

Cover Letter

Basic Information

Driver Name	Tyler Turner	Route Date	04-01-2024
Truck no	Lionel Stevens		

Companies Data

Name	McGlynn PLC
Address	363 Hyatt Way, East Ashtyn, Colorado, 80517, USA

Name	Mohr LLC
Address	6967 Thaddeus Trail, New Rhoda, Georgia, 86674, USA

Name	Ratke Group
Address	4830 Bailey Walk Suite 179, Brendonhaven, Tennessee, 17691, USA

Name	Herzog-Murphy
Address	438 McKenzie Gateway Apt. 648, North Rosaleeshire, Idaho, 75461, USA

Name	Wehner-Schumm
Address	729 Prosacco Skyway Apt. 177, Oberbrunnermouth, Arizona, 38605, USA

Packaging for Route

Name	Quantity
4ft Bin	9
9ft Bin	2

Extra Packaging/Equipment

Name	Quantity
Two Wheeler	1
Pallet Jack	1
Broom/Dustpan	1
4' Bins	1
3' Bin	1
8' Boxes	4
Bucket	1
Extra BOL's & HWM's	1

Basic Information

Date of Route: 2024-04-01

Call Date & Time: 2024-04-01- 1:29 PM

BOL Number: CF-4

Clearance Height: 5ft

Pickup Location: 363 Hyatt Way

Site Contact Name: Ms. Mozelle

Cell Number: +1 580 891 2628

Hrs of Service: 02:10 AM -- 09:44 AM

Billing Address

Address 363 Hyatt Way, East Ashtyn, Colorado, 80517, USA

Pickup Items

Batteries 13

Name	Quantity	Packaging Type
Lithium Ion Batteries	10	Loose
NiCad Batteries	3	Loose

Drop off Information

PACKAGING 4

Name	Quantity
Box	4

Transport Packaging

Name	Quantity
4ft Bin	5

Replacement Packaging

No replacement packaging available

Project Completion Date

Date: 2024-04-01

RECYCLE BILL OF LADING

RECYCLE TECHNOLOGIES, INC.
2815 South 171 Street
New Berlin, WI 53151
(262)798-3040

RECYCLE TECHNOLOGIES, INC.
1525 99 Ln NE
Minneapolis, MN 55449

RECYCLE TECHNOLOGIES, INC.
10040 Davenport St NE
Minneapolis, MN 55449
(763)559-5130

BILL OF LADING NO:CF-4

RTI Transpoter WDNR#13344

GENERATOR OF WASTE:

NAME: McGlynn PLC

ADDRESS: 363 Hyatt Way

CITY,STATE,ZIP: East Ashtyn, Colorado, 80517

CUSTOMER #: 341

DESCRIPTION OF WASTE:

FLOURESCENT LAMPS

E SCRAP

BALLAST

OTHER:

The material as marked under "DESCRIPTION OF WASTE" was properly identified and prepared for transportation and tender in accordance with all applicable statutes, ordinances, permits, rules, and regulations of Federal, State, and local governments in whose jurisdiction such materials originate, pass through, or are tendered for delivery. I certify (or declare) under penalty of perjury that the foregoing is true and correct. RTI, upon acceptance and disposal of the above-described waste, will have rendered a service, and upon submission of an invoice, charges will be due in accordance with the contract or, in lieu of the contract, prevailing current Recycle Technologies rates in effect at the time of service.

Signature of Authorized Agent

Title

Date

QUANTITY	WASTE TYPE	FOR OFFICE USE
	STRAIGHT LAMPS:	
	4 FOOT AND UNDER.....	
	5 FOOT AND GREATER.....	
	SHIELDED.....	
	LED.....	
	COMPACTS.....	
	MINIATURE.....	
	CIRCULAR.....	
	U-SHAPED.....	
	MIRRORED SPOT/MIRRORED FLOOD.....	
	INCANDESCENT/INCANDESCENT FLOOD.....	
	BROKEN.....	
	HID: (MERCURY VAPOR, METAL HALIDE, HIGH-PRESSURE).....	
	E SCRAP.....GAYLOAD #.....	
	GAYLOADS IN.....OUT..... DRUMS: IN.....OUT.....	
	BULB BINS IN: OUT:	
	BATTERIES:SORTED/MIXED: TAPED? Y/N.....	
	BALLAST/LBS - PCB.....	
	BALLAST/LBS - NON PCB.....	
	MERCURY CONTROL DEVICES.....	
	PAPER SHERDDING.....	
	PAPER BINS IN: OUT:	
	TIME IN:.....TIME OUT:.....	
	OTHER.....	

The described waste was tendered to me for removal and transported to: Treatment Facility, Secondary Transporter I certify (or declare) under penalty or perjury that the foregoing is true and correct.

Prime Transporter Signature

Title

Date

Secondary Transporter Signature

Title

Date

TREATMENT FACALITY:

RECYCLE TECHNOLOGIES INC

CITY: New Berlin/Minneapolis

STATE: WI / MN

ZIP: 53151 / 55449

I transprtor above delivered the described waste to this facility and it was acceptable material under faderal, state and local regulations.

TREATMENT METHOD: RECYCLE / DECOMMISSION

DISPOSAL DATE

I certify (or declare) under penalty or perjury that the foregoing is true and correct.

Signature of Authorized Agent

Title

Date

Basic Information

Date of Route: 2024-04-01

Pickup Location: 6967 Thaddeus Trail

Call Date & Time: 2024-04-01- 1:29 PM

Site Contact Name: Nyah

BOL Number: CF-5

Cell Number: +1 455 456 5421

Clearance Height: 10ft

Hrs of Service: 02:10 AM -- 08:40 AM

Billing Address

Address6967 Thaddeus Trail, New Rhoda, Georgia, 86674, USA

Pickup Items

Ballasts 7

Name	Quantity	Packaging Type
4 bulb	3	Boxed
Non PCB Capacitors	4	Loose

Drop off Information

PACKAGING 2

Name	Quantity
Gayload	2

Transport Packaging

Name	Quantity
9ft Bin	2

Replacement Packaging

No replacement packaging available

Project Completion Date

Date:2024-04-01

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Minneapolis, MN 55449

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10040 Davenport St NE
Minneapolis, MN 55449
(763)559-5130

BILL OF LADING NO:CF-5

RTI Transpoter WDNR#13344

GENERATOR OF WASTE:

NAME: Mohr LLC

ADDRESS: 6967 Thaddeus Trail

CITY,STATE,ZIP: New Rhoda, Georgia, 86674

CUSTOMER #: 3344

DESCRIPTION OF WASTE:

_____ FLOURESCENT LAMPS

_____E SCRAP

_____BALLAST

OTHER: _____

The material as marked under "DESCRIPTION OF WASTE" was properly identified and prepared for transportation and tender in accordance with all applicable statutes, ordinances, permits, rules, and regulations of Federal, State, and local governments in whose jurisdiction such materials originate, pass through, or are tendered for delivery. I certify (or declare) under penalty of perjury that the foregoing is true and correct. RTI, upon acceptance and disposal of the above-described waste, will have rendered a service, and upon submission of an invoice, charges will be due in accordance with the contract or, in lieu of the contract, prevailing current Recycle Technologies rates in effect at the time of service.

Signature of Authorized Agent

Title

Date _____

QUANTITY	WASTE TYPE	FOR OFFICE USE
	STRAIGHT LAMPS:	
	4 FOOT AND UNDER.....	
	5 FOOT AND GREATER.....	
	SHIELDED.....	
	LED.....	
	COMPACTS.....	
	MINIATURE.....	
	CIRCULAR.....	
	U-SHAPED.....	
	MIRRORED SPOT/MIRRORED FLOOD.....	
	INCANDESCENT/INCANDESCENT FLOOD.....	
	BROKEN.....	
	HID: (MERCURY VAPOR, METAL HALIDE, HIGH-PRESSURE).....	
	E SCRAP.....GAYLOAD #.....	
	GAYLOADS IN.....OUT..... DRUMS: IN.....OUT.....	
	BULB BINS IN: OUT:	
	BATTERIES:SORTED/MIXED: TAPED? Y/N.....	
	BALLAST/LBS - PCB.....	
	BALLAST/LBS - NON PCB.....	
	MERCURY CONTROL DEVICES.....	
	PAPER SHERDDING.....	
	PAPER BINS IN: OUT:	
	TIME IN:.....TIME OUT:.....	
	OTHER.....	

The described waste was tendered to me for removal and transported to: _____ Treatment Facility, _____ Secondary Transporter I certify (or declare) under penalty or perjury that the foregoing is true and correct.

Prime Transporter Signature

Title

Date _____

Secondary Transporter Signature

Title

Date _____

TREATMENT FACILITY:

RECYCLE TECHNOLOGIES INC

CITY: New Berlin/Minneapolis

STATE: WI / MN

ZIP: 53151 / 55449

I transprtor above delivered the described waste to this facility and it was acceptable material under faderal, state and local regulations.

TREATMENT METHOD: RECYCLE / DECOMMISSION

DISPOSAL DATE _____

I certify (or declare) under penalty or perjury that the foregoing is true and correct.

Signature of Authorized Agent

Title

Date _____

Basic Information

Date of Route: 2024-04-01

Call Date & Time: 2024-04-01- 1:29 PM

BOL Number: CF-6

Clearance Height: 10ft

Pickup Location: 4830 Bailey Walk Suite 179

Site Contact Name: Myrtice

Cell Number: +1 557 589 5097

Hrs of Service: 02:14 AM -- 08:39 AM

Billing Address

Address 4830 Bailey Walk Suite 179, Brendonhaven, Tennessee, 17691, USA

Pickup Items

Batteries 4

Name	Quantity	Packaging Type
Alkaline	4	Boxed

Drop off Information

PACKAGING 1

Name	Quantity
Gayload	1

Transport Packaging

No transport packaging available

Replacement Packaging

Name	Quantity
4ft Bin	2

Project Completion Date

Date: 2024-04-01

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10040 Davenport St NE
Minneapolis, MN 55449
(763)559-5130

BILL OF LADING NO:CF-6

RTI Transpoter WDNR#13344

GENERATOR OF WASTE:

NAME: Ratke Group

ADDRESS: 4830 Bailey Walk Suite 179

CITY,STATE,ZIP: Brendonhaven, Tennessee, 17691

CUSTOMER #: 3344

DESCRIPTION OF WASTE:

_____ FLOURESCENT LAMPS

_____E SCRAP

_____BALLAST

OTHER: _____

The material as marked under "DESCRIPTION OF WASTE" was properly identified and prepared for transportation and tender in accordance with all applicable statutes, ordinances, permits, rules, and regulations of Federal, State, and local governments in whose jurisdiction such materials originate, pass through, or are tendered for delivery. I certify (or declare) under penalty of perjury that the foregoing is true and correct. RTI, upon acceptance and disposal of the above-described waste, will have rendered a service, and upon submission of an invoice, charges will be due in accordance with the contract or, in lieu of the contract, prevailing current Recycle Technologies rates in effect at the time of service.

Signature of Authorized Agent

Title

Date

QUANTITY	WASTE TYPE	FOR OFFICE USE
	STRAIGHT LAMPS:	
	4 FOOT AND UNDER.....	
	5 FOOT AND GREATER.....	
	SHIELDED.....	
	LED.....	
	COMPACTS.....	
	MINIATURE.....	
	CIRCULAR.....	
	U-SHAPED.....	
	MIRRORED SPOT/MIRRORED FLOOD.....	
	INCANDESCENT/INCANDESCENT FLOOD.....	
	BROKEN.....	
	HID: (MERCURY VAPOR, METAL HALIDE, HIGH-PRESSURE).....	
	E SCRAP.....GAYLOARD #.....	
	GAYLOADS IN.....OUT..... DRUMS: IN.....OUT.....	
	BULB BINS IN: OUT:	
	BATTERIES:SORTED/MIXED: TAPED? Y/N.....	
	BALLAST/LBS - PCB.....	
	BALLAST/LBS - NON PCB.....	
	MERCURY CONTROL DEVICES.....	
	PAPER SHERDDING.....	
	PAPER BINS IN: OUT:	
	TIME IN:.....TIME OUT:.....	
	OTHER.....	

The described waste was tendered to me for removal and transported to: _____ Treatment Facility, _____ Secondary Transporter I certify (or declare) under penalty or perjury that the foregoing is true and correct.

Prime Transporter Signature

Title

Date _____

Secondary Transporter Signature

Title

Date _____

TREATMENT FACILITY:

RECYCLE TECHNOLOGIES INC

CITY: New Berlin/Minneapolis

STATE: WI / MN

ZIP: 53151 / 55449

I transprtor above delivered the described waste to this facility and it was acceptable material under faderal, state and local regulations.

TREATMENT METHOD: RECYCLE / DECOMMISSION

DISPOSAL DATE _____

I certify (or declare) under penalty or perjury that the foregoing is true and correct.

Signature of Authorized Agent

Title

Date _____

Basic Information

Date of Route: 2024-04-01

Pickup Location: 438 McKenzie Gateway Apt. 648

Call Date & Time: 2024-04-01- 1:29 PM

Site Contact Name: Demetris

BOL Number: CF-7

Cell Number: +1 557 589 5097

Clearance Height: 10ft

Hrs of Service: 02:09 AM -- 08:40 AM

Billing Address

Address 438 McKenzie Gateway Apt. 648, North Rosaleeshire, Idaho, 75461, USA

Pickup Items

Batteries 2

Name	Quantity	Packaging Type
Lithium Ion Batteries	2	Loose

Drop off Information

PACKAGING 2

Name	Quantity
4ft Box	2

Transport Packaging

Name	Quantity
4ft Bin	2

Replacement Packaging

No replacement packaging available

Project Completion Date

Date: 2024-04-01

Basic Information

Date of Route: 2024-04-01	Pickup Location: 729 Prosacco Skyway Apt. 177
Call Date & Time: 2024-04-01- 1:29 PM	Site Contact Name: Dimitri
BOL Number: CF-8	Cell Number: +1 455 456 5421
Clearance Height: 9ft	Hrs of Service: 02:09 AM -- 08:40 AM

Billing Address

Address729 Prosacco Skyway Apt. 177, Oberbrunnermouth, Arizona, 38605, USA

Pickup Items

Batteries2

Name	Quantity	Packaging Type
Lithium Ion Batteries	2	Boxed

Ballasts2

Name	Quantity	Packaging Type
PCB Capacitors	2	Boxed

Drop off Information

No drop-off Packaging available

Transport Packaging

No transport packaging available

Replacement Packaging

No replacement packaging available

Project Completion Date

Date:2024-04-01

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10040 Davenport St NE
Minneapolis, MN 55449
(763)559-5130

BILL OF LADING NO:CF-8

RTI Transpoter WDNR#13344

GENERATOR OF WASTE:

NAME: Wehner-Schumm

ADDRESS: 729 Prosacco Skyway Apt. 177

CITY,STATE,ZIP: Oberbrunnermouth, Arizona, 38605

CUSTOMER #: 3344

DESCRIPTION OF WASTE:

_____ FLOURESCENT LAMPS

_____E SCRAP

_____BALLAST

OTHER: _____

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Signature of Authorized Agent

Title

Date

QUANTITY	WASTE TYPE	FOR OFFICE USE
	STRAIGHT LAMPS:	
	4 FOOT AND UNDER.....	
	5 FOOT AND GREATER.....	
	SHIELDED.....	
	LED.....	
	COMPACTS.....	
	MINIATURE.....	
	CIRCULAR.....	
	U-SHAPED.....	
	MIRRORED SPOT/MIRRORED FLOOD.....	
	INCANDESCENT/INCANDESCENT FLOOD.....	
	BROKEN.....	
	HID: (MERCURY VAPOR, METAL HALIDE, HIGH-PRESSURE).....	
	E SCRAP.....GAYLOAD #.....	
	GAYLOADS IN.....OUT..... DRUMS: IN.....OUT.....	
	BULB BINS IN: OUT:	
	BATTERIES:SORTED/MIXED: TAPED? Y/N.....	
	BALLAST/LBS - PCB.....	
	BALLAST/LBS - NON PCB.....	
	MERCURY CONTROL DEVICES.....	
	PAPER SHERDDING.....	
	PAPER BINS IN: OUT:	
	TIME IN:.....TIME OUT:.....	
	OTHER.....	

The described waste was tendered to me for removal and transported to: _____ Treatment Facility, _____ Secondary Transporter I certify (or declare) under penalty or perjury that the foregoing is true and correct.

Prime Transporter Signature

Title

Date _____

Secondary Transporter Signature

Title

Date

TREATMENT FACALITY:

RECYCLE TECHNOLOGIES INC

CITY: New Berlin/Minneapolis

STATE: WI / MN

ZIP: 53151 / 55449

I transprtor above delivered the described waste to this facility and it was acceptable material under faderal, state and local regulations.

TREATMENT METHOD: RECYCLE / DECOMMISSION

DISPOSAL DATE _____

I certify (or declare) under penalty or perjury that the foregoing is true and correct.

Signature of Authorized Agent

Title

Date _____