hour TWA

Short Term Exposure Limit (EX): 1.0 f/cc as averaged over a 30 minute sampling period

Clearance Level: .01 f/cc

All samples passed the clearance level of 0.01 f/cc

Analyst:

DATE: 8/7/2025

I certify that the above fiber counts were performed in strict compliance with applicable standards and regulations.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

I. GENERATOR (Generator completes Ia-r)

| | | | | | | |
|--|--------------|---|--|---------------------------|-------------------|----------------|
| a. Generator's US EPA ID Number | | b. Manifest Document Number 2511919 | | c. Page 1 of 1 | | |
| d. Generator's Name and Location: Construction & Abatement Services, Inc. 622 N Main St Independence Mo | | | e. Generator's Mailing Address: Construction & Abatement Services, Inc 1100 Guinotte Ave Kansas City MO 64120 g. Phone: 816.524.3233 | | | |
| f. Phone: | | | If owner of the generating facility differs from the generator, provide: | | | |
| h. Owner's Name: | | | i. Owner's Phone No.: | | | |
| j. Waste Profile # | k. Exp. Date | l. Waste Shipping Name and Description | m. Containers No. | Type | n. Total Quantity | o. Unit Wt/Vol |
| 41382123030 | 2/16/27 | Non Friable Asbestos | 41 | TRU | 40 | Yds |
| 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) Tim Taylor | | q. Signature [Signature] | | r. Date 7-17-25 | | |

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

| | | |
|---|------------------------------------|---------------------------|
| a. Transporter's Name and Address: Construction & Abatement Services, Inc. 1100 Guinotte Ave Kansas City MO 64120 b. Phone: | | |
| c. Driver Name (Print) Chris Mazza | d. Signature Chris Mazza | e. Date 7-21-25 |

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

| | | | |
|---|------------------------------------|------------------------|----------------------------------|
| a. Disposal Facility and Site Address: Courtney Ridge Landfill 2001 N. 291 Hwy Sugar Creek, MO 64058 b. Phone: 816.257.7999 | | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. | | | |
| e. Name of Authorized Agent (Print) Michael | f. Signature [Signature] | g. Date 7-21 | |

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

| | | | |
|--|--|---|--|
| a. Operator's Name and Address: Construction & Abatement Services Inc. 1100 Guinotte Ave Kansas City MO 64120 b. Phone: 816.524.3233 | | c. Responsible Agency Name and Address: | |
| e. Special Handling Instructions and Additional Information: Wear proper PPE if/when handling | | d. Phone: | |
| f. <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable 100 % Non-Friable | | | |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. | | | |
| g. Operator's Name and Title (Print) Tim Taylor | | i. Date 7-17-25 | |
| h. Signature [Signature] | | i. Date | |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both | | | |

COURTNEY RIDGE 816-257-7999
2001 N M 291 HWY Sugar Creek, MO 64058

01

1390768

Dawn C.

004233
REPUBLIC SERVICES-ROLLOFF-SPW
1220 S BROOKSIDE
INDEPENDENCE, MO 64052

7/21/25 6:58 am

7/21/25 6:58 am

RS348342

Contract:41382123030

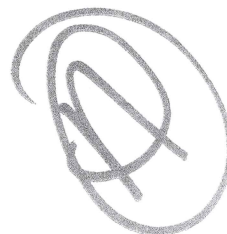
Generator:Construction & Abatement Services, Inc.

| | | | |
|-----------------------|--------|------------|--------|
| SCALE IN GROSS WEIGHT | 64,460 | NET TONS | 13.40 |
| TARE OUT TARE WEIGHT | 37,660 | NET WEIGHT | 26,800 |

INBOUND

INVOICE

| | | | |
|-------|----|----------------------------|----------------------|
| 0.00 | YD | Tracking QTY | |
| 13.40 | tn | SW-ASBESTOS-NON FRIABLE | Origin:MISSOURI 100% |



Signature_____



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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

I. GENERATOR (Generator completes Ia-r)

| | | | | | | | |
|--|--------------|--|--|---------------------------|-------------------|-------------------|---------------------|
| a. Generator's US EPA ID Number | | b. Manifest Document Number 25-11919-02 | | c. Page 1 of 1 | | | |
| d. Generator's Name and Location: Construction & Abatement Services, Inc. 622 N Main, Independence MO | | | e. Generator's Mailing Address: Construction & Abatement Services, Inc 1100 Guinotte Ave Kansas City MO 64120 g. Phone: 816.524.3233 | | | | |
| f. Phone: | | | g. Phone: 816.524.3233 | | | | |
| If owner of the generating facility differs from the generator, provide: | | | | | | | |
| h. Owner's Name: 85 th Holdings LLC | | | i. Owner's Phone No.: | | | | |
| j. Waste Profile # | k. Exp. Date | l. Waste Shipping Name and Description | | m. Containers No. Type | n. Total Quantity | o. Unit Wt/Vol | |
| 41382123029 | 2/16/27 | Friable Asbestos | | 280 Bags | 40 | CYDS | |
| 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. | | | | | | | |
| J.Swim | | p. Generator Authorized Agent Name (Print) | | | q. Signature | | r. Date 8/7/2025 |

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

| | | |
|---|-----------------------------|-------------------|
| a. Transporter's Name and Address: Construction & Abatement Services, Inc 1100 Guinotte Ave Kansas City MO 6120 b. Phone: | | |
| c. Driver Name (Print) Chris Mazza | d. Signature Chris Mazza | e. Date 8-8-25 |

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

| | | | |
|---|--|------------------|----------------------------------|
| a. Disposal Facility and Site Address: Courtney Ridge Landfill 2001 N. 291 Hwy Sugar Creek, MO 64058 b. Phone: 816.257.7999 | | c. US EPA Number | d. Discrepancy Indication Space: |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. | | | |
| e. Name of Authorized Agent (Print) | | f. Signature | g. Date |

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

| | | | | |
|--|--|---|--|----------------------|
| a. Operator's Name and Address: Construction & Abatement Services Inc. 1100 Guinotte Ave Kansas City MO 64120 b. Phone: 816.524.3233 | | c. Responsible Agency Name and Address: | | |
| e. Special Handling Instructions and Additional Information: Wear proper PPE if/when handling | | d. Phone: | | |
| f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both 100 % Friable % Non-Friable | | | | |
| OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. | | | | |
| J.Swim | | h. Signature | | i. Date 8/07/2025 |
| *Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both | | | | |

ITE COURTNEY RIDGE 816-257-7999
2001 N M 291 HWY -Sugar Creek, MO 64058
PERMIT#: 0109521

CUSTOMER 004233
REPUBLIC SERVICES-ROLLOFF-SPW
1220 S BROOKSIDE
INDEPENDENCE, MO 64052

Contract:41382123029
Generator:Construction & Abatement Services, Inc.

SITE 01 TICKET# 1393889 CELL
WEIGHMASTER Mornesha W.
DATE/TIME IN Fri 8/8/25 10:17 am DATE/TIME OUT Fri 8/8/25 10:17 am
VEHICLE RS3467400TFB CONTAINER
REFERENCE
BILL OF LADING

INBOUND
INVOICE

SCALE IN GROSS WEIGHT 47,440 NET TONS 5.15
TARE OUT TARE WEIGHT 37,140 NET WEIGHT 10,300

| QTY. | UNIT | DESCRIPTION | RATE | EXTENSION | TAX | TOTAL |
|------|------|---|------|-----------|-----|-------|
| 0.00 | YD | Tracking QTY | | | | |
| 5.15 | tn | SW-ASBESTOS-FRIABLE Origin:MISSOURI 100% | | | | |

Signature

NET AMOUNT
TENDERED
CHANGE
CHECKS

The undersigned individual signing this document on behalf of Customer acknowledges that he or she has read and understands the terms and conditions on this invoice, and that he or she has the authority to sign this document on behalf of the customer.

SIGNATURE