

**Bill to:**

Murphy Road Recycling LLC dba MRD Recycling

,  
,  
,

Invoice Date: 07/06/2024

Invoice #: 110619

Terms: NET 30

Due Date: 08/06/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
07/05/2024		600 Nutmeg Rd N, South Windsor, CT 06074, USA - 8100 S State Line Rd, Lowellville, OH 44436, USA			
			1	\$750.00	\$750.00

TOTAL
\$750.00

**PLEASE NOTE**

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below.

Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

**COMPASS FUNDING SOLUTIONS LLC****P.O.BOX 205154****DALLAS, TX 75320-5154****Tel: 844-899-8092**

## Load Confirmation & Rate Agreement

Pick up Date:7/5/24

Billing **(NOT PICK UP ADDRESS)**

Murphy Rd Recycling  
555 Taylor Road  
Enfield CT 06082  
Timh@usarecycle.com

Carrier: \_\_\_\_\_ MC#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

### Special Instructions

- Material is baled recycling residue in bags
- It is the driver's responsibility to ensure that the load is safe, secure, and legal transport. **If a load shifts, it is the driver's responsibility to fix this. All loads are loaded down the center of the trailer and do not shift unless driver makes a very erratic maneuver.**
- If a washout is needed it will not be reimbursed.
- \$25 tipper fee goes on my F&G Recycling account – DO NOT PAY
- Facility loading hours: Monday-Friday 6am-4:00pm
- **In route to Ohio or VA you will need to take 291 to 91 which has a very sharp turn. Driver must make this turn very slowly to prevent the load from shifting, if you do not go very slow the load will shift !!!!**
- Unload hours: Monday-Friday 1am-225pm, Saturday 6am-9am
- Scale ticket, BOL, POD, Invoice, submitted to [Timh@usarecycle.com](mailto:Timh@usarecycle.com) for payment.
- **Load number for billing is the scale ticket number, you will receive this after weighing out.**
- Directions to receiver on the BOL, if it is your first time.
- **If the load is double brokered, this agreement is void and the carrier will not receive payment. You will also be immediately reported.**
- **Tandems must be slid all the way back before loading.**

Additional Info: \_\_\_\_\_

### Load Information

Pick up Location: Nutmeg Road Recycling

**Address:** 600 Nutmeg Road North, South Windsor CT

Commodity: Baled (in bags) Recycling Residue Weight: 45,000lbs

Trailer size: 48-53 Flat/Van

Deliver To: Carbon Limestone Landfill. 8100 S State Line Road, Lowellville, Ohio.

**Agreed Rate: \$750**

Carrier Signature: \_\_\_\_\_

Shipper Signature: \_\_\_\_\_

# F & G RECYCLING, LLC

555 Taylor Rd, Enfield, CT 06082  
(860) 746-3200 • Fax (860) 741-5927

MANIFEST No.

110619

## NON-HAZARDOUS RECYCLING RESIDUE MANIFEST

### GENERATOR

Generator Name F & G RECYCLING, LLC Generator Location Nutmeg Road Recycling  
Address 600 Nutmeg Road North, South Windsor, CT 06074 Phone No. \_\_\_\_\_  
Origin Ticket # 5112633 Net WT \_\_\_\_\_ Material CIRO

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

Debra Stalley  
Generator Authorized Agent Name

[Signature] 7-5-24  
Signature Date

### TRANSPORTER

Truck No. 767 Trailer No. \_\_\_\_\_  
Transporter Name DAT Driver Name (print) \_\_\_\_\_  
Address Royal 3 Vehicle License No/State \_\_\_\_\_  
Vehicle Certification \_\_\_\_\_

I hereby certify that the above material was picked up at the generator site listed above.

I certify that I have a valid CDL Class A license, a valid medical card and that my DOT# is valid and in good standing with the FMCSA.

I hereby certify that the above material was delivered without incident to the destination named below.

I hereby certify that F&G Recycling, LLC shall be a named insured on our policy.

I hereby agree to indemnify F&G Recycling, LLC and hold harmless from any liability or expense.

Driver Signature

Driver Signature

Delivery Date

### DESTINATION

Site Name REPUBLIC SERVICES CARBON LIMESTONE LANDFILL Landfill Ticket Date \_\_\_\_\_  
Address 8100 SOUTH STATELINE ROAD, LOWELLVILLE, OH 44436 Landfill Ticket No. \_\_\_\_\_ Landfill Ticket Tons \_\_\_\_\_  
Phone: 330-536-8013

I hereby certify that the above named material has been accepted and to the best of my knowledge the forgoing is true and accurate.

Name of Authorized Agent

Signature

Receipt Date

### DIRECTIONS \*\*MUST FOLLOW\*\*

**\*\*DO NOT USE GPS\*\* TAKE I-80 WEST TO I-376 EAST TO US RT 224 WEST. FOLLOW US RT 224 FOR APPROXIMATELY 9 MILES. TURN LEFT AT SIGN FOR CARBON LIMESTONE LANDFILL.**

### COMMENTS

TRANSPORTER

# F & G RECYCLING, LLC

555 Taylor Rd, Enfield, CT 06082  
(860) 746-3200 • Fax (860) 741-5927

MANIFEST No.

110619

## NON-HAZARDOUS RECYCLING RESIDUE MANIFEST

### GENERATOR

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Origin Ticket # 5112633 Net WT \_\_\_\_\_ Material IRO

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.

Generator Authorized Agent Name Debra Skille

Signature [Signature]

Date 7-5-24

### TRANSPORTER

Truck No. 767 Trailer No. \_\_\_\_\_  
Transporter Name DAT Driver Name (print) \_\_\_\_\_  
Address Royal 3 Vehicle License No/State \_\_\_\_\_  
Vehicle Certification \_\_\_\_\_

I hereby certify that the above material was picked up at the generator site listed above.

I certify that I have a valid CDL Class A license, a valid medical card and that my DOT# is valid and in good standing with the FMCSA.

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I hereby certify that F&G Recycling, LLC shall be a named insured on our policy.

I hereby agree to indemnify F&G Recycling, LLC and hold harmless from any liability or expense.

Driver Signature \_\_\_\_\_

Driver Signature \_\_\_\_\_

Delivery Date \_\_\_\_\_

### DESTINATION

Site Name REPUBLIC SERVICES CARBON LIMESTONE LANDFILL Landfill Ticket Date \_\_\_\_\_  
Address 8100 SOUTH STATELINE ROAD, LOWELLVILLE, OH 44436 Landfill Ticket No. \_\_\_\_\_ Landfill Ticket Tons \_\_\_\_\_  
Phone: 330-536-8013

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

Name of Authorized Agent Kellie

Signature [Signature]

Receipt Date 7-6-24

### DIRECTIONS \*\*MUST FOLLOW\*\*

**\*\*DO NOT USE GPS\*\* TAKE I-80 WEST TO I-376 EAST TO US RT 224 WEST. FOLLOW US RT 224 FOR APPROXIMATELY 9 MILES. TURN LEFT AT SIGN FOR CARBON LIMESTONE LANDFILL.**

### COMMENTS

GENERATOR



SITE ~~CARBON LIMESTONE LANDFILL~~ 330-536-6013  
8100 S. Steteline Rd -Lowellville, OH 44436

CUSTOMER 898469  
F&G RECYCLING

15 MULLEN RD  
ENFIELD, CT 06082

Contract:F&G RECYCLING  
Generator:F&G RECYCLING

SCALE IN GROSS WEIGHT 77,240 NET TONS 22.37  
SCALE OUT TARE WEIGHT 32,500 NET WEIGHT 44,740

SITE <sup>Y1</sup>	TICKET #	1852305	CELL
WEIGHMASTER		Joann C.	
DATE/TIME IN	7/6/24 9:00 am	DATE/TIME OUT	7/6/24 10:12 am
VEHICLE	F&G TIPPER	CONTAINER	
REFERENCE	767		
BILL OF LADING 110619			
INBOUND INVOICE			

QTY	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
22.37	tn	MSW				
1.00	ea	FEE-HANDLING SERVICE				
Origin:HARTFORD-CT 100%						
Signature _____						



Hours of operation:

M-F 8:00 AM to 3:00 PM  
Sat 8:00 AM to 12:00 PM  
THANK YOU FOR YOUR BUSINESS!

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

RS-F042UPR (04/19)

SIGNATURE \_\_\_\_\_

NET AMOUNT
TENDERED
CHANGE
CHECK#