

ORDINANCE NO. 215, SERIES 2018

AN ORDINANCE APPROPRIATING \$11,324.19 FROM NEIGHBORHOOD DEVELOPMENT FUNDS IN THE FOLLOWING MANNER: \$3,774.73 FROM DISTRICTS 7, 16, AND 17 TO SOLID WASTE MANAGEMENT SERVICES TO FUND A COMMUNITY RECYCLING EVENT AT BALLARD HIGH SCHOOL ON OCTOBER 6, 2018.

SPONSORED BY: COUNCIL MEMBERS LEET, REED, STUCKEL

BE IT ORDAINED BY THE LEGISLATIVE COUNCIL OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT (THE COUNCIL) AS FOLLOWS:

SECTION I: The sum of \$11,324.19 is hereby appropriated from Neighborhood Development Funds in the following manner: \$3,774.73 from Districts 7, 16, and 17 to Solid Waste Management Services to fund a community recycling event at Ballard High School on October 6, 2018.

SECTION II: The Council has determined the funds requested in this ordinance will be expended for a public purpose.

SECTION III: This grant is subject to the Council's Policies and Procedures as adopted and effective at the date of passage of this Ordinance.

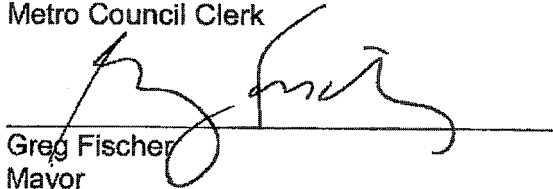
SECTION IV: This Ordinance shall take effect upon its passage and approval.



H. Stephen Ott
Metro Council Clerk



David James
Metro Council President




Greg Fischer
Mayor

12/3/18
Approval Date

APPROVED AS TO FORM AND LEGALITY:

Michael J. O'Connell
Jefferson County Attorney

BY: 

LOUISVILLE METRO COUNCIL
READ AND PASSED
December 29, 2018

Carroll, Debbie

From: Sullivan, Kimberly L
Sent: Thursday, January 31, 2019 10:32 PM
To: Carroll, Debbie
Cc: Flood, Pete C.; Bradley, Maxwell B.
Subject: Re: Veolia Invoice (s) for Processing

That is correct.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: "Carroll, Debbie" <Debbie.Carroll@louisvilleky.gov>
Date: 1/31/19 4:11 PM (GMT-05:00)
To: "Sullivan, Kimberly L" <Kimberly.Sullivan@louisvilleky.gov>
Subject: FW: Veolia Invoice (s) for Processing

Kim,

Per our phone conversation of yesterday, I just want to confirm that the additional amount owed to SWMS is \$10,928.15. This represents the total invoice amount of \$15,995.15 less the \$5,067.00 in NDF dollars payable to SWMS and approved at the Appropriations Committee on November ~~20~~¹⁵, 2018. Would you kindly reply with your confirmation so I may start the process to amend the original ordinance. Thank you !

Debbie Carroll
Dist 16 LA

From: Sullivan, Kimberly L <Kimberly.Sullivan@louisvilleky.gov>
Sent: Monday, January 28, 2019 9:11 AM
To: Hinson, Erin <Erin.Hinson@louisvilleky.gov>; Reed, Scott <Scott.Reed@louisvilleky.gov>
Cc: Flood, Pete C. <Pete.Flood@louisvilleky.gov>; Bradley, Maxwell B. <Maxwell.Bradley@louisvilleky.gov>; Tipton, Benjamin K. <Benjamin.Tipton@louisvilleky.gov>; Hackett, Keith <Keith.Hackett@louisvilleky.gov>; Winkler, Markus B. <Markus.Winkler@louisvilleky.gov>; McCraney, Paula D. <Paula.McCraney@louisvilleky.gov>
Subject: FW: Veolia Invoice (s) for Processing
Importance: High

I am following up on if the appropriations have been transferred back to the Waste Management account (reimbursement). I have attached the invoice, appropriation and the email stream regarding the event held at Ballard High School hosted by D7, 16 & 17.

Thanks

Kimberly Sullivan

Administrative Supervisor II
Solid Waste Management Services (SWMS)
600 Meriwether Avenue
Louisville, KY 40217
(502) 574-2781 ~ office
(502) 574-4155 ~ fax

www.louisvilleky.gov

From: Sullivan, Kimberly L
Sent: Friday, January 11, 2019 10:05 AM
To: Hinson, Erin <Erin.Hinson@louisvilleky.gov>
Cc: Flood, Pete C. <Pete.Flood@louisvilleky.gov>; Bradley, Maxwell B. <Maxwell.Bradley@louisvilleky.gov>
Subject: RE: Veolia Invoice (s) for Processing
Importance: High

Just following up. We have processed payment for this invoice and want to ensure that we are reimbursed.

Thanks

Invoice Status	
Supplier Name	VEOLIA ENVIRONMENTAL NORTH AMERICA CORP
Supplier Number	944 00
Invoice Amount	15500.00
Invoice Date	1/10/19 12:00:00 AM
Invoice Number	11111111
PO Number	00000
PO Release	
Distribution 1	17-1515 0 1104-523718
Distribution 2	
Distribution 3	

Kimberly Sullivan

Administrative Supervisor II
Solid Waste Management Services (SWMS)
600 Meriwether Avenue
Louisville, KY 40217
(502) 574-2781 ~ office
(502) 574-4155 ~ fax

www.louisvilleky.gov

From: Sullivan, Kimberly L
Sent: Wednesday, December 19, 2018 11:14 AM
To: Hinson, Erin <Erin.Hinson@louisvilleky.gov>
Cc: Flood, Pete C. <Pete.Flood@louisvilleky.gov>; Bradley, Maxwell B. <Maxwell.Bradley@louisvilleky.gov>
Subject: FW: Veolia Invoice (s) for Processing

Hi Erin. We finally got the attached invoice from Veolia for the Ballard event. As you can see it's considerably higher than you planned for. We just received the appropriations for this event as well which is not going to be enough. Please advise.

Thanks

Kimberly Sullivan

Administrative Supervisor II
Solid Waste Management Services (SWMS)
600 Meriwether Avenue
Louisville, KY 40217
(502) 574-2781 ~ office
(502) 574-4155 ~ fax

www.louisvilleky.gov

From: Flood, Pete C. <Pete.Flood@louisvilleky.gov>
Sent: Wednesday, December 19, 2018 9:39 AM
To: Sullivan, Kimberly L <Kimberly.Sullivan@louisvilleky.gov>
Cc: Hackett, Keith <Keith.Hackett@louisvilleky.gov>
Subject: FW: Veolia Invoice (s) for Processing

Kim, this would be the invoice for the recycling event at Ballard High School.

From: Grilliot, Chase [<mailto:chase.grilliot@veolia.com>]
Sent: Tuesday, December 18, 2018 1:30 PM
To: Flood, Pete C.; [invoices.publicworks](mailto:invoices.publicworks@veolia.com) (DO NOT REPLY); US VNA OVB Invoices
Subject: Veolia Invoice (s) for Processing

Please process the attached invoice(s) for payment.
Thank you,

--

Chase Grilliot
Industrial Business
Ohio Valley Branch
VEOLIA NORTH AMERICA

4119 Infirmary Road, West Carrollton, OH 45449



CUSTOMER INVOICE	
INVOICE DATE	INVOICE NUMBER
12/18/2018	829411715
Net 30 Days	

For Billing Inquiries
 Call GREGORY HAMM at 1 (502) 375-2386
 Customer No. 424885
 BILL TO: JEFFERSON COUNTY HAZBIN
 600 MERIWETHER AVE
 LOUISVILLE, KY 40217
 AMY TEDDER

Generator No. 527351
 JOB SITE: VEOLIA ES TECHNICAL SOLUTIONS,
 6000 BROWNSBORO RD
 LOUISVILLE, KY 40222

MANIFEST NUMBERS:
 A ZZ00548986 B ZZ00547473 C 001306515VES D 001306514VES

CUSTOMER P.O. NUMBER	SERVICE DATE RANGE	TERR.				
337072-4	10/06/2018	K41				
DESCRIPTION	UOM	QTY	UNIT PRICE	EXTENSION		
177473 R-22	SRR MDCYL	2.00	\$90.00	\$180.00		
177440 AEROSOL CANS	SRR 55 GAL	4.00	\$120.00	\$480.00		
177468 OXYGEN CYLINDER	SRR MDCYL	1.00	\$210.00	\$210.00		
233759 PAINT IN CANS	SRR 55 GAL	4.00	\$125.00	\$500.00		
233759 PAINT IN CANS	SRR CYDBOX	15.00	\$280.00	\$4,200.00		
233762 CORROSIVE ALKALINE	SRR 55 GAL	3.00	\$265.00	\$795.00		
233764 CORROSIVE INORGANIC ACIDS	SRR 55 GAL	1.00	\$265.00	\$265.00		
233766 FLAMMABLE PESTICIDES AND POISONS	SRR 55 GAL	6.00	\$288.00	\$1,728.00		
233774 MERCURY DEVICES	SRR 2 GAL	1.00	\$95.00	\$95.00		
233778 PESTICIDES/POISONS/SOLID	SRR CYDBOX	1.00	\$1,050.00	\$1,050.00		
233782 ALKALINE BATTERIES	SRR LB	421.00	\$1.15	\$484.15		
233786 LITHIUM ION BATTERIES	SRR LB	10.00	\$1.15	\$11.50		
233788 NI-CD BATTERIES	SRR LB	20.00	\$1.15	\$23.00		
233789 LITHIUM METAL BATTERIES	SRR LB	10.00	\$1.15	\$11.50		
828252 FLUORESCENT LAMPS	SSS 4FTBX	1.00	\$22.00	\$22.00		
828252 FLUORESCENT LAMPS	SSS 4FTBX	2.00	\$22.00	\$44.00		
828252 FLUORESCENT LAMPS	SSS 4FTBX	1.00	\$22.00	\$22.00		
828252 FLUORESCENT LAMPS	SSS 8FTBX	1.00	\$30.00	\$30.00		
233767 HHW PLC	SRR MIN	1.00	\$65.00	\$65.00		
182820 FIRE EXTINGUISERS	SRR SMCYL	2.00	\$25.00	\$50.00		
182821 MAPP GAS	SRR LECTUR	1.00	\$425.00	\$425.00		
233767 HHW PLC	SRR MIN	1.00	\$65.00	\$65.00		
233767 HHW PLC	SRR 55 GAL	1.00	\$300.00	\$300.00		
233767 HHW PLC	SRR 30 GAL	1.00	\$300.00	\$300.00		
** continued **						

Veolia ES Technical Solutions LLC is permitted for and has capacity to accept waste listed above in container quantities.

ALL PAST DUE AMOUNTS WILL BEAR INTEREST AT 1.5% PER MONTH OR THE MAXIMUM RATE ALLOWED BY LAW, WHICHEVER IS LESS.

CUSTOMER COPY

PLEASE REMIT TO: PO BOX 73709, CHICAGO, IL 60673-7709



CUSTOMER INVOICE	
INVOICE DATE	INVOICE NUMBER
12/18/2018	829411715
Net 30 Days	

For Billing Inquiries

Call GREGORY HAMM at 1 (502) 375-2386

Customer No. 424885

BILL TO: JEFFERSON COUNTY HAZBIN
 600 MERIWETHER AVE
 LOUISVILLE, KY 40217
 AMY TEDDER

Generator No. 527351

JOB SITE: VEOLIA ES TECHNICAL SOLUTIONS,
 4850 CRITTENDEN DR
 STE 4
 LOUISVILLE, KY 40209-1728
 ADAM EVANS

MANIFEST NUMBERS:

A ZZ00548986 B ZZ00547473 C 001306515VES D 001306514VES

CUSTOMER P.O. NUMBER	SERVICE DATE RANGE		TERR.			
337072-4	10/06/2018		K41			
DESCRIPTION	UOM	QTY	UNIT PRICE	EXTENSION		
233759 PAINT IN CANS	SRR	55 GAL	1.00	\$125.00	\$125.00	
233764 CORROSIVE INORGANIC ACIDS	SRR	30 GAL	1.00	\$265.00	\$265.00	
177441 PROPANE	SRR	MDCYL	1.00	\$4.00	\$4.00	
182812 VERSA FOAM SYSTEMS PART A	TWI	EACH	1.00	\$775.00	\$775.00	
182818 VERSA PACK FOAM SYSTEM PART B	TWI	EACH	1.00	\$775.00	\$775.00	
Misc. JOB PREPARATION FEE	PROJCT		1.00	\$500.00	\$500.00	
Manpwr. TECHNICAL SUPERVISOR	HOUR		1.00@12.00	\$40.00	\$480.00	
Manpwr. TECHNICAL ASSISTANT	HOUR		1.00@49.00	\$35.00	\$1,715.00	
TOTAL					\$15,995.15	

Veolia ES Technical Solutions LLC is permitted for and has capacity to accept waste listed above in container quantities.

ALL PAST DUE AMOUNTS WILL BEAR INTEREST AT 1.5% PER MONTH OR THE MAXIMUM RATE ALLOWED BY LAW, WHICHEVER IS LESS.

CUSTOMER COPY

PLEASE REMIT TO: PO BOX 73709, CHICAGO, IL 60673-7709



↑	SHIPPING DOCUMENT	1. Generator ID Number KYCESQG	2. Page 1 of 1	3. Emergency Response Phone (877) 318-0087	4. Shipping Document Tracking Number ZZ 00548986	
	5. Generator's Name and Mailing Address KYLE R. TURNER VEOLIA ES TECHNICAL SOLUTIONS, 4850 CRITTENDEN DR STE 3C LOUISVILLE, KY 40209-1728 Generator's Phone: 502-375-2186			Generator's Site Address (if different than mailing address) 6006 BROWNSBORO ROAD LOUISVILLE, KY 40122		
↑	6. Transporter 1 Company Name VEOLIA ES TECHNICAL SOLUTIONS			U.S. EPA ID Number NJ D 0 8 0 6 3 1 3 0 9		
	7. Transporter 2 Company Name BASIN TRANSPORTATION			U.S. EPA ID Number OK R 0 0 0 0 3 1 4 9 2		
↑	8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 4361 INFIRMARY ROAD WEST CARROLLTON, OH 45449 Facility's Phone: 937-859-6101			U.S. EPA ID Number OH D 0 9 3 9 4 5 2 9 3		
	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.
↑	X	1. UN1018, CHLORODIFLUOROMETHANE, 2.2	1	D F	30	P
		2.				
		3.				
		4.				
13. Codes NONE						
14. Special Handling Instructions and Additional Information ER Service Contracted by VESTS 4-OU36345 -/- Contract retained by generator confers agency authority on initial transporter to add or substitute additional transporters on generator's behalf (0-1) ERG:128 W:177473 A:SR:177473-TP						
15. GENERATOR/SOFFEROR'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.						
Generator's/Officer's Printed/Typed Name Robert warren			Signature <i>Robert Warren</i>		Month Day Year 10 6 18	
↑	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
	17. Transporter Acknowledgment of Receipt of Shipment Transporter 1 Printed/Typed Name Robert warren Signature <i>Robert Warren</i> Month Day Year 10 6 18 Transporter 2 Printed/Typed Name Signature Month Day Year					
↑	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
	18b. Alternate Facility (or Generator) Shipping Document Tracking Number U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year					
↑	19. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems): 1. 2. 3. 4.					
	20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in Item 18a Printed/Typed Name Signature Month Day Year					

DESIGNATED FACILITY TO GENERATOR



SHIPPING DOCUMENT		1. Generator ID Number KYCESQG	2. Page 1 of 3	3. Emergency Response Phone (877) 818-0087	4. Shipping Document Tracking Number ZZ 00547473		
5. Generator's Name and Mailing Address VEOLIA ES TECHNICAL SOLUTIONS, 850 CRITTENDEN DR STE 3C LOUISVILLE, KY 40209-1728			Generator's Site Address (if different than mailing address) 6000 BROWNSBORO ROAD LOUISVILLE, KY 40232				
6. Transporter 1 Company Name VEOLIA ES TECHNICAL SOLUTIONS			U.S. EPA ID Number N J D 0 8 0 6 3 1 3 6 9				
7. Transporter 2 Company Name BASIN TRANSPORTATION			U.S. EPA ID Number O K R 0 0 0 0 3 1 4 9 2				
8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 4301 INFIRMARY ROAD WEST CARROLLTON, OH 45449			U.S. EPA ID Number O H D 0 9 3 9 4 5 2 9 3				
Facility's Phone: 937 859-6101							
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol	
			No.	Type		13. Codes	
	X	1. UN1950, AEROSOLS, FLAMMABLE (EACH NOT EXCEEDING 1L CAPACITY), 2.1, LIMITED QUANTITY	4	D M	600	P	NONE
	X	2. UN1060, METHYL ACETYLENE AND PROPADIENE MIXTURES, STABILIZED, 2.1	1	D F	1.0	P	NONE
	X	3. UN1044, FIRE EXTINGUISHERS CONTAINING COMPRESSED OR LIQUEFIED GAS, 2.2	1	D F	20	P	NONE
X	4. UN1072, OXYGEN, COMPRESSED, 2.2 (3.1)	1	D F	5	P	NONE	
14. Special Handling Instructions and Additional Information: ER Service Contracted by VESTS -/- Contract retained by generator confers agency authority on initial transporter to add or substitute additional transporters on generator's behalf -/- 1) ERG: 126 W:177440 A:SRRAEROSOL 2) ERG:116P W:182821 A:SRRMAPPGAS-SM 3) ERG:126 W:182820 A:SRREXTINGCYL 4) ERG:122 W:177468 A:SRROXYGENCYL							
15. GENERATOR S/OFFEROR 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.							
Generator's Offeror's Printed/Typed Name Robert Warren		Signature <i>Robert Warren</i>		Month 10	Day 6	Year 18	
16. International Shipments: <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Shipment							
TRANSPORTER	Transporter 1 Printed/Typed Name Robert Warren		Signature <i>Robert Warren</i>		Month 10	Day 6	
	Transporter 2 Printed/Typed Name		Signature		Month	Day	
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space: <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	18b. Alternate Facility (or Generator)				Shipping Document Tracking Number		
	Facility's Phone				U.S. EPA ID Number		
	18c. Signature of Alternate Facility (or Generator)				Month	Day	
19. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)							
20. Designated Facility Owner or Operator: Certification of receipt of shipment except as noted in item 18a							
Printed/Typed Name		Signature		Month	Day	Year	

DESIGNATED FACILITY TO GENERATOR

SHIPPING DOCUMENT (Continuation Sheet)		21. Generator ID Number K Y C E S Q G	22. Page 2 of 3	23. Shipping Document Tracking Number ZZ00547473				
24. Generator's Name VEOLIA ES TECHNICAL SOLUTIONS,								
25. Transporter _____ Company Name				U.S. EPA ID Number				
26. Transporter _____ Company Name				U.S. EPA ID Number				
GENERATOR	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Codes	
			No.	Type				
	X	5. UN1263, PAINT RELATED MATERIAL INCLUDING PAINT THINNING, DRYING, REMOVING, OR REDUCING COMPOUND, 3, II	15	CF	15070	P	NONE	
	X	6. UN1263, PAINT RELATED MATERIAL INCLUDING PAINT THINNING, DRYING, REMOVING, OR REDUCING COMPOUND, 3, II	1	DF	250	P	NONE	
	X	7. UN1263, PAINT RELATED MATERIAL INCLUDING PAINT THINNING, DRYING, REMOVING, OR REDUCING COMPOUND, 3, II	4	DM	1000	P	NONE	
	X	8. UN1992, FLAMMABLE LIQUIDS, TOXIC, n.o.s., (CHLORDANE, METHYLENE CHLORIDE), 3 (6.1), II	6	DM	1585	P	NONE	
	X	9. UN1334, NAPHTHALENE, CRUDE, 4.1, III	1	DF	10	P	NONE	
	X	10. UN1479, OXIDIZING SOLID, n.o.s., (CALCIUM HYPOCHLORITE, DRY (>39% AVAILABLE CHLORINE)), 5.1, II	1	DF	150	P	NONE	
	X	11. UN3085, OXIDIZING SOLID, CORROSIVE, n.o.s., (POTASSIUM PERSULFATE), 5.1 (6), II	1	DF	256	P	NONE	
	X	12. UN2811, TOXIC SOLIDS, ORGANIC, n.o.s., (DICHLOROBENZENE, CAPTAN), 6.1, II	1	CF	980	P	NONE	
	X	13. UN3264, CORROSIVE LIQUID, ACIDIC, INORGANIC, n.o.s., (HYDROCHLORIC ACID, SULFURIC ACID), 8, II	2	DF	360	P	NONE	
	X	14. UN3266, CORROSIVE LIQUID, BASIC, INORGANIC, n.o.s., (CALCIUM CARBONATE, BLEACH SOLUTIONS), 8, II	3	DM	800	P	NONE	
	32. Special Handling Instructions and Additional Information 5) ERG:128 W:233759 A:SRHHWDPE3 6) ERG:128 W:233759 A:SRHHWDPE3 7) ERG:128 W:233759 A:SRHHWDPE3 8) ERG:131 W:233766 A:SRHHWDPK6L10 9) ERG:133 W:233767 A:SRHHWPLC 10) ERG:140 W:233767 A:SRHHWPLC 11) ERG:140 W:233767 A:SRHHWPLC 12) ERG:154 W:233778 A:SRHHWDPE6SOL 13) ERG:154 W:233764 A:SRHHWDPK8IA 14) ERG:154 W:233762 A:SRHHWDPK8B							
	TRANSPORTER	33. Transporter _____ Acknowledgment of Receipt of Shipment						
Printed/Typed Name				Signature		Month	Day	Year
TRANSPORTER	34. Transporter _____ Acknowledgment of Receipt of Shipment							
	Printed/Typed Name				Signature		Month	Day
DESIGNATED FACILITY	35. Discrepancy							
	36. Report Management Method Codes (i.e., codes for treatment, disposal, and recycling systems)							
	5	6	7	8	9			
	10	11	12	13	14			

DESIGNATED FACILITY TO GENERATOR

SHIPPING DOCUMENT (Continuation Sheet)		21. Generator ID Number K Y C E S Q G	22. Page 3 of 3	23. Shipping Document Tracking Number ZZ00547473		
24. Generator's Name VEOLIA ES TECHNICAL SOLUTIONS,						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Codes
		No.	Type			
X	15 UN1790, HYDROFLUORIC ACID, WITH NOT MORE THAN 60 PERCENT STRENGTH, 8 (6.1), II	1	DF	10	P	NONE
X	16 UN2795, BATTERIES, WET, FILLED WITH ALKALI, ELECTRIC STORAGE, 8	1	DF	20	P	NONE
X	17 UN3506, MERCURY CONTAINED IN MANUFACTURED ARTICLES, 8 (6.1)	1	DF	5	P	NONE
X	18 UN3480, LITHIUM ION BATTERIES, 9	1	DF	15	P	NONE
X	19 UN3090, LITHIUM METAL BATTERIES, 9	1	DF	20	P	NONE
	20 FLUORESCENT LAMPS, USED, FOR RECYCLING	2	CF	45	P	NONE
	21 FLUORESCENT LAMPS, USED, FOR RECYCLING	1	DF	55	P	NONE
	22 FLUORESCENT LAMPS, USED, FOR RECYCLING	1	DF	75	P	NONE
	23 BATTERIES, DRY, SEALED, n.o.s.	1	DF	421	P	NONE
32. Special Handling Instructions and Additional Information 15) ERG:157 W:233767 A:SRRHWP/LC 16) ERG:154 W:233786 A:SRNICAD 17) ERG:172 W:233774 A:SRRHGDEVICES 18) ERG:147 W:233786 A:SRRLITHBATT 19) ERG:138 W:233789 A:SRRLITHBATT 20) W:828252 A:SSSOH-145171 21) W:828252 A:SSSOH-145171 22) W:828252 A:SSSOH-145171C 23) W:233782 A:SRRALKBATT						
33. Transporter Acknowledgment of Receipt of Shipment						
Printed/Typed Name			Signature		Month	Day Year
34. Transporter Acknowledgment of Receipt of Shipment						
Printed/Typed Name			Signature		Month	Day Year
35. Discrepancy						
36. Report Management Method Codes (i.e., codes for treatment, disposal and recycling systems)						
15	16	17	18	19		
20	21	22	23			

GENERATOR

TRANSPORTER

DESIGNATED FACILITY



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number KYCESQG	2. Page 1 of 1	3. Emergency Response Phone (877) 818-0087	4. Manifest Tracking Number 001306515 VES			
5. Generator's Name and Mailing Address KYLE R. TURNER VEOLIA ES TECHNICAL SOLUTIONS, 4850 CRITTENDEN DR STE 3C LOUISVILLE, KY 40209-1728 Generator's Phone: 502-375-2186				Generator's Site Address (if different than mailing address) 6000 BROWNSBORO ROAD LOUISVILLE, KY 40222				
6. Transporter 1 Company Name VEOLIA ES TECHNICAL SOLUTIONS				U.S. EPA ID Number N I D 0 8 0 6 3 1 3 6 9				
7. Transporter 2 Company Name EASIN TRANSPORTATION				U.S. EPA ID Number C K R 0 0 0 3 1 4 9 1				
8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SOLUTIONS 7 MOBILE AVENUE SAUGET, IL 62201-1069				U.S. EPA ID Number I L D 0 9 8 6 4 2 4 2 4				
Facility's Phone: 618 271-2604								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol	13. Waste Codes	
			No.	Type				
	X	1 UN1018, CHLORODIFLUOROMETHANE, 2.2	1	D F	30	P	NONE	
	X	2 UN1956, COMPRESSED GAS, n.o.s. (CHLORODIFLUOROMETHANE, NITROGEN), 2.2	2	C Y	2	P	NONE	
		3						
		4						
14. Special Handling Instructions and Additional Information ER Service Contracted by VESTS - Contract retained by generator confers agency authority on initial transporter to add or substitute additional transporters on generator's behalf - 1) ERG: 126 W:177473 A.TWICYG002 2) ERG:126 W:182818,182812 A.TWICY03B								
15. GENERATOR'S/OFFEROR'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, if export shipment and I am the Primary Exporter. I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offoror's Printed/Typed Name Robert Warren				Signature <i>Robert Warren</i>		Month Day Year 10 6 15		
INT'L	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
	17. Transporter Acknowledgment of Receipt of Materials							
TRANSPORTER	Transporter 1 Printed/Typed Name Robert Warren				Signature <i>Robert Warren</i>		Month Day Year 10 6 15	
	Transporter 2 Printed/Typed Name				Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	18b. Alternate Facility (or Generator)				Manifest Reference Number: _____ U.S. EPA ID Number: _____			
	Facility's Phone: _____				18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1		2		3		4		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name				Signature		Month Day Year		



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number KYCESQG	2. Page 1 of 1	3. Emergency Response Phone (877) 818-0087	4. Manifest Tracking Number 001306514 VES			
5. Generator's Name and Mailing Address VEOLIA ES TECHNICAL SOLUTIONS, 4850 CRITTENDEN DR STE 3C LOUISVILLE, KY 40209-1728 Generator's Phone: 502 375-2186				Generator's Site Address (if different than mailing address) 8000 BROWNSBORO ROAD LOUISVILLE, KY 40222				
6. Transporter 1 Company Name VEOLIA ES TECHNICAL SOLUTIONS				U.S. EPA ID Number N J D 0 8 0 6 3 1 3 6 9				
7. Transporter 2 Company Name BASIN TRANSPORTATION				U.S. EPA ID Number O K R 0 0 0 0 3 1 4 9 2				
8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SOLUTIONS HIGHWAY 73 3.5 MILES W. OF TAYLOR'S BAYOU PORT ARTHUR, TX 77640				U.S. EPA ID Number T X D 0 0 0 8 3 8 8 9 5				
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
1		CHEMICALS, n.o.s., (EPINEPHRINE INJECTIONS)		1 D F		5	P	NONE OUTS2191
2								
3								
4								
14. Special Handling Instructions and Additional Information ER Service Contracted by VESTS - Contract retained by generator confers agency authority on initial transporter to add or substitute additional transporters on generator's behalf - (-) W 182823 A PTA182823								
15. GENERATOR'S/OFFEROR'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. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Offeror's Printed/Typed Name Robert Warren				Signature <i>Robert Warren</i>		Month Day Year 10 6 18		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____								
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Robert Warren Signature: <i>Robert Warren</i> Month Day Year: 10 6 18 Transporter 2 Printed/Typed Name: _____ Signature: _____ Month Day Year: _____								
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number: _____								
18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number: _____ Facility's Phone: _____								
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year: _____								
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. _____ 2. _____ 3. _____ 4. _____								
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name: _____ Signature: _____ Month Day Year: _____								

Ord. 215, 2018

Print Form

Louisville Metro Council City Agency Request
 ✓ Neighborhood Development Fund (NDF)
 Capital Infrastructure Fund (CIF)
 Municipal Aid Program (MAP)
 Paving Fund (PAV)

Primary Sponsor: Council members Leet Stuckel & Reed

Amount: \$ 11,324.19 Date: 9/27/18

Description of program/project including public purpose, additional funding sources, location of project/program and any external grantee(s):
Community Recycling Event at Ballard High School on 10/6/18
0-427-18

City Agency: Solid Waste Management
 Contact Person: Keith Hackett
 Agency Phone: 574 - 2775

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose and have the attached documentation from the receiving department concerning the project/expenditure.

7 [Signature] \$3,774.73 9/27/18
 District # Council Member Signature Amount Date

Approved by: Rid Behr 11/14/18 11-14-18
 Appropriations Committee Chairman Date

Clerk's Office & OMB Use Only:
 Request Amount: \$11,324.19 Amended Amount: NA
 Reference #: Ord. 215, 2018 To OMB: 12/12/18
 Budget Revision #: _____
 Account #: _____
 To Project Manager: _____ Completion Date: _____
 Actual Cost: _____ Funds Returned: _____

Department/Project: Community Recycling Event / Solid Waste

Additional Signatures

I have reviewed this request for an expenditure of city tax dollars, and have determined the funds will be used for a public purpose.

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____
District 16	<u>[Signature]</u>	\$ <u>3,774.73</u>
District 17	<u>[Signature]</u>	\$ <u>3,774.73</u>
District 18	_____	\$ _____
District 19	_____	\$ _____
District 20	_____	\$ _____
District 21	_____	\$ _____
District 22	_____	\$ _____
District 23	_____	\$ _____
District 24	_____	\$ _____
District 25	_____	\$ _____
District 26	_____	\$ _____

SPECIAL EVENT CLEAN UP ACTIVITY COST SHEET

Date	Event	Services / Unit	Job Classification	# of Employees per Classification	Hourly Rate	Hours Worked	Total Hours Worked	Rate Multiplier	Gross Wages	Event Operation Costs			Equipment Hours	Equipment Costs	Total
										Equipment	# of Equipment Items	Equipment			
10/6/2018	Ballard High School Junk drop off	Bulk Waste Personnel	Equipment Operator	4	\$20.70	6.00	24.00	1.5	\$745.20						
		Bulk Waste Personnel	Equipment Repair Tech		\$0.00	0.00	0.00		\$0.00						
		Bulk Waste Personnel	Packer Laborer	3	\$16.46	6.00	18.00	1.5	\$444.42						
		Bulk Waste Personnel	Packer Laborer - CDL	1	\$17.46	6.00	6.00	1.5	\$157.14						
		Bulk Waste Personnel	Sanitation Tipper		\$0.00	0.00	0.00		\$0.00						
		Bulk Waste Personnel	Sanitation Tipper - CDL		\$0.00	0.00	0.00		\$0.00						
		Bulk Waste Personnel	Senior Equipment Operator	2	\$24.82	6.00	12.00	1.5	\$446.76						
		Bulk Waste Personnel	Operations Manager	1	\$31.80	6.00	6.00	1	\$190.80						
		SWMS Personnel	Recycling Center Specialist		\$0.00	0.00	0.00		\$0.00						
		Waste Collection Personnel	Packer Driver-WC		\$0.00	0.00	0.00		\$0.00						
		Equipment	Sweeper							1	\$60	\$60.00	6	\$360.00	\$360.00
		Equipment	Bobcat							2	\$60	\$720.00	6	\$720.00	\$720.00
		Equipment	Dump Truck							2	\$60	\$720.00	6	\$720.00	\$720.00
		Equipment	Flusher								\$60	\$0.00		\$0.00	\$0.00
		Equipment	Garbage Packer							4	\$60	\$1,440.00	6	\$1,440.00	\$1,440.00
		Equipment	Pick Up Truck							1	\$114	\$114.00	6	\$114.00	\$114.00
		Equipment	Roll Off								\$60	\$0.00		\$0.00	\$0.00
		Equipment	State Bed Truck								\$60	\$0.00		\$0.00	\$0.00
Total Event Equipment & Labor Costs					11		66		\$1,954.32	10		30.00		\$3,354.00	\$5,338.32

Total Materials Collected in Tons: 62,220
 Disposal Costs: **\$668.87**
 Total Event Costs: **\$6,007.19**
 Total Materials Collected in Tons: **31.11**
 Disposal Rate - \$21.50 per ton
 Supervisors rate calculated @ time & half; Union calculated @ straight time, time & half or double time; equipment @ \$
 To be completed by supervisor, superintendent or manager.

All Shred Document Solutions
5715 Churchman Ave B-2 · Indianapolis, IN 46203
317-782-9328 · 877-267-7473
Louisville 502-589-5156 · Bloomington 812-336-7779



INVOICE 108314

Invoice Date 10/6/2018

Terms: Due on receipt

Office of Councilwoman Angela Leet
Accounts Payable
601 W Jefferson St
Louisville, KY 40202

Amount Due: \$250.00

Cost Center	Building/Room	Description	Tkt	Date	Qty	Price
	Ballard High School	3 Hr Shred Day 8:30Am-11:30AM	14771	10/06/18	1	\$250.00

TOTAL **\$250.00**

Certificate of Destruction

All Shred Document Solutions hereby certifies that all materials received for confidential destruction throughout the preceding schedule of services was confidentially handled, completely destroyed beyond recognition and recycled.

✂ -----
Please detach and return this portion with your payment

Invoice# 108314 10/06/18

Office of Councilwoman Angela Leet

Amount Due: \$250.00

Remit to:
All Shred Document Solutions
5715 Churchman Ave B-2
Indianapolis, IN 46203

Bill to:
Office of Councilwoman Angela Leet
Accounts Payable
601 W Jefferson St
Louisville, KY 40202

QUOTATION WORKSHEET

No. Q910000258

Page 01

MANIFEST FROM:
VEOLIA ES TECHNICAL SOLUTIO
4850 CRITTENDEN DR
STE 4
LOUISVILLE, KY 40209

RETURN MANIFEST TO:

CERTIFICATE TO:
VEOLIA ES TECHNICAL SOLUTIO
L.L.C.
4850 CRITTENDEN DRIVE SUITE 4
LOUISVILLE, KY 40209

CONTACT: ADAM EVANS
PHONE: (502) 375-2386
QUOTE DATE: 09/14/2018
TERRITORY: K41
SALES REP: GREGORY D. HAMM
FAX: (502) 380-0712

Line	Service	Description	Quantity	Price	Unit	Extension
	Waste Stream:	FLAMMABLE PESTICIDES AND POISONS				
	Technology:	Store,bulk,transfer off-site	4.00	120.00	EA	\$480.00
	Facility:	VEOLIA ES TECHNICAL SOLUTIONS				
	UOM/Container:	55 GALLON DRUM				
	Line Total					\$480.00
	Waste Stream:	THINNER,STAIN,VARNISH AND PAINT/OILS				
	Technology:	Store,bulk,transfer off-site	3.00	280.00	EA	\$840.00
	Facility:	VEOLIA ES TECHNICAL SOLUTIONS				
	UOM/Container:	CECOS PAK/CUBIC YARD BOX				
	Line Total					\$840.00
	Waste Stream:	PESTICIDES/POISONS/SOLID				
	Technology:	Store,bulk,transfer off-site	1.00	288.00	EA	\$288.00
	Facility:	VEOLIA ES TECHNICAL SOLUTIONS				
	UOM/Container:	55 GAL OPEN HEAD PLASTIC DRUM				
	Line Total					\$288.00
	Waste Stream:	THINNER,STAIN,VARNISH AND PAINT/OILS				
	Technology:	Store,bulk,transfer off-site	2.00	125.00	EA	\$250.00
	Facility:	VEOLIA ES TECHNICAL SOLUTIONS				
	UOM/Container:	55 GAL OPEN HEAD PLASTIC DRUM				
	Line Total					\$250.00
	Waste Stream:	FLAMMABLE PESTICIDES AND POISONS				
	Technology:	Store,bulk,transfer off-site	2.00	288.00	EA	\$576.00
	Facility:	VEOLIA ES TECHNICAL SOLUTIONS				
	UOM/Container:	55 GAL OPEN HEAD PLASTIC DRUM				
	Line Total					\$576.00
	Waste Stream:	CORROSIVE ALKALINE				
	Technology:	Store,bulk,transfer off-site	1.00	265.00	EA	\$265.00
	Facility:	VEOLIA ES TECHNICAL SOLUTIONS				
	Line Total					\$265.00

MANIFEST FROM:
 VEOLIA ES TECHNICAL Solutio
 4850 CRITTENDEN DR
 STE 4
 LOUISVILLE, KY 40209

RETURN MANIFEST TO:

CERTIFICATE TO:
 VEOLIA ES TECHNICAL Solutio
 L.L.C.
 4850 CRITTENDEN DRIVE SUITE 4
 LOUISVILLE, KY 40209

CONTACT: ADAM EVANS
 PHONE: (502) 375-2386
 QUOTE DATE: 09/14/2018
 TERRITORY: K41
 FAX: (502) 380-0712
 SALES REP: GREGORY D. HAMM

Line	Service	Description	Quantity	Price	Unit	Extension
	Technology: Store,bulk,transfer off-site Facility: VEOLIA ES TECHNICAL SOLUTIONS UOM/Container: POUNDS					
	Waste Stream: BALLASTS (NON-PCB) Technology: Store,bulk,transfer off-site Facility: VEOLIA ES TECHNICAL SOLUTIONS UOM/Container: POUNDS		40.00	1.25	Line Total EA	\$46.00 \$50.00
	Waste Stream: PROPANE Technology: Store,bulk,transfer off-site Facility: VEOLIA ES TECHNICAL SOLUTIONS UOM/Container: MEDIUM CYLINDER		2.00	22.00	Line Total EA	\$50.00 \$44.00
	Waste Stream: HHW PLC Technology: Store,bulk,transfer off-site Facility: VEOLIA ES TECHNICAL SOLUTIONS UOM/Container: MINIMUM PRICE		3.00	65.00	Line Total EA	\$44.00 \$195.00
	Personnel: FIELD SUPERVISOR		1 at 5.00	40.00	Line Total HOUR	\$195.00 \$200.00
	Miscellaneous: SERVICES FEE		1 at 20.00	35.00	Line Total HOUR	\$700.00
			1.00	500.00	Line Total EACH	\$500.00
					Line Total	\$1400.00
					Quote Total	\$5067.00

All terms and conditions described in the previous pages will apply.

NDF, CIF, MAP OR PAV INTERAGENCY CHECKLIST

Interagency Name: Solid Waste management

Program/Project Name: Community Recycling event

Yes/No/NA

Request Form: Is the Request Signed by all Council Member(s) Appropriating Funding?

-- YES

Request Form: If matching funds are to be used, are they disclosed with account numbers in the request form description?

-- N/A

Request Form: If matching funds are to be used, does the amount of the request exclude the matching fund amount?

-- N/A

Request Form: If other funds are to be used for this project, are they disclosed with account numbers in the request form description?

-- N/A

Funding Source: If CIF is being requested, does Metro Louisville own/will own the real estate, building or equipment? If not, the funding source is probably NDF.

-- N/A

Funding Source: If CIF is being requested, does the project have a useful life of more than one year? If not, the funding source is probably NDF.

-- N/A

Ordinance Required: Is the NDF request to a Metro Agency greater than \$5,000? If so, an ordinance is required.

-- YES

Ordinance Required: Is the request a transfer from NDF to cost center? If so, is the amount given for the fiscal year \$25,000 or less?

-- N/A

Supporting Documentation: Does the attachment include a valid estimate and description of cost?

-- YES

Submitted by: _____

Enlinsen

Date: _____

9/27/18