PO #2502337

CHANGE ORDER

☒ Owner	☐ Civil	☐ FF&E
☒ Architect	☐ Landscape	☐ Sustainability
☒ Contractor	☐ Geotech	☐ Acoustics
☒ O.P.M	☐ Structural	☐ Other
☐ CX Agent	☐ MEP-FP	☐ Other

DORE + WHITTIER

Project Name:	Stoughton Fire & Health 30 Freeman Street	CO No.	01
Architect's Project No.	19-0796		
Owner:	Town of Stoughton 10 Pearl Street Stoughton, MA 02072	Architect:	DORE + WHITTIER 260 Merrimac St, Bldg 7, Newburyport, MA 01950
To:	Page Building Construction 135 Old Page Street Stoughton, MA 02072	Issue Date Contract Date:	3/6/2025 12/29/2022
Attention:	Tony DiGiantommaso		

Change Order No. 01

See attached list of **2** item(s) for a total of..... **$41,179.32**

Not valid until signed by both the Owner and Architect.

Signature of the Contractor indicates his agreement herewith, including any adjustment in the Contract Sum or Contract Time.

The original Contract Sum was.....	**$6,875,000.00**
Net change by previously authorized Change Orders.....	**$0.00**
The Contract Sum prior to this Change Order was.....	**$6,875,000.00**
The Contract Sum will be INCREASED by this Change Order.....	**$41,179.32**
The new Contract Sum including this Change Order will be.....	**$6,916,179.32**
The Contract Time will be changed by.....	**(0) days**
The Date of Substantial Completion as of the date of this Change Order therefore is:	Dec. 2nd 2025

AUTHORIZED:

ARCHITECT:

DORE + WHITTIER
260 Merrimac St, Bldg. 7
Newburyport, MA 01950

BY: G. Gollrad Digitally signed by G. Gollrad DN: C=US, E=ggollrad@doreandwhittier.com, O=DORE + WHITTIER, CN=G. Gollrad Date: 2025.03.06 10:33:07-05'00'

Date: _____

OWNER:

Town of Stoughton
10 Pearl Street
Stoughton, MA 02072

BY: _____

Date: 3/7/2025

CONTRACTOR:

Page Building Construction Co.
135 Old Page Street
Stoughton, MA 02072

Name: Anthony DiGiantommaso

Title: Vice President

Date: March 6, 2025

Certification of Appropriation under M.G.L. c44, s31C:
Adequate funding in an amount sufficient to cover the total cost of this Change Order is available

Name: _____

Title: _____

Date: _____

CCD/PR/PCO Number	Description	Amount
PCO #001	Added Debris Removal, Demo, and Cleanup	41,827.41
PCO #002	Elevator Electrical	-648.09
Change Order #01	**TOTAL:**	**41,179.32**

Copies of supporting documentation for each item listed above is attached following.

PCO REVIEW FORM

DORE + WHITTIER

Project Name: Stoughton Fire - 30 Freeman Street PCO No. **001**

Architect's Project No. 19-0976

Subject: Additional Debris & Waste removal PCO Issue Date: **02/12/2025**

The following is a summary of the Design Team review of the above referenced PCO Expenditure. Refer to summary below *and* attached comments. Acceptance of this PCO – or partial acceptance – shall not constitute a change to the construction contract or a directive to proceed with the work. PCO review is only a recommendation to the Owner regarding the validity and cost of the proposed PCO. Final approval shall be by the Owner per contract.

CATEGORY					
Elective / Owner		Town/AHJ/Other		**Unforeseen**	
Design		CM Contingency		GMP Expenditure	

PCO shall be reviewed by each consultant with relevant work included:

Reviewed	Revise	Rejected	Consultant:	Reviewer:	Comments:
2/18/2025			Architectural:	G. Golirad	Confirm old generator was not called out for removal. Otherwise PCO can be recommended for acceptance.
			Site/Civil:		
			Traffic:		
			Geotechnical:		
			Landscape:		
			Wetlands:		
			Haz Materials:		
			WWTP:		
			Structural:		
			Acoustical:		
			Foodservice:		
			Theatrical:		
			Fire Protection:		
			Plumbing:		
			HVAC:		
			Electrical:		
			Lighting:		
			Telecomm:		
			Building Security:		
			Audio-Visual:		
			Theatrical:		
			Estimating:		
			Door Hardware:		
			Sustainability		
			Other:		

PAGE
BUILDING CONSTRUCTION CO.

PCO #001

Page Building Construction Co.
135 Old Page Street Suite 4
Stoughton, Massachusetts 02072
Phone: +17813410004

Project: 2024-1615P - Stoughton Fire Headquarters Renovation
30 Freeman Street
Stoughton, Massachusetts 02072
Phone: 781-341-0004

Prime Contract Potential Change Order #001: Owner Furniture and Debris Removal

TO:	Town of Stoughton 10 Pearl Street Stoughton, Massachusetts 02072	**FROM:**	Page Building Construction Co. 135 Old Page Street Suite 4 Stoughton, Massachusetts 02072
PCO NUMBER/REVISION:	001 / 0	**CONTRACT:**	1 - Prime Contract
REQUEST RECEIVED FROM:		**CREATED BY:**	Lisa Hornick-Egan (Page Building Construction Co.)
STATUS:	Pending - In Review	**CREATED DATE:**	2/12/2025
REFERENCE:		**PRIME CONTRACT CHANGE ORDER:**	None
FIELD CHANGE:	No		
LOCATION:		**ACCOUNTING METHOD:**	Amount Based
SCHEDULE IMPACT:		**PAID IN FULL:**	No
EXECUTED:	No	**SIGNED CHANGE ORDER RECEIVED DATE:**	
		TOTAL AMOUNT:	$41,827.41

POTENTIAL CHANGE ORDER TITLE: Owner Furniture and Debris Removal

CHANGE REASON: Client Request

POTENTIAL CHANGE ORDER DESCRIPTION: *(The Contract Is Changed As Follows)*
Owner Furniture and Debris Removal (CE #001)
Follow up to our email dated December 23, 2024, below are actual costs associated with the removals.

ATTACHMENTS:
Trojan Recycling Ticket #01-00049848.pdf , Boston Green Company Invoice.pdf , Canton Masonry Invoice.pdf , Trojan Recycling Ticket #-0100047464 & 01-00048441.pdf , HandUp Mattress Recycling Invoice.pdf

PAGE
BUILDING CONSTRUCTION CO.

PCO #001

#	Budget Code	Description	Amount
1		Mattresses and Box Springs: HandUp Mattress Recycling	$1,080.00
2		General Trash/Couch/Chairs/Dressers/Desks: Trojan Recycling	$1,794.00
3		Trucking of Scrap Metal: Canton Masonry	$2,520.00
4		Labor Force: Canton Masonry	$11,760.00
5		Supervision	$0.00
6		Removal of Generator and ATS: Canton Masonry	$4,500.00
7		Removal of Waste Oil/Grease/Mystery Drums: Boston Green Company, Inc.	$15,886.31
8		13 Computer Monitors/TV's; $75/each: Trojan Recycling	$975.00
9		PBC O&P 5%	$1,925.77
10		PBC Insurance 1.4%	$566.18
11	60-200.M Performance & Payment Bond.Materials	PBC Bond 2%	$820.15
		Grand Total:	**$41,827.41**

Kevin Senlw (Dore & Whittier Architects, Inc.)
212 Battery Street
Burlington, Vermont 05401

SIGNATURE DATE

Town of Stoughton
10 Pearl Street
Stoughton, Massachusetts 02072

SIGNATURE DATE

Page Building Construction Co.
135 Old Page Street Suite 4
Stoughton, Massachusetts 02072

2.12.2025

SIGNATURE DATE

Susan Reynolds

From: Heath VanDerMolen
Sent: Tuesday, December 24, 2024 11:20 AM
To: Susan Reynolds; Tony DiGiantommaso
Subject: Fw: Receipt from HandUp Mattress Recycling

Heath VanDerMolen
Construction Superintendent
Page Building Construction
135 Old Page Street suite 4
Stoughton, MA 02072-1111
Cell: 781-974-8431

Job Name Stoughton Fire
Job No. 2024-1615P
Cost Code 12.45
G / L
Tax PO
Approval 12.30.2024

From: HandUp Mattress Recycling <messenger@messaging.squareup.com>
Sent: Tuesday, December 24, 2024 10:59:02 AM
To: Heath VanDerMolen <HVanDerMolen@pagebuildingconstruction.com>
Subject: Receipt from HandUp Mattress Recycling

12/24/24
$1,080.00

HandUp

Clear

Let HandUp Mattress Recycling know how your experience was

$1,080.00

Custom Amount	$1,080.00

TROJAN RECYCLING
71 FOREST STREET
BROCKTON, MA 02302

Weighed: CHERYL-LYNN
Deposit: CHERYL-LYNN

BILL TO: 0
CASH

Job Name _____
Job No. _____
Cost Code _____
G / L _____
Tax _____ PO ____

Approval _____

Vehicle ID:
Reference: CANTONASNR
Origin: BROCKTON

DATE IN: 01/08/25 TIME IN: 09:58.40
DATE OUT: 01/08/25 TIME OUT: 10:55.59

INBOUND
Ticket Number: 01-00047464

SCALE 1 GROSS WEIGHT	44640	LB
SCALE 2 TARE WEIGHT	36720	LB
NET WEIGHT	7920	LB

Qty	Description	Amount
3.96	101-CATEGORY 1 C&D	990.00

TICKET AMOUNT:	990.00
CARD/AUTH 0E0	990.00

X_____

I hearby declare that I have not disposed of any asbestos containing material or liquid or hazardous waste.

TROJAN RECYCLING
71 FOREST STREET
(508)588-2332

Trans ID	000000015572
Order ID	PAYAPI-1fc9f718-62a3-4381-ba44-c2a5a1655400
Payment Type	Credit
Trans Type	Purchase
Date/Time	2025-01-17 11:21:22
Card Type	Visa
Card Number	XXXXXXXXXXXX2258
Entry Legend	CHIP READ
Entry Method	CONTACT
Approval Code	03686G
AC	4078539CF04927B9
ATC	01C0
AID	A0000000031010
AID NAME	CHASE VISA
TVR	0080008000
TSI	E800
Resp CD	Z3
TRN REF #	305017588822800
VAL CODE	PCK4

Total Amount USD$804.00

Description:_____

Approved - Thank You

X_____
Cardholder Signature

Buyer agrees to pay total amount above according to cardholder's agreement with issuer.

I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE CARD ISSUER AGREEMENT

****Customer Copy****
Retain this copy for statement verification

TROJAN RECYCLING
71 FOREST STREET
BROCKTON, MA 02302

Weighed: CHERYL-LYNN
Deposit: CHERYL-LYNN

BILL TO: 0
CASH

Vehicle ID:
Reference: CANTON MAS
Origin: BROCKTON

DATE IN: 01/17/25 TIME IN: 11:09.54
DATE OUT: 01/17/25 TIME OUT: 11:21.27

INBOUND
Ticket Number: 01-00048441

SCALE 1 GROSS WEIGHT	41740	LB
SCALE 2 TARE WEIGHT	36380	LB
NET WEIGHT	5360	LB

Qty	Description	Amount
2.68	103-CATEGORY 3 C&D	804.00

TICKET AMOUNT:	804.00
CARD/AUTH OE#	804.00

X _____

I hearby declare that I have not disposed of any asbestos containing material or liquid or hazardous waste.

CANTON MASONRY, INC.
135 Old Page Street, Suite 5
Stoughton, MA 02072 US
781-341-4056

Invoice

BILL TO
Page Building Constr
135 Old Page Street Suite 4
Stoughton, MA 02072

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
2389	01/28/2025	$18,780.00	02/27/2025	Net 30	

P.O. NUMBER
Stoughton Fire Station

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	Labor	Trucking of scrap metal hours:	24	105.00	2,520.00
	Labor	Labor Force hours	112	105.00	11,760.00
	Labor	Removal of Generator and ATS: Rental of Lull Forklift Including delivery/ pick up/ rigging.	1	4,500.00	4,500.00
				SUBTOTAL	18,780.00
				TAX	0.00
				TOTAL	18,780.00
				BALANCE DUE	**$18,780.00**

BOSTON GREEN COMPANY, INC.

INVOICE

Invoice Number: 29731
Invoice Date: Jan 24, 2025
Page: 1

25-KR-0033

CORPORATE OFFICE:
102 Charles A. Eldridge Drive
Lakeville, MA 02347
888-338-2657

NH FIELD OFFICE:
7 Crane Way
Hooksett, NH 03106

Bill To:
PAGE BUILDING CONSTRUCTION, INC 135 OLD PAGE ST, UNIT #4 STOUGHTON, MA 02072

Ship to:
70 Freeman St. STOUGHTON, MA

Customer ID	Customer PO	Payment Terms	
PAGE	2024-1615P	Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
RIGAZIO	Email		2/23/25

QTY	UOM	Description	Unit Price	Amount
		1.16.25 - Lab Pack		
1.00	<Each>	Chemist with Materials DOT Packaging	2,250.000	2,250.00
7.00	HOUR	Field Technician	68.000	476.00
1.00	DAY	Work Truck w/Equipment and Supplies	250.000	250.00
10.00	EACH	17H - 55G Steel Drum	95.000	950.00
		1.17.25		
1.00	EVENT	Pump, Cut and Clean(1)275 AST, (4)Dispenser Units with Fire Dept. Permits	2,000.000	2,000.00
		1.23.25		
1.00	EACH	Pick Up & Transportation Overpacking	1,250.000	1,250.00
2.00	EACH	85G Steel Overpacks	450.000	900.00
3.00	Tpack	Disposal of Overpacks Oily Solids STAB01 M#025847122JJK	265.000	795.00
1.00	DRUM	Disposal of DF Oil/Antl Mix (stab01) M#025847122JJK	125.000	125.00
1.00	DRUM	Disposal of DF Aerosal (Afo8) M#025847121JJK	195.000	195.00
1.00	DRUM	Disposal of DF Alkaline Loosepack (Wat16-b) M#025847121JJK	395.000	395.00
1.00	DRUM	Disposal of Acid Loosepack M#025847121JJK	195.000	195.00
1.00	DRUM	Disposal of Flammable Debris Inc 13 M#025847121JJK	795.000	795.00
1.00	DRUM	Disposal of PFAS Fire Foam M#025847123JJK	995.000	995.00
5.00	DRUM	Disposal of Oily Liquids STAB01 M#025847122JJK	250.000	1,250.00
1.00	DRUM	Disposal of Non-Haz Latex Paints M#025847123JJK	250.000	250.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	**Continued**

Check/Credit Memo No:

Past due invoices are subject to a 1.5% monthly service charge.

BOSTON GREEN COMPANY, INC.

INVOICE

Invoice Number: 29731
Invoice Date: Jan 24, 2025
Page: 2

CORPORATE OFFICE:
102 Charles A. Eldridge Drive
Lakeville, MA 02347
888-338-2657

NH FIELD OFFICE:
7 Crane Way
Hooksett, NH 03106

Bill To:
PAGE BUILDING CONSTRUCTION, INC 135 OLD PAGE ST, UNIT #4 STOUGHTON, MA 02072

Ship to:
70 Freeman St. STOUGHTON, MA

Customer ID	Customer PO	Payment Terms	
PAGE	2024-1615P	Net 30 Days	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
RIGAZIO	Email		2/23/25

QTY	UOM	Description	Unit Price	Amount
3.00	EACH	Manifest & Profiling Fees	25.000	75.00
13.00	DRUM	Hazardous Waste TransporterFee	15.680	203.84
13,349.84	<Each>	19% ENERGY INSUR SEC FEE	0.190	2,536.47

Subtotal	15,886.31
Sales Tax	
Total Invoice Amount	15,886.31
Payment/Credit Applied	
TOTAL	**15,886.31**

Check/Credit Memo No:

Past due invoices are subject to a 1.5% monthly service charge.

Please print or type.

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone

4. Manifest Tracking Number 025347121 JJK

GENERATOR

5. Generator's Name and Mailing Address

Generator's Site Address (if different than mailing address)

Generator's Phone:

6. Transporter 1 Company Name

U.S. EPA ID Number

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

U.S. EPA ID Number

Facility's Phone:

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
	1.							
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information

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 | Signature | Month | Day | Year

INTL

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:

Transporter signature (for exports only): Date leaving U.S.:

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name | Signature | Month | Day | Year

Transporter 2 Printed/Typed Name | Signature | Month | Day | Year

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference 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

Please print or type. Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number
			025847122 JJK

GENERATOR

5. Generator's Name and Mailing Address

Generator's Phone:

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name — U.S. EPA ID Number

7. Transporter 2 Company Name — U.S. EPA ID Number

8. Designated Facility Name and Site Address — U.S. EPA ID Number

Facility's Phone:

9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1.					
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information

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 — Signature — Month — Day — Year

INTL

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:

Transporter signature (for exports only): Date leaving U.S.:

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name — Signature — Month — Day — Year

Transporter 2 Printed/Typed Name — Signature — Month — Day — Year

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference 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

Please print or type.

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number
			025847123 JJK

GENERATOR

5. Generator's Name and Mailing Address

Generator's Phone:

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name — U.S. EPA ID Number

7. Transporter 2 Company Name — U.S. EPA ID Number

8. Designated Facility Name and Site Address — U.S. EPA ID Number

Facility's Phone:

9a. HM	9b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1.					
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information

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 — Signature — Month — Day — Year

INT'L

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:

Transporter signature (for exports only): Date leaving U.S.:

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name — Signature — Month — Day — Year

Transporter 2 Printed/Typed Name — Signature — Month — Day — Year

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference 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

TROJAN RECYCLING
71 FOREST STREET
BROCKTON, MA 02302

Weighed: CHERYL-LYNN

BILL TO: 0
CASH

Vehicle ID:
Reference: CASH
Origin: BROCKTON

DATE IN: 02/04/25 TIME IN: 08:12.41
DATE OUT: 02/04/25 TIME OUT: 08:12.41

INBOUND
Ticket Number: 01-00049848

Qty	Description	Amount
13.00	S06-TV/MONITOR	975.00

TICKET AMOUNT: 975.00
CARD/AUTH 0E# 975.00

X_____

I hearby declare that I have not disposed of any asbestos containing material or liquid or hazardous waste.

TROJAN RECYCLING
71 FOREST STREET
(508)588-2332

Trans ID	000000015998
Order ID	PAYAPI-2a504a7a-34e6-4120-bdaa-7a8b53210091
Payment Type	Credit
Trans Type	Purchase
Date/Time	2025-02-04 08:12:36
Card Type	Visa
Card Number	XXXXXXXXXXXX2258
Entry Legend	CHIP READ
Entry Method	CONTACT
Approval Code	071110
AC	A52F5195FD54A5CB
ATC	01D1
AID	A0000000031010
AID NAME	CHASE VISA
TVR	0080008000
TSI	E800
Resp CD	00
TRN REF #	305035475574815
VAL CODE	BQ25

Total Amount USD$975.00

Description:_____

Approved - Thank You

X_____
Cardholder Signature

Buyer agrees to pay total amount above according to cardholder's agreement with issuer.

I AGREE TO PAY THE ABOVE TOTAL AMOUNT ACCORDING TO THE CARD ISSUER AGREEMENT

****Merchant Copy****

Job Name _____
Job No. _____
Cost Code _____
G / L _____
Tax _____ PO _____
Approval _____