

# **TOXICHEM Management Systems, Inc.**

**Environmental & Occupational Health Services**

1562 44th Avenue  
San Francisco, California 94122  
(415) 681-8816 / Fax (415) 681-8132

#1435

Industrial Hygiene - Exposure Assessment  
Quantitative Risk Assessment  
Compliance Audits  
Real Property Environmental Assessments  
Remedial Investigations  
Air, Soil, and Groundwater Sampling  
Remedial Engineering and Construction  
Regulatory Compliance and Negotiation  
Litigation Support Services

June 5, 2000  
Project EQ-02.1A

## **REPORTS**

Mr. Barney Chan  
Alameda County Health Care Services Agency  
Environmental Health Services  
1131 Harbor Bay Parkway, Suite 250  
Alameda, California 94502-6577

Re: **Soil Excavation Report**  
Former Texaco Service Station  
3810 Broadway, Oakland, California

Dear Mr. Chan:

On behalf of Equiva Services LLC (Equiva), Toxicchem Management Systems, Inc. (TOXICHEM) prepared this report to document the soil excavation activities recently completed at the above referenced site. This work was performed in accordance with the *Work Plan for Soil Excavation* (TOXICHEM, May 20, 1999) and *Work Plan Addendum for Soil Excavation* (TOXICHEM, August 10, 1999) and your letters of approval dated June 17, 1999 and August 17, 1999. This report also documents the petroleum hydrocarbon-impacted soil that was encountered subsequent to Equiva's excavation project, during installation of new underground storage tanks (USTs). Installation of the new USTs is part of a site redevelopment project by the property owner.

A complete record of site background, previous investigations, conceptual release and transport model, and corrective action goals is presented in the *Corrective Action Plan (CAP)* (TOXICHEM, November 15, 1998). Included in this report is a discussion of the scope of work, findings, and conclusions and recommendations. The necessary permits, field notes and photographs, site health and safety plan, excavation survey, compaction testing certification, and soil disposal documentation are presented as Attachment A. The certified analytical report and chain-of-custody documentation are presented as Attachment B.

### **SCOPE OF WORK**

The scope of this project included the following activities.

- Well Abandonment
- Soil Excavation
- Groundwater Removal
- Excavation Backfill
- Post-Field

## FINDINGS

### Well Abandonment

Monitoring Wells MW-3 and MW-8 were located within the proposed limits of excavation described in the *Work Plan for Soil Excavation* (Figures 1 and 2). It was therefore necessary to abandon these wells prior to beginning excavation fieldwork. Both wells were properly destroyed on February 2, 2000 using the pressure grout method in accordance with Alameda County Public Works Agency (ACPWA) requirements.

### Soil Excavation

#### Prefield Work

TOXICHEM selected RRM, Inc. (RRM) of Santa Cruz, California as the general contractor to perform the excavation fieldwork. RRM is a licensed Class A general engineering contractor with hazardous substance removal certification. Prior to any excavation fieldwork, TOXICHEM requested that the property owner disconnect the natural gas and electrical utilities to the site, and to clear the site of all automobiles and outside equipment, tools, machinery, storage, supplies, etc. Also, RRM erected a site perimeter security fence to minimize the potential for unauthorized access to the site during the excavation fieldwork.

Additionally, TOXICHEM requested and obtained the soil compaction requirements for the site redevelopment project from Mr. Ray Mojica, the property owner's architect, on October 26, 1999. For conservative and safety reasons, Equiva's soil compaction requirements exceeded those required by the property owner in that the first 5 feet of soil below grade would be compacted to 95% relative compaction in 1-foot lift intervals to surface grade. The property owner's original compaction requirements required that only the upper 2 feet of soil be compacted to 95% relative compaction. However, subsequent telephone discussions with the property owner and his representatives raised a concern that footings for the new canopy may require different compaction requirements. After repeated requests, the property owner finally responded with revised compaction requirements via a letter from his contractor, dated March 2, 2000. In that letter, the contractor directed TOXICHEM to either engage the services of a soils engineer to engineer the backfill or use pea gravel to backfill the excavation. Given that the revised compaction requirements were received less than two business days prior to beginning excavation fieldwork, TOXICHEM had little choice except to use pea gravel to backfill the majority of the excavation, at considerable additional cost to Equiva.

On April 26, 2000, the property owner's contractor advised TOXICHEM that the canopy footing design had been modified from 3 feet square by 5 feet deep to 7 feet square by 3 feet deep for additional factor of safety.

#### Fieldwork

Excavation fieldwork was performed between March 6 and 8, 2000. As proposed in the *Work Plan for Soil Excavation*, the excavation fieldwork was performed in two phases to allow segregation of clean soil from impacted soil. During the first phase of excavation, soil was excavated to a depth of approximately 6 to 8 feet below ground surface (bgs). Based on visual and olfactory field observations, the soil between approximately 1 and 6 feet bgs showed heavy petroleum hydrocarbon impact. Product piping was unexpectedly discovered and removed during this phase of the excavation. The product piping consisted of 1 ½-inch diameter steel

and fiberglass piping located beneath the former product islands and near the former UST complex. The soil directly beneath the product piping appeared heavily impacted by petroleum hydrocarbons. The soil was discolored and had a strong product odor. The impacted soil in the upper part of the excavation appeared to extend laterally in all directions, but was most impacted along the northern and western borders of the excavation.

Prior to beginning excavation fieldwork, it was estimated that approximately 600 cubic yards of soil, excavated from surface grade to 8 feet bgs, would meet the soil reuse concentration limits. This estimate proved incorrect and only approximately 100 cubic yards of soil, primarily backfill from the former UST complex location, was reusable. This soil was temporarily stockpiled on-site.

Two concrete piling footings, approximately 3 feet diameter by 5 feet, were also discovered during the initial phase of excavation, and subsequently disposed of as refuse. Also, the well box and casing for Well MW-2 was damaged by the backhoe during stockpiling of the segregated soil to be reused as backfill.

During the second phase of the excavation, approximately 175 linear feet of sheet pile shoring was installed for slope stability and safety purposes. The shoring was installed based on the proposed limits of excavation and in a configuration that was technically practical. The resulting excavation-footprint was trapezoidal-shaped (Figure 3). The shoring was installed to approximately 21 feet bgs along the southern and eastern borders, and to approximately 25 feet bgs along the northern and western borders. All soil from within the excavation was then excavated to depth of approximately 20 feet bgs in the southeastern corner, 22 feet bgs along the western and northern parts, and to a maximum depth of 23 feet bgs in the northeast corner of the excavation. The average depth of the excavation was approximately 22 feet bgs.

The heaviest impacted soil appeared to be located between 15 to 18 feet bgs. Strong discoloration and product odor was observed in the soil throughout the excavation limits at this depth interval. During the excavation of this soil, impacted soil flared due to welding of the adjacent shoring. The excavator immediately used a bucket of soil to extinguish the flame.

A total of approximately 1,400 cubic yards, or 2,200 tons, of impacted soil was excavated. Due to site space constraints, all excavated soil except for the 100 cubic yards described above was immediately loaded onto waiting trucks. To facilitate soil load-out, the parking lane of Broadway was temporarily closed under a street closure permit obtained from the City of Oakland, California. All of this soil was transported to the Forward, Inc. landfill in Manteca, California, where it was temporarily stockpiled, profiled, and disposed.

Although the majority of impacted soil was excavated from the site, it must be noted that impacted soil appeared to extend beyond the maximum depth of the excavation vertically and laterally, with the soil in the southeastern corner of the excavation appeared to be the most impacted. The placement of the shoring and site features inhibited the ability to perform any over-excavation.

#### Soil Sampling

A total of 10 soil samples were collected from the base of the excavation between March 7 and 8, 2000. Nine soil samples (EX-1 through EX-5 and EX-7 through EX-10) were collected at the corners and along the walls of the excavations at approximately 20 linear foot intervals, and one sample (EX-6) was collected from the center of the excavation floor. Mr. Chan of ACHCSA was on-site on March 7, 2000 to observe the excavation activities, and he was

informed of the locations of the soil samples already taken and the proposed locations of the remaining samples. Mr. Chan provided verbal approval of the sample locations and departed from the site. All samples were submitted to Columbia Analytical Services, Inc. (CAS) of Santa Clara, California, and analyzed for total purgeable petroleum hydrocarbons (TPPH) and total extractable petroleum hydrocarbons (TEPH) by EPA Method 8015 (modified), and benzene, toluene, ethylbenzene, total xylenes (BTEX compounds) and methyl tertiary-butyl ether (MtBE) by EPA Method 8020. The soil sample containing the highest MtBE concentration was also analyzed by EPA Method 8260 for confirmation purposes.

#### Soil Analytical Data

Soil analytical data are summarized below and are presented in Table 1 and on Figure 2.

- TPPH was detected in all soil samples collected. The concentrations detected were 230 milligrams per kilogram (mg/kg) or less in all samples except one. The concentration of TPPH in Sample EX-1 was 3,100 mg/kg, which was collected from the southeastern corner of the excavation.
- TEPH was detected in 7 out of 10 soil samples. The concentrations detected were 26 mg/kg or less in all samples except one. The concentration of TEPH detected in Sample EX-1 was 1,900 mg/kg.
- BTEX compounds were detected in all soil samples. The concentrations of benzene in Samples EX-1, EX-3, and EX-8 were 14, 0.80, and 0.66 mg/kg, respectively, which are above the proposed limit of excavation for benzene, which is 0.5 mg/kg at 20 feet bgs. The residual concentrations of benzene in the remaining soil samples and the residual concentrations of toluene, ethylbenzene, and xylenes in all soil samples were below the proposed limits of excavation for these compounds.
- MtBE was not detected and confirmed by EPA Method 8260 in any soil sample.

It is important to note that the limits of excavation were based on the site cleanup goals presented in the CAP. These soil cleanup goals presumed an average concentration of petroleum hydrocarbons in a large volume of soil that would be located beneath the footprint of the excavation. Given the vast majority of impacted soil was excavated from the site, any residual soil remaining in three localized areas with concentrations of benzene above the soil cleanup goals remain health protective. Additionally, these soils are located at approximately 20 feet bgs, or within the saturated zone, thus minimizing the potential for volatilization and vapor transport. Although the shoring inhibited the ability to perform any over-excavation of the soils in these three areas, the excavation project is considered to have met all objectives to the extent practical.

In addition, one four-part composite soil sample was collected by Forward, Inc. landfill personnel for soil profiling purposes. The analytical results are summarized below and are presented on Table 1.

- TPPH and TEPH were detected at concentrations of 49.5 and 40.5 mg/kg, respectively.
- Benzene was not detected, but toluene, ethylbenzene, and xylenes were detected at 0.0806, 0.167, and 0.346 mg/kg, respectively.

- MtBE was not detected and confirmed by EPA Method 8260 in any soil sample.

#### Property Owner's Excavation

In March and April 2000, the property owner's contractor performed excavation activities to install new USTs at the site, subsequent to Equiva's excavation. This excavation was located north of Equiva's excavation. During excavation, additional impacted soil was encountered and segregated based on visual and olfactory observations. Approximately 225 cubic yards, or 360 tons, of impacted soil was excavated between March 29 and 31, 2000, and removed from the site on March 30 and 31, 2000. Approximately 300 cubic yards, or 475 tons, of impacted soil was subsequently excavated on April 26 and 27, 2000, and removed from the site on April 27, 2000. All impacted soil was transported to and disposed of at the Forward, Inc. landfill in Manteca, California. The remaining soil that was excavated was tested by and disposed of as clean fill material by the property owner's contractor.

Impacted soil was observed in the northeast corner of their excavation at approximately 13-16 feet bgs. This soil was excavated to the maximum possible extent without threatening slope stability and undermining the adjacent site building.

A total of 4 additional soil samples (S-1 through S-4) were collected from the base of the sidewalls of the property owner's excavation (or approximately 16 feet bgs) at approximately 20 linear foot intervals, and one sample (S-5) was collected from the center of the excavation floor. There were no soil samples collected from the south side of the excavation. The property owner's contractor undermined Equiva's pea gravel backfill along the south side of the excavation. This resulted in pea gravel from Equiva's excavation to collapse into the excavation preventing the collection of native soil. The property owner's contractor is solely responsible for backfilling and re-compacting this area.

All samples were submitted to CAS, and analyzed for TPPH, TEPH, BTEX compounds, and MtBE. The soil sample containing the highest MtBE concentration was also analyzed by EPA Method 8260 for confirmation purposes. The soil analytical data are summarized below and are presented in Table 1 and on Figure 2.

- TPPH was detected in only one soil sample (S-4), at a concentration of 2,100 mg/kg.
- TEPH was detected in only one soil sample (S-4), at a concentration of 2,400 mg/kg.
- Benzene was detected in only one soil sample (S-5), at a concentration of 0.035 mg/kg. Toluene was not detected in any soil sample. Ethylbenzene and xylenes were detected in only one soil sample (S-4), at concentrations of 7.4 and 40 mg/kg, respectively.
- MtBE was not detected and confirmed by EPA Method 8260 in any soil sample.

During the property owner's excavation to install the new USTs, Equiva discovered that Well MW-2 had been damaged and its location conflicted with a new UST; the property owner had increased the volume (and footprint) of the UST resulting in the conflict without informing Equiva of the modification. As a result, the property owner and his contractor have accepted full responsibility to properly destroy Well MW-2 by completely excavating the well. On

March 30, 2000, TOXICHEM notified Mr. Barney Chan of Alameda County Health Care Services Agency (ACHCSA) of this situation. Consultations between TOXICHEM, the property owner, and the property owner's representatives and contractor that describe ACPWA well destruction requirements and their confirmation that Well MW-2 was properly destroyed are documented in TOXICHEM's files.

Well MW-1 was also damaged during the property owner's excavation. The property owner's contractor damaged the well by breaking the casing at approximately 8 feet bgs. The well was repaired by installing a PVC coupler and new blank casing, and a new well seal. TOXICHEM's consultations with the property owner's contractor that describe the well repair requirements and their confirmation that Well MW-1 was properly repaired are documented in TOXICHEM's files.

### **Groundwater Removal**

#### Prefield

Groundwater generally occurs at between 16 and 20 feet bgs in the monitoring wells on the site. The soils located beneath 15 feet bgs consist mainly of clays and silts, and these fine-grained soils were expected to produce groundwater. Additionally, separate phase hydrocarbons (SPH) have been encountered at the site during previous groundwater monitoring and sampling events. Therefore a temporary groundwater extraction, holding, and treatment system was assembled on-site. The purpose of the system was to remove as much impacted groundwater as possible during Equiva's excavation. The system consisted of SPH skimmer and absorbent pads, a 7,500-gallon holding tank, a trash pump, and three 55-gallon granulated activated carbon (GAC) drums that were arranged in series. Water removed from the excavation was temporarily stored in the baker tank, and then batch processed through the GAC drums. All treated water was discharged to the sanitary sewer under the existing permit for the facility.

#### Fieldwork

The expectation that the fine-grained soils would produce groundwater was over-estimated, as there was no standing groundwater encountered while the excavation was open. A temporary dewatering well consisting of a 12-inch diameter corrugated pipe was installed to remove water from the excavation during the backfilling process. Approximately 1,800 gallons of water was removed and stored in the holding tank before removing the well and completing the backfilling and compaction process. There was no SPH encountered during the excavation fieldwork. The water removed consisted of groundwater and water from a leaking water supply line, and represents the maximum possible volume of recoverable water. The holding tank water was then batch discharged through the GAC drums. The water had a faint to moderate product odor. A water sample was collected from the holding tank (Sample INFL), prior to the first GAC drum (Sample INFL[2]), between the first and second GAC drums (Sample MID-1), between the second and third GAC drums (Sample MID-2), and after the third GAC drum (EFFL). All samples were submitted to CAS and analyzed for TPPH, BTEX compounds, and MtBE. TEPH analysis was not performed due to field error.

#### Water Analytical Data

Water analytical data are summarized below and are presented in Table 2.

- TPPH and BTEX compounds were detected in the influent samples. TPPH was detected at concentrations of 33,000 and 20,000 microgram per liter ( $\mu\text{g/L}$ ), respectively. BTEX compounds were detected in concentrations ranging from 600 to 5,700  $\mu\text{g/L}$ . There was no MtBE detected in any influent sample.
- TPPH and MtBE were not detected in the midpoint samples. BTEX compounds were detected only in Sample MID-1 at concentrations of 5.6, 9.6, 2.0, and 11  $\mu\text{g/L}$ , respectively. There was no MtBE detected in any midpoint sample.
- TPPH, BTEX compounds, and MtBE were not detected in the effluent sample.

#### Dissolved Mass Removal Estimate

As requested by ACHCSA and based on the volume of water removed and the average of the TPPH concentrations of the influent samples, approximately 0.4 pounds of dissolved petroleum hydrocarbons were removed during Equiva's excavation project.

#### **Excavation Backfill**

##### Profiling Stockpiled Soil

Approximately 100 cubic yards of soil removed from the upper 8 feet of the Equiva excavation was temporarily stockpiled on-site for reuse. Four 4-part composite soil samples (SP COMP 1A through SP COMP 1D) were collected from the stockpiled soil. All soil samples were submitted to CAS and analyzed for TPPH, TEPH, BTEX compounds, MtBE. The soil analytical data indicated that the stockpiled soil met all conditions for reuse. The analytical data are presented in Table 2, and confirm that the soil can be re-used.

##### PVC Piping Array

As requested by ACHCSA, a polyvinyl chloride (PVC) piping array was installed in the excavation for the possible future injection of supplements or extraction of impacted groundwater. The PVC piping array consists of two components: (1) a vertical 4-inch diameter Schedule 40 PVC casing riser; and (2) a horizontal 4-inch diameter Schedule 40 PVC pipe with 0.010 slotted screen.

The original proposed layout of the PVC piping array was in a north-south orientation. However, after conferring with Mr. Chan of ACHCSA, the PVC piping array was installed in an east-west orientation toward the northern part of the excavation (Figure 3). Since the historical groundwater flow beneath the site appears to be in a southerly to southeasterly direction, this orientation should allow better dispersion of supplements to the soils and groundwater beneath the site. Additionally, the piping array is located directly downgradient of the new USTs.

The vertical riser is positioned approximately in the middle of the former western product island. The vertical riser pipe has a sump extending approximately 2 feet below the horizontal pipe, to a depth of approximately 22 feet bgs. The horizontal pipe is connected to the vertical riser and wrapped with a geotextile filter fabric and surrounded by the pea gravel backfill from the floor of the excavation to approximately 20 feet bgs. The horizontal pipe extends from the vertical riser to the opposite side of the excavation. Groundwater was observed at

approximately 18 feet bgs in the vertical riser following the completion of the backfilling and compaction processes.

#### ORC Mixing

Oxygen releasing compounds (ORC) have been shown to increase dissolved oxygen concentrations in groundwater and thus enhance the rate of bioremediation of petroleum hydrocarbons. Approximately 800 pounds of ORC powder were mixed with the pea gravel backfill from the excavation depth to approximately 20 feet bgs. This is equivalent to a mixture of approximately 0.1% ORC by weight.

#### Backfilling and Compacting

Pea gravel was used to backfill the excavation from total depth to approximately 7 feet bgs. Pea gravel generally compacts to approximately 95% compaction, which the property owner required for site redevelopment purposes. The pea gravel was covered with a geotextile filter fabric at approximately 7 feet bgs, then overlaid with imported baserock backfill from approximately 7 to 5.5 feet bgs. The reusable excavated soil was placed over the baserock fill material to a depth of approximately 5 feet bgs and compacted using a backhoe and compactor. Clean imported fill material was used to fill the remaining 5 feet to grade. The final 5 feet of backfill was compacted with a backhoe and compactor, and tested for 95% relative compaction in 1-foot lifts to surface grade.

#### **Post-Field**

On March 13, 2000, TOXICHEM notified the property owner and his representatives that Equiva's project was completed and that access to all service bays to the station building had been restored. Some minor items remained to be completed, specifically:

- Remove the holding tank.
- Remove steel and fiberglass piping and miscellaneous debris.
- Repair and backfill the water supply line.
- Restore Well MW-1 to service.
- Remove the site perimeter security fence.
- Remove three 55-gallon GAC drums.
- Repair the subsurface electrical conduit to the site.
- Replace the existing groundwater monitoring well vault boxes.

All of these items except the last two have been subsequently completed. Explanations why these three items have not yet been completed follows.

- TOXICHEM was directed by the property owner's representative not to repair the subsurface electrical conduit for two reasons. First, the former electrical service that was damaged during Equiva's excavation was substandard and RRM indicated that the service would need to be upgraded and realigned since it crosses the property owner's excavation (and possibly the product piping for the new USTs). Second, TOXICHEM was informed that new overhead electrical service was planned from 38th Street.



- TOXICHEM was directed by the property owner's representative to postpone replacing the existing groundwater monitoring well vault boxes (and the installation of replacement Wells MW-3 and MW-8) until after site redevelopment activities were completed.

As of April 12, 2000, Equiva met all requirements of providing the property owner with compensation for loss of use of the service bays during Equiva's excavation fieldwork.

Following completion of site redevelopment by the property owner, new monitoring wells will be installed to replace Wells MW-3 and MW-8. At this time, no replacement is planned for Well MW-2 because of its conflicting location with the new USTs.

### CONCLUSIONS AND RECOMMENDATIONS

Based on the results of this investigation, TOXICHEM concludes that:

- Approximately 1,400 cubic yards of impacted soil was removed during Equiva's excavation. An additional 700 cubic yards of impacted soil was removed during the property owner's excavation to install new USTs.
- The majority of impacted soil appears to have been removed from the site. Impacted soil that is above the proposed limit of excavation for benzene remains at the site in three localized areas, and could not be over-excavated due to shoring constraints.
- The soil in the three localized areas is not expected to represent any significant health risk.
- Based on the information presented herein, Equiva's excavation project has met all objectives to the extent practical, and is complete.

Based on these conclusions, TOXICHEM recommends no further action regarding the soil at the site.

TOXICHEM recommends continuing the existing groundwater monitoring and sampling program, and considering the use of the PVC piping array in the future if dissolved petroleum hydrocarbon concentrations do not attenuate. The next regularly scheduled groundwater monitoring and sampling event is scheduled for June 2000, but it will likely be postponed until after completion of the property owner's site redevelopment project (possibly July 2000).

Furthermore, TOXICHEM requests that ACHCSA approve the use of the previously submitted and approved work plans (for the installation of Wells MW-3 and MW-8) for installation of replacement Wells MW-3R and MW-8R. The cost to prepare a new work plan for this work is avoidable since the previous work plans are also applicable for the replacement wells. The replacement wells will be drilled using the same procedures, except that new soil samples (of the clean excavation back fill) will not be collected. The well construction details will remain the same. To the extent practical, the replacement wells will be located as closely as feasible to the original wells; some allowance will be made to avoid the pea gravel backfill.

June 5, 2000

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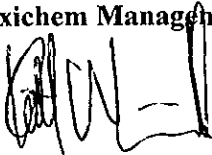
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If you have any questions regarding this report, please contact me at your convenience at (415) 681-8816.

Sincerely,

Toxichem Management Systems, Inc.



Keith Winemiller, P.E.  
Senior Engineer



- Attachments:
- Table 1 - Soil Analytical Data – Petroleum Hydrocarbons and MtBE
  - Table 2 - Groundwater Analytical Data - Petroleum Hydrocarbons and MtBE
  - Figure 1 - Initial Soil Excavation Limits
  - Figure 2 - Final Soil Excavation Limits
  - Figure 3 - Actual Limits of Soil Excavation By Equiva
  - Figure 4 - Soil Concentration Map (Equiva)
  - Figure 5 - Actual Limits of Soil Excavation (Property Owner)
  - Attachment A - Permits, Field Notes and Photographs, Site Health and Safety Plan, Excavation Survey, Compaction Testing Certification, and Soil Disposal Documentation
  - Attachment B - Certified Analytical Report and Chain of Custody Documentation

cc: Ms. Karen Petryna, P.E., Equiva Services LLC, P. O. Box 7869, Burbank, CA 91510-7869  
Mr. Joe Zadik, 8255 San Leandro Street, Oakland, CA 94621

Table 1  
Soil Analytical Data  
Petroleum Hydrocarbons and MtBE

Former Texaco Service Station  
3810 Broadway, Oakland, California

Sample	Sample Depth (feet, bgs)	Date Sampled	TPPH (mg/kg)	TEPH (mg/kg)	Benzene (mg/kg)	Toluene (mg/kg)	Ethyl-benzene (mg/kg)	Xylenes (mg/kg)	MtBE by 8020 (mg/kg)	MtBE by 8260 (µg/kg)	Lead (mg/kg)
<b>TEXACO EXCAVATION SAMPLES</b>											
EX-1	20	03/07/00	3,100	1,900	a 14	92	34	200	4.2	<10	NA
EX-2	22	03/07/00	23	18	a 0.048	0.40	0.17	1.1	<0.12	NA	NA
EX-3	22	03/07/00	230	26	a 0.80	3.2	2.1	10	0.3	NA	NA
EX-4	20	03/07/00	12	<1	0.08	0.11	0.49	0.13	<0.05	NA	NA
EX-5	20	03/08/00	7	<1	0.019	0.074	0.041	0.22	<0.05	NA	NA
EX-6	20	03/08/00	150	26	a 0.40	1.4	2.0	7.9	<0.25	NA	NA
EX-7	22	03/08/00	2	<1	0.028	0.027	0.018	0.04	<0.05	NA	NA
EX-8	22	03/08/00	150	13	a 0.66	4.6	2.1	9.5	<0.25	NA	NA
EX-9	22	03/08/00	31	19	a 0.32	0.18	0.41	1.6	<0.12	NA	NA
EX-10	23	03/08/00	36	17	a 0.14	0.082	0.69	3.2	<0.05	NA	NA
SP COMP 1A	-	03/07/00	4	<1	<0.005	<0.005	0.007	0.038	<0.05	NA	NA
SP COMP 1B	-	03/07/00	4	<1	<0.005	0.017	0.024	0.10	<0.05	NA	NA
SP COMP 1C	-	03/07/00	<1	<1	<0.005	<0.005	<0.005	<0.005	<0.05	NA	NA
SP COMP 1C	-	03/07/00	<1	<1	<0.005	<0.005	<0.005	<0.005	<0.05	NA	NA
COMP #1-#4	-	03/13/00	49.5	40.9	<0.005	0.0806	0.167	0.346	NA	NA	<10.0
<b>PROPERTY OWNER'S EXCAVATION SAMPLES</b>											
S-1	16	04/27/00	<1	<1	<0.005	<0.005	<0.005	<0.010	<0.05	NA	NA
S-2	16	04/27/00	<1	<1	<0.005	<0.005	<0.005	<0.010	<0.05	NA	NA
S-3	16	04/27/00	<1	<1	<0.005	<0.005	<0.005	<0.010	<0.05	NA	NA
S-4	16	04/27/00	2,100	2,400	<0.005	<0.005	7.4	40	<0.05	NA	NA
S-5	16	04/27/00	<1	<1	0.035	<0.005	<0.005	<0.010	<0.05	NA	NA
<b>LIMITS OF EXCAVATION</b>											
	at 8 feet bgs		NL	NL	0.3	252	496	5,861	882	NA	NL
	at 15 feet bgs		NL	NL	0.4	252	496	5,861	882	NA	NL
	at 20 feet bgs		NL	NL	0.5	252	496	5,861	882	NA	NL
<b>LIMITS FOR SOIL REUSE</b>											
			100	100	0.3	*	*	*	<0.0100	NA	NL

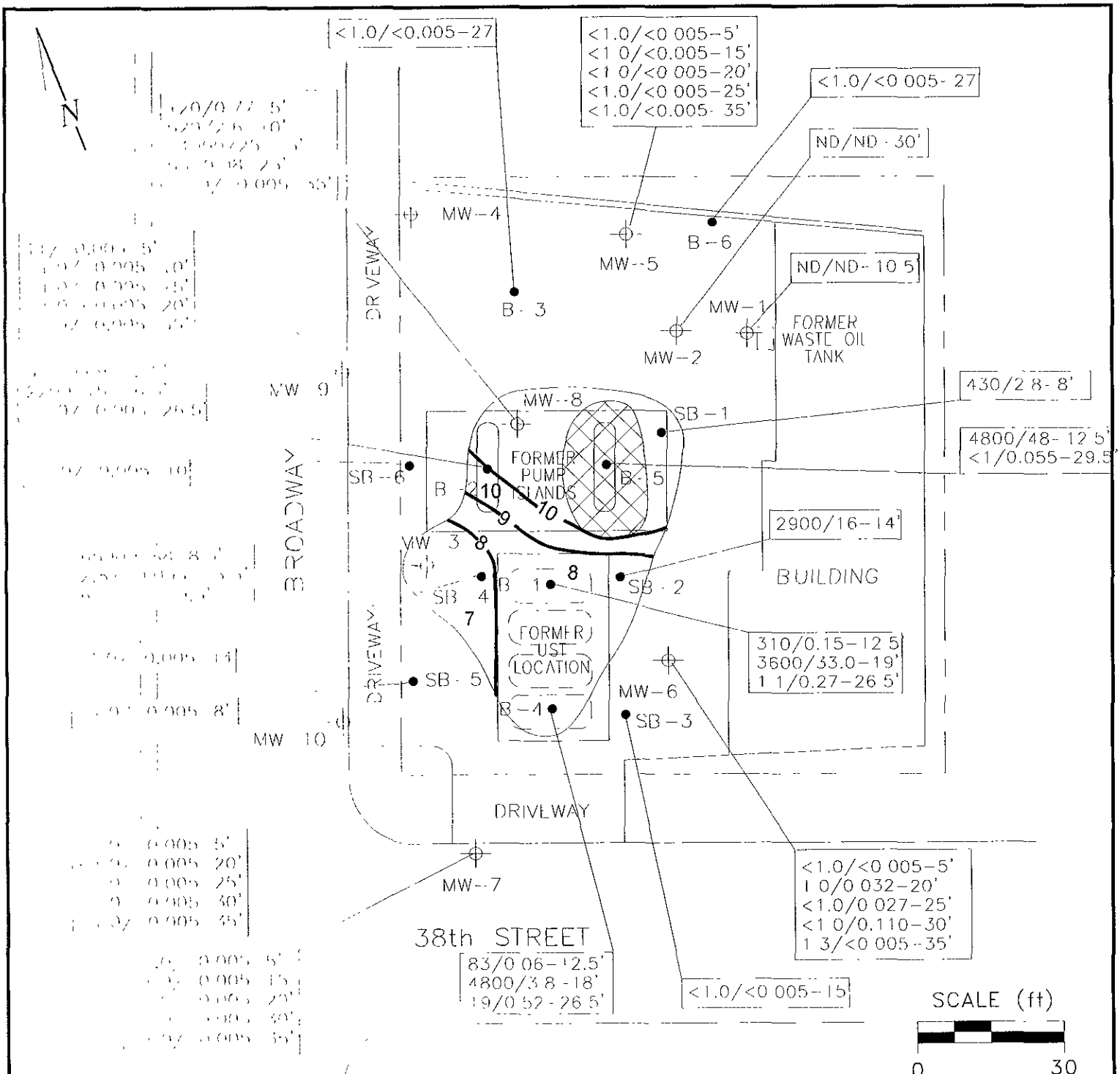
TPPH = Total purgeable petroleum hydrocarbons  
TEPH = Total Extractable Petroleum Hydrocarbons  
MtBE = Methyl tert-butyl ether  
bgs = Below ground surface  
mg/kg = Milligrams per kilogram  
µg/kg = Micrograms per kilogram  
NA = Not analyzed or not available  
NL = No limit defined  
a = The samples contain a lower boiling point mixture of hydrocarbons and quantitated as diesel  
\* = The sum of BTEX compound concentrations must be 1.0 mg/kg or less

Table 2  
**Water Analytical Data**  
 Total Petroleum Hydrocarbons and MtBE

Former Texaco Service Station  
 3810 Broadway, Oakland, California

Sample	Date Sampled	TPPH (µg/L)	Benzene (µg/L)	Toluene (µg/L)	Ethyl-benzene (µg/L)	Xylenes (µg/L)	MtBE by 8020 (µg/L)
INFL	03/10/00	33,000	2,500	5,700	870	4,100	<30
INFL(2)	03/10/00	20,000	1,600	3,600	600	2,900	<15
MID-1	03/10/00	<50	5.6	9.6	2.0	11	<3
MID-2	03/10/00	<50	<0.5	<0.5	<0.5	<1	<3
EFFL	03/10/00	<50	<0.5	<0.5	<0.5	<1	<3

TPPH = Total purgeable petroleum hydrocarbons  
 MtBE = Methyl tert-butyl ether  
 µg/L = Micrograms per liter



- EXPLANATION
- $\oplus$  MONITORING WELL
  - SOIL BORING
  - 9- DEPTH CONTOUR FOR INITIAL EXCAVATION
  - APPROXIMATE EXTENT OF SOIL TO BE PROFILED FOR RE-USE ON-SITE.

CONCENTRATION RANGES IN SOIL, IN MILLIGRAMS PER KILOGRAM, AT DEPTH INDICATED IN FEET

ND = NOT DETECTED

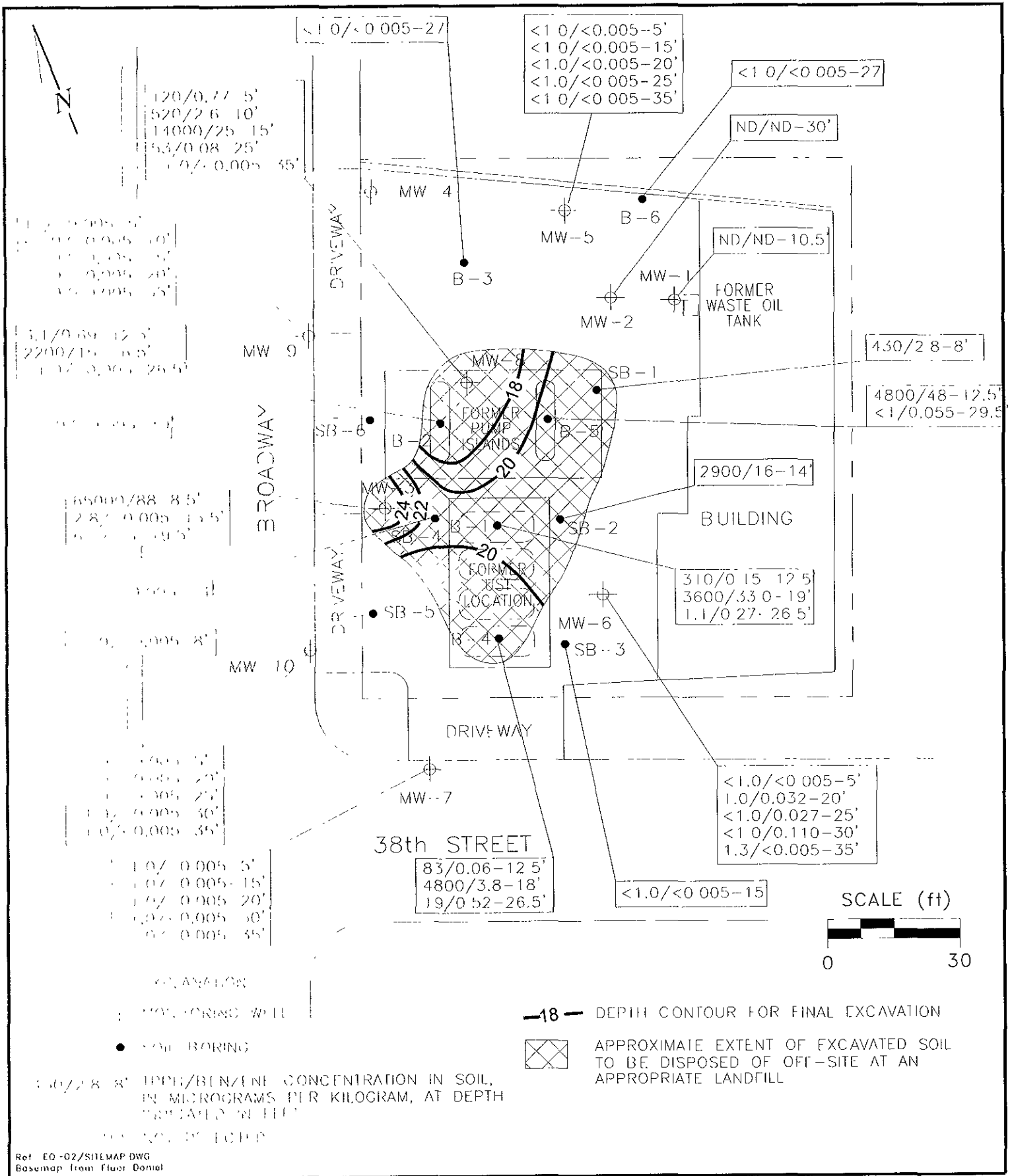
Ref: EQ-02/SITEMAP.DWG  
 Base map from Fluor Daniel

**TOXICHEM**  
 Management  
 Systems, Inc.  
 Environmental & Occupational Health Services

Former Texaco Service Station  
 3810 Broadway  
 Oakland, California

**INITIAL SOIL EXCAVATION LIMITS**

FIGURE:  
 1  
 PROJECT:  
 EQ-02



CONCENTRATION

- MONITORING WELL
- SOIL BORING

430/28-8' TPAH/BENZENE CONCENTRATION IN SOIL, IN MICROGRAMS PER KILOGRAM, AT DEPTH INDICATED IN FEET

SEE NOTE ON ECHP

- 18- DEPTH CONTOUR FOR FINAL EXCAVATION
- APPROXIMATE EXTENT OF EXCAVATED SOIL TO BE DISPOSED OF OFF-SITE AT AN APPROPRIATE LANDFILL

Ref: EQ-02/SITLMAP.DWG  
Base map from Fluor Daniel

**TOXICHEM**  
Management  
Systems, Inc.  
Environmental & Occupational Health Services

Former Texaco Service Station  
3810 Broadway  
Oakland, California

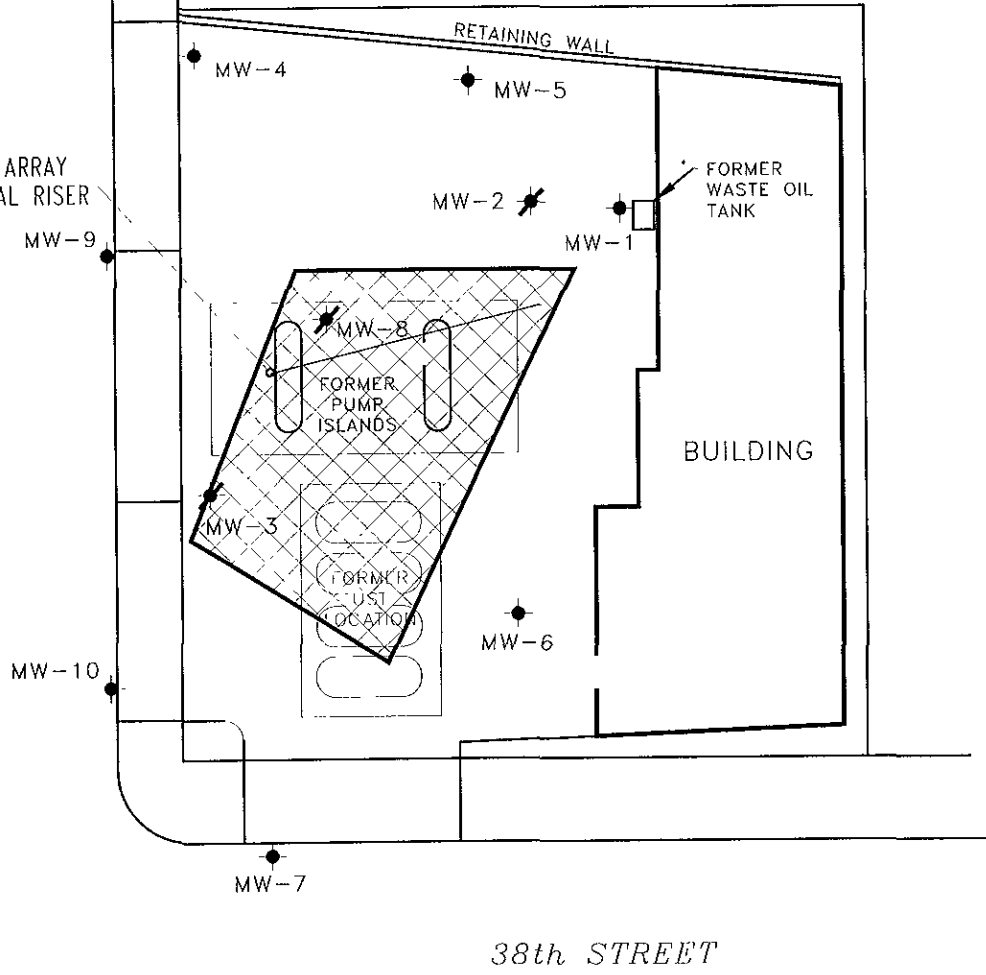
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FINAL SOIL EXCAVATION LIMITS

FIGURE:  
**2**  
PROJECT:  
EQ-02

PVC PIPING ARRAY  
AND VERTICAL RISER

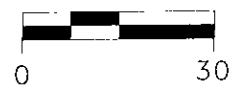
BROADWAY



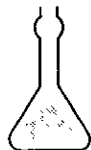
EXPLANATION

- MONITORING WELL
- ✂ DESTROYED WELL
- [X] EXTENT OF EXCAVATED SOIL DISPOSED OF AT FORWARD LANDFILL. AVERAGE DEPTH OF EXCAVATION -22 FEET  
AREA OF EXCAVATION- 1,734 FEET

SCALE (ft)



Reference: 10-07 1A/BR-0A DWG  
Rosemap from Remediation Risk Management Inc

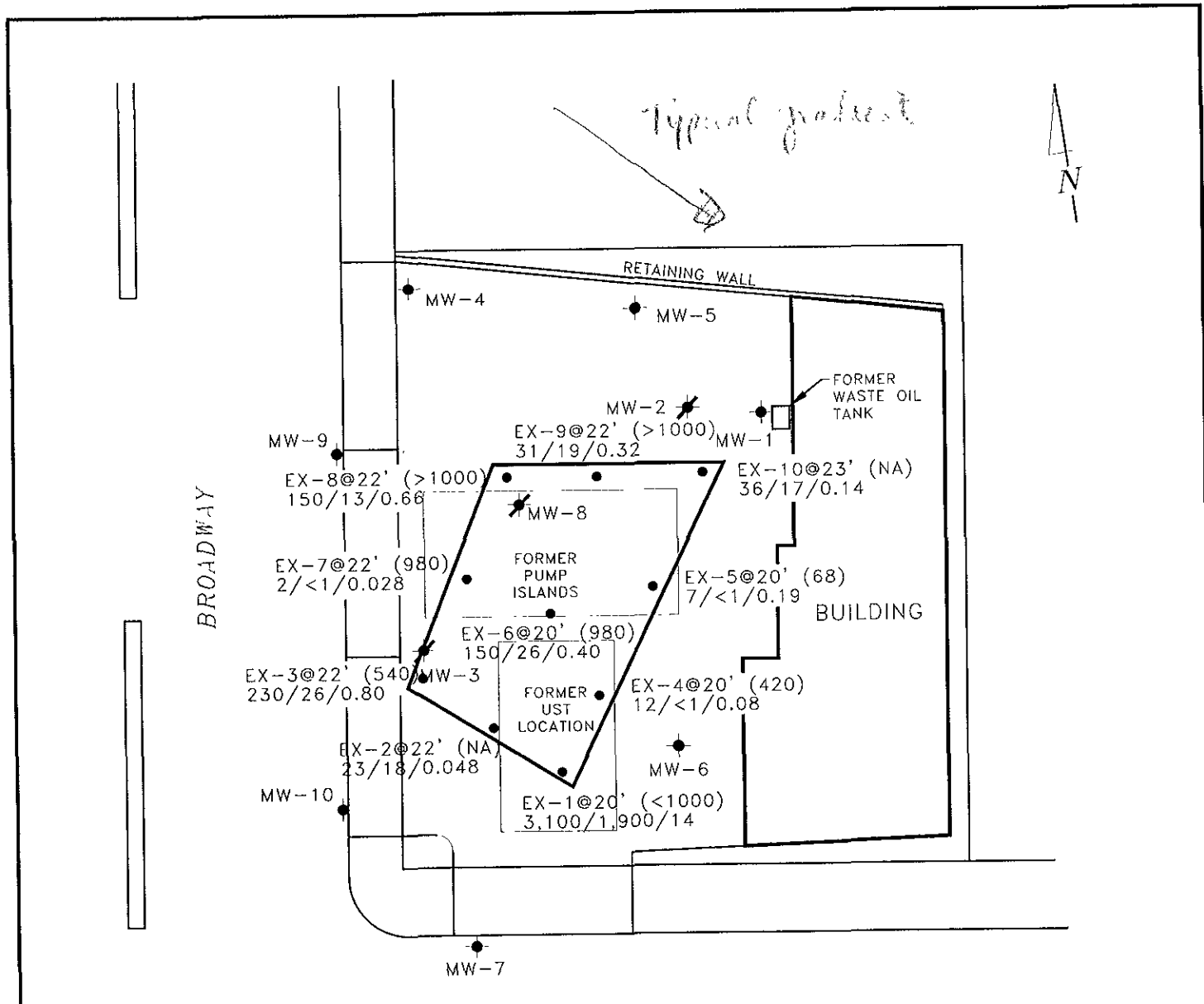


**TOXICHEM**  
Management  
Systems, Inc.  
Environmental & Occupational Health Services

ACTUAL LIMITS OF SOIL EXCAVATION BY EQUIVA

Former Texaco Service Station  
3810 Broadway  
Oakland, California

FIGURE:  
**3**  
PROJECT:  
EQ-02



RETAINING WALL

MW-4

MW-5

MW-2

EX-9@22' (>1000)  
31/19/0.32

MW-1

FORMER WASTE OIL TANK

EX-8@22' (>1000)  
150/13/0.66

EX-10@23' (NA)  
36/17/0.14

MW-9

EX-7@22' (980)  
2/<1/0.028

MW-8

FORMER PUMP ISLANDS

EX-5@20' (68)  
7/<1/0.19

BUILDING

EX-6@20' (980)  
150/26/0.40

EX-3@22' (540)  
230/26/0.80

MW-3

FORMER UST LOCATION

EX-4@20' (420)  
12/<1/0.08

EX-2@22' (NA)  
23/18/0.048

MW-6

EX-1@20' (<1000)  
3,100/1,900/14

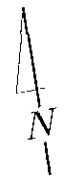
MW-10

MW-7

38th STREET

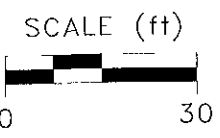
BROADWAY

Typical gradient



EXPLANATION

- MONITORING WELL
- DESTROYED WELL
- SOIL SAMPLING LOCATION AND DESIGNATION AT DEPTH COLLECTED, IN FEET BELOW GROUND SURFACE
- (420) SOIL CONCENTRATION IN PARTS PER MILLION, BY PID
- (NA) NOT ANALYZED
- 31/19/0.32 TPPH/TEPH/BENZENE CONCENTRATION IN SOIL, IN MILLIGRAMS PER KILOGRAM, 3-8-00



Reference TO 02 1A/BR OA DWG  
 Base map from Remediation Risk Management, Inc

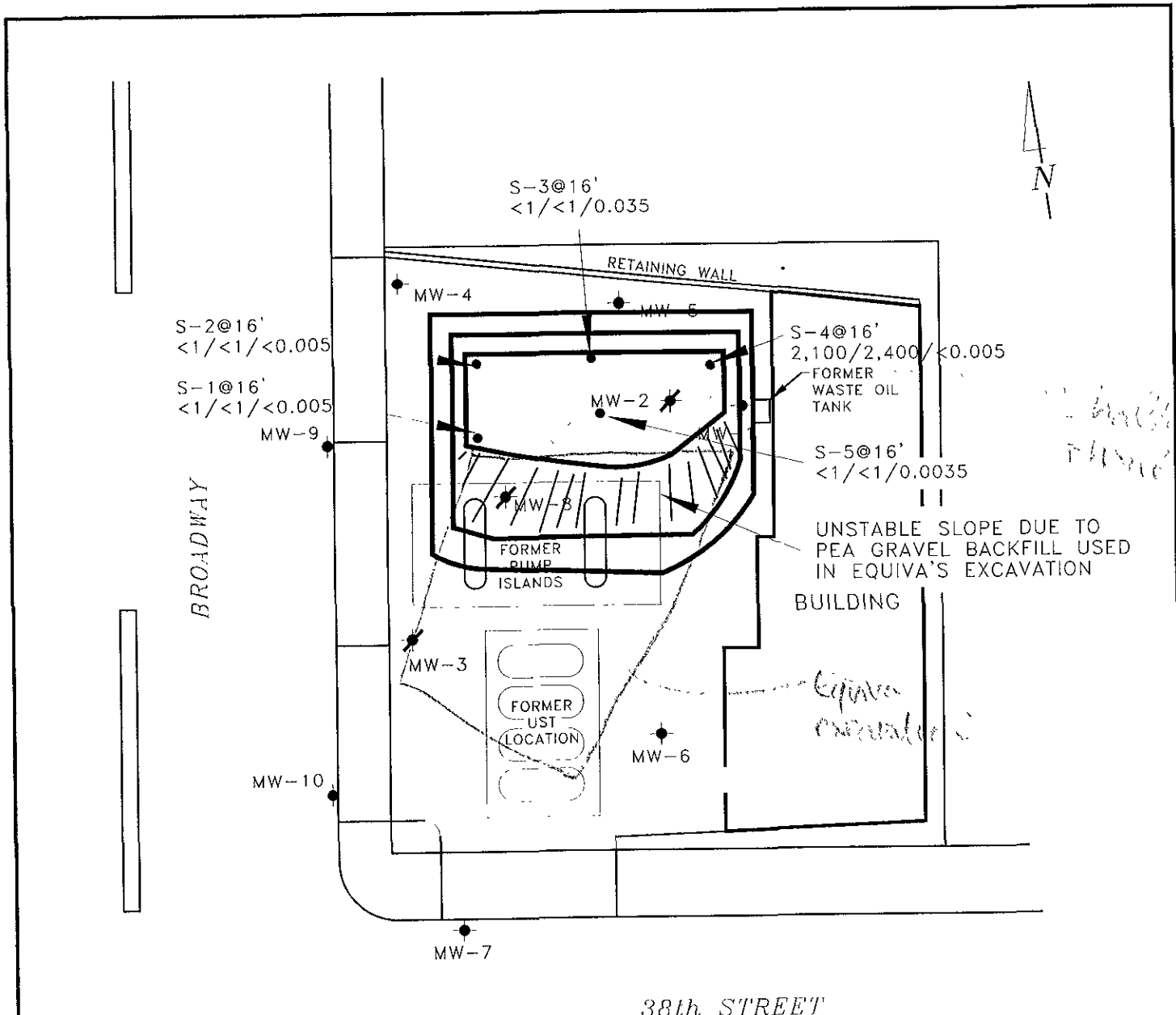


SOIL CONCENTRATION MAP (EQUIVA)

Former Texaco Service Station  
 3810 Broadway  
 Oakland, California

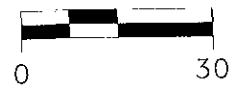
FIGURE:  
 4  
 PROJECT:  
 EQ-02



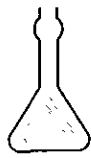


*Handwritten notes:*  
 - backfill  
 - Equiva  
 - Equiva excavation

- EXPLANATION**
- MONITORING WELL
  - ✘ DESTROYED WELL
  - SOIL SAMPLING LOCATION AND DESIGNATION AT DEPTH COLLECTED, IN FEET BELOW GROUND SURFACE
- <1/<1/<0.005  
 TPPH/TEPH/BENZENE CONCENTRATION IN SOIL, INSCALE (ft)  
 MILLIGRAMS PER KILOGRAM, 4-27-00



Reference: EQ-02 1A/ACTEXCAV DWG  
 Basemap from Remediation Risk Management, Inc



**TOXICHEM**  
**Management**  
**Systems, Inc.**  
 Environmental & Occupational Health Services

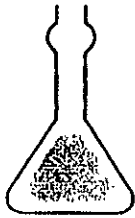
ACTUAL LIMITS OF SOIL EXCAVATION BY PROPERTY OWNER

Former Texaco Service Station  
 3810 Broadway  
 Oakland, California

FIGURE:  
 5  
 PROJECT:  
 EQ-02

**ATTACHMENT A**

**PERMITS, FIELD NOTES AND  
PHOTOGRAPHS, SITE HEALTH AND  
SAFETY PLAN, EXCAVATION SURVEY,  
COMPACTION TESTING CERTIFICATION,  
AND SOIL DISPOSAL DOCUMENTATION**


**TOXICHEM**  
**Management**  
**Systems, Inc.**

Environmental &amp; Occupational Health Services

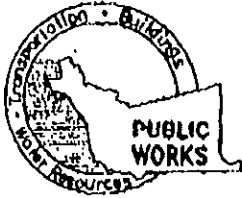
FILE

## Field Notes

Client: ESULVA  
 Facility: Former Texaco / Express Auto  
 Address: 3810 Broadway, Oakland  
 Weather: Partly Cloudy

Project Number: EO 02 1A  
 Date: 7/2/00  
 Time Arrived: 11:50  
 Time Departed: \_\_\_\_\_

Time	Notes and Description of Activities
11:30	Depart for site
11:50	Arrive 3810 Broadway - Gregg on site Talk to Max - have cars moved Set up for work Conduct Site Safety Meeting
12:15	Begin work on MW-3 Tag well @ ~35' TD - different than well log Strong product odor - remove skimmer DTW ~ 19' Finish pressure grouting @ ~ 12:45
12:50	Begin work on MW-8 Tag well @ ~35' TD DTW ~ 19' Finish pressure grouting @ ~ 13:00
	Break out well boxes & concrete Grant holes to grade & clean up
14:30	Depart for office
15:00	Arrive office



**ALAMEDA COUNTY PUBLIC WORKS AGENCY**

**WATER RESOURCES SECTION**  
 951 TURNER COURT, SUITE 300, HAYWARD, CA 94545-2651  
 PHONE (510) 470-5554  
 FAX (510) 470-5554 782-1939 fax

**DRILLING PERMIT APPLICATION**

FOR APPLICANT TO COMPLETE

FOR OFFICE USE

LOCATION OF PROJECT EXPRESS AUTO CLINIC, INC  
FORMER TEXACO SERVICE STATION  
3910 BROADWAY  
OAKLAND, CA 94612

PERMIT NUMBER W00-036  
 WELL NUMBER \_\_\_\_\_  
 APN \_\_\_\_\_

**PERMIT CONDITIONS**  
 Circled Permit Requirements Apply

CLIENT  
 Name EQUINA SERVICES LLC  
 Address P.O. Box 7869 Phone (510) 445-9306  
 City BURBANK, CA Zip 91501-7869

- A. GENERAL**
1. A permit application should be submitted so as to arrive at the ACPWA office five days prior to proposed starting date.
  2. Submit to ACPWA within 60 days after completion of permitted work the original Department of Water Resources Water Well Drillers Report or equivalent for well projects, or drilling logs and location sketch for geotechnical projects.
  3. Permit is void if project not begun within 90 days of approval date.

APPLICANT  
 Name TOXICHEM MANAGEMENT SYSTEMS  
 Address 6857 PINEWOOD DRIVE Phone (510) 339-6027  
 City OAKLAND, CA Zip 94611

- B. WATER SUPPLY WELLS**
1. Minimum surface seal thickness is two inches of cement grout placed by tremie.
  2. Minimum seal depth is 50 feet for municipal and industrial wells or 20 feet for domestic and irrigation wells unless a lesser depth is specially approved.

TYPE OF PROJECT

Well Construction		Geotechnical Investigation	
Cathodic Protection	<input type="checkbox"/>	General	<input type="checkbox"/>
Water Supply	<input type="checkbox"/>	Contamination	<input type="checkbox"/>
Monitoring	<input type="checkbox"/>	Well Destruction	<input checked="" type="checkbox"/>

- C. GROUNDWATER MONITORING WELLS INCLUDING PIEZOMETERS**
1. Minimum surface seal thickness is two inches of cement grout placed by tremie.
  2. Minimum seal depth for monitoring wells is the maximum depth practicable or 20 feet.

PROPOSED WATER SUPPLY WELL USE

New Domestic	<input type="checkbox"/>	Replacement Domestic	<input type="checkbox"/>
Municipal	<input type="checkbox"/>	Irrigation	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	Other <u>WELL DESTRUCTION</u>	<input checked="" type="checkbox"/>

- D. GEOTECHNICAL**
- Backfill bore hole with compacted cuttings or heavy bentonite and upper two feet with compacted material. In areas of known or suspected contamination, tremie cement grout shall be used in place of compacted cuttings.

DRILLING METHOD:

Mud Rotary	<input type="checkbox"/>	Air Rotary	<input type="checkbox"/>	Auger	<input type="checkbox"/>
Cable	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<u>PRESSURE GROUTING</u>	

- E. CATHODIC**
- Fill hole above anode zone with concrete placed by tremie.
- F. WELL DESTRUCTION**
- No attached.
- G. SPECIAL CONDITIONS**

DRILLER'S LICENSE NO. C-07 LICENSE No. 485165

WELL PROJECTS

Drill Hole Diameter	_____ in.	Maximum	_____ ft.
Casing Diameter	<u>2</u> in.	Depth	<u>35</u> ft.
Surface Seal Depth	<u>0</u> ft.	Number	<u>2</u>

GEOTECHNICAL PROJECTS

Number of Borings	_____	Maximum	_____ ft.
Hole Diameter	_____ in.	Depth	_____ ft.

ESTIMATED STARTING DATE FEBRUARY 2, 2000  
 ESTIMATED COMPLETION DATE FEBRUARY 2, 2000

APPROVED Frank L. Cudd DATE 1-25-00

I hereby agree to comply with all requirements of this permit and Alameda County Ordinance No. 73-68.

APPLICANT'S SIGNATURE [Signature] DATE 1/24/2000

**GROUNDWATER PROTECTION ORDINANCE**  
Destruction of Shallow Wells (Less than 45 feet in depth)

1. Remove from the well any pump, appurtenances, debris, or other materials to the bottom of the well.
2. Sound the well as deeply as practicable and record for your report.
3. Fill well below 22 feet with neat cement, cement grout or concrete.
4. Remove any casing(s) and annular seal to 2 feet below finished grade of original ground, whichever is the lower elevation. (S) 2'
5. Fill the remaining 20 foot length of casing with neat cement, cement grout or concrete. Allow the sealing material to spill over the top of the casing to fill any annular space between casing and soil.
6. After the seal has set, backfill the remaining hole with compacted material.

**WELL PERMIT POLICY  
FOR  
DESTRUCTION OF SHALLOW WELLS  
(WELLS LESS THAN 45 FEET IN DEPTH)**

- 1) Submit a completed "DRILLING PERMIT APPLICATION" to the Alameda County Public Works Agency (AGENCY) for all wells to be destroyed on one property or adjacent properties under one ownership. Please allow 5 days to receive the signed permit from AGENCY.
- 2) Wells to be destroyed shall be filled with cement grout or cement/bentonite mixture. Filling with pea gravel will not be permitted. NOTE: Contamination or a lack of contamination will not change these requirements.
- 3) Within 60 days of the destruction of the well, applicant must submit to AGENCY a completed Department of Water Resources Well Completion Report (DWRWCR). A DWRWCR is required for each well destroyed. The location map, drawings, or coordinates (or a combination thereof) must be sufficient to locate the well to within 5 foot accuracy.
- 4) No notification to AGENCY will be required prior to this well destruction work .

JAN-25-00 TUE 06:22 PM ALAMEDA COUNTY PWA RM239 FAX NO. 5107821939

P. 01/04

# ALAMEDA COUNTY PUBLIC WORKS AGENCY FAX TRANSMITTAL

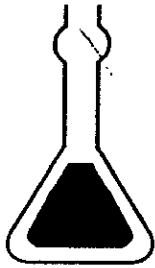
TO:	<i>Wayne Chen</i>	FROM:	<i>Larry Johann</i>
COMPANY:	<i>Toxichem</i>	DATE:	<i>1-25-00</i>
FAX NUMBER:	<i>339-6027</i>	TOTAL NO. OF PAGES INCLUDING COVER:	<i>4</i>
PHONE NUMBER:		SENDER'S FAX NUMBER:	<i>(510) 782-1939</i>
RE:	<i>Approved Permit</i>		
<input type="checkbox"/> URGENT		<input type="checkbox"/> FOR REVIEW	
<input type="checkbox"/> PLEASE REPLY		<input type="checkbox"/> PLEASE COMMENT	
		<input type="checkbox"/> PLEASE RECYCLE	

NOTES/COMMENTS:

399 ELMHURST STREET  
HAYWARD, CALIFORNIA 94544-1395

*654-6167*





**TOXICHEM  
Management Systems, Inc.**

Environmental & Occupational Health Services  
6857 Ridgewood Drive, Oakland, California 94611  
(510) 339-6019 / (510) 339-6027 FAX

# Transmittal

Date: February 7, 2000

Project: EQ-02.1A

To: Mr. Larry Johmann  
Alameda County Public Works Agency  
Water Resources Section  
951 Turner Court, Suite 300  
Hayward, California 94545-2651

We have enclosed:

Copies	Description
<u>1</u>	<u>DWR Well Completion/Destruction Report</u>

For your:

Use       Approval       Review       Information

Comments: Please find enclosed the Well Completion Report submitted to the DWR documenting the destruction of monitoring wells MW-3 and MW-8, approved under Permit No. W00-036. Please call me if you have any questions. Thanks.

Wayne Chiu, Project Engineer

cc: Ms. Karen Petryna, Equiva Services LLC, P.O. Box 7869, Burbank, CA 91501



**CONFIDENTIAL**

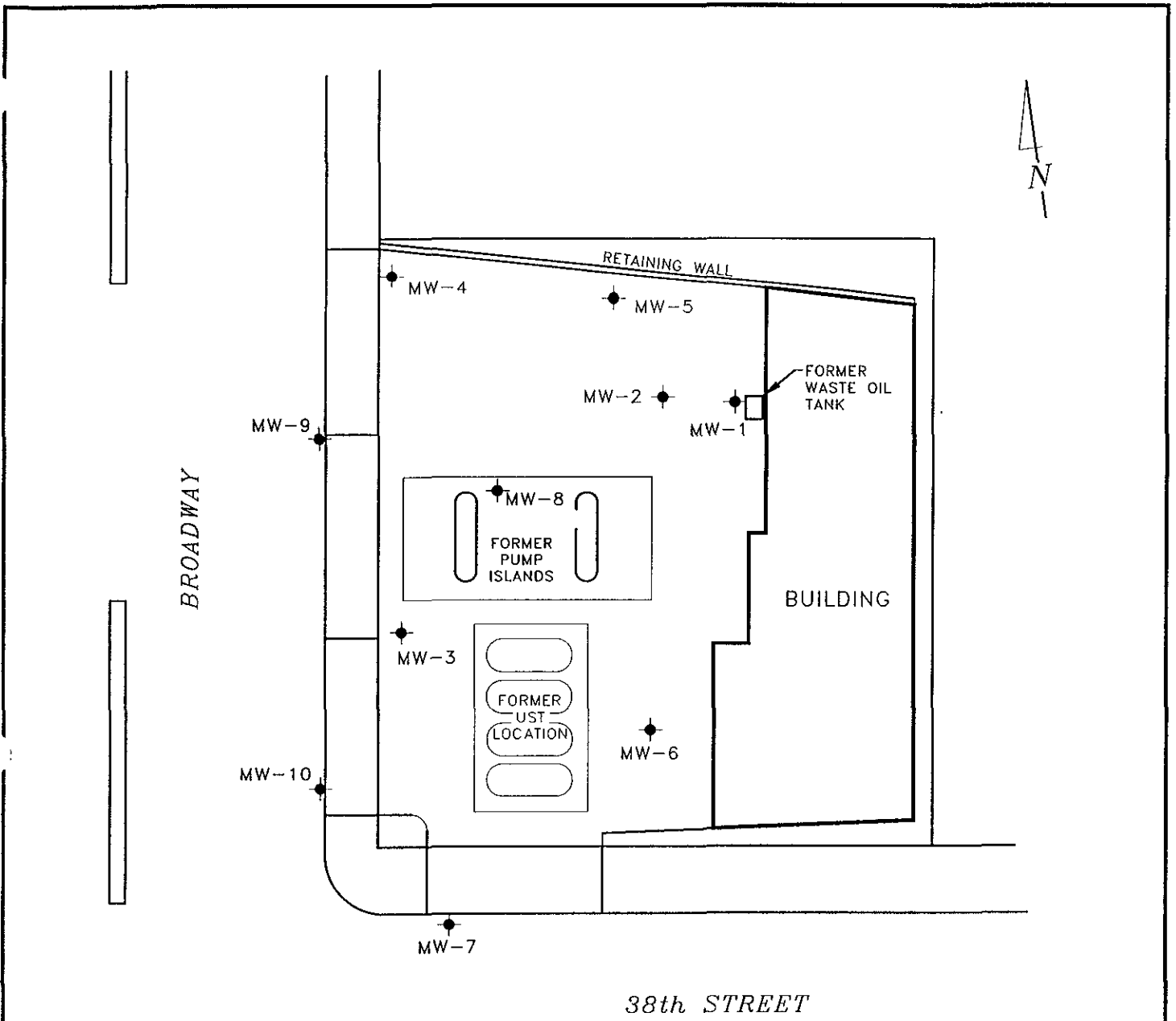
STATE OF CALIFORNIA DWR  
WELL COMPLETION REPORT  
(WELL LOGS)

**REMOVED**

**CONFIDENTIAL**

STATE OF CALIFORNIA DWR  
WELL COMPLETION REPORT  
(WELL LOGS)

**REMOVED**




EXPLANATION

◆ MONITORING WELL

SCALE (ft)

Reference EQ-02 1A/BR-0A DWG  
 Basemap from Remediation Risk Management, Inc

 <p><b>TOXICHEM Management Systems, Inc.</b>          Environmental &amp; Occupational Health Services</p>	<b>SITE MAP</b> Former Texaco Service Station 3810 Broadway Oakland, California	FIGURE: <b>1</b>
		PROJECT: <b>EQ-02</b>



**TOXICHEM**  
Management  
Systems, Inc.

Environmental & Occupational Health Services

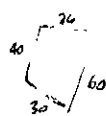
**Field Notes**

Client: ERWIN  
 Facility: Express Auto / Former Texaco  
 Address: 3310 Broadway, Oakland  
 Weather: \_\_\_\_\_

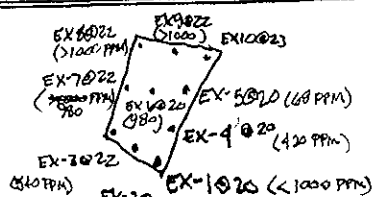
Project Number: EQ-02.1A  
 Date: 3/4/00 / 3/7/00  
 Time Arrived: 6:45 / 6:45  
 Time Departed: 10:30 / 17:30

3/10/00

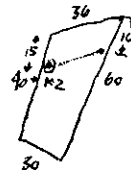
Time	Notes and Description of Activities
6:30	Depart for 3310 Broadway
6:45	Arrive at site
7:00	John's Excavating & PERM arrive Site safety meeting by Matt Mark out excavation boundaries
~7:30	Begin excavation - near MW-3 Very strong product odor - soil impacted at ~ 8'
	North east corner of excavation - very strong product odor - impacted soil down to ~ 5 feet - product lines present & removed
	Install sheet piling - finished @ ~ 8:00 PM Removed 2 piling footings 3' φ x 5'
12:00	Carbon vessels arrive - pre soak carbon vessels
15:30	ORC arrives 9 loads hauled
6:30	Depart Need to replace MW-2 well box
6:45	Arrive Begin loading soil - soil caught fire ~ 18' by MW-3 49 load hauled



3/7/00



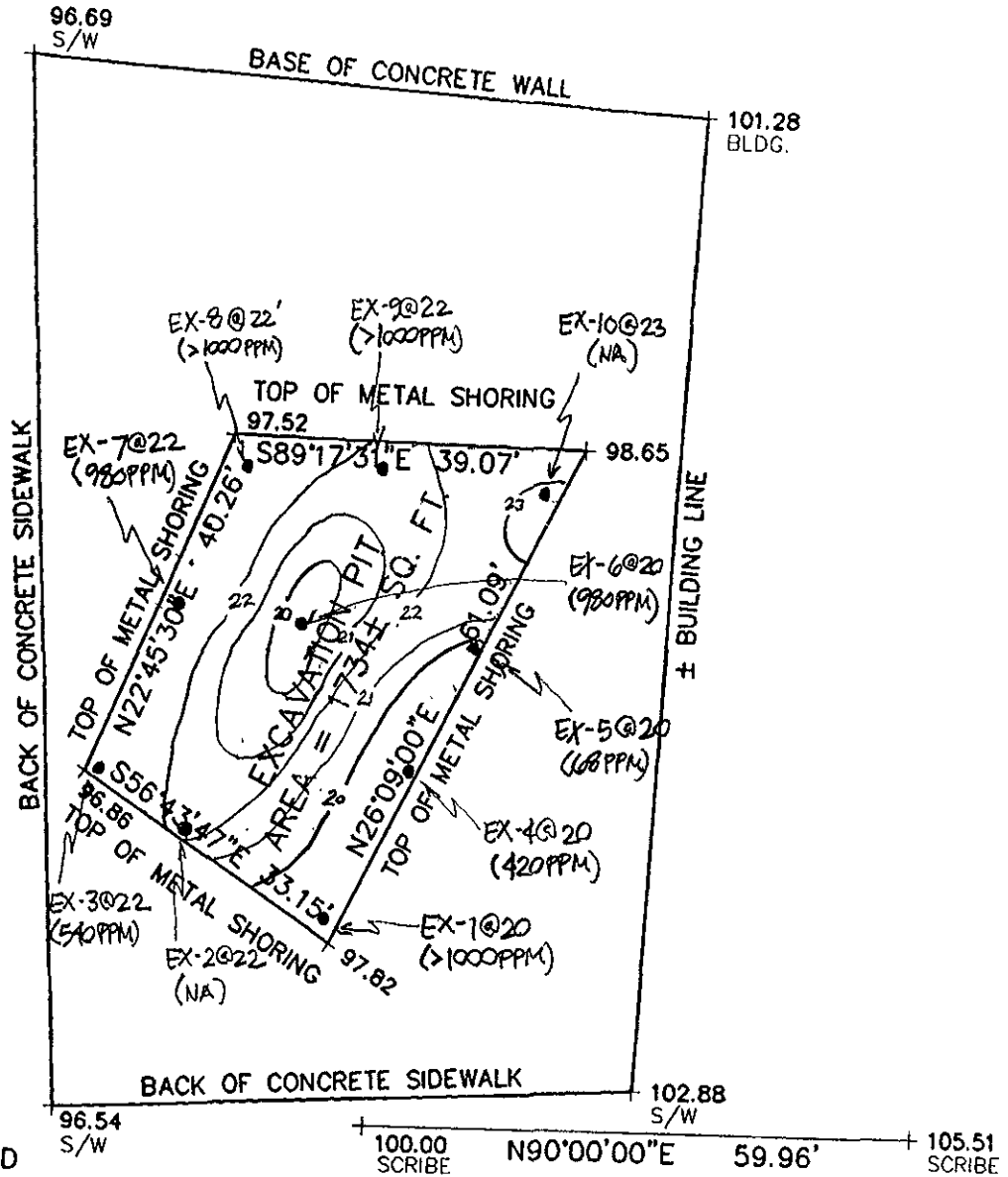
MAX (510)  
205-8352  
CELL PHONE







**BROADWAY**



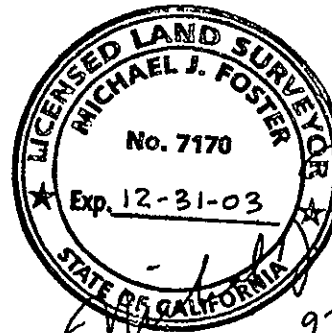
SURVEY BASED ON ASSUMED NORTH AND ASSUMED ELEVATION.

**38TH. STREET**

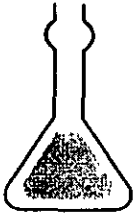
**PLAT OF SURVEY**

EXCAVATION PIT TOPOGRAPHY  
 LOCATED AT 3810 BROADWAY  
 OAKLAND, ALAMEDA COUNTY, CALIFORNIA  
 MARCH 9, 2000 SCALE 1" = 20'

**BAY AREA LAND SURVEYING**  
 1828 BONITA ROAD  
 RICHMOND, CA 94806  
 (510) 232-3095






**TOXICHEM**  
**Management**  
**Systems, Inc.**

Environmental &amp; Occupational Health Services

**Field Notes**

Client: Equivon  
 Facility: Ferris Texaco  
 Address: 3810 Broadway, Oxtford  
 Weather: \_\_\_\_\_

Project Number: EG 02.1A  
 Date: 4/27/00  
 Time Arrived: 06:15  
 Time Departed: 08:30

Time	Notes and Description of Activities
	Arrived onsite and found Tracy already loading Manley trucks. <del>23</del> trucks left without obtaining manifests. Collected 5 soil samples from pit. <span style="float: right;">see below</span>
	Ken arrived onsite at 06:30 (from RRN) and managed soil pile loading and obtain manifests from transporters. cell phone 831, 334, 1224
	Trucks Plates T 2601 / E 3310 first 2 trucks left w/o handing over manifests. A total of 10 trucks loaded at first thing in morning. Found to fax my generator copy manifests to me.
	Called Columbia and left message for sample pickup for (F)
	Continued w/ Paul no additional soil to be excavated from pit - pit at depth and approximate limits except to south, of which all soil is clean overburden.
	Reminded Paul to fix Well MW-1
	left Ken onsite to observe final load at





**TOXICHEM**  
Management  
Systems, Inc.

Environmental & Occupational Health Services

**Field Notes**

Client: Equiva  
Facility: 3810 Broadway, Oakland  
Address: \_\_\_\_\_  
Weather: \_\_\_\_\_

Project Number: EG-02.1A  
Date: 5/3/00  
Time Arrived: \_\_\_\_\_  
Time Departed: \_\_\_\_\_

Time	Notes and Description of Activities
	Conducted drive by of site and found tanks installed and Tank in process of backfilling excavation



# WASTEWATER DISCHARGE PERMIT

Terms and Conditions

**EXPRESS AUTO CLINIC**  
VEHICLE REPAIR FACILITIES

#P05021006  
exp. 3-31-2004

Permit # P05021006  
Expiration Date 3/31/2004

## COMPLIANCE REQUIREMENTS

The Permit Holder shall not discharge any hazardous waste, as defined in Section 25117 of the Health and Safety Code, to the sanitary sewer.

The Permit Holder shall:

- Seal all floor drains in the service areas to prevent contaminated or polluted wastewater from entering the sanitary sewer.
- Post a sign in the work area indicating that the discharge of process materials and waste to the sanitary sewer is prohibited.
- Provide District access to hazardous waste manifest records upon request.

The Permit Holder shall not discharge waste parts cleaning solutions to the sanitary sewer.

Wastewater from exterior vehicle washing may be discharged to the sanitary sewer if the following conditions are met:

- The wastewater does not contain petroleum distillates (aliphatic or aromatic hydrocarbons) or vehicle transport coating materials.
- Vehicle washing is conducted in a dedicated area where the drain is sealed when vehicle washing is not taking place.

## REPORTING REQUIREMENTS

The Permit Holder shall report to EBMUD - Source Control Division any changes, permanent or temporary, to the facilities or operations that significantly deviate from the terms and conditions under which this Permit is granted.

The Permit Holder shall notify EBMUD - Source Control Division at (510) 287-1651 during business hours, or (510) 287-1458 during non-business hours, immediately upon discovering any spill or slug discharge to the sanitary sewer. Formal written notification describing the circumstances and corrective action must be submitted to the District within 5 days of the occurrence.

## INSPECTIONS

District may conduct random, unannounced inspections to verify compliance with the conditions of this Permit.

## ENFORCEMENT AND PENALTIES

Enforcement for violations of Permit Terms and Conditions and provisions of Ordinance No. 311, may result in penalties as provided for in Ordinance 311.

## AUTHORIZATION

The above named Permit Holder is hereby authorized to discharge wastewater to the community sewer, subject to said Holder's compliance with EBMUD Wastewater Control Ordinance, Permit Terms and Conditions, and billing.

DAVID R. WILLIAMS  
Director of Wastewater  
EBMUD, P.O. Box 24055, MF 707  
Oakland, CA 94623-0155

RRM Project # OA07, Toxicchem Mgmt.

February 22, 2000

**APPENDIX A - SITE SAFETY PLAN**

**SITE SAFETY AUTHORITY**

**SITE SAFETY PLAN - PRE-PROJECT MEETING SIGNATURE PAGE**

**I. SAFETY AND HEALTH PROGRAM OVERVIEW**

**II. FACILITY BACKGROUND / SCOPE OF WORK**

**III. SITE CHARACTERIZATION / JOB HAZARDS**

**A. Physical Hazards**

- 1. Heavy Equipment
- 2. Electrical Shock
- 3. Traffic
- 4. Hearing Loss
- 5. Hazardous Chemical Exposure
- 6. Chemicals

**IV. TRAINING**

- A. Potential Hazards
- B. Safe Work Practices
- C. Site Safety Plan

**V. PERSONAL PROTECTIVE EQUIPMENT**

**VI. MEDICAL SURVEILLANCE**

**VII. EXPOSURE MONITORING PLAN**

**VIII. SITE CONTROL**

- A. Work Zones
  - 1. Exclusion Zone
  - 2. Contamination Reduction Zone
  - 3. Support Zone
- B. Location of Nearest Communication Equipment
- C. Location of Nearest Medical Assistance
- D. On-site Communications
- E. Engineering Controls

**IX. DECONTAMINATION**

**X. STANDARD OPERATING PROCEDURES**

**XI. EMERGENCY PROCEDURES / CONTINGENCY PLAN**

**XII. LIST OF APPROPRIATE LITERATURE**

**Chemical Properties**

RRM Project #OA07, Toxicchem Mgmt.

February 22, 2000

DATE: February 22, 2000

PROJECT NAME: Former Texaco Service Station

LOCATION: 3800 Broadway Avenue, Oakland, California

TASK: Contaminated soil excavation.

SITE SAFETY OFFICER (SSO): Raj Khokhar

SECONDARY SITE SAFETY OFFICER: Matt Kaempf

NEAREST HOSPITAL: Kaiser Foundation Hospital  
280 W Macarthur Blvd.  
Oakland, California 94611  
(510) 596-1000

NEAREST FIRE DEPARTMENT: Call 911

HAZARDOUS MATERIALS SPILL/CLEAN-UP CONTRACTOR: ECI, Inc.  
255 Parr Blvd.  
Richmond, CA  
(510) 235-1393

USALERT SERVICE NUMBER: 1-800-642-2444

NEAREST PG&E OFFICE: Phone: 1-800-743-5000

NEAREST TELEPHONE LOCATION: On-site cellular

LOCATION OF SITE "CLEAN AREA": as per SSO

LOCATION OF PERSONNEL DECON. STATION: as per SSO

A Pre-project Meeting allows all personnel on-site to familiarize themselves with the potential hazards associated with the job.

The following pages contain guidelines for on-site procedures to minimize risks to personnel at the job site, as well as information regarding basic first aid in the event of injury, among other points.

We, the undersigned, have read the Site Safety Plan and understand the potential hazards on-site. We will follow the guidelines set forth in order to decrease the likelihood of personal or public injury.

- X \_\_\_\_\_ Title: \_\_\_\_\_
- X \_\_\_\_\_ Title: \_\_\_\_\_
- X \_\_\_\_\_ Title: \_\_\_\_\_
- X \_\_\_\_\_ Title: \_\_\_\_\_
- X \_\_\_\_\_ Title: \_\_\_\_\_

RRM Project #OA07, Toxicchem Mgmt.

February 22, 2000

- X \_\_\_\_\_ Title: \_\_\_\_\_
- X \_\_\_\_\_ Title: \_\_\_\_\_
- X \_\_\_\_\_ Title: \_\_\_\_\_
- X \_\_\_\_\_ Title: \_\_\_\_\_
- X \_\_\_\_\_ Title: \_\_\_\_\_

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February 22, 2000

## I. SAFETY AND HEALTH PLAN OVERVIEW

- A. In order to promote safety and health awareness, the position of Site Safety Officer (SSO) is rotated among owners and employees for each project site.
- B. It is the responsibility of the designated SSO to implement the Site Safety Plan (SSP) and to hold a pre-project safety meeting.

## II. FACILITY BACKGROUND

### A. Site History

1. The site is the Precision Tune-up Facility located at the northeast corner of the intersection of Broadway and 38<sup>th</sup> Street in Oakland, California. The site was a former Texaco Gas Station. The property is known to contain petroleum hydrocarbon impacted soil and groundwater. All former underground storage tanks have been removed from the site.

B. Chemical Constituents of Concern - Petroleum Hydrocarbons which may contain tetra ethyl lead, benzene, and other toxic components.

1. Benzene
2. Toluene
3. Ethylbenzene
4. Xylenes

### C. Scope of Work

1. Shore preliminary soil excavation to a depth of approximately 25 feet below ground surface.
2. Excavate, load, and landfill hydrocarbon impacted soil via excavator and end-dump trucks.
3. Collect soil samples from excavation bottom and sidewalls.
4. Pump and treat groundwater from excavation.
5. Place ORC into bottom of excavation.
6. Backfill excavation with imported fill material.

## III. SITE CHARACTERIZATION / JOB HAZARD ANALYSIS

### A. Physical Hazards

1. Operation of heavy equipment
  - a. Overhead hazards
  - b. General traffic hazards
  - c. Backhoe
2. Electrical Shock
  - a. Faulty electric wiring on equipment
  - b. Faulty electric service to equipment
3. Light to Heavy Traffic Areas
  - a. Traffic barricade work areas

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**4. Exposure to Hazardous Chemicals**  
(additional information listed in Appendix A)

a. Soils, groundwater and/or soil gas vapors may contain Gasoline - Petroleum hydrocarbons which may contain tetraethyl lead, benzene, and other toxic components.

**5. Chemical Listing**

a. Benzene

- (1) Routes of Entry
  - (a) Inhalation
  - (b) Absorption
  - (c) Ingestion
  - (d) Contact

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**(2) Symptoms**

- (a) Eye, nose, and respiratory irritation
- (b) Giddiness
- (c) Headache
- (d) Nausea
- (e) Staggered gait
- (f) Fatigue
- (g) Anorexia
- (h) Dermatitis
- (i) Bone marrow depression
- (j) Abdominal pain

**b. Toluene**

**(1) Routes of Entry**

- (a) Inhalation
- (b) Absorption
- (c) Ingestion
- (d) Contact

**(2) Symptoms**

- (a) Fatigue
- (b) Weakness
- (c) Confusion
- (d) Euphoria
- (e) Dizziness
- (f) Headache
- (g) Dilated pupils
- (h) Lacrimation
- (i) Muscle fatigue
- (j) Insomnia
- (k) Parasthesia
- (l) Dermatitis
- (m) Photophobia

**c. Ethylbenzene**

**(1) Routes of Entry**

- (a) Inhalation
- (b) Ingestion
- (c) Contact

**(2) Symptoms**

- (a) Irritation to eyes and mucous membranes
- (b) Headache
- (c) Dermatitis
- (d) Narcosis
- (e) Coma

**d. Xylenes (ortho/meta/para isomers)**



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**(1) Routes of Entry**

- (a) Inhalation
- (b) Contact
- (c) Ingestion
- (d) Absorption

**(2) Symptoms**

- (a) Dizziness
- (b) Excitement
- (c) Drowsiness
- (d) Incoherence
- (e) Staggering gait
- (f) Irritation to eyes, nose, and throat
- (g) Corneal vacuolization
- (h) Anorexia
- (i) Nausea
- (j) Vomiting
- (k) Abdominal pain
- (l) Dermatitis

**IV. TRAINING**

- A. **Potential Hazards** - All personnel working at the site are made aware of all potential on-site hazards prior to the beginning of field work.
- B. **Safe Work Practices** - All personnel at the site are advised of safe work practices and hazard avoidance.
- C. **SSP** - All personnel, subcontractors of RRM, and all visitors to the site, are to read the SSP and sign an acknowledgment indicating that they understand its contents.
- D. **OSHA** - All RRM personnel have completed a minimum of 40-hour OSHA training and are updated annually with an 8-hour refresher course.

**V. PERSONAL PROTECTIVE EQUIPMENT****A. Level "D"**

- 1. Chemically resistant steel toed boots
- 2. Hard hat
- 3. Safety glasses - Eye protection must be worn whenever the potential for flying debris and or chemical splash is present.
- 4. Hearing protection
- 5. Leather gloves
- 6. Denim or equivalent long pants
- 7. Button up shirt

**B. Level "C"**

- 1. All the above, plus the following;
- 2. Respirator - Half face respirator equipped with organic vapor cartridges. To be used when air monitoring reveals that action levels have been exceeded for any or all chemicals of concern.

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3. Tyvek suit.
4. Neoprene or Nitrile gloves

#### VI. MEDICAL SURVEILLANCE

- A. Health surveillance will be on an individual and on a "buddy system" basis.
- B. All personnel are advised to pay "close" attention to the symptoms of chemical exposure outlined and listed above.

#### VII. EXPOSURE MONITORING PLAN

##### A. Direct reading instruments

(Equipment use depends on site specific conditions).

1. All vapors or gases are initially field screened / monitored using an organic vapor analyzer (OVA) or a flame ionization detector (FID).
2. A Gas Chromatograph with photo-ionization detector (PID).

#### VIII. SITE CONTROL

##### A. Work Zones - Areas designated during pre-field meeting.

###### 1. Exclusion Zone

- a. Where work is performed, with all proper safety equipment, and, where safe work practices are employed.
- b. Public is excluded.
- c. Area is barricaded with fences, barricades, cones and caution tape.
- d. Cones placed to guide public away from work area.

###### 2. Contamination Reduction Zone

- a. Located outside the exclusion zone.
- b. Place where personnel and/or equipment are decontaminated in the event of contact with hazardous chemicals, from either the soils, water and/or air (vapors).

###### 3. Support Zone

- a. Clean zone or Support zone is located outside Contamination Reduction Zone.
- b. Contains all job related support services.

##### B. Location of Nearest Communication Equipment

1. On-site map shows nearest communication equipment. See Page 1 for address.
2. All persons in the various zones will have remote communication equipment if necessary.

##### C. Location of Nearest Medical Assistance

1. On-site map shows nearest hospital and fire department. See Page 1 for address and telephone number.

##### D. On-site Communication

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1. All personnel on-site will be made aware of common hand signals.

#### E. Engineering Controls

1. Underground locator services (U. S. Alert) will be notified prior to commencing field work on-site to avoid hitting underground services (electric, phone, gas, etc.) on public property.
2. Property owners will either mark utilities on private property of a locator service will be utilized.
3. Site Map
  - a. Indicates work locations.
  - b. Indicates equipment locations.

### IX. DECONTAMINATION

#### A. Material Handling

1. All hydraulic coring equipment, monitor well materials and sampling and test equipment will be steam cleaned prior to use.
2. Contaminated equipment will be taken off-site only after decontamination.
3. Disposal of wash and rinse water, and soil cuttings will be in compliance with all applicable regulations.

#### B. Personal Hygiene

1. No smoking, eating, or drinking will take place in the exclusion zone or in the contamination reduction zone.
2. A designated break area may be established off-site. However, any such facility must be established a minimum of at least 100 feet upwind of any of any vapor source and shall be tested for flammable gases and vapor at the start of work and prior to scheduled break periods each day.
3. Personnel must wash all exposed skin areas with soap and water in the decontamination area before departing the site or going on break.

### X. STANDARD OPERATING PROCEDURES

- A. Pre-project safety meeting prior to working.
- B. Sampling equipment calibrated before use.
- C. Respirator fit test (if required).
- D. Site work initiated.
- E. Decontamination protocol followed.

### XI. CONTINGENCY PLAN / EMERGENCY PROCEDURES

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**A. Personal Exposure (First Aid)**

1. In the event that exposure symptoms are manifested, the victim will be taken up-wind and off-site. Seek qualified medical attention immediately.
2. Wash skin with soap and water immediately.
3. Inhalation - Move to fresh air and administer immediate artificial respiration if required.
4. Ingestion - Do not induce vomiting. If conscious give water or milk to drink. Seek qualified medical attention immediately.
5. Eyes - Flush with water for at least 20 minutes while holding eyes open. Seek qualified medical attention immediately.

**B. Personal Injury- (Supervisors and field employees are trained in First Aid and CPR).**

1. Provide basic first aid procedures as required; note time and circumstances of injuries. Follow these emergency action procedures:
  - a. Survey the scene.
    - (1) Is it safe to assist victim(s).
  - b. Conduct a Primary Survey.
    - (1) Check for unresponsiveness and Airway, Breathing, and Circulation.
  - c. Phone 911 for ambulance if necessary.
  - d. Conduct a Secondary Survey.
    - (1) Interview victim
    - (2) Check vital signs
    - (3) Head to toe exam
  - e. Transport to nearest medical facility as appropriate. Notify SSO. See directions and map in Appendix B for the nearest hospital emergency room.

**C. Fire and Explosion Potential**

1. Evacuate the area immediately and conduct a head count of all personnel. Notify fire department. Do not attempt to fight the fire. A fire extinguisher will be present on-site for immediate response by an OSHA certified person.

**XII. LIST OF APPROPRIATE REFERENCE LITERATURE**

- A. Title 29 CFR 1910 - OSHA General Industry Standard
- B. Title 29 CFR 1926 - OSHA Construction Standard
- C. Title 49 CFR 171-173 - DOT Regulations

**APPENDIX A**

## RRM Project #OA07, Toxicchem Mgmt.

February 22, 2000

## A. Potential Hazards

## 1. Exposure to Hazardous Chemicals

## a. Hazardous/Toxic Materials

(1) Gasoline - Petroleum hydrocarbon which may contain tetraethyl lead, benzene, and other toxic components.

## b. Hazard Assessment

(1) Moderately toxic - Toxic through inhalation or ingestion but possess good warning properties.

(2) Highly Flammable - Forms explosive concentrations in air over the range of 0.8 to 6 percent by volume.

## c. Benzene

## (1) Permissible Exposure Limits

(a) (NIOSH): 10 parts per million (ppm) with ceiling of 50 ppm (10 minutes)

(b) (ACGIH): 0.1 ppm for an 8-hour time-weighted average with ceiling of 1 ppm (15 minutes)

(2) Action Level: 0.05 ppm

(3) Immediate Danger to Life or Health Level

(a) Carcinogenic

## (4) Physical Properties

(a) Vapor pressure: 75 mm mercury

(b) Upper explosion limit: 7.1%

(c) Lower explosion limit: 1.3%

## (5) Target Organs

(a) Blood

(b) Central nervous system

(c) Skin

(d) Bone marrow

(e) Eyes

(f) Respiratory system

## d. Toluene

## RRM Project #OA07, Toxicchem Mgmt.

February 22, 2000

## (1) Permissible Exposure Limits

- (a) (NIOSH): 200 ppm with ceiling of 300 ppm and 500 ppm for a 10 minute peak
- (b) (ACGIH): 100 ppm for a 10-hour time-weighted average with ceiling of 200 ppm (10 minutes)

## (2) Action Level: 50 ppm

## (3) Immediate Danger to Life or Health Level

- (a) 2,000 ppm

## (4) Physical Properties

- (a) Vapor pressure: 22 mm mercury
- (b) Upper explosion limit: 9.5%
- (c) Lower explosion limit: 1.3%

## (5) Target Organs

- (a) Central nervous system
- (b) Liver
- (c) Kidneys
- (d) Skin

## e. Ethylbenzene

## (1) Permissible Exposure Limits

- (a) 100 ppm or 435 mg/cubic meter

## (2) Action Level: 50 ppm

## (3) Immediate Danger to Life or Health Level

- (a) 2,000 ppm

## (4) Physical Properties

- (a) Vapor pressure: 7.1 mm mercury
- (b) Upper explosion limit: 6.7%
- (c) Lower explosion limit: 1.0%

## (5) Target Organs

- (a) Eyes
- (b) Upper respiratory system
- (c) Skin
- (d) Central nervous system

## f. Xylenes (ortho/meta/para isomers)

**RRM Project #OA07, Toxicchem Mgmt.**

**February 22, 2000**

**(1) Permissible Exposure Limits**

(a) (NIOSH): 100 ppm ten-hour time-weighted average with 200 ppm ceiling (10 minutes)

(2) Action Level: 50 ppm

**(3) Immediate Danger to Life or Health Level**

(a) 1,000 ppm

**(4) Physical Properties**

(a) Vapor pressures: 7/9/9 mm mercury

(b) Upper explosion limits: 6/7/7%

(c) Lower explosion limits: 1/1.1/1.1%

**(5) Target Organs**

(a) Central nervous system

(b) Eyes

(c) Gastro-intestinal tract

(d) Blood

(e) Liver

(f) Kidneys

(g) Skin

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

No: 2000-900384

PERMIT

Permit Issued To

(Insert Employer's Name, Address and Telephone No.)

John Poulson dba John's Excavating  
1128 Halyard Dr  
Santa Rosa CA 95401-4934

(707) 578-1184

No. \_\_\_\_\_

Date 11/15/99

Region 1

District 5

Tel. (707) 576-2388

Type of Permit T1-ANNUAL TRENCH/EXCAVATION

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number		361828		Permit Valid through		December 31, 2000	
Description of Project	Location Address	City and County	Anticipated Dates		Starting	Completion	
Various	Statewide				1/1/00	12/31/2000	

This Permit is issued upon the following conditions:

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. The employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CCR 341.4

Received From		Received By	
Carolyn Poulson		Permit Unit	
<input type="checkbox"/> Cash	Amount	Date	
<input checked="" type="checkbox"/> Check 8241	\$100.00	11/15/99	

Investigated by

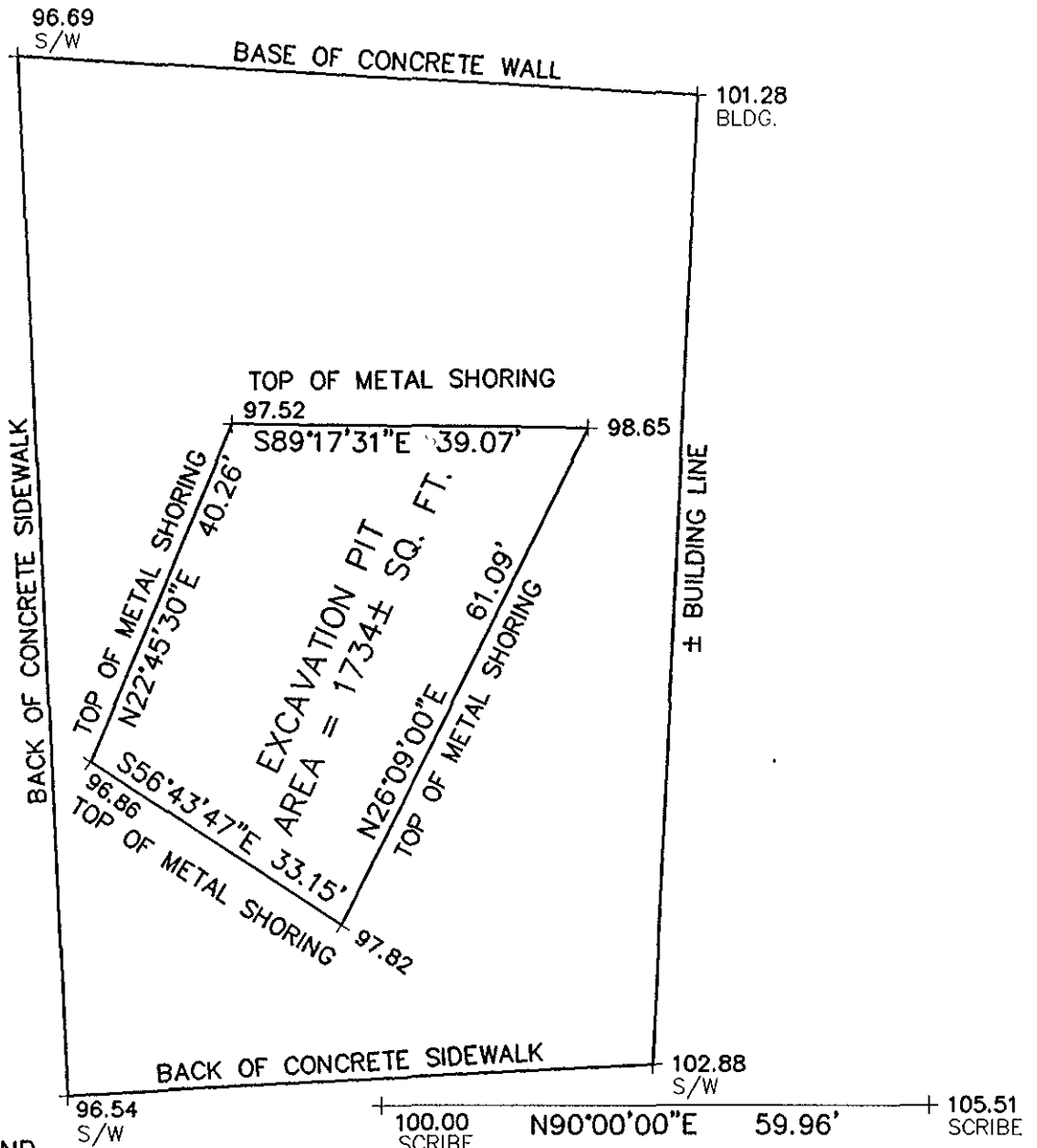
Safety Engineer \_\_\_\_\_ Date  
*Robert E. Law* 11/21/99  
District Manager/Permit Unit Date

Approved by





**BROADWAY**



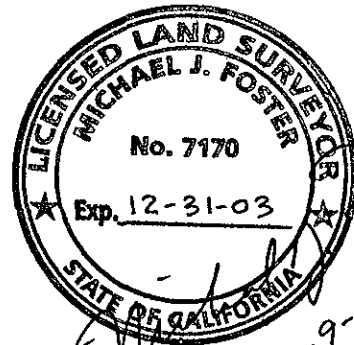
SURVEY BASED ON ASSUMED NORTH AND ASSUMED ELEVATION.

**38TH. STREET**

# PLAT OF SURVEY

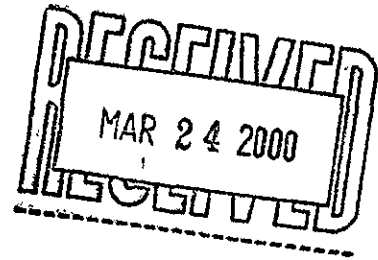
EXCAVATION PIT TOPOGRAPHY  
LOCATED AT 3810 BROADWAY  
OAKLAND, ALAMEDA COUNTY, CALIFORNIA  
MARCH 9, 2000 SCALE 1" = 20'

**BAY AREA LAND SURVEYING**  
1828 BONITA ROAD  
RICHMOND, CA 94806  
(510) 232-3095





TESTING ENGINEERS, INC.



INSPECTION REPORT

WORK REQ.#D891

PROJECT #: 41831/3831 TYPE OF INSPECTION: Nuclear Density

PROJECT: 3810 Broadway, Oakland Former Texaco PLACE OF INSPECTION: Jobsite

DATE: 3-10-00

HOURS: 8

INSPECTOR: Ram

REPORTED TO: Roger

COMPANY: RRM, Inc.

FEATURE: Excavation back fill

FIELD TEST PROCEDURE: ASTM D2922 & D3017

LABORATORY TEST PROCEDURE: ASTM D1557

MATERIAL DESCRIPTION	MOISTURE %	MAX. DENSITY PCF	LABORATORY REF. NO.
1. Lime treated quarry fines - La Vista	8.0	131.0	Plant Provided

FIELD TEST RESULTS			FIELD DENSITY PCF	FIELD MOISTURE %	RELATIVE COMP. %	PROJECT SPECIFIED %
LOCATION	ELEVATION	CURVE NO.				
1. Excavation back fill	-4'	1	124.4	7.0	95	95
2. Excavation back fill	-4'	1	125.8	8.1	96	95
3. Excavation back fill	-4'	1	124.9	7.1	95	95
4. Excavation back fill	-3'	1	124.0	6.5	95	95
5. Excavation back fill	-3'	1	124.8	7.2	95	95
6. Excavation back fill	-3'	1	125.8	7.1	96	95
7. Excavation back fill	-2'	1	125.2	6.8	96	95
8. Excavation back fill	-2'	1	125.7	7.2	96	95
9. Excavation back fill	-2'	1	125.7	7.1	96	95
10. Excavation back fill	-1'	1	125.3	6.8	96	95
11. Excavation back fill	-1'	1	123.9	7.2	95	95
12. Excavation back fill	-1'	1	124.7	6.9	95	95
13. Excavation back fill	FL	1	125.5	7.5	96	95
14. Excavation back fill	FL	1	124.9	7.4	95	95
15. Excavation back fill	FL	1	124.6	7.2	95	95

NOTE: Test results constitute the reporting of factual information derived from test(s) made by our laboratory following prescribed procedures. These test results should not be considered as an engineering opinion with respect thereto.

Reviewed by:

Terry R. Chicco  
Soils & Asphalt Field Manager

cc: RRM, Inc.



# TESTING ENGINEERS, INCORPORATED

2123 Bering Dr., Ste E - San Jose, CA 95131  
(408) 451-2420

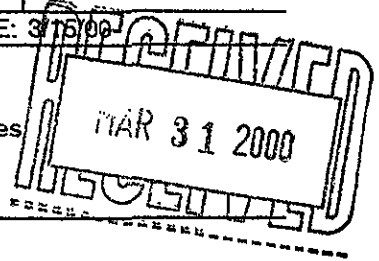
Oakland  
San Jose  
Martinez

LABORATORY NO. DL772      REPORT OF SOIL TESTS      DATE: 3/15/00

JOB DATA: 41831/3831  
3810 Broadway  
Oakland, CA  
Job# 0A07

SAMPLE DATA:  
Sampled 3/6/00  
La Vista Quarry lime treated fines

Field Inspector: S. Ram

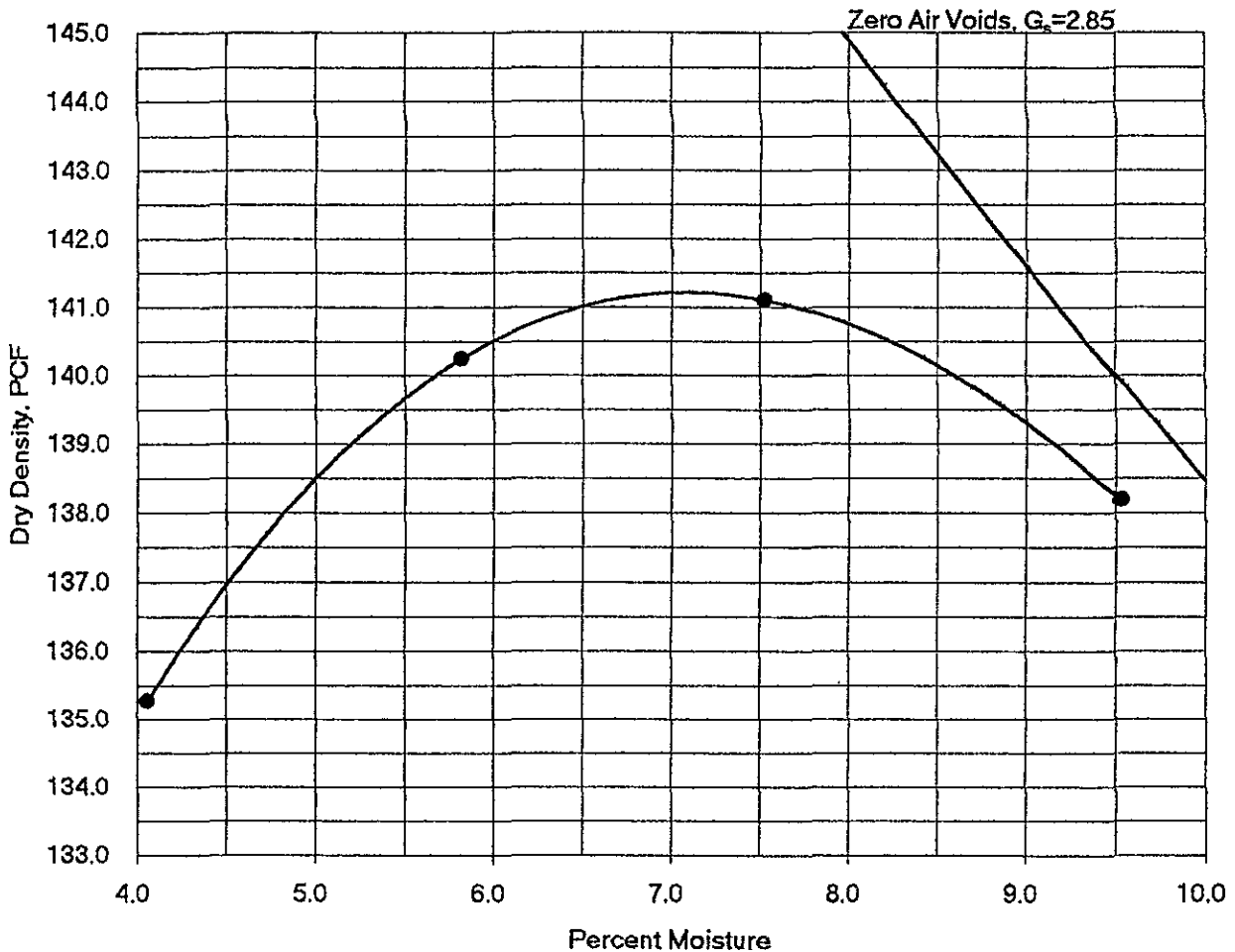


### VISUAL CLASSIFICATION:

Olive brown sandy gravel

### MAXIMUM DENSITY DETERMINATION:

Method: ASTM D 1557  
Optimum Moisture      7.2      %  
Maximum Dry Density      2.26      g/cc  
   141.2      PCF



**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																				
Equilon Enterprises LLC		<b>923300</b>																				
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
Post Office Box 2099 TSP1389-K-2		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
<b>CITY, STATE, ZIP</b>		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
Houston, TX 772522099		<b>SPECIAL HANDLING PROCEDURES:</b>																				
<b>PHONE</b>																						
(713) 241-8673																						
<b>CONTACT PERSON</b>		<b>RECEIVING FACILITY</b>																				
Nora Cortez																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>																					
* <i>Nora Cortez</i> PROJECT ENGINEER	3-8-00																					
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
<b>WASTE TYPE:</b> SOIL																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
<b>GENERATING FACILITY</b>																						
Former Texaco Service Station 3800 (3810) OAKLAND																						
<b>TRANSPORTER</b>		<b>NOTES:</b>																				
DENBESTE		VEHICLE LICENSE NUMBER																				
		9A93114																				
<b>ADDRESS</b>		TRUCK NUMBER																				
		1018																				
<b>CITY, STATE, ZIP</b> WINSOR CA																						
<b>PHONE</b> 800 838-1477		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>																						
* <i>[Signature]</i>																						
<b>DATE</b> 3/8/00																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																				
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align:center;">DISPOSE</td> <td style="width:25%; text-align:center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
<b>FACILITY TICKET NUMBER</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT</b>																						
* <i>[Signature]</i>																						
<b>DATE</b>																						

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22277

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

**GENERATOR**  
**Equilon Enterprises LLC**  
**MAILING ADDRESS**  
 Post Office Box 2099 TSP1389-K-2  
**CITY, STATE, ZIP**  
 Houston, TX 772522099  
**PHONE**  
 (713) 241-8673  
**CONTACT PERSON**  
 Nora Cortez  
**SIGNATURE OF AUTHORIZED AGENT / TITLE**      **DATE**  
 \* *Nora Cortez* PROJECT ENGINEER      3-8-00

**WASTE ACCEPTANCE NO.**  
**923300**  
**REQUIRED PERSONAL PROTECTIVE EQUIPMENT**  
 GLOVES     GOGGLES     RESPIRATOR     HARD HAT  
 TY-VEK     OTHER  
**SPECIAL HANDLING PROCEDURES:**

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**WASTE TYPE:**  
 DISPOSAL                                       SLUDGE  
 CONSTRUCTION                               WOOD  
 DEBRIS     OTHER  
 SPECIAL WASTE

**GENERATING FACILITY**  
 Former Texaco Service Station 3800 (3810)      OAKLAND

**RECEIVING FACILITY**

**TRANSPORTER** *DEUBESIE TRANSPORTATION*  
**ADDRESS** *CONDE ST.*  
**CITY, STATE, ZIP** *WINNISON OR 95492*  
**PHONE** *1800 938-1477*  
**SIGNATURE OF AUTHORIZED AGENT OR DRIVER**      **DATE**  
 \* *[Signature]*      03-18-00

**NOTES:**      **VEHICLE LICENSE NUMBER**      **TRUCK NUMBER**  
*DT 42833*      *9B34818*      *P607*  
**END DUMP**      **BOTTOM DUMP**      **TRANSFER**  
              
**ROLL-OFF(S)**      **FLAT-BED**      **VAN**      **DRUMS**  
                 

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

**REMARKS**

**FACILITY TICKET NUMBER**

**SIGNATURE OF AUTHORIZED AGENT**      **DATE**  
 \* \_\_\_\_\_

**CUBIC YARDS**

**DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)**

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

**SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.**

GENERATOR COPY

MANIFEST # **22276**

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 ISP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Houston, TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
<b>PHONE</b> (713) 241-8673		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CONTACT PERSON</b> Nora Cortez		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * <i>Wynne Chin PROJECT ENGINEER</i>			
<b>DATE</b> 3-8-00			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		<b>RECEIVING FACILITY</b>	
<b>WASTE TYPE:</b> OIL			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE			
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD			
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER			
<input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> DENBESTE		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 9B65324
<b>ADDRESS</b> CONDE ST		<b>TRUCK NUMBER</b> J-1	
<b>CITY, STATE, ZIP</b> WINDSOR CA			
<b>PHONE</b> 1800 838-1477			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> * <i>John Perry</i>		<b>END DUMP</b> <b>BOTTOM DUMP</b> <b>TRANSFER</b>	
<b>DATE</b> 03-09-00		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<b>ROLL-OFF(S)</b> <b>FLAT-BED</b> <b>VAN</b> <b>DRUMS</b>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>	
<b>REMARKS</b>			
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DISPOSE</b> <b>OTHER</b>	
<b>DATE</b>		<input type="checkbox"/> SOIL <input checked="" type="checkbox"/>	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 GENERATOR COPY

MANIFEST # **22275**

Keller Canyon  
Sanitary Landfill  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

Ox Mountain  
Sanitary Landfill  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

Newby Island  
Sanitary Landfill  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

Forward  
Landfill  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC	<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2	<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Houston, TX 772522099	<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
<b>PHONE</b> (713) 241-8673	<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CONTACT PERSON</b> Nora Cortez	<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * <i>Nora Cortez</i> PROJECT ENGINEER	DATE 3-8-00	

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**WASTE TYPE:** SOIL

<input type="checkbox"/> DISPOSAL	<input type="checkbox"/> SLUDGE
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> WOOD
<input type="checkbox"/> DEBRIS	<input type="checkbox"/> OTHER
<input type="checkbox"/> SPECIAL WASTE	

**GENERATING FACILITY**  
Former Texaco Service Station 3800 (3810) OAKLAND

**RECEIVING FACILITY**


**TRANSPORTER** John's Excavating

**ADDRESS** 1128 Halyard Dr.

**CITY, STATE, ZIP** Santa Rosa CA.

**PHONE** 707-578-1184

**SIGNATURE OF AUTHORIZED AGENT OR DRIVER** \* *Gary W. Morlan*

**DATE** 3-8-00

<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 9603012	<b>TRUCK NUMBER</b> 412
<input checked="" type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP	<input type="checkbox"/> TRANSFER
<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED	<input type="checkbox"/> VAN
	<input type="checkbox"/>	<input type="checkbox"/>

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

**REMARKS**

**FACILITY TICKET NUMBER**

**SIGNATURE OF AUTHORIZED AGENT** \*

**DATE**

**CUBIC YARDS**

**DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)**

	DISPOSE	OTHER
<input checked="" type="checkbox"/> SOIL		
<input checked="" type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22274

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>																				
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
<b>CITY, STATE, ZIP</b> Houston, TX 77252-099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
<b>PHONE</b> (713) 241-8673		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
<b>CONTACT PERSON</b> Norm Cortez		<b>SPECIAL HANDLING PROCEDURES:</b>																				
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * Wayne Chia PROJECT ENGINEER																						
<b>DATE</b> 3-8-06																						
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		<b>RECEIVING FACILITY</b>																				
<b>WASTE TYPE:</b>																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND																						
<b>TRANSPORTER</b> DENISE STE TANNY RHODES ADDRESS 435 HUNTER LN		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 9A92989																			
<b>CITY, STATE, ZIP</b> SANTA RHODES		<b>TRUCK NUMBER</b> 1																				
<b>PHONE</b> 7075860713		<b>END DUMP</b> <b>BOTTOM DUMP</b> <b>TRANSFER</b>																				
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> * [Signature]		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
<b>DATE</b> 3/8/06		<b>ROLL-OFF(S)</b> <b>FLAT-BED</b> <b>VAN</b> <b>DRUMS</b>																				
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
<b>REMARKS</b>		<b>CUBIC YARDS</b>																				
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1"> <tr> <td></td> <td><b>DISPOSE</b></td> <td><b>OTHER</b></td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			<b>DISPOSE</b>	<b>OTHER</b>	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	<b>DISPOSE</b>	<b>OTHER</b>																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
<b>SIGNATURE OF AUTHORIZED AGENT</b> *		<b>DATE</b>																				

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 GENERATOR COPY

MANIFEST # 22273



**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Equilon Enterprises LLC		<b>923300</b>	
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
Post Office Box 2099 TSP1389-K-2		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		<b>SPECIAL HANDLING PROCEDURES:</b>	
Houston, TX 772522099			
PHONE			
(713) 241-8673			
<b>CONTACT PERSON</b>		<b>RECEIVING FACILITY</b>	
Nora Cortez			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* Wayne Chin PROJECT ENGINEER	3-8-00		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b> SOIL			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b>		<b>NOTES:</b>	
Johns Excavating		VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS		5710071	403
1120 HAL YARD			
CITY, STATE, ZIP			
SANTA ROSA			
PHONE		END DUMP	BOTTOM DUMP
702-5781184		<input type="checkbox"/>	<input type="checkbox"/>
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>	TRANSFER	
* Jim D	1/5/00	<input checked="" type="checkbox"/>	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
<p>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</p>		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>FACILITY TICKET NUMBER</b>		DISPOSE	OTHER
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>	<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # **22272**

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 DSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Houston, TX 77252-2099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>PHONE</b> (713) 241-8673		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>CONTACT PERSON</b> Nora Cortez			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* Wayne Chan PROJECT ENGINEER	3-8-00		
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		<b>RECEIVING FACILITY</b>	
<b>WASTE TYPE:</b> SOIL			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> DEF WASTE TRAWS		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> SP34140
<b>ADDRESS</b>			<b>TRUCK NUMBER</b> 10
<b>CITY, STATE, ZIP</b> WINDSOR CALIF			GT20822
<b>PHONE</b>		<input checked="" type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> VAN
<b>DATE</b> 3-8-00		<input type="checkbox"/> FLAT-BED	<input type="checkbox"/> DRUMS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>REMARKS</b>		<input type="checkbox"/> SOIL	<input type="checkbox"/> DISPOSE
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	<input type="checkbox"/> OTHER
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
<b>DATE</b>		<input type="checkbox"/> WOOD	
*		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 GENERATOR COPY

MANIFEST # 22269

Keller Canyon  
Sanitary Landfill  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

Ox Mountain  
Sanitary Landfill  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

Newby Island  
Sanitary Landfill  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

Forward  
Landfill  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR  
**Equilon Enterprises LLC**  
MAILING ADDRESS  
Post Office Box 2099 TSP1389-K-2  
CITY, STATE, ZIP  
Houston, TX 77252-2099  
PHONE  
(713) 241-8673  
CONTACT PERSON  
Nora Cortez  
SIGNATURE OF AUTHORIZED AGENT / TITLE  
DATE  
\* *Wayne Chin* PROJECT ENGINEER 3-8-00

WASTE ACCEPTANCE NO.  
**923300**  
REQUIRED PERSONAL PROTECTIVE EQUIPMENT  
 GLOVES  GOGGLES  RESPIRATOR  HARD HAT  
 TY-VEK  OTHER  
SPECIAL HANDLING PROCEDURES:

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

WASTE TYPE:  
 DISPOSAL  SLUDGE  
 CONSTRUCTION  WOOD  
 DEBRIS  OTHER  
 SPECIAL WASTE  
GENERATING FACILITY  
Former Texaco Service Station 3800 (3810) OAKLAND

RECEIVING FACILITY

TRANSPORTER  
*BATCHELDER TRKG*  
ADDRESS  
P.O. Box 501  
CITY, STATE, ZIP  
FORESTVILLE, CA  
PHONE  
707 974 2255  
SIGNATURE OF AUTHORIZED AGENT OR DRIVER  
DATE  
\* *[Signature]* 3-8-00

NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER  
*SP44483* *X25*  
*GT26754*  
END DUMP BOTTOM DUMP TRANSFER  
    
ROLL-OFF(S) FLAT-BED VAN DRUMS

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
REMARKS  
FACILITY TICKET NUMBER  
SIGNATURE OF AUTHORIZED AGENT  
DATE  
\*

CUBIC YARDS  
*18105*  
DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)  
DISPOSE OTHER  
 SOIL  
 CONSTRUCTION DEBRIS  
 NON-FRIABLE ASBESTOS  
 WOOD  
 ASH  
 SPECIAL OTHER

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22268



Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

**GENERATOR**  
 Equilon Enterprises LLC  
**MAILING ADDRESS**  
 Post Office Box 2099 TSP1389-K-2  
 HOUSTON, TX 772522099  
**PHONE**  
 (713) 241-8673  
**CONTACT PERSON**  
 Nora Cortez  
**SIGNATURE OF AUTHORIZED AGENT / TITLE**      **DATE**  
*Nora Cortez*      PROJECT ENGINEER      3-8-00

**WASTE ACCEPTANCE NO.**  
**923300**  
**REQUIRED PERSONAL PROTECTIVE EQUIPMENT**  
 GLOVES     GOGGLES     RESPIRATOR     HARD HAT  
 TY-VEK     OTHER  
**SPECIAL HANDLING PROCEDURES:**

**GENERATOR'S CERTIFICATION:** I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
**WASTE TYPE:** SOIL  
 DISPOSAL                       SLUDGE  
 CONSTRUCTION               WOOD  
 DEBRIS                           OTHER  
 SPECIAL WASTE  
**GENERATING FACILITY**  
 Former Texaco Service Station 3800 (3810)      OAKLAND

**RECEIVING FACILITY**

**TRANSPORTER**  
 BenBeste Transportation  
**ADDRESS**  
**CITY, STATE, ZIP**  
**PHONE**  
 707-838-1407  
**SIGNATURE OF AUTHORIZED AGENT OR DRIVER**      **DATE**  
*Alfred Jr*      3-8-00

**NOTES:**      **VEHICLE LICENSE NUMBER**      **TRUCK NUMBER**  
 9194679      n1  
 Nelson trucking  
**END DUMP**      **BOTTOM DUMP**      **TRANSFER**  
                                              
**ROLL-OFF(S)**      **FLAT-BED**      **VAN**      **DRUMS**  
                                                                 

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
**REMARKS**  
**FACILITY TICKET NUMBER**  
**SIGNATURE OF AUTHORIZED AGENT**      **DATE**

**CUBIC YARDS**  
**DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)**  

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
Equilon Enterprises LLC		923300	
MAILING ADDRESS			
Post Office Box 2099 TSP1389-K-2		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Houston, TX 77252-2099		SPECIAL HANDLING PROCEDURES:	
PHONE			
(713) 241-8673			
CONTACT PERSON			
Nora Cortez			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* Wayne Chin PROJECT ENGINEER			
DATE			
3-8-00			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE: Soil			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
Former Texaco Service Station 3800 (3810) OAKLAND			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
Don Beste			9A9A102
ADDRESS			50
CITY, STATE, ZIP			675954
PHONE		END DUMP	BOTTOM DUMP
1 800 858 1497		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		TRANSFER	
* [Signature]		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
3-8-00		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE	
DATE		OTHER	
* [Signature]		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22263

Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

**GENERATOR**  
 Equilon Enterprises LLC  
**MAILING ADDRESS**  
 Post Office Box 2099 TSP1389-K-2  
**CITY, STATE, ZIP**  
 Houston, TX 772522099  
**PHONE**  
 (713) 241-8673  
**CONTACT PERSON**  
 Nora Cortez  
**SIGNATURE OF AUTHORIZED AGENT / TITLE**      **DATE**  
 \* Wayne Chin PROJECT ENGINEER      3-8-00

**WASTE ACCEPTANCE NO.**  
**923300**  
**REQUIRED PERSONAL PROTECTIVE EQUIPMENT**  
 GLOVES     GOGGLES     RESPIRATOR     HARD HAT  
 TY-VEK     OTHER  
**SPECIAL HANDLING PROCEDURES:**

**GENERATOR'S CERTIFICATION:** I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
**WASTE TYPE:** SOIL  
 DISPOSAL                       SLUDGE  
 CONSTRUCTION               WOOD  
 DEBRIS                           OTHER  
 SPECIAL WASTE  
**GENERATING FACILITY**  
 Former Texaco Service Station 3800 (3810)      OAKLAND

**RECEIVING FACILITY**

**TRANSPORTER**  
 Don Beste Trans  
**ADDRESS**  
**CITY, STATE, ZIP**  
**PHONE**  
**SIGNATURE OF AUTHORIZED AGENT OR DRIVER**      **DATE**  
 \* Kevin Adams      3-8-00

**NOTES:**      **VEHICLE LICENSE NUMBER**      **TRUCK NUMBER**  
 9B02858 #1  
 GT26755  
**END DUMP**      **BOTTOM DUMP**      **TRANSFER**  
              
**ROLL-OFF(S)**      **FLAT-BED**      **VAN**      **DRUMS**  
                 

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
**REMARKS**  
**FACILITY TICKET NUMBER**  
**SIGNATURE OF AUTHORIZED AGENT**      **DATE**  
 \*

**CUBIC YARDS**  
**DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)**  

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

**SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.**

GENERATOR COPY

MANIFEST # 22262

Keller Canyon  
Sanitary Landfill  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

Ox Mountain  
Sanitary Landfill  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

Newby Island  
Sanitary Landfill  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

Forward  
Landfill  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Houston, TX 77252-2099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
<b>PHONE</b> (713) 241-8673		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CONTACT PERSON</b> Nora Cortez		<b>SPECIAL HANDLING PROCEDURES</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * Wayne Chiu PROJECT ENGINEER		<b>RECEIVING FACILITY</b>	
<b>DATE</b> 3-8-00			
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
<b>WASTE TYPE:</b> SOIL			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> Ben Bestle		<b>NOTES:</b>	
<b>ADDRESS</b> Windsor		<b>VEHICLE LICENSE NUMBER</b> 9R26232	
<b>CITY, STATE, ZIP</b>		<b>TRUCK NUMBER</b> 9 F162511	
<b>PHONE</b> 1800 838 1477		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> * Rick Spivey		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
<b>DATE</b> 3-8-00			
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>			
<b>REMARKS</b>			
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>CUBIC YARDS</b>	
<b>DATE</b>		<b>DISPOSAL METHOD (TO BE COMPLETED BY LANDFILL)</b>	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22261



Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

**GENERATOR**  
 Equilon Enterprises LLC  
**MAILING ADDRESS**  
 Post Office Box 2099 TSP1389-K-2  
 CITY, STATE, ZIP  
 Houston, TX 772522099  
**PHONE**  
 (713) 241-8673  
**CONTACT PERSON**  
 Nora Cortez  
**SIGNATURE OF AUTHORIZED AGENT / TITLE**      **DATE**  
 \* Wayne Chin PROJECT ENGINEER      3-8-00

**WASTE ACCEPTANCE NO.**  
**923300**

**REQUIRED PERSONAL PROTECTIVE EQUIPMENT**  
 GLOVES     GOGGLES     RESPIRATOR     HARD HAT  
 TY-VEK     OTHER

**SPECIAL HANDLING PROCEDURES:**

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**WASTE TYPE:** SOIL  
 DISPOSAL                       SLUDGE  
 CONSTRUCTION               WOOD  
 DEBRIS                           OTHER  
 SPECIAL WASTE

**RECEIVING FACILITY**

**GENERATING FACILITY**  
 Former Texaco Service Station 3800 (3810)      OAKLAND

**TRANSPORTER**  
 GENESSEE TRAWNS  
**ADDRESS** 7705 Cowden Ln  
**CITY, STATE, ZIP** WINDSOR, CA  
**PHONE** 1-800-838-1477  
**SIGNATURE OF AUTHORIZED AGENT OR DRIVER**      **DATE**  
 \* Rh P      3-8-00

**NOTES:**      **VEHICLE LICENSE NUMBER**      **TRUCK NUMBER**  
    9B39803                      097

**END DUMP**      **BOTTOM DUMP**      **TRANSFER**  
                                              
**ROLL-OFF(S)**      **FLAT-BED**      **VAN**      **DRUMS**  
                                                                 

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

**REMARKS**

**FACILITY TICKET NUMBER**

**SIGNATURE OF AUTHORIZED AGENT**      **DATE**

**CUBIC YARDS**

**DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)**

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>		
Equilon Enterprises LLC		<b>923300</b>		
<b>MAILING ADDRESS</b>				
Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>		
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER		
Houston, TX 772522099		<b>SPECIAL HANDLING PROCEDURES:</b>		
<b>PHONE</b>				
(713) 241-8673				
<b>CONTACT PERSON</b>		<b>RECEIVING FACILITY</b>		
Nora Cortez				
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>			
* <i>Nora Cortez</i> PROJ ENG	3-7-00			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>				
<b>WASTE TYPE:</b> SOIL				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE				
<b>GENERATING FACILITY</b>				
Former Texaco Service Station 3800 (3810) OAKLAND				
<b>TRANSPORTER</b>		<b>NOTES:</b>		
DENBESTE TRANSP.		VEHICLE LICENSE NUMBER: 9B35501		
<b>ADDRESS:</b> 7705 CONDOR LN.		TRUCK NUMBER: Q70-1		
<b>CITY, STATE, ZIP:</b> DANVERS CA				
<b>PHONE:</b> 1-800-838-1407		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input checked="" type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS		
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>			
* <i>[Signature]</i>	3-7-00			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>		
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>		
			<b>DISPOSE</b>	<b>OTHER</b>
		<input type="checkbox"/> SOIL		
		<input type="checkbox"/> CONSTRUCTION DEBRIS		
		<input type="checkbox"/> NON-FRIABLE ASBESTOS		
		<input type="checkbox"/> WOOD		
		<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER				
<b>FACILITY TICKET NUMBER</b>				
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>			
*				

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL. ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST #

**22256**

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>																				
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
<b>CITY, STATE, ZIP</b> Houston, TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																				
<b>PHONE</b> (713) 241-8673		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
<b>CONTACT PERSON</b> Nora Cortez		<b>SPECIAL HANDLING PROCEDURES:</b>																				
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>	<b>RECEIVING FACILITY</b>																				
* <i>Wayne Chin</i> PROJECT ENGINEER	3-7-00																					
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
<b>WASTE TYPE:</b> SOIL																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND																						
<b>TRANSPORTER</b> DENBESTE		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 9A93114																			
<b>ADDRESS</b>			<b>TRUCK NUMBER</b> 1018																			
<b>CITY, STATE, ZIP</b>																						
<b>PHONE</b> 1-800 830-1477		<b>END DUMP</b> <input checked="" type="checkbox"/>	<b>BOTTOM DUMP</b> <input type="checkbox"/>																			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>TRANSFER</b> <input type="checkbox"/>	<b>ROLL-OFF(S)</b> <input type="checkbox"/>																			
* <i>[Signature]</i>		<b>FLAT-BED</b> <input type="checkbox"/>	<b>VAN</b> <input type="checkbox"/>																			
<b>DATE</b> 3/7/00		<b>DRUMS</b> <input type="checkbox"/>																				
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>																				
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1"> <tr> <td></td> <td><b>DISPOSE</b></td> <td><b>OTHER</b></td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			<b>DISPOSE</b>	<b>OTHER</b>	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	<b>DISPOSE</b>	<b>OTHER</b>																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
<b>FACILITY TICKET NUMBER</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT</b>																						
<b>DATE</b>																						
*																						

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 GENERATOR COPY

MANIFEST # 22255

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>	
Equilon Enterprises LLC	
<b>MAILING ADDRESS</b>	
Post Office Box 2099 TSP1389-K-2	
<b>CITY, STATE, ZIP</b>	
Houston, TX 772522099	
<b>PHONE</b>	
(713) 241-8673	
<b>CONTACT PERSON</b>	
Nora Cortez	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>
* <i>Wayne Chin</i> PROJECT ENGINEER	3-7-00
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>	
<b>WASTE TYPE:</b> SOIL	
<input type="checkbox"/> DISPOSAL	<input type="checkbox"/> SLUDGE
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> WOOD
<input type="checkbox"/> DEBRIS	<input type="checkbox"/> OTHER
<input type="checkbox"/> SPECIAL WASTE	
<b>GENERATING FACILITY</b>	
Former Texaco Service Station 3800 (3810) OAKLAND	

<b>WASTE ACCEPTANCE NO.</b>
<b>923300</b>
<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>
<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT
<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER
<b>SPECIAL HANDLING PROCEDURES:</b>
<b>RECEIVING FACILITY</b>

<b>TRANSPORTER</b>	
DENBESTE TRACR	
<b>ADDRESS</b>	
7705 CENDE LN	
<b>CITY, STATE, ZIP</b>	
<b>PHONE</b>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>
* <i>Joe Perez</i>	3-7-00

<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>	<b>TRUCK NUMBER</b>
	9B65324	J.1
<input type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP	<input type="checkbox"/> TRANSFER
<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED	<input type="checkbox"/> VAN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</p>	
<b>REMARKS</b>	
<b>FACILITY TICKET NUMBER</b>	
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>
*	

<b>CUBIC YARDS</b>		
<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>		
	<b>DISPOSE</b>	<b>OTHER</b>
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>	
Equilon Enterprises LLC	
<b>MAILING ADDRESS</b>	
Post Office Box 2099 TSP1389-K-2	
<b>CITY, STATE, ZIP</b>	
Houston, TX 77252-2099	
<b>PHONE</b>	
(713) 241-8673	
<b>CONTACT PERSON</b>	
Nora Cortez	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>
* Wayne Chin PROJECT ENGINEER	3-7-00

<b>WASTE ACCEPTANCE NO.</b>
<b>923300</b>
<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>
<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT
<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER
<b>SPECIAL HANDLING PROCEDURES:</b>

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**WASTE TYPE:** SOIL

<input type="checkbox"/> DISPOSAL	<input type="checkbox"/> SLUDGE
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> WOOD
<input type="checkbox"/> DEBRIS	<input type="checkbox"/> OTHER
<input type="checkbox"/> SPECIAL WASTE	

**GENERATING FACILITY**

Former Texaco Service Station 3800 (3810) OAKLAND

**RECEIVING FACILITY**

<b>TRANSPORTER</b>	<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>	<b>TRUCK NUMBER</b>
Dynasty		SP44473	2
<b>ADDRESS</b>			
7705 Lowry Ln,			
<b>CITY, STATE, ZIP</b>			
Windsor CA			
<b>PHONE</b>			
707-938-1467			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>		
* [Signature]	3-7-00		

<b>END DUMP</b>	<b>BOTTOM DUMP</b>	<b>TRANSFER</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ROLL-OFF(S)</b>	<b>FLAT-BED</b>	<b>VAN</b>	<b>DRUMS</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**REMARKS**

**FACILITY TICKET NUMBER**

**SIGNATURE OF AUTHORIZED AGENT**

**DATE**

\* [Signature]

<b>CUBIC YARDS</b>		
<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>		
	<b>DISPOSE</b>	<b>OTHER</b>
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

**Keller Canyon Sanitary Landfill**  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

**Forward Landfill**  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>																						
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b> <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
<b>CITY, STATE, ZIP</b> Houston, TX 772522099																								
<b>PHONE</b> (713) 241-8673																								
<b>CONTACT PERSON</b> Nora Cortez																								
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> <i>* Wayne Chiu PROJECT ENGINEER</i>		<b>DATE</b> 3-7-00																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		<b>RECEIVING FACILITY</b>          																						
<b>WASTE TYPE:</b> <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810)    OAKLAND																								
<b>TRANSPORTER</b> <i>John's Excavating</i>																								
<b>ADDRESS</b> <i>1128 Halvard Dr.</i>																								
<b>CITY, STATE, ZIP</b> <i>Santa Rosa CA</i>		<b>NOTES:</b> <b>VEHICLE LICENSE NUMBER</b> <i>9803012 CA</i> <b>TRUCK NUMBER</b> <i>402</i>																						
<b>PHONE</b> <i>707-578-1184</i>		<b>END DUMP</b> <b>BOTTOM DUMP</b> <b>TRANSFER</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> <i>* Gary W. Morlan</i>		<b>ROLL-OFF(S)</b> <b>FLAT-BED</b> <b>VAN</b> <b>DRUMS</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																						
<b>DATE</b> 3-7-00		<b>CUBIC YARDS</b>																						
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																						
<b>REMARKS</b>  <b>FACILITY TICKET NUMBER</b>  <b>SIGNATURE OF AUTHORIZED AGENT</b>  <b>DATE</b>  <i>*</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;"></th> <th style="width:25%;">DISPOSE</th> <th style="width:25%;">OTHER</th> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
			DISPOSE	OTHER																				
		<input type="checkbox"/> SOIL																						
		<input type="checkbox"/> CONSTRUCTION DEBRIS																						
		<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
		<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								

**SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.**

GENERATOR COPY

MANIFEST # **22252**

Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Houston TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>PHONE</b> (713) 241-8673		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>CONTACT PERSON</b> Nora Cortez		RECEIVING FACILITY	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* Wayne Chin PROJECT ENGINEER	3-7-00		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> John Ex		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> A9S8912
<b>ADDRESS</b> 1128 Halfway Ave			<b>TRUCK NUMBER</b> 411
<b>CITY, STATE, ZIP</b> Santa Rosa CA 95424			
<b>PHONE</b> 707-578-1181		<input checked="" type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>	<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED
* John	3-7-00	<input type="checkbox"/> VAN	<input type="checkbox"/> DRUMS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>REMARKS</b>		<input type="checkbox"/> SOIL	<input type="checkbox"/> DISPOSE
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	<input type="checkbox"/> OTHER
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
<b>DATE</b>		<input type="checkbox"/> WOOD	
*		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

**SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL. ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.**

GENERATOR COPY

MANIFEST # **22250**

Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Equilon Enterprises LLC		<b>923300</b>	
<b>MAILING ADDRESS</b>			
Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b>		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
Houston, TX 772522099		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>PHONE</b>		<b>SPECIAL HANDLING PROCEDURES:</b>	
(713) 241-8673			
<b>CONTACT PERSON</b>			
Nora Cortez			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>			
* Wayne Chin PROJECT ENGINEER			
<b>DATE</b>			
3-7-00			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b> SOIL		<b>RECEIVING FACILITY</b>	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> DEBRIS <input type="checkbox"/> SPECIAL WASTE			
<input type="checkbox"/> SLUDGE <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER			
<b>GENERATING FACILITY</b>			
Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b>		<b>NOTES:</b>	
DORIS EXCAVATING		VEHICLE LICENSE NUMBER	
ADDRESS		5T10071	
7196 HAZ YARD		TRUCK NUMBER	
CITY, STATE, ZIP		407	
S. ROAD		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input checked="" type="checkbox"/> TRANSFER	
PHONE		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
578 1184			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>			
* [Signature]			
<b>DATE</b>			
3/7/00			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSE</b>	
		<b>OTHER</b>	
<b>SIGNATURE OF AUTHORIZED AGENT</b>			
*			
<b>DATE</b>			

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22251





Keller Canyon  
Sanitary Landfill  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

Ox Mountain  
Sanitary Landfill  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

Newby Island  
Sanitary Landfill  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

Forward  
Landfill  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Equilon Enterprises LLC		923300	
MAILING ADDRESS			
Post Office Box 2099 TSP1389-K-2		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
Houston, TX 772522099		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE		SPECIAL HANDLING PROCEDURES:	
(713) 241-8673			
CONTACT PERSON			
Norm Cortez			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* Wayne Chin PROJECT ENGINEER	3-7-00		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE: SOIL			
<input type="checkbox"/> DISPOSAL		<input type="checkbox"/> SLUDGE	
<input type="checkbox"/> CONSTRUCTION		<input type="checkbox"/> WOOD	
<input type="checkbox"/> DEBRIS		<input type="checkbox"/> OTHER	
<input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
Former Texaco Service Station 3800 (3810) OAKLAND			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
Denbush			9B43671
ADDRESS			JKK6509
7705 Condi Lane			TRUCK NUMBER
CITY, STATE, ZIP			JR 1
Windsor Ca			
PHONE		END DUMP	BOTTOM DUMP
707 858 1407		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		TRANSFER	
* [Signature]		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
3-7-00		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
REMARKS			
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT		CUBIC YARDS	
*			
DATE		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE	
		OTHER	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22249

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>																						
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
<b>CITY, STATE, ZIP</b> Houston, TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
<b>PHONE</b> (713) 241-8673		<b>SPECIAL HANDLING PROCEDURES:</b>																						
<b>CONTACT PERSON</b> Nora Cortez		<b>RECEIVING FACILITY</b>     																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * Wayne Chiu PROJECT ENGINEER	<b>DATE</b> 3-7-00																							
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																								
<b>WASTE TYPE:</b> SOIL																								
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND																								
<b>TRANSPORTER</b> Denbesty	<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 9B43671	<b>TRUCK NUMBER</b> 1JR																					
<b>ADDRESS</b> 7705 Condi Lane		1WK6509																						
<b>CITY, STATE, ZIP</b> Windsor CA																								
<b>PHONE</b> 707 838 1407																								
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> * [Signature]	<b>DATE</b>	<b>END DUMP</b> <input checked="" type="checkbox"/>	<b>BOTTOM DUMP</b> <input type="checkbox"/>																					
		<b>TRANSFER</b> <input type="checkbox"/>	<b>ROLL-OFF(S)</b> <input type="checkbox"/>																					
		<b>FLAT-BED</b> <input type="checkbox"/>	<b>VAN</b> <input type="checkbox"/>																					
		<b>DRUMS</b> <input type="checkbox"/>																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																						
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																						
<b>FACILITY TICKET NUMBER</b>		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
<b>SIGNATURE OF AUTHORIZED AGENT</b> *	<b>DATE</b>																							

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22248



**Keller Canyon Sanitary Landfill**  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

**Forward Landfill**  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

<b>GENERATOR</b> Equilon Enterprises LLC <b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2 <b>CITY, STATE, ZIP</b> Houston TX 772522099 <b>PHONE</b> (713) 241-8673 <b>CONTACT PERSON</b> Nora Cortez <b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * Wayne Chiu PROJECT ENGINEER <b>DATE</b> 3-7-00		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b> <b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b> <input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER <b>SPECIAL HANDLING PROCEDURES:</b>																						
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261. <b>WASTE TYPE:</b> SOIL <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE <b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND		<b>RECEIVING FACILITY</b>																						
<b>TRANSPORTER</b> DEN BESTE <b>ADDRESS</b> 7705 CONDE LA <b>CITY, STATE, ZIP</b> WINDSOR CA <b>PHONE</b> 707-838-1407 <b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> * Paul Alban <b>DATE</b> 3-7-00		<b>NOTES:</b> VEHICLE LICENSE NUMBER: SP37065 TRUCK NUMBER: *6 FT51548 <b>END DUMP</b> <input checked="" type="checkbox"/> <b>BOTTOM DUMP</b> <input type="checkbox"/> <b>TRANSFER</b> <input type="checkbox"/> <b>ROLL-OFF(S)</b> <input type="checkbox"/> <b>FLAT-BED</b> <input type="checkbox"/> <b>VAN</b> <input type="checkbox"/> <b>DRUMS</b> <input type="checkbox"/>																						
<b>REMARKS</b> I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. <b>FACILITY TICKET NUMBER</b> <b>SIGNATURE OF AUTHORIZED AGENT</b> * <b>DATE</b>		<b>CUBIC YARDS</b> <b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b> <table border="1"><thead><tr><th></th><th>DISPOSE</th><th>OTHER</th></tr></thead><tbody><tr><td><input type="checkbox"/> SOIL</td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> CONSTRUCTION DEBRIS</td><td></td><td></td></tr><tr><td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td><td></td><td></td></tr><tr><td><input type="checkbox"/> WOOD</td><td></td><td></td></tr><tr><td><input type="checkbox"/> ASH</td><td></td><td></td></tr><tr><td><input type="checkbox"/> SPECIAL OTHER</td><td></td><td></td></tr></tbody></table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input checked="" type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
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<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
GENERATOR COPY

MANIFEST # 22246

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b>  <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Houston, TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
<b>PHONE</b> (713) 241-8673		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CONTACT PERSON</b> Nora Cortez		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> <i>* Wayne Chin PROJECT ENGINEER</i>		<b>RECEIVING FACILITY</b>	
<b>DATE</b> 3-7-00			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE			
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD			
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER			
<input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> <i>Dem B...</i>		<b>NOTES:</b>	
<b>ADDRESS</b> 900 - ... Rd		<b>VEHICLE LICENSE NUMBER</b> 9B56814	
<b>CITY, STATE, ZIP</b> Wendover Ca		<b>TRUCK NUMBER</b> # 55	
<b>PHONE</b>		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> <i>* Duane James</i>		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
<b>DATE</b> 3-7-00			
<b>REMARKS</b>		<b>CUBIC YARDS</b>	
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>SIGNATURE OF AUTHORIZED AGENT</b>  <i>*</i>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
<b>DATE</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
<b>SIGNATURE OF AUTHORIZED AGENT</b>  <i>*</i>		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 GENERATOR COPY

MANIFEST # 22245

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equion Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Houston, TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>PHONE</b> (713) 241-8673		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>CONTACT PERSON</b> Nora Cortez		RECEIVING FACILITY	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* Wayne Chinn PROJECT ENGINEER	3-7-00		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b> SOIL			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> DIRT TRUCKING / DUBSTE		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 9C79653
<b>ADDRESS</b> Hwy 1196			<b>TRUCK NUMBER</b> 62
<b>CITY, STATE, ZIP</b> ALTAVILLE CA 95912			
<b>PHONE</b> 570-476-2438		<input checked="" type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED
* [Signature]		<input type="checkbox"/> VAN	<input type="checkbox"/> DRUMS
<b>DATE</b> 3-7-00		<b>CUBIC YARDS</b>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
		<input type="checkbox"/> SOIL	<input type="checkbox"/> OTHER
<b>REMARKS</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> NON-FRIABLE / ASBESTOS	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> WOOD	
<b>DATE</b>		<input type="checkbox"/> ASH	
*		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22244

Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																						
Equilon Enterprises LLC		<b>923300</b>																						
<b>MAILING ADDRESS</b>																								
Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
<b>CITY, STATE, ZIP</b>		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
Houston, TX 772522099		<b>SPECIAL HANDLING PROCEDURES:</b>																						
<b>PHONE</b>		RECEIVING FACILITY     																						
(713) 241-8673																								
<b>CONTACT PERSON</b>																								
Nora Cortez		GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>																							
* Wayne Chin PROJECT ENGINEER	3-7-00																							
<b>WASTE TYPE:</b> Soil																								
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
<b>GENERATING FACILITY</b>																								
Former Texaco Service Station 3800 (3810) OAKLAND																								
<b>TRANSPORTER</b>		<b>NOTES:</b>																						
BATCHELDER TRKG		VEHICLE LICENSE NUMBER																						
<b>ADDRESS</b>		GT 22K																						
PO BOX 501		SP44483																						
<b>CITY, STATE, ZIP</b>		GT 26754																						
FORESTVILLE CA		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
<b>PHONE</b>																								
707 974-2255																								
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>																								
* [Signature]																								
<b>DATE</b>																								
3-7-00		<b>CUBIC YARDS</b>																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		[Signature]																						
		<b>DISPOSAL METHOD:</b> (TO BE COMPLETED BY LANDFILL)																						
<b>REMARKS</b>		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
<b>FACILITY TICKET NUMBER</b>																								
<b>SIGNATURE OF AUTHORIZED AGENT</b>																								
* [Signature]																								
<b>DATE</b>																								

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22243





**Keller Canyon Sanitary Landfill**  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

**Forward Landfill**  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2 CITY, STATE, ZIP Houston, TX 772522099		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>PHONE</b> (713) 241-8673		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CONTACT PERSON</b> Nora Cortez		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> <i>* Wayne Chiu PROJ ENG</i>		<b>DATE</b> 3-7-00	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b> Soil		<b>RECEIVING FACILITY</b>	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> Dembele Trans	<b>ADDRESS</b> 1705 Conde Ln WINDSOR	<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> SP 38282
<b>CITY, STATE, ZIP</b> 800 838 1477	<b>PHONE</b>		<b>TRUCK NUMBER</b> 138
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> <i>[Signature]</i>	<b>DATE</b> 3-7-00	<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER	<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input checked="" type="checkbox"/> DRUMS
<b>REMARKS</b> I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>SIGNATURE OF AUTHORIZED AGENT</b> <i>*</i>		<input type="checkbox"/> SOIL <input type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
GENERATOR COPY

MANIFEST # **22241**

Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Equilon Enterprises LLC		<b>923300</b>	
MAILING ADDRESS			
Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
Houston, TX 772522099		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE		<b>SPECIAL HANDLING PROCEDURES:</b>	
(713) 241-8673			
CONTACT PERSON			
Nora Cortez		<b>RECEIVING FACILITY</b>	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>Nora Cortez PROJ ENG</i>	3/7/00		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE: <b>SOIL</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> DEBRIS <input type="checkbox"/> SPECIAL WASTE		<input type="checkbox"/> SLUDGE <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER	
GENERATING FACILITY			
Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b>		NOTES:	VEHICLE LICENSE NUMBER
Dennette Trucks			9B39803
ADDRESS			TRUCK NUMBER
7705 Lower Ln			097
CITY, STATE, ZIP			
WINDSOR			
PHONE		END DUMP	BOTTOM DUMP
1-800-838-477		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	TRANSFER	ROLL-OFF(S)
* <i>Rh Pw</i>	3-7-00	<input type="checkbox"/>	FLAT-BED
		<input type="checkbox"/>	VAN
		<input type="checkbox"/>	DRUMS
		<input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
DATE		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
* <i>[Signature]</i>			

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # **22238**



**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

**GENERATOR**  
 Equilon Enterprises LLC  
**MAILING ADDRESS**  
 Post Office Box 2099 TSP1389-K-2  
 CITY, STATE, ZIP  
 Houston, TX 77252-2099  
**PHONE**  
 (713) 241-8673  
**CONTACT PERSON**  
 Nora Cortez  
**SIGNATURE OF AUTHORIZED AGENT / TITLE**      **DATE**  
 \* Wayne Chiu PROJ. ENG.      3-7-00

**WASTE ACCEPTANCE NO.**  
**923300**  
**REQUIRED PERSONAL PROTECTIVE EQUIPMENT**  
 GLOVES    GOGGLES    RESPIRATOR    HARD HAT  
 TY-VEK    OTHER  
**SPECIAL HANDLING PROCEDURES:**

**GENERATOR'S CERTIFICATION:** I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
**WASTE TYPE:** Soil  
 DISPOSAL                                   SLUDGE  
 CONSTRUCTION                               WOOD  
 DEBRIS     OTHER  
 SPECIAL WASTE  
**GENERATING FACILITY**  
 Former Texaco Service Station 3800 (3810)      OAKLAND

**RECEIVING FACILITY**

**TRANSPORTER** DENBESTE  
**ADDRESS** 7705 Conde Ln  
**CITY, STATE, ZIP** Windsor, CA  
**PHONE** 707-838-1407  
**SIGNATURE OF AUTHORIZED AGENT OR DRIVER**      **DATE**  
 \* [Signature]      3-7-00

**NOTES:**      **VEHICLE LICENSE NUMBER**      **TRUCK NUMBER**  
    9P44231                                  10  
**END DUMP**      **BOTTOM DUMP**      **TRANSFER**  
                                                                      
**ROLL-OFF(S)**      **FLAT-BED**      **VAN**      **DRUMS**  
                                                                                                     

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
**REMARKS**  
**FACILITY TICKET NUMBER**  
**SIGNATURE OF AUTHORIZED AGENT**      **DATE**  
 \* [Signature]

**CUBIC YARDS**  
 18  
**DISPOSAL METHOD:** (TO BE COMPLETED BY LANDFILL)  

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>		
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>		
<b>CITY, STATE, ZIP</b> Houston TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER		
<b>PHONE</b> (713) 241-8673		<b>SPECIAL HANDLING PROCEDURES:</b>		
<b>CONTACT PERSON</b> Nora Cortez		RECEIVING FACILITY		
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>			
* Wayne Chiu Pres. ENG.	3-7-00			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>				
<b>WASTE TYPE:</b> SOIL				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE				
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND				
<b>TRANSPORTER</b> John Excavators		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 11160211	
<b>ADDRESS</b> 1197 Halvor			<b>TRUCK NUMBER</b> #03	
<b>CITY, STATE, ZIP</b> Sparks NV				
<b>PHONE</b> 707 576 1154		<b>END DUMP</b>	<b>BOTTOM DUMP</b>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>	<input type="checkbox"/>	<input type="checkbox"/>	
* Ron [Signature]	3/7/00	<b>ROLL-OFF(S)</b>	<b>FLAT-BED</b>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>		
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>		
<b>REMARKS</b>			<b>DISPOSE</b>	
			<b>OTHER</b>	
		<input type="checkbox"/> SOIL		
		<input type="checkbox"/> CONSTRUCTION DEBRIS		
		<input type="checkbox"/> NON-FRIABLE ASBESTOS		
		<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH				
<input type="checkbox"/> SPECIAL OTHER				
<b>FACILITY TICKET NUMBER</b>				
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>			
*				

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 GENERATOR COPY

MANIFEST # 22233

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Houston, TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>PHONE</b> (713) 241-8673		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>CONTACT PERSON</b> Nora Cortez		<b>RECEIVING FACILITY</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* Wayne Chua PROJECT ENGINEER	3-7-00		
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
<b>WASTE TYPE:</b> SOIL			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> Johns Ex		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> A90873
<b>ADDRESS</b> 1128 Fleet yard			<b>TRUCK NUMBER</b> 761
<b>CITY, STATE, ZIP</b> Santa Rose 94928			
<b>PHONE</b> 707-578-1189		<b>END DUMP</b> <input checked="" type="checkbox"/>	<b>BOTTOM DUMP</b> <input type="checkbox"/>
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>TRANSFER</b> <input type="checkbox"/>	
<b>DATE</b> 3-7-00	<b>ROLL-OFF(S)</b> <input type="checkbox"/>	<b>FLAT-BED</b> <input type="checkbox"/>	<b>VAN</b> <input type="checkbox"/>
	<b>DRUMS</b> <input type="checkbox"/>		
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSE</b>	<b>OTHER</b>
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> SOIL	
<b>DATE</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
*		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

**SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.**

GENERATOR COPY

MANIFEST # 22232

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>																						
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
<b>CITY, STATE, ZIP</b> Houston TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT																						
<b>PHONE</b> (713) 241-8673		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
<b>CONTACT PERSON</b> Nora Cortez		<b>SPECIAL HANDLING PROCEDURES:</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * <i>Nora Cortez</i> PROJECT ENGINEER		<b>RECEIVING FACILITY</b>																						
<b>DATE</b> 3-7-00																								
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																								
<b>WASTE TYPE:</b>																								
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND																								
<b>TRANSPORTER</b> Tolani's Excavating		<b>NOTES:</b>																						
<b>ADDRESS</b> 1128 Halyard Dr.		VEHICLE LICENSE NUMBER: 7B03017 CA																						
<b>CITY, STATE, ZIP</b> Santa Rosa CA.		TRUCK NUMBER: 402																						
<b>PHONE</b> 707-575-1184		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> * <i>Gary D. Morlan</i>		<b>DATE</b> 3-7-00																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																						
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
<b>REMARKS</b>		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
<b>FACILITY TICKET NUMBER</b>																								
<b>SIGNATURE OF AUTHORIZED AGENT</b> *		<b>DATE</b>																						

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 GENERATOR COPY

MANIFEST # 22231





Keller Canyon  
Sanitary Landfill  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

Ox Mountain  
Sanitary Landfill  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

Newby Island  
Sanitary Landfill  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

Forward  
Landfill  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR  
Equilon Enterprises LLC  
MAILING ADDRESS  
Post Office Box 2099 TSP1389-K-2  
CITY, STATE, ZIP  
Houston TX 772522099  
PHONE  
(713) 241-8673  
CONTACT PERSON  
Nora Cortez  
SIGNATURE OF AUTHORIZED AGENT / TITLE  
DATE  
\* Wayne Chin PROJECT ENGINEER 3-7-00

WASTE ACCEPTANCE NO.  
**923300**  
REQUIRED PERSONAL PROTECTIVE EQUIPMENT  
 GLOVES  GOGGLES  RESPIRATOR  HARD HAT  
 TY-VEK  OTHER  
SPECIAL HANDLING PROCEDURES:

GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
WASTE TYPE: SOIL  
 DISPOSAL  SLUDGE  
 CONSTRUCTION  WOOD  
 DEBRIS  OTHER  
 SPECIAL WASTE  
GENERATING FACILITY  
Former Texaco Service Station 3800 (3810) OAKLAND

RECEIVING FACILITY

TRANSPORTER  
Denbata  
ADDRESS  
1705 Cordo Lane  
CITY, STATE, ZIP  
Windsor Ca  
PHONE  
707 538 1407  
SIGNATURE OF AUTHORIZED AGENT OR DRIVER  
DATE  
\* [Signature] 3-7-00

NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER  
9B43671 JK 1  
1WK6509  
END DUMP BOTTOM DUMP TRANSFER  
    
ROLL-OFF(S) FLAT-BED VAN DRUMS

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
REMARKS  
FACILITY TICKET NUMBER  
SIGNATURE OF AUTHORIZED AGENT  
DATE  
\*

CUBIC YARDS  
DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)  
DISPOSE OTHER  
 SOIL  
 CONSTRUCTION DEBRIS  
 NON-FRIABLE ASBESTOS  
 WOOD  
 ASH  
 SPECIAL OTHER

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22229

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Epsilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 ESP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
CITY, STATE, ZIP Houston, TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE (713) 241-8673		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>CONTACT PERSON</b> Norm Cortez		RECEIVING FACILITY	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* Wayne Chiu PROJECT ENGINEER	3-7-00		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b> Soil			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> Dana Baste		<b>NOTES:</b> VEHICLE LICENSE NUMBER TRUCK NUMBER	
ADDRESS 960 Shiloh Rd		9B56814 55	
CITY, STATE, ZIP Windsor Ca			
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>		
* [Signature]	3-7-00		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>REMARKS</b>		DISPOSE	OTHER
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>		
*			

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22228

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b>  <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Houston, TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
<b>PHONE</b> (713) 241-8673		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CONTACT PERSON</b> Nora Cortez		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> <i>* Wayne Chin PROJECT ENGINEER</i>		<b>RECEIVING FACILITY</b>	
<b>DATE</b> 3-7-00			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b> Soil			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE			
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD			
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER			
<input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> DEN BESTE TRAVS		<b>NOTES:</b> VEHICLE LICENSE NUMBER      TRUCK NUMBER	
<b>ADDRESS</b>		SP34140                      10	
<b>CITY, STATE, ZIP</b> WINDSOR CALIF		GT20822	
<b>PHONE</b> 800-838-1477		<b>END DUMP:</b> <b>BOTTOM DUMP:</b> <b>TRANSFER:</b>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> <i>* [Signature]</i>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>DATE</b> 3-7-00		<b>ROLL-OFF(S):</b> <b>FLAT-BED:</b> <b>VAN:</b> <b>DRUMS:</b>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>REMARKS</b>		<b>CUBIC YARDS</b>	
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>DATE</b>		<b>DISPOSE</b> <b>OTHER</b>	
*                                      *		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 GENERATOR COPY

MANIFEST # 22227

Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

OX Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
Equilon Enterprises LLC		<b>923300</b>	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
Post Office Box 2099 TSP1389-K-2		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Houston TX 772522099		SPECIAL HANDLING PROCEDURES:	
PHONE			
(713) 241-8673			
CONTACT PERSON			
Nora Cortez			
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* Wayne Chinn PROJECT ENGINEER		3-7-00	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE: SOIL		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL			
<input type="checkbox"/> CONSTRUCTION			
<input type="checkbox"/> DEBRIS			
<input type="checkbox"/> SPECIAL WASTE			
<input type="checkbox"/> SLUDGE			
<input type="checkbox"/> WOOD			
<input type="checkbox"/> OTHER			
GENERATING FACILITY			
Former Texaco Service Station 3800 (3810)		OAKLAND	
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER	
BATCHELDER TRIG		SP44483 Y2K	
ADDRESS		GT26754	
P.O. Box 501			
CITY, STATE, ZIP		END DUMP BOTTOM DUMP TRANSFER	
FORESTVILLE GA		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PHONE		ROLL-OFF(S) FLAT-BED VAN DRUMS	
707 974 2255		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		DATE	
* [Signature]		3-7-00	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		198 YDS	
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE OTHER	
DATE		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22226

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Equilon Enterprises LLC		<b>923300</b>	
<b>MAILING ADDRESS</b>			
Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b>		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
Houston, TX 772522099		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>PHONE</b>		<b>SPECIAL HANDLING PROCEDURES:</b>	
(713) 241-8673			
<b>CONTACT PERSON</b>			
Nora Cortez			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>	
* Wayne Chinn Project Engineer		3-7-00	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b> Soil		<b>RECEIVING FACILITY</b>	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> DEBRIS <input type="checkbox"/> SPECIAL WASTE			
<input type="checkbox"/> SLUDGE <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER			
<b>GENERATING FACILITY</b>			
Former Texaco Service Station 3800 (3810) OAKLAND		<b>TRANSPORTER</b>	
<b>TRANSPORTER</b>		NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER	
DEM BESTE TRANS		SP37065 6	
<b>ADDRESS</b>		ETS1548	
7705 CONDE LANE		<b>END DUMP</b> <input checked="" type="checkbox"/> <b>BOTTOM DUMP</b> <input type="checkbox"/> <b>TRANSFER</b> <input type="checkbox"/>	
<b>CITY, STATE, ZIP</b>		<b>ROLL-OFF(S)</b> <input type="checkbox"/> <b>FLAT-BED</b> <input type="checkbox"/> <b>VAN</b> <input type="checkbox"/> <b>DRUMS</b> <input type="checkbox"/>	
WINDSOR CA			
<b>PHONE</b>			
207-838-1407			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>DATE</b>	
* Todd Allen		3-7-00	
<b>REMARKS</b>		<b>CUBIC YARDS</b>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
		DISPOSE OTHER	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
<b>DATE</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. GENERATOR COPY

MANIFEST # 22225

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Equilon Enterprises LLC		<b>923300</b>	
<b>MAILING ADDRESS</b>			
Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Houston, TX 772522099		<b>SPECIAL HANDLING PROCEDURES:</b>	
PHONE			
(713) 241-8673			
<b>CONTACT PERSON</b>			
Nora Cortez			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>	
* Wayne Chiu PROJECT ENGINEER		3-7-00	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b> Soil		<b>RECEIVING FACILITY</b>	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b>		<b>NOTES:</b> VEHICLE LICENSE NUMBER   TRUCK NUMBER	
DenBest tran Inc		9B14679   n1	
<b>ADDRESS</b>		Nelson Trucking	
<b>CITY, STATE, ZIP</b>		<b>END DUMP</b> <b>BOTTOM DUMP</b> <b>TRANSFER</b>	
Windsor		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>PHONE</b>		<b>ROLL-OFF(S)</b> <b>FLAT-BED</b> <b>VAN</b> <b>DRUMS</b>	
707 838-1407		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>CUBIC YARDS</b>	
* Robert Ghy			
<b>DATE</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
3-7-00		DISPOSE   OTHER	
<b>REMARKS</b>		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>			
*			
<b>DATE</b>			

**SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.**

GENERATOR COPY

MANIFEST # **22224**

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																						
Equilon Enterprises LLC		<b>923300</b>																						
<b>MAILING ADDRESS</b>																								
Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
Houston TX 772522099		<b>SPECIAL HANDLING PROCEDURES:</b>																						
PHONE																								
(713) 241-8673																								
<b>CONTACT PERSON</b>																								
Nora Cortez																								
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>																						
* Wayne Chin PROJECT ENGINEER		3-7-00																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																								
<b>WASTE TYPE:</b> Soil		<b>RECEIVING FACILITY</b>																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
<b>GENERATING FACILITY</b>																								
Former Texaco Service Station 3800 (3810) OAKLAND																								
<b>TRANSPORTER</b>		<b>NOTES:</b>																						
		VEHICLE LICENSE NUMBER      TRUCK NUMBER																						
ADDRESS		9A93114                      1018																						
CITY, STATE, ZIP																								
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>DATE</b>																						
* [Signature]		3/7/00																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																						
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																						
<b>FACILITY TICKET NUMBER</b>		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>																						
*																								

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 GENERATOR COPY

MANIFEST # 22223



Keller Canyon  
Sanitary Landfill  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

Ox Mountain  
Sanitary Landfill  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

Newby Island  
Sanitary Landfill  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

Forward  
Landfill  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Houston, TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
<b>PHONE</b> (713) 241-8673		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CONTACT PERSON</b> Norm Cortez		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * Wayne Chiu Project Engineer		<b>RECEIVING FACILITY</b>	
<b>DATE</b> 3-7-00			
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
<b>WASTE TYPE:</b> SOIL			
<input type="checkbox"/> DISPOSAL		<input type="checkbox"/> SLUDGE	
<input type="checkbox"/> CONSTRUCTION		<input type="checkbox"/> WOOD	
<input type="checkbox"/> DEBRIS		<input type="checkbox"/> OTHER	
<input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> DeWeste Transportation		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 9B34818
<b>ADDRESS</b>			<b>TRUCK NUMBER</b> #P607
<b>CITY, STATE, ZIP</b> WINDSOR CA 95492		<b>END DUMP</b> <input checked="" type="checkbox"/>	<b>BOTTOM DUMP</b> <input type="checkbox"/>
<b>PHONE</b> 1 800 938-1477		<b>TRANSFER</b> <input type="checkbox"/>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> * Felix Diaz		<b>ROLL-OFF(S)</b> <input type="checkbox"/>	<b>FLAT-BED</b> <input type="checkbox"/>
<b>DATE</b> 03-0		<b>VAN</b> <input type="checkbox"/>	<b>DRUMS</b> <input type="checkbox"/>
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>	
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>REMARKS</b>		<input type="checkbox"/> SOIL	<input type="checkbox"/> DISPOSE
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	<input type="checkbox"/> OTHER
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
<b>DATE</b>		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22222

Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Equilon Enterprises LLC		<b>923300</b>	
<b>MAILING ADDRESS</b>			
Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Houston TX 772522099		<b>SPECIAL HANDLING PROCEDURES:</b>	
PHONE			
(713) 241-8673			
<b>CONTACT PERSON</b>			
Norm Cortez			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>	
* Wayne Chin Project Engineer		3-7-00	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b> OIL		<b>RECEIVING FACILITY</b>	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b>		<b>NOTES:</b>	
DENBESTE TRANS		VEHICLE LICENSE NUMBER	
ADDRESS		9635501	
7705 CONDE LANE		TRUCK NUMBER	
CITY, STATE, ZIP		Q70-1	
WINDSOR CA			
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
1 800 938-1477			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>			
* Jennifer Bay			
DATE			
3/7/00		<b>CUBIC YARDS</b>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
		DISPOSE   OTHER	
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
<b>SIGNATURE OF AUTHORIZED AGENT</b>			
DATE			
*			

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22221

Keller Canyon  
Sanitary Landfill  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

Ox Mountain  
Sanitary Landfill  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

Newby Island  
Sanitary Landfill  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

Forward  
Landfill  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Equilon Enterprises LLC		923300	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
Post Office Box 2099 TSP1389-K-2		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Houston TX 772522009		SPECIAL HANDLING PROCEDURES:	
PHONE			
(713) 241-8673			
CONTACT PERSON			
Nora Cortez			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* Wayne Chin PROJECT ENGINEER	3-7-00		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE: Soil		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL	<input type="checkbox"/> SLUDGE		
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> WOOD		
<input type="checkbox"/> DEBRIS	<input type="checkbox"/> OTHER		
<input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
Former Texaco Service Station 3800 (3810)	OAKLAND		
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
DENBESTE TRANSP			9B65324
ADDRESS			51
7705- CONOE LN			
CITY, STATE, ZIP		END DUMP	BOTTOM DUMP
WINDSOR CA.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHONE		TRANSFER	<input type="checkbox"/>
1-800-838-4977		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED
* John Perry	3-7-00	<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT	DATE	DISPOSE	OTHER
*		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22220

Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Equilon Enterprises LLC		<b>923300</b>	
<b>MAILING ADDRESS</b>			
Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b>		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
Houston, TX 772522099		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>PHONE</b>		<b>SPECIAL HANDLING PROCEDURES:</b>	
(713) 241-8673			
<b>CONTACT PERSON</b>			
Nora Cortez		<b>RECEIVING FACILITY</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>			
* Wayne Chin PROJECT ENGINEER			
<b>DATE</b>			
3-7-00			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b> SOIL			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b>		<b>NOTES:</b>	
Ambicore Trans		VEHICLE LICENSE NUMBER	
ADDRESS		SP38282	
7705 CONAL LN		TRUCK NUMBER	
CITY, STATE, ZIP WINDSOR CA		130	
PHONE 1-800-839-1477		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
* [Signature]		3-7-00	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>FACILITY TICKET NUMBER</b>		DISPOSE                      OTHER	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> SOIL	
<b>DATE</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
*		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22219

Keller Canyon  
Sanitary Landfill  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

Ox Mountain  
Sanitary Landfill  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

Newby Island  
Sanitary Landfill  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

Forward  
Landfill  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Equilon Enterprises LLC		923300	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
Post Office Box 2099 TSP1389-K-2		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Houston, TX 772522099		SPECIAL HANDLING PROCEDURES:	
PHONE			
(713) 241-8673			
CONTACT PERSON			
Nora Cortez			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* Wayne Chin PROJECT ENGINEER			
DATE			
3-7-00			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE: SOIL			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE			
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD			
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER			
<input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
Former Texaco Service Station 3800 (3810) OAKLAND			
TRANSPORTER	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
Denbeke Transportation		H. J. P.	11231
ADDRESS			
730 Kiloh Rd #44			
CITY, STATE, ZIP			
Windsor Cal. 95092			
PHONE			
(707) 973-6144			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP	BOTTOM DUMP
* Harold Soren		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
3-7-00		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE OTHER	
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
DATE		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22218

Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
Equilon Enterprises LLC		<b>923300</b>	
MAILING ADDRESS			
Post Office Box 2099 TSP1389-K-2		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
Houston, TX 77252099		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE		SPECIAL HANDLING PROCEDURES:	
(713) 241-8673			
CONTACT PERSON			
Nora Cortez			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* <i>Wayne Chin</i> PROJECT ENGINEER			
DATE			
3-7-00			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE: <i>SOIL</i>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> DEBRIS <input type="checkbox"/> SPECIAL WASTE			
<input type="checkbox"/> SLUDGE <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER			
GENERATING FACILITY			
Former Texaco Service Station 3800 (3810) OAKLAND			
TRANSPORTER <i>DENBESSE TRAW.</i>		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			<i>NEW TRUCK</i>
CITY, STATE, ZIP <i>WINDSOR CA</i>			<i>M3</i>
PHONE <i>707 526-6246</i>		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/>	<input type="checkbox"/>
DATE		TRANSFER	<input type="checkbox"/>
* <i>Dominic Machado</i>		ROLL-OFF(S)	FLAT-BED
3-7-00		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE	
DATE		OTHER	
*		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # **22217**

Keller Canyon  
Sanitary Landfill  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

Ox Mountain  
Sanitary Landfill  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

Newby Island  
Sanitary Landfill  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

Forward  
Landfill  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

**GENERATOR**  
Equilon Enterprises LLC  
**MAILING ADDRESS**  
Post Office Box 2099 TSP1389-K-2  
CITY, STATE, ZIP  
Houston, TX 77252-0999  
PHONE  
(713) 241-8673  
**CONTACT PERSON**  
Nora Cortez  
SIGNATURE OF AUTHORIZED AGENT / TITLE  
DATE  
\* Wayne Chin PROJECT ENGINEER 3-7-00  
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
WASTE TYPE: Soil  
 DISPOSAL  SLUDGE  
 CONSTRUCTION  WOOD  
 DEBRIS  OTHER  
 SPECIAL WASTE  
**GENERATING FACILITY**  
Former Texaco Service Station 3800 (3810) OAKLAND

**WASTE ACCEPTANCE NO.**  
**923300**  
**REQUIRED PERSONAL PROTECTIVE EQUIPMENT**  
 GLOVES  GOGGLES  RESPIRATOR  HARD HAT  
 TY-VEK  OTHER  
**SPECIAL HANDLING PROCEDURES:**  
**RECEIVING FACILITY**

**TRANSPORTER**  
Hwy Waste  
**ADDRESS**  
**CITY, STATE, ZIP**  
Windsor CA  
**PHONE**  
1800 838 1474  
**SIGNATURE OF AUTHORIZED AGENT OR DRIVER**  
DATE  
\* Rick Smith 3-7-00

**NOTES:** VEHICLE LICENSE NUMBER TRUCK NUMBER  
9B76732 007  
#42511  
**END DUMP**  **BOTTOM DUMP**  **TRANSFER**   
**ROLL-OFF(S)**  **FLAT-BED**  **VAN**  **DRUMS**

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
**REMARKS**  
**FACILITY TICKET NUMBER**  
**SIGNATURE OF AUTHORIZED AGENT**  
DATE  
\*

**CUBIC YARDS**  
**DISPOSAL METHOD:** (TO BE COMPLETED BY LANDFILL)  
DISPOSE OTHER  
 SOIL  
 CONSTRUCTION DEBRIS  
 NON-FRIABLE ASBESTOS  
 WOOD  
 ASH  
 SPECIAL OTHER

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
GENERATOR COPY

MANIFEST # 22216

**Keller Canyon Sanitary Landfill**  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

**Forward Landfill**  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																				
Equilon Enterprises LLC		<b>923300</b>																				
<b>MAILING ADDRESS</b>																						
Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
<b>CITY, STATE, ZIP</b>		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
Houston, TX 772522099		<b>SPECIAL HANDLING PROCEDURES:</b>																				
<b>PHONE</b>																						
(713) 241-8673																						
<b>CONTACT PERSON</b>																						
Nora Cortez																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>																				
* Wayne Chin PROJECT ENGINEER		3-7-00																				
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
<b>WASTE TYPE:</b> SOIL		<b>RECEIVING FACILITY</b>																				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
<b>GENERATING FACILITY</b>																						
Former Texaco Service Station 3800 (3810) OAKLAND																						
<b>TRANSPORTER</b>		<b>NOTES:</b>																				
Denbestie Trans.		VEHICLE LICENSE NUMBER																				
<b>ADDRESS</b>		9339803																				
7705 Conde Ln		TRUCK NUMBER																				
<b>CITY, STATE, ZIP</b>		097																				
Windsor, Ca																						
<b>PHONE</b>		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
1-800-838-1477																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>																						
* [Signature]																						
<b>DATE</b>																						
3-7-00																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																				
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
<b>FACILITY TICKET NUMBER</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>																				
*																						

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
GENERATOR COPY

MANIFEST # 22215





**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b>  <b>923300</b>		
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>		
<b>CITY, STATE, ZIP</b> Houston, TX 772522099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER		
<b>PHONE</b> (713) 241-8673		<b>SPECIAL HANDLING PROCEDURES:</b>		
<b>CONTACT PERSON</b> Nora Cortez		RECEIVING FACILITY		
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>			
* Wayne Chiu PROJECT ENGINEER	3-7-00			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>				
<b>WASTE TYPE: SOIL</b>				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE				
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND				
<b>TRANSPORTER</b> FROG Trucking		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> SP 44567 CA	
<b>ADDRESS</b> 3801 Holmes rd			<b>TRUCK NUMBER</b> F-4	
<b>CITY, STATE, ZIP</b> Oakley CA				
<b>PHONE</b> (925) 6250329		<b>END DUMP</b> <input checked="" type="checkbox"/>	<b>BOTTOM DUMP</b> <input type="checkbox"/>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>	<b>TRANSFER</b> <input type="checkbox"/>	<b>ROLL-OFF(S)</b> <input type="checkbox"/>	
* Steve Ayres	2-7-00	<b>FLAT-BED</b> <input type="checkbox"/>	<b>VAN</b> <input type="checkbox"/>	
		<b>DRUMS</b> <input type="checkbox"/>		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>		
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>		
<b>REMARKS</b>			<b>DISPOSE</b>	
			<b>OTHER</b>	
		<input type="checkbox"/> SOIL		
		<input type="checkbox"/> CONSTRUCTION DEBRIS		
		<input type="checkbox"/> NON-FRIABLE ASBESTOS		
		<input type="checkbox"/> WOOD		
		<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER				
<b>FACILITY TICKET NUMBER</b>				
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>			
*				

**SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.**

GENERATOR COPY

MANIFEST # **22213**

Keller Canyon  
**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Ox Mountain  
**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

Newby Island  
**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

Forward  
**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																				
Equilon Enterprises LLC		<b>923300</b>																				
<b>MAILING ADDRESS</b>																						
Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
<b>CITY, STATE, ZIP</b>		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
Houston, TX 772522099		<b>SPECIAL HANDLING PROCEDURES:</b>																				
<b>PHONE</b>																						
(713) 241-8673																						
<b>CONTACT PERSON</b>																						
Nora Cortez																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>																				
* Wayne Chin PROJECT ENGINEER		3-7-00																				
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
<b>WASTE TYPE:</b> SOIL		<b>RECEIVING FACILITY</b>																				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
<b>GENERATING FACILITY</b>																						
Former Texaco Service Station 3800 (3810)		OAKLAND																				
<b>TRANSPORTER</b> DENISE STE		<b>NOTES:</b>																				
ADDRESS 7705 CONDE LN		VEHICLE LICENSE NUMBER SP44231																				
CITY, STATE, ZIP WINDSOR, CA		TRUCK NUMBER 10																				
PHONE 707-838-1407		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>DATE</b>																				
* [Signature]		3-8-00																				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																				
		18																				
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
<b>FACILITY TICKET NUMBER</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>																				
*																						

**SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.**

GENERATOR COPY

MANIFEST # 22212

**Keller Canyon Sanitary Landfill**  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

**Forward Landfill**  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Houston, TX 77252-2099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>PHONE</b> (713) 241-8673		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>CONTACT PERSON</b> Nora Cortez		<b>RECEIVING FACILITY</b>      	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* <i>Wayne Chin PROJECT ENGINEER</i>	3-7-00		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b> SOIL			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> Derek Biste		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> SP44473
<b>ADDRESS</b> 7705 Lowe Ln			<b>TRUCK NUMBER</b> 2
<b>CITY, STATE, ZIP</b> Windsor CA			
<b>PHONE</b> 707-838-1407		<b>END DUMP</b> <input checked="" type="checkbox"/>	<b>BOTTOM DUMP</b> <input type="checkbox"/>
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>	<b>TRANSFER</b> <input type="checkbox"/>	<b>ROLL-OFF(S)</b> <input type="checkbox"/>
* <i>[Signature]</i>	3-7-00	<b>FLAT-BED</b> <input type="checkbox"/>	<b>VAN</b> <input type="checkbox"/>
		<b>DRUMS</b> <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>	<b>DISPOSE</b>	<b>OTHER</b>
* <i>[Signature]</i>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
GENERATOR COPY

MANIFEST # 22211

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>																						
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
<b>CITY, STATE, ZIP</b> Houston, TX 77252099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
<b>PHONE</b> (713) 241-8673		<b>SPECIAL HANDLING PROCEDURES:</b>																						
<b>CONTACT PERSON</b> Nora Cortez																								
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * Wayne Chiu PROJECT ENGINEER		<b>DATE</b> 3-6-00																						
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		<b>RECEIVING FACILITY</b>																						
<b>WASTE TYPE:</b> SOIL																								
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND																								
<b>TRANSPORTER</b> Johans Excavating		<b>NOTES:</b> VEHICLE LICENSE NUMBER 5710091 TRUCK NUMBER 1084253 4031																						
<b>ADDRESS</b> 1154 HANFORD																								
<b>CITY, STATE, ZIP</b> Santa Rosa																								
<b>PHONE</b> 707 574 1194		<b>END DUMP</b> <input type="checkbox"/> <b>BOTTOM DUMP</b> <input type="checkbox"/> <b>TRANSFER</b> <input checked="" type="checkbox"/> <b>ROLL-OFF(S)</b> <input type="checkbox"/> <b>FLAT-BED</b> <input type="checkbox"/> <b>VAN</b> <input type="checkbox"/> <b>DRUMS</b> <input type="checkbox"/>																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> * Ron [Signature]		<b>DATE</b> 3-7-00																						
<b>REMARKS</b> I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																						
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT</b> *		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
<b>DATE</b>																								

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 GENERATOR COPY MANIFEST # 22210

**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Equilon Enterprises LLC		<b>WASTE ACCEPTANCE NO.</b> <b>923300</b>	
<b>MAILING ADDRESS</b> Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Houston, TX 77252-2099		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
<b>PHONE</b> (713) 241-8673		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CONTACT PERSON</b> Nora Cortez		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * Wayne Chin PROJECT ENGINEER		<b>RECEIVING FACILITY</b>	
<b>DATE</b> 3-6-00			
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
<b>WASTE TYPE:</b> <u>SOIL</u>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE			
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD			
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER			
<input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> Former Texaco Service Station 3800 (3810) OAKLAND			
<b>TRANSPORTER</b> <u>JOHNS EA</u>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> <u>9AS8992</u>
<b>ADDRESS</b> <u>1128 Holywell Ave</u>		<b>TRUCK NUMBER</b> <u>411</u>	
<b>CITY, STATE, ZIP</b> <u>Santa Rosa 95708</u>			
<b>PHONE</b> <u>707-598-1184</u>			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> * <u>[Signature]</u>		<input checked="" type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP
<b>DATE</b> <u>3-6-00</u>		<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> VAN
		<input type="checkbox"/> FLAT-BED	<input type="checkbox"/> DRUMS
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
<b>DATE</b>		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 GENERATOR COPY

MANIFEST # **22209**







**Keller Canyon Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

**Ox Mountain Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**Newby Island Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Forward Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>		
Equilon Enterprises LLC		<b>923300</b>		
<b>MAILING ADDRESS</b>				
Post Office Box 2099 TSP1389-K-2		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>		
CITY, STATE, ZIP		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER		
Houston, TX 772522099		<b>SPECIAL HANDLING PROCEDURES:</b>		
PHONE				
(713) 241-8673				
<b>CONTACT PERSON</b>		<b>RECEIVING FACILITY</b>		
Nora Cortez				
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>			
* Wayne Chin Project ENGINEER	3-6-00			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>				
<b>WASTE TYPE:</b> Soil				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> DEBRIS <input type="checkbox"/> SPECIAL WASTE		<input type="checkbox"/> SLUDGE <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER		
<b>GENERATING FACILITY</b>				
Former Texaco Service Station 3800 (3810)		OAKLAND		
<b>TRANSPORTER</b> Wendste		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>	
ADDRESS		9835563	<b>TRUCK NUMBER</b>	
CITY, STATE, ZIP		1-#52		
PHONE		<b>END DUMP</b>	<b>BOTTOM DUMP</b>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
DATE		<b>TRANSFER</b>	<input type="checkbox"/>	
* Tony Alwood		<input type="checkbox"/>	<input type="checkbox"/>	
		<b>ROLL-OFF(S)</b>	<b>FLAT-BED</b>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<b>VAN</b>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<b>DRUMS</b>	
		<input type="checkbox"/>	<input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>		
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>		
			<b>DISPOSE</b>	<b>OTHER</b>
		<input type="checkbox"/> SOIL		
		<input type="checkbox"/> CONSTRUCTION DEBRIS		
		<input type="checkbox"/> NON-FRIABLE ASBESTOS		
		<input type="checkbox"/> WOOD		
		<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER				
<b>FACILITY TICKET NUMBER</b>				
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>			
*				

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

GENERATOR COPY

MANIFEST # 22206

**Keller Canyon  
Sanitary Landfill**  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

**Ox Mountain  
Sanitary Landfill**  
12310 San Mateo Road  
Half Moon Bay, CA 94019  
Phone (650) 726-1819  
Fax (650) 726-9183

**Newby Island  
Sanitary Landfill**  
1601 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

**Forward  
Landfill**  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																				
Equilon Enterprises LLC		<b>923300</b>																				
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
Post Office Box 2099 TSP1389-K-2		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
CITY, STATE, ZIP		<b>SPECIAL HANDLING PROCEDURES:</b>																				
Houston TX 772522099																						
PHONE																						
(713) 241-8673																						
<b>CONTACT PERSON</b>																						
Nora Cortez																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>																				
* <i>Nora Cortez</i> PROJECT ENGINEER		3/6/00																				
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the 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 Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
<b>WASTE TYPE:</b> SOIL																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE		<b>RECEIVING FACILITY</b>																				
<b>GENERATING FACILITY</b>																						
Former Texaco Service Station 3800 (3810) OAKLAND																						
<b>TRANSPORTER</b>		<b>NOTES:</b>																				
San Diego		VEHICLE LICENSE NUMBER																				
ADDRESS		GT 59167																				
760 - Shiloh RD		TRUCK NUMBER																				
CITY, STATE, ZIP		#55																				
Wendover Ca																						
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>DATE</b>																				
* <i>Quick Curves</i>		3-6-00																				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																				
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;"></th> <th style="width:25%;">DISPOSE</th> <th style="width:25%;">OTHER</th> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
<b>REMARKS</b>																						
<b>FACILITY TICKET NUMBER</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>																				
*																						

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL. ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
GENERATOR COPY

**DISPOSAL  
CONFIRMATION**

Consultant: TOXICHEM MANAGEMENT

Contact: KEITH WINEMILLER

Phone/Fax: (415) 681-8816 FAX (415) 681-8132

Client: EQUIVA SERVICES - KAREN PETRYNA

Station #/Wic #: WIC#618-5700-1071 INC#98995026 CRMT#NC000575

Site Address: 3800\3810 BROADWAY

City/State: OAKLAND, CA

Estimated YD/Ton: 100 - 200 YARDS

Actual YD/Ton: 4-27-00 475.73 TONS

Disposal Facility: FORWARD LANDFILL

Contact: BRAD BONNER

Phone #: (800) 204-4242

Hauler: MANLEY & SONS TRUCKING, INC.

Contact: TIM A. MANLEY

Phone #: (916) 381-6864

Fax #: (916) 381-1573

Date &amp; Time Faxed

10117

DISPOSAL  
CONFIRMATION

Consultant: TOXICHEM MANAGEMENT

Contact: KEITH WINEMILLER

Phone/Fax: (415) 681-8816 FAX (415) 681-8132

Client: EQUIVA SERVICES - KAREN PETRYNA

Station #/Wic #: WIC#618-5700-1071 INC#98995026 CRMT#NC000575

Site Address: 3800\3810 BROADWAY

City/State: OAKLAND, CA

Estimated YD/Ton: 150 - 175 YARDS

Actual YD/Ton: 3-30-00 260.19 TONS \ 3-31-00 99.84 TONS

Disposal Facility: FORWARD LANDFILL

Contact: BRAD BONNER

Phone #: (800) 204-4242

Hauler: MANLEY & SONS TRUCKING, INC.

Contact: TIM A. MANLEY

Phone #: (916) 381-6864

Fax #: (916) 381-1573

Date & Time Faxed

10024

**ATTACHMENT B**

**CERTIFIED ANALYTICAL REPORT AND  
CHAIN-OF-CUSTODY DOCUMENTATION**



March 8, 2000

Service Request No.: S2000834

Mr. Keith Winemiller  
Toxichem Management System, Inc.  
11 Kenton Avenue  
San Carlos, CA 94070

**RE: 3810 Broadway, Oakland, CA./93995026 (INCIDENT#)SAP# 128141**

Dear Mr. Winemiller:

Enclosed are the results of the sample(s) submitted to our laboratory on March 7, 2000. All analyses were performed in accordance with our laboratory's quality assurance program. Results are intended to be considered in their entirety and apply to the sample(s) analyzed. Columbia Analytical Services is not responsible for use of less than the complete report. Signature of this CAS Analytical Report confirms that pages 2 through 14, following, have been thoroughly reviewed and approved for release.

Columbia Analytical Services is certified for environmental analyses by the California Department of Health Services (certificate number: 2352, expiration: January 31, 2001).

If you have any questions, please call me at (408) 748-9700.

Respectfully submitted,

**Columbia Analytical Services, Inc.**

Lori Tyler  
Project Chemist

**COLUMBIA ANALYTICAL SERVICES, Inc.**

**Acronyms**

<b>A2LA</b>	American Association for Laboratory Accreditation
<b>ASTM</b>	American Society for Testing and Materials
<b>BOD</b>	Biochemical Oxygen Demand
<b>BTEX</b>	Benzene, Toluene, Ethylbenzene, Xylenes
<b>CAM</b>	California Assessment Metals
<b>CARB</b>	California Air Resources Board
<b>CAS Number</b>	Chemical Abstract Service registry Number
<b>CFC</b>	Chlorofluorocarbon
<b>CFU</b>	Colony-Forming Unit
<b>COD</b>	Chemical Oxygen Demand
<b>DEC</b>	Department of Environmental Conservation
<b>DEQ</b>	Department of Environmental Quality
<b>DHS</b>	Department of Health Services
<b>DLCS</b>	Duplicate Laboratory Control Sample
<b>DMS</b>	Duplicate Matrix Spike
<b>DOE</b>	Department of Ecology
<b>DOH</b>	Department of Health
<b>EPA</b>	U. S. Environmental Protection Agency
<b>ELAP</b>	Environmental Laboratory Accreditation Program
<b>GC</b>	Gas Chromatography
<b>GC/MS</b>	Gas Chromatography/Mass Spectrometry
<b>IC</b>	Ion Chromatography
<b>ICB</b>	Initial Calibration Blank sample
<b>ICP</b>	Inductively Coupled Plasma atomic emission spectrometry
<b>ICV</b>	Initial Calibration Verification sample
<b>J</b>	Estimated concentration. The value is less than the MRL, but greater than or equal to the MDL. If the value is equal to the MRL, the result is actually <MRL before rounding.
<b>LCS</b>	Laboratory Control Sample
<b>LUFT</b>	Leaking Underground Fuel Tank
<b>M</b>	Modified
<b>MBAS</b>	Methylene Blue Active Substances
<b>MCL</b>	Maximum Contaminant Level. The highest permissible concentration of a substance allowed in drinking water as established by the U. S. EPA.
<b>MDL</b>	Method Detection Limit
<b>MPN</b>	Most Probable Number
<b>MRL</b>	Method Reporting Limit
<b>MS</b>	Matrix Spike
<b>MTBE</b>	Methyl tert-Butyl Ether
<b>NA</b>	Not Applicable
<b>NAN</b>	Not Analyzed
<b>NC</b>	Not Calculated
<b>NCASI</b>	National Council of the paper industry for Air and Stream Improvement
<b>ND</b>	Not Detected at or above the method reporting/detection limit (MRL/MDL)
<b>NIOSH</b>	National Institute for Occupational Safety and Health
<b>NTU</b>	Nephelometric Turbidity Units
<b>ppb</b>	Parts Per Billion
<b>ppm</b>	Parts Per Million
<b>PQL</b>	Practical Quantitation Limit
<b>QA/QC</b>	Quality Assurance/Quality Control
<b>RCRA</b>	Resource Conservation and Recovery Act
<b>RPD</b>	Relative Percent Difference
<b>SIM</b>	Selected Ion Monitoring
<b>SM</b>	Standard Methods for the Examination of Water and Wastewater, 18th Ed., 1992
<b>STLC</b>	Solubility Threshold Limit Concentration
<b>SW</b>	Test Methods for Evaluating Solid Waste, Physical/Chemical Methods, SW-846, 3rd Ed., 1986 and as amended by Updates I, II, IIA, and IIB.
<b>TCLP</b>	Toxicity Characteristic Leaching Procedure
<b>TDS</b>	Total Dissolved Solids
<b>TPH</b>	Total Petroleum Hydrocarbons
<b>tr</b>	Trace level. The concentration of an analyte that is less than the PQL but greater than or equal to the MDL. If the value is equal to the PQL, the result is actually <PQL before rounding.
<b>TRPH</b>	Total Recoverable Petroleum Hydrocarbons
<b>TSS</b>	Total Suspended Solids
<b>TTLIC</b>	Total Threshold Limit Concentration
<b>VOA</b>	Volatile Organic Analyte(s)

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA./93995026 (INCIDENT#)SAP# 128141  
Sample Matrix: Soil

Service Request: S2000834  
Date Collected: 3/7/00  
Date Received: 3/7/00

TPH as Diesel

Prep Method: LUFT  
Analysis Method: California DHS LUFT  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Sample Name	Lab Code	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
SP COMP 1A	S2000834-001	1	1	03/07/00	03/08/00	ND	
SP COMP 1B	S2000834-002	1	1	03/07/00	03/08/00	ND	
SP COMP 1C	S2000834-003	1	1	03/07/00	03/08/00	ND	
SP COMP 1D	S2000834-004	1	1	03/07/00	03/08/00	ND	
Method Blank	S200307-SB1	1	1	03/07/00	03/08/00	ND	

Approved By: \_\_\_\_\_



Date: 3-8-00



COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA./93995026 (INCIDENT#)SAP# 128141  
Sample Matrix: Soil

Service Request: S2000834  
Date Collected: NA  
Date Received: NA  
Date Extracted: NA  
Date Analyzed: NA

Surrogate Recovery Summary  
TPH as Diesel

Prep Method: LUFT  
Analysis Method: California DHS LUFT

Units: PERCENT  
Basis: NA

Sample Name	Lab Code	Test Notes	Percent Recovery p-Terphenyl
SP COMP 1A	S2000834-001		75
SP COMP 1B	S2000834-002		83
SP COMP 1C	S2000834-003		92
SP COMP 1D	S2000834-004		104
SP COMP 1D	S2000834-002MS		114
SP COMP 1D	S2000834-002DMS		115
Method Blank	S200307-SB1		119
Lab Control Sample	S200307-LCS		100

CAS Acceptance Limits: 41-140

Approved By: \_\_\_\_\_



Date: \_\_\_\_\_

3-9-00

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA./93995026 (INCIDENT#)SAP# 128141  
Sample Matrix: Soil

Service Request: S2000834  
Date Collected: NA  
Date Received: NA  
Date Extracted: 03/07/00  
Date Analyzed: 03/08/00

Matrix Spike/Duplicate Matrix Spike Summary  
TPH as Diesel

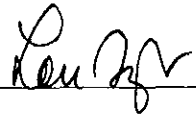
Sample Name: SP COMP 1D  
Lab Code: S2000834-4MS  
Test Notes:

S2000834-4DMS

Units: mg/Kg (ppm)  
Basis: Wet

Percent Recovery

Analyte	Prep Method	Analysis Method	Spike Level		Sample Result	Spike Result		Percent Recovery		CAS Acceptance Limits	Relative Percent Difference	Result Notes
			MRL	MS DMS		MS	DMS	MS	DMS			
TPH as Diesel	LUFT	California DHS LUFT	1	100 100	ND	120 120	120 120	28-157	<1			

Approved By:  Date: 3-1-00

DMS'020597p

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA./93995026 (INCIDENT#)SAP# 128141  
LCS Matrix: Soil


Service Request: S2000834  
Date Collected: NA  
Date Received: NA  
Date Extracted: 03/07/00  
Date Analyzed: 03/08/00

Laboratory Control Sample Summary  
TPH as Diesel

Sample Name: Lab Control Sample  
Lab Code: S200307-LCS  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	True Value	Result	Percent Recovery	CAS Percent Recovery Acceptance Limits	Result Notes
TPH as Diesel	LUFT	California DHS LUFT	100	120	120	28-157	

Approved By:  Date: 3-8-00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA /93995026 (INCIDENT#)SAP# 128141  
**Sample Matrix:** Soil

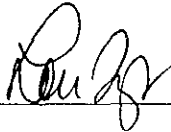
**Service Request:** S2000834  
**Date Collected:** 3/7/00  
**Date Received:** 3/7/00

BTEX, MTBE and TPH as Gasoline

Sample Name: SP COMP 1A  
 Lab Code: S2000834-001  
 Test Notes:

Units: mg/Kg (ppm)  
 Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	1	3/7/00	3/7/00	4	
Benzene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Toluene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Ethylbenzene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	0.007	
Xylenes, Total	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	0.038	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	3/7/00	3/7/00	ND	MDL=0.01

Approved By:  Date: 3-8-00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA /93995026 (INCIDENT#)SAP# 128141  
**Sample Matrix:** Soil

**Service Request:** S2000834  
**Date Collected:** 3/7/00  
**Date Received:** 3/7/00

BTEX, MTBE and TPH as Gasoline

Sample Name: SP COMP 113  
Lab Code: S2000834-002  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	1	3/7/00	3/7/00	4	
Benzene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Toluene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	0.017	
Ethylbenzene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	0.024	
Xylenes, Total	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	0.10	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	3/7/00	3/7/00	ND	MDL=0.01

Approved By:  Date: 3-8-00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA /93995026 (INCIDENT#)SAP# 128141  
**Sample Matrix:** Soil

**Service Request:** S2000834  
**Date Collected:** 3/7/00  
**Date Received:** 3/7/00

BTEX, MTBE and TPH as Gasoline

Sample Name: SP COMP 1C  
 Lab Code: S2000834-003  
 Test Notes:

Units: mg/Kg (ppm)  
 Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	1	3/7/00	3/7/00	ND	
Benzene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Toluene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Ethylbenzene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Xylenes, Total	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	3/7/00	3/7/00	ND	MDL=0.01

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

3-8-00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA 94612 (INCIDENT#)SAP# 128141  
**Sample Matrix:** Soil

**Service Request:** S2000834  
**Date Collected:** 3/7/00  
**Date Received:** 3/7/00

BTEX, MTBE and TPH as Gasoline

**Sample Name:** SP COMP 11D  
**Lab Code:** S2000834-004  
**Test Notes:**

**Units:** mg/Kg (ppm)  
**Basis:** Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUJ-T	1	1	3/7/00	3/7/00	ND	
Benzene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Toluene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Ethylbenzene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Xylenes, Total	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	3/7/00	3/7/00	ND	MDL=0.01

Approved By:  Date: 3-8-00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA./93995026 (INCIDENT#)SAP# 128141  
**Sample Matrix:** Soil

**Service Request:** S2000834  
**Date Collected:** NA  
**Date Received:** NA

BTEX, MTBE and TPH as Gasoline

**Sample Name:** Method Blank  
**Lab Code:** S200307-SB1  
**Test Notes**

**Units:** mg/Kg (ppm)  
**Basis:** Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	1	3/7/00	3/7/00	ND	
Benzene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Toluene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Ethylbenzene	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Xylenes, Total	EPA 5030	8021B	0.005	1	3/7/00	3/7/00	ND	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	3/7/00	3/7/00	ND	MDL=0.01

Approved By: \_\_\_\_\_

*Ken [Signature]*

Date: 3-8-00



COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA./93995026 (INCIDENT#)SAP# 128141  
Sample Matrix: Soil

Service Request: S2000834  
Date Collected: NA  
Date Received: NA  
Date Extracted: NA  
Date Analyzed: NA

Surrogate Recovery Summary  
BTEX and TPH as Gasoline

Prep Method: EPA 5030  
Analysis Method: 8021B CA/LUFT

Units: PERCENT  
Basis: NA

Sample Name	Lab Code	Test Notes	Percent Recovery	
			a,a,a-Trifluorotoluene	a,a,a-Trifluorotoluene
SP COMP 1A	S2000834-001		98	94
SP COMP 1B	S2000834-002		98	92
SP COMP 1C	S2000834-003		98	89
SP COMP 1D	S2000834-004		116	105
SP COMP 1D	S2000834-004MS		93	86
SP COMP 1D	S2000834-004DMS		97	104
Method Blank	S200307-SB1		91	84
Lab Control Sample	S200307-LCS		96	100

CAS Acceptance Limits: 70-130% 70-130%

Approved By: \_\_\_\_\_

Date: 3-8-10

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
 Project: 3810 Broadway, Oakland, CA./93995026 (INCIDENT#)SAP# 128141  
 Sample Matrix: Soil

Service Request: S2000834  
 Date Collected: NA  
 Date Received: NA  
 Date Extracted: 03/07/00  
 Date Analyzed: 03/07/00

Matrix Spike/Duplicate Matrix Spike Summary  
 BTEX and TPH as Gasoline

Sample Name: SP COMP 1D  
 Lab Code: S2000834-004MS, S2000834-004DMS  
 Test Notes:

Units: mg/Kg (ppm)  
 Basis: Wet

Percent Recovery

Analyte	Prep Method	Analysis Method	MRL	Spike Level		Sample Result	Spike Result		Percent Recovery		CAS Acceptance Limits	Relative Percent Difference	Result Notes
				MS	DMS		MS	DMS	MS	DMS			
Benzene	EPA 5030	8021B	0.005	0.5	0.5	ND	0.44	0.51	88	102	57-154	15	
Toluene	EPA 5030	8021B	0.005	0.5	0.5	ND	0.41	0.54	82	108	60-142	27	
Ethylbenzene	EPA 5030	8021B	0.005	0.5	0.5	ND	0.34	0.51	68	102	46-150	40	
Gasoline	EPA 5030	CA/LUFT	1	10	10	ND	8.7	9.5	87	95	67-121	9	

Approved By:  Date: 3-8-10

DMS/020597p

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA./93995026 (INCIDENT#)SAP# 128141  
LCS Matrix: Soil

Service Request: S2000834  
Date Collected: NA  
Date Received: NA  
Date Extracted: 03/07/00  
Date Analyzed: 03/07/00

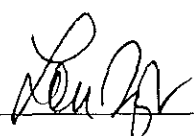
Laboratory Control Sample Summary  
BTEX and TPH as Gasoline

Sample Name: Lab Control Sample  
Lab Code: S200307-LCS  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	True Value	Result	Percent Recovery	CAS Percent Recovery Acceptance Limits	Result Notes
Benzene	EPA 5030	8021B	0.5	0.50	100	57-154	
Toluene	EPA 5030	8021B	0.5	0.54	108	60-142	
Ethylbenzene	EPA 5030	8021B	0.5	0.51	102	46-150	
Gasoline	EPA 5030	CA/LUFT	10	9.9	99	67-121	

Approved By: \_\_\_\_\_



Date: 3-8-00



# Columbia Analytical Services, Inc. General Terms and Conditions

## Laboratory Services

These Terms and Conditions embody the whole agreement of the parties, in the absence of a signed and executed contract between the Laboratory (LAB) and Client. They shall supersede all previous communications, representations, agreements, either verbal or written, between the parties. The LAB specifically rejects all additional, inconsistent or conflicting terms, whether printed or otherwise set forth in any purchase order or other communication from the Client to LAB. The invalidity or unenforceability in whole or in part of any provision, term or condition hereof shall not affect in any way the validity or enforceability of the remainder of the Terms and Conditions. Notwithstanding any provision, term or condition hereof or of any breach by or default of the Client hereunder shall constitute a waiver of such provision, term or condition on any other occasion or a waiver of any other breach by or obligation of the Client. This agreement shall be administered and interpreted under the laws of the state from which services are procured.

**2. Warranty.** Recognizing that the nature of many samples is unknown and that some may contain potentially hazardous components, LAB warrants only that it will perform testing services, obtain findings, and prepare reports in accordance with generally accepted analytical laboratory principles and practices at the time of performance of services. LAB makes no other warranty, express or implied.

At LAB sole discretion, preliminary results may be given in advance of the laboratory report. Such preliminary results are tentative, subject to confirmation and final review by LAB. Client's use of preliminary results in any manner shall be at Client's sole risk.

**3. Scope and Compensation.** LAB agrees to perform the services described in the proposal or agreement to which these Terms and Conditions are attached. Unless the parties agree in writing to the contrary, the duties of LAB shall not be construed to exceed the services specifically described.

Payment terms are net 30 days from the date of invoice. All overdue payments are subject to an interest charge of one and one-half percent (1 1/2%) per month or a portion thereof. Client shall also be responsible for costs of collection, including payment of reasonable attorney fees if such expense is incurred. The prices, unless stated, do not include any sales use or other taxes. Such taxes will be added to invoice prices when required. LAB reserves the right to require payment prior to release of data. Until such time as Client invoices are paid in full, LAB has no obligation, and will not defend, reproduce, return, or supplement data results.

**4. Prices.** Compensation for services performed will be based on the current Lab Analytical Fee Schedule, or on verbal quotations agreed to in writing by the parties. Unless specifically indicated on the written confirmation of quotation, analytical turnaround times are not guaranteed. The minimum charge will be \$100.00 unless otherwise noted.

**5. Methods.** Where applicable, LAB will use analytical methodologies which are in substantial conformity with U.S. Environmental Protection Agency (EPA), State Agency, American Society for Testing and Materials (ASTM), Association of Official Analytical Chemists (AOAC), Standard Methods for the Examination of Water and Wastewater, or other recognized methodologies. LAB reserves the right to deviate from these methodologies, if necessary or appropriate, due to the nature or composition of the sample or otherwise, based on the reasonable judgment of LAB. Deviations, if any, will be made on a basis consistent with recognized standards of the industry and/or LAB's standard operating procedures.

**6. Limitations of Liability.** In the event of any error, omission or other professional negligence, the sole and exclusive responsibility of LAB shall be to reperform the deficient work at its own expense, and LAB shall have no other liability whatsoever. All claims shall be deemed waived unless made in writing and received by LAB within ninety (90) days following completion of services.

LAB shall have no liability, obligation or responsibility of any kind for losses, costs, expenses or other damages (including but not limited to any special, indirect, incidental or consequential damages) with respect to LAB's services or results.

All results provided by LAB are strictly for the use of its clients, and LAB is in no way responsible for the use of such results by clients or third parties. All results should be considered in their entirety, and LAB is not responsible for the separation, detachment or other use of any portion of the results.

**7. Hazard Disclosure.** Client represents and warrants that any sample delivered to LAB will be preceded or accompanied by complete written disclosure of the presence of any hazardous substances known or suspected by Client. Client warrants that any sample containing any hazardous substance which is to be delivered to LAB will be packaged, labeled, transported and delivered properly and in accordance with applicable laws.

**8. Sample Handling.** Prior to LAB's acceptance of any sample (or after any revocation of acceptance), the entire risk of loss of or damage to such sample remains

with Client. Samples are accepted when receipt is acknowledged on chain of custody documentation. In no event will LAB have any responsibility or liability for the action or inaction of any carrier shipping or delivering any sample to or from LAB's premises.

LAB will use its best efforts to arrange for the shipment of specially prepared sample bottles, sampling instructions per Client instruction by the readily available, least cost method. Any other shipment arrangements will be at Client's expense.

Disposal of hazardous waste samples is the responsibility of the Client. If the Client does not wish such samples returned, LAB may add storage and disposal fees to the final invoice. Maximum storage time for samples is 30 days after completion of analysis, unless modified by applicable state or federal laws. Client will be required to give to LAB written instructions concerning disposal of these samples.

LAB reserves the absolute right, exercisable at any time, to refuse to receive delivery of, refuse to accept or revoke acceptance of any sample which, in the sole judgment of LAB, (a) is of unsuitable volume, (b) may be or become unsuitable for, or may pose a risk in handling, transport or processing for any health, safety, environmental or other reason, whether or not due to the presence in the sample of any hazardous substance, and whether or not such presence has been disclosed to LAB by Client or (c) has been delivered to the LAB more than 72 hours after sampling or if one half or more of the recommended holding time for the analysis has lapsed.

**9. Legal Responsibility.** LAB is solely responsible for performance of this contract, and no affiliated company, director, officer, employee, or agent shall have any legal responsibility hereunder, whether in contract or tort, including negligence.

**10. Data Deliverables.** Where specifically requested by Client, LAB agrees to produce electronic data representing services performed hereunder, subject to the following specific understanding between the parties: LAB agrees to supply Client with electronic data as mutually defined, using an agreed medium. Client recognizes that LAB is not a software consultant, manufacturer or reseller, any transfer of electronic data pursuant to services provided by LAB is an accommodation to and strictly for the convenience of the client who is solely liable for the choice and maintenance of the medium utilized. Electronic data provided under this agreement is not deemed to be the project deliverable for the purpose of fulfilling obligations under the Agreement. The provision of electronic data does not in any way modify the intention of the parties that the Client rely on the written or hard copy form of the deliverable.

Except with regard to any limited warranty as specifically set forth below, LAB disclaims and excludes all warranties express or implied with regard to the creation, transmittal or use of electronic data hereunder. The limited warranty in this Agreement replaces all other warranties, express or implied, including any warranties of merchantability or fitness for a particular purpose. Professional warranties extend to written or hard copy deliverables only and do not extend to electronic data supplied to Client. Professional warranties in the Agreement which extend to written or hard copy deliverables shall be undisturbed by this Amendment. LAB's liability for medium failure shall be limited to replacement of the electronic data with a hard copy for a period of thirty days from the date of delivery. LAB's electronic data transfer is derived in part from or is created using third party software, and no such third party warrants or assumes any liability regarding use of or undertakes to provide support information relating to LAB's electronic data. LAB will utilize anti-virus programs on a best efforts basis in preparation of the electronic data transfer, but LAB makes no warranty as to the effectiveness of such screening. LAB will also use its best efforts to ensure that its electronic data will meet all criteria as specified by Client, including criteria regarding date/time data, if and when, included; but LAB makes no warranty as to the appropriateness of the client specified criteria by accepting the same.

In addition to indemnities contained in the underlying agreement between LAB and Client, Client shall hold LAB harmless from any claims, suits or liability arising from or related to electronic data supplied pursuant to this Agreement. Any reuse of original or altered files by Client shall be at Client's risk and without liability or responsibility to LAB, but shall entitle LAB to additional compensation for such unauthorized reuse. In no event will LAB's liability for electronic data include any special, incidental or consequential damages, whether or not LAB has knowledge of the potential for loss or damage.

**11. Force Majeure.** LAB shall have no responsibility or liability to the Client for any failure or delay in performance by LAB which results in whole or in part from any cause or circumstance beyond the reasonable control of LAB. Such causes and circumstances shall include, but not be limited to, acts of God, acts of Client, acts or orders of any government authority, strikes or other labor disputes, natural disasters, accidents, wars, civil disturbances, difficulties or delays in transportation, mail or delivery services, inability to obtain sufficient services or supplies from LAB's usual suppliers, or any other cause beyond LAB's reasonable control.



March 14, 2000

Service Request No.: S2000847

Mr. Wayne Chiu  
Toxichem Management System, Inc.  
6857 Ridgewood Drive  
Oakland, CA 94611

**RE: 3810 Broadway, Oakland, CA**

Dear Mr. Chiu:

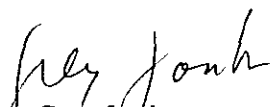
Enclosed are the results of the sample(s) submitted to our laboratory on March 18, 2000. All analyses were performed in accordance with our laboratory's quality assurance program. Results are intended to be considered in their entirety and apply to the sample(s) analyzed. Columbia Analytical Services is not responsible for use of less than the complete report. Signature of this CAS Analytical Report confirms that pages 2 through 24, following, have been thoroughly reviewed and approved for release.

Columbia Analytical Services is certified for environmental analyses by the California Department of Health Services (certificate number: 2352, expiration: January 31, 2001).

If you have any questions, please call me at (408) 748-9700.

Respectfully submitted,

**Columbia Analytical Services, Inc.**

  
Greg Jordan  
Project Chemist

COLUMBIA ANALYTICAL SERVICES, Inc.

Acronyms

A2LA	American Association for Laboratory Accreditation
ASTM	American Society for Testing and Materials
BOD	Biochemical Oxygen Demand
BTEX	Benzene, Toluene, Ethylbenzene, Xylenes
CAM	California Assessment Metals
CARB	California Air Resources Board
CAS Number	Chemical Abstract Service registry Number
CFC	Chlorofluorocarbon
CFU	Colony-Forming Unit
COD	Chemical Oxygen Demand
DEC	Department of Environmental Conservation
DEQ	Department of Environmental Quality
DHS	Department of Health Services
DLCS	Duplicate Laboratory Control Sample
DMS	Duplicate Matrix Spike
DOE	Department of Ecology
DOH	Department of Health
EPA	U. S. Environmental Protection Agency
ELAP	Environmental Laboratory Accreditation Program
GC	Gas Chromatography
GC/MS	Gas Chromatography/Mass Spectrometry
IC	Ion Chromatography
ICB	Initial Calibration Blank sample
ICP	Inductively Coupled Plasma atomic emission spectrometry
ICV	Initial Calibration Verification sample
J	Estimated concentration. The value is less than the MRL, but greater than or equal to the MDL. If the value is equal to the MRL, the result is actually <MRL before rounding.
LCS	Laboratory Control Sample
LUFT	Leaking Underground Fuel Tank
M	Modified
MBAS	Methylene Blue Active Substances
MCL	Maximum Contaminant Level. The highest permissible concentration of a substance allowed in drinking water as established by the U. S. EPA.
MDL	Method Detection Limit
MPN	Most Probable Number
MRL	Method Reporting Limit
MS	Matrix Spike
MTBE	Methyl tert-Butyl Ether
NA	Not Applicable
NAN	Not Analyzed
NC	Not Calculated
NCASI	National Council of the paper industry for Air and Stream Improvement
ND	Not Detected at or above the method reporting/detection limit (MRL/MDL)
NIOSH	National Institute for Occupational Safety and Health
NTU	Nephelometric Turbidity Units
ppb	Parts Per Billion
ppm	Parts Per Million
PQL	Practical Quantitation Limit
QA/QC	Quality Assurance/Quality Control
RCRA	Resource Conservation and Recovery Act
RPD	Relative Percent Difference
SIM	Selected Ion Monitoring
SM	Standard Methods for the Examination of Water and Wastewater, 18th Ed., 1992
STLC	Solubility Threshold Limit Concentration
SW	Test Methods for Evaluating Solid Waste, Physical/Chemical Methods, SW-846, 3rd Ed., 1986 and as amended by Updates I, II, IIA, and IIB.
TCLP	Toxicity Characteristic Leaching Procedure
TDS	Total Dissolved Solids
TPH	Total Petroleum Hydrocarbons
tr	Trace level. The concentration of an analyte that is less than the PQL but greater than or equal to the MDL. If the value is equal to the PQL, the result is actually <PQL before rounding.
TRPH	Total Recoverable Petroleum Hydrocarbons
TSS	Total Suspended Solids
TTLC	Total Threshold Limit Concentration
VOA	Volatile Organic Analyte(s)







COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
 Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
 Sample Matrix: Soil

Service Request: S2000847  
 Date Collected: NA  
 Date Received: NA  
 Date Extracted: 3/8/00  
 Date Analyzed: 3/10/00

Matrix Spike/Duplicate Matrix Spike Summary  
 TPH as Diesel

Sample Name: EX-7 Units: mg/Kg (ppm)  
 Lab Code: S20008477MS, S20008477DMS Basis: Wet  
 Test Notes:

Analyte	Prep Method	Analysis Method	Spike Level		Sample Result	Spike Result		Percent Recovery				Relative Percent Difference	Result Notes
			MRL	MS		DMS	MS	DMS	MS	DMS	CAS Acceptance Limits		
TPH as Diesel	LUFT	California DHS LUFT	1	100	100	ND	76	81	76	81	28-157	6	

Approved By: *Greg Joubert* Date: *3/14/12*

DMS/020597p

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
LCS Matrix: Soil

Service Request: S2000847  
Date Collected: NA  
Date Received: NA  
Date Extracted: 3/8/00  
Date Analyzed: 3/9/00

Laboratory Control Sample Summary  
TPH as Diesel

Sample Name: Lab Control Sample  
Lab Code: S200308-LCS  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	True Value	Result	Percent Recovery	CAS Percent Recovery Acceptance Limits	Result Notes
TPH as Diesel	LUFT	California DHS LUFT	100	72	72	28-157	

Approved By: frey jank Date: 3/14/00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA  
Sample Matrix: Soil

Service Request: S2000847  
Date Collected: 3/7/00  
Date Received: 3/8/00

EPA Method 8260  
Volatile Organic Compounds

Sample Name: EX-1  
Lab Code: S2000847-001  
Test Notes:

Units: ug/Kg (ppb)  
Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
Methyl tert-Butyl Ether	EPA 5030A	8260	5	2	3/8/00	3/10/00	<10	

Approved By: *Greg Jones*

Date: 3/14/00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA  
Sample Matrix: Soil

Service Request: S2000847  
Date Collected: NA  
Date Received: NA

EPA Method 8260  
Volatile Organic Compounds

Sample Name: Method Blank(MS02)  
Lab Code: S200308-SB1  
Test Notes:

Units: ug/Kg (ppb)  
Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
Methyl tert-Butyl Ether	EPA 5030A	8260	5	1	3/8/00	3/10/00	ND	

Approved By: Greg Jones

Date: 3/09/00

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
**Sample Matrix:** Soil

**Service Request:** S2000847  
**Date Collected:** NA  
**Date Received:** NA  
**Date Extracted:** NA  
**Date Analyzed:** NA

Surrogate Recovery Summary  
Volatile Organic Compounds

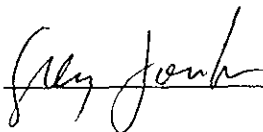
Prep Method: EPA 5030A  
Analysis Method: 8260

Units: PERCENT  
Basis: NA

Sample Name	Lab Code	Test Notes	P e r c e n t R e c o v e r y		
			Dibromofluoromethane	Toluene-D8	4-Bromofluorobenzene
EX-1	S2000847-001		81	92	98
Method Blank(MS02)	S200308-SB1		103	101	103
Lab Control Sample	S2000308-SLCS		105	109	111
Lab Control Sample	S2000308-SDLCS		107	104	102

CAS Acceptance Limits: 57-167 62-138 62-140

Approved By: \_\_\_\_\_



Date: \_\_\_\_\_

3/14/12

**COLUMBIA ANALYTICAL SERVICES, INC.**

QA/QC Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA  
**LCS Matrix:** Soil

**Service Request:** S2000847  
**Date Collected:** NA  
**Date Received:** NA  
**Date Extracted:** 3/8/00  
**Date Analyzed:** 3/9/00

Laboratory Control Sample/Duplicate Laboratory Control Sample Summary  
 Volatile Organic Compounds

**Sample Name:** Lab Control Sample  
**Lab Code:** S2000308-SLCS, S2000308-SDLCS  
**Test Notes:**

**Units:** ug/Kg (ppb)  
**Basis:** Wet

**Percent Recovery**

Analyte	Prep Method	Analysis Method	True Value		Result		CAS		Relative Percent Difference	Result Notes	
			LCS	DLCS	LCS	DLCS	LCS	DLCS			Acceptance Limits
1,1-Dichloroethene	EPA 5030A	8260	100	100	82	88	82	88	61-145	7	
Benzene	EPA 5030A	8260	100	100	96	110	96	110	76-127	14	
Trichloroethene	EPA 5030A	8260	100	100	97	110	97	110	71-120	13	
Toluene	EPA 5030A	8260	100	100	110	120	110	120	76-125	9	
Chlorobenzene	EPA 5030A	8260	100	100	91	100	91	100	75-130	9	

Approved By: *Greg Jones* Date: *3/14/00*

**COLUMBIA ANALYTICAL SERVICES, INC.**

Analytical Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
**Sample Matrix:** Soil

**Service Request:** S2000847  
**Date Collected:** 3/7/00  
**Date Received:** 3/8/00

BTEX, MTBE and TPH as Gasoline


**Sample Name:** EX-2  
**Lab Code:** S2000847-002  
**Test Notes:**

**Units:** mg/Kg (ppm)  
**Basis:** Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	2.5	3/8/00	3/9/00	23	
Benzene	EPA 5030	8021B	0.005	2.5	3/8/00	3/9/00	0.048	
Toluene	EPA 5030	8021B	0.005	2.5	3/8/00	3/9/00	0.40	
Ethylbenzene	EPA 5030	8021B	0.005	2.5	3/8/00	3/9/00	0.17	
Xylenes, Total	EPA 5030	8021B	0.005	2.5	3/8/00	3/9/00	1.1	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	2.5	3/8/00	3/9/00	<0.12	C1

C1

The MRL was elevated due to high analyte concentration requiring sample dilution.

Approved By: 

Date: 3/14/00







COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil

Service Request: S2000847  
Date Collected: 3/8/00  
Date Received: 3/8/00

BTEX, MTBE and TPH as Gasoline

Sample Name: EX-5  
Lab Code: S2000847-005  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	1	3/8/00	3/9/00	7	
Benzene	EPA 5030	8021B	0.005	1	3/8/00	3/9/00	0.019	
Toluene	EPA 5030	8021B	0.005	1	3/8/00	3/9/00	0.074	
Ethylbenzene	EPA 5030	8021B	0.005	1	3/8/00	3/9/00	0.041	
Xylenes, Total	EPA 5030	8021B	0.005	1	3/8/00	3/9/00	0.22	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	3/8/00	3/9/00	ND	

Approved By: Greg Jones

Date: 3/14/00

**COLUMBIA ANALYTICAL SERVICES, INC.**

Analytical Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
**Sample Matrix:** Soil

**Service Request:** S2000847  
**Date Collected:** 3/8/00  
**Date Received:** 3/8/00

BTEX, MTBE and TPH as Gasoline

**Sample Name:** EX-6  
**Lab Code:** S2000847-006  
**Test Notes:**

**Units:** mg/Kg (ppm)  
**Basis:** Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	5	3/8/00	3/10/00	150	
Benzene	EPA 5030	8021B	0.005	5	3/8/00	3/10/00	0.40	
Toluene	EPA 5030	8021B	0.005	5	3/8/00	3/10/00	1.4	
Ethylbenzene	EPA 5030	8021B	0.005	5	3/8/00	3/10/00	2.0	
Xylenes, Total	EPA 5030	8021B	0.005	5	3/8/00	3/10/00	7.9	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	5	3/8/00	3/10/00	<0.25	C1

C1 The MRL was elevated due to high analyte concentration requiring sample dilution.

Approved By: *Greg Jank* Date: *3/19/00*

1S22/020597p

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil

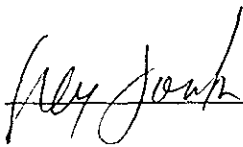
Service Request: S2000847  
Date Collected: 3/8/00  
Date Received: 3/8/00

BTEX, MTBE and TPH as Gasoline

Sample Name: EX-7  
Lab Code: S2000847-007  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	1	3/8/00	3/10/00	2	
Benzene	EPA 5030	8021B	0.005	1	3/8/00	3/10/00	0.028	
Toluene	EPA 5030	8021B	0.005	1	3/8/00	3/10/00	0.027	
Ethylbenzene	EPA 5030	8021B	0.005	1	3/8/00	3/10/00	0.018	
Xylenes, Total	EPA 5030	8021B	0.005	1	3/8/00	3/10/00	0.042	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	3/8/00	3/10/00	ND	

Approved By: 

Date: 3/14/00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil

Service Request: S2000847  
Date Collected: 3/8/00  
Date Received: 3/8/00

BTEX, MTBE and TPH as Gasoline

Sample Name: Ex-8  
Lab Code: S2000847-008  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	5	3/8/00	3/10/00	150	
Benzene	EPA 5030	8021B	0.005	5	3/8/00	3/10/00	0.66	
Toluene	EPA 5030	8021B	0.005	5	3/8/00	3/10/00	4.6	
Ethylbenzene	EPA 5030	8021B	0.005	5	3/8/00	3/10/00	2.1	
Xylenes, Total	EPA 5030	8021B	0.005	5	3/8/00	3/10/00	9.5	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	5	3/8/00	3/10/00	<0.25	C1

C1 The MRL was elevated due to high analyte concentration requiring sample dilution.

Approved By: Greg Joubert Date: 3/14/00



COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil

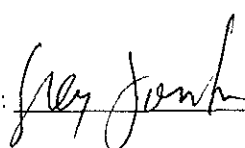
Service Request: S2000847  
Date Collected: 3/8/00  
Date Received: 3/8/00

BTEX, MTBE and TPH as Gasoline

Sample Name: EX-10  
Lab Code: S2000847-010  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	2.5	3/8/00	3/10/00	36	
Benzene	EPA 5030	8021B	0.005	1	3/8/00	3/10/00	0.14	
Toluene	EPA 5030	8021B	0.005	1	3/8/00	3/10/00	0.082	
Ethylbenzene	EPA 5030	8021B	0.005	1	3/8/00	3/10/00	0.69	
Xylenes, Total	EPA 5030	8021B	0.005	1	3/8/00	3/10/00	3.2	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	3/8/00	3/10/00	ND	

Approved By: 

Date: 3/14/00



COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil

Service Request: S2000847  
Date Collected: NA  
Date Received: NA


BTEX, MTBE and TPH as Gasoline

Sample Name: Method Blank  
Lab Code: S200308-SB1  
Test Notes:

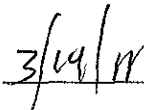
Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	1	3/8/00	3/9/00	ND	
Benzene	EPA 5030	8021B	0.005	1	3/8/00	3/9/00	ND	
Toluene	EPA 5030	8021B	0.005	1	3/8/00	3/9/00	ND	
Ethylbenzene	EPA 5030	8021B	0.005	1	3/8/00	3/9/00	ND	
Xylenes, Total	EPA 5030	8021B	0.005	1	3/8/00	3/9/00	ND	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	3/8/00	3/9/00	ND	

Approved By:



Date:



**COLUMBIA ANALYTICAL SERVICES, INC.**

QA/QC Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
**Sample Matrix:** Soil

**Service Request:** S2000847  
**Date Collected:** NA  
**Date Received:** NA  
**Date Extracted:** NA  
**Date Analyzed:** NA

Surrogate Recovery Summary  
 BTEX and TPH as Gasoline

**Prep Method:** EPA 5030  
**Analysis Method:** 8021B CA/LUFT

**Units:** PERCENT  
**Basis:** NA

Sample Name	Lab Code	Test Notes	Percent Recovery	
			a,a,a-Trifluorotoluene	a,a,a-Trifluorotoluene
EX-1	S2000847-001		78	141 S1
EX-2	S2000847-002		102	91
EX-3	S2000847-003		73	168 S1
EX-4	S2000847-004		84	77
EX-5	S2000847-005		86	80
EX-6	S2000847-006		87	110
EX-7	S2000847-007		99	92
EX-8	S2000847-008		82	103
EX-9	S2000847-009		91	98
EX-10	S2000847-010		98	91
EX-7	S2000847-007MS		87	124
EX-7	S2000847-007DMS		85	118
Method Blank	S200308-SB1		88	79
Lab Control Sample	S200308-LCS		95	107

CAS Acceptance Limits: 70-130% 70-130%

S1 Surrogate recovery out of control limits due to matrix interference.

Approved By: frey jacob Date: 3/14/12



**COLUMBIA ANALYTICAL SERVICES, INC.**

QA/QC Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
**LCS Matrix:** Soil

**Service Request:** S2000847  
**Date Collected:** NA  
**Date Received:** NA  
**Date Extracted:** 3/8/00  
**Date Analyzed:** 3/8/00

Laboratory Control Sample Summary  
 BTEX and TPH as Gasoline

**Sample Name:** Lab Control Sample  
**Lab Code:** S200308-LCS  
**Test Notes:**

**Units:** mg/Kg (ppm)  
**Basis:** Wet

Analyte	Prep Method	Analysis Method	True Value	Result	Percent Recovery	CAS	Result Notes
						Percent Recovery Acceptance Limits	
Benzene	EPA 5030	8021B	0.5	0.47	94	57-154	
Toluene	EPA 5030	8021B	0.5	0.40	80	60-142	
Ethylbenzene	EPA 5030	8021B	0.5	0.38	76	46-150	
Gasoline	EPA 5030	CA/LUFT	10	10	100	67-121	

Approved By: *Freya Jankin*

Date: 3/14/00



# Columbia Analytical Services, Inc. General Terms and Conditions

## Laboratory Services

These Terms and Conditions embody the whole agreement of the parties in the absence of a signed and executed contract between the Laboratory ("LAB") and Client. They shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties. The LAB specifically rejects all additional, inconsistent or conflicting terms, whether printed or otherwise set forth in any purchase order or other communication from the Client to LAB. The invalidity or unenforceability, in whole or in part of any provision, term or condition hereof shall not affect in any way the validity or enforceability of the remainder of the Terms and Conditions. No waiver by LAB of any provision, term or condition hereof or of any breach by or obligation of the Client hereunder shall constitute a waiver of such provision, term or condition on any other occasion or a waiver of any other breach by or obligation of the Client. This agreement shall be administered and interpreted under the laws of the state from which services are procured.

**2. Warranty.** Recognizing that the nature of many samples is unknown and that some may contain potentially hazardous components, LAB warrants only that it will perform testing services, obtain findings and prepare reports in accordance with generally accepted analytical laboratory principles and practices at the time of performance of services. LAB makes no other warranty, express or implied.

At LAB sole discretion, preliminary results may be given in advance of the laboratory report. Such preliminary results are tentative, subject to confirmation and final review by LAB. Client's use of preliminary results in any manner shall be at Client's sole risk.

**3. Scope and Compensation.** LAB agrees to perform the services described in the proposal or agreement to which these Terms and Conditions are attached. Unless the parties agree in writing to the contrary, the duties of LAB shall not be construed to exceed the services specifically described.

Payment terms are net 30 days from the date of invoice. All overdue payments are subject to an interest charge of one and one-half percent (1 1/2%) per month or a portion thereof. Client shall also be responsible for costs of collection, including payment of reasonable attorney fees if such expense is incurred. The prices, unless stated, do not include any sales, use or other taxes. Such taxes will be added to invoice prices when required. LAB reserves the right to require payment prior to release of data. Until such time as Client invoices are paid in full, LAB has no obligation, and will not defend, reproduce, return, or supplement data results.

**4. Prices.** Compensation for services performed will be based on the current Lab Analytical Fee Schedule, or on verbal quotations agreed to in writing by the parties. Unless specifically indicated on the written confirmation of quotation, analytical turnaround times are not guaranteed. The minimum charge will be \$100.00 unless otherwise noted.

**5. Methods.** Where applicable, LAB will use analytical methodologies which are in substantial conformity with U.S. Environmental Protection Agency (EPA), State Agency, American Society for Testing and Materials (ASTM), Association of Official Analytical Chemists (AOAC), Standard Methods for the Examination of Water and Wastewater, or other recognized methodologies. LAB reserves the right to deviate from these methodologies, if necessary or appropriate, due to the nature or composition of the sample or otherwise, based on the reasonable judgment of LAB. Deviations, if any, will be made on a basis consistent with recognized standards of the industry and/or LAB's standard operating procedures.

**6. Limitations of Liability.** In the event of any error, omission or other professional negligence, the sole and exclusive responsibility of LAB shall be to reperform the deficient work at its own expense, and LAB shall have no other liability whatsoever. All claims shall be deemed waived unless made in writing and received by LAB within ninety (90) days following completion of services.

LAB shall have no liability, obligation or responsibility of any kind for losses, costs, expenses or other damages (including but not limited to any special, indirect, incidental or consequential damages) with respect to LAB's services or results.

All results provided by LAB are strictly for the use of its clients, and LAB is in no way responsible for the use of such results by clients or third parties. All results should be considered in their entirety, and LAB is not responsible for the separation, detachment, or other use of any portion of the results.

**7. Hazard Disclosure.** Client represents and warrants that any sample delivered to LAB will be preceded or accompanied by complete written disclosure of the presence of any hazardous substances known or suspected by Client. Client further warrants that any sample containing any hazardous substance which is to be delivered to LAB will be packaged, labeled, transported and delivered properly and in accordance with applicable laws.

**8. Sample Handling.** Prior to LAB's acceptance of any sample (or after any revocation of acceptance), the entire risk of loss of or damage to such sample remains

with Client. Samples are accepted when receipt is acknowledged on chain of custody documentation. In no event will LAB have any responsibility or liability for the action or inaction of any carrier shipping or delivering any sample to or from LAB's premises.

LAB will use its best efforts to arrange for the shipment of specially prepared sample bottles, sampling instructions per Client instruction by the readily available, least cost method. Any other shipment arrangements will be at Client's expense.

Disposal of hazardous waste samples is the responsibility of the Client. If the Client does not wish such samples returned, LAB may add storage and disposal fees to the final invoice. Maximum storage time for samples is 30 days after completion of analysis, unless modified by applicable state or federal laws. Client will be required to give to LAB written instructions concerning disposal of these samples.

LAB reserves the absolute right, exercisable at any time, to refuse to receive delivery of, refuse to accept, or revoke acceptance of any sample which, in the sole judgment of LAB, (a) is of unsuitable volume, (b) may be or become unsuitable for, or may pose a risk in handling, transport or processing for any health, safety, environmental or other reason, whether or not due to the presence in the sample of any hazardous substance, and whether or not such presence has been disclosed to LAB by Client or (c) has been delivered to the LAB more than 72 hours after sampling or if one half or more of the recommended holding time for the analysis has lapsed.

**9. Legal Responsibility.** LAB is solely responsible for performance of this contract, and no affiliated company director, officer, employee, or agent shall have any legal responsibility hereunder, whether in contract or tort, including negligence.

**10. Data Deliverables.** Where specifically requested by Client, LAB agrees to produce electronic data representing services performed hereunder, subject to the following specific understanding between the parties: LAB agrees to supply Client with electronic data as mutually defined, using an agreed medium. Client recognizes that LAB is not a software consultant, manufacturer or reseller; any transfer of electronic data pursuant to services provided by LAB is an accommodation to and strictly for the convenience of the client who is solely liable for the choice and maintenance of the medium utilized. Electronic data provided under this agreement is not deemed to be the project deliverable for the purpose of fulfilling obligations under the Agreement. The provision of electronic data does not in any way modify the intention of the parties that the Client rely on the written or hard copy form of the deliverable.

Except with regard to any limited warranty as specifically set forth below, LAB disclaims and excludes all warranties express or implied with regard to the creation, transmittal or use of electronic data hereunder. The limited warranty in this Agreement replaces all other warranties, express or implied, including any warranties of merchantability or fitness for a particular purpose. Professional warranties extend to written or hard copy deliverables only and do not extend to electronic data supplied to Client. Professional warranties in the Agreement which extend to written or hard copy deliverables shall be undisturbed by this Amendment. LAB's liability for medium failure shall be limited to replacement of the electronic data with a hard copy for a period of thirty days from the date of delivery. LAB's electronic data transfer is derived in part from or is created using third party software, and no such third party warrants or assumes any liability regarding use of or undertakes to provide support information relating to LAB's electronic data. LAB will utilize anti-virus programs on a best efforts basis in preparation of the electronic data transfer, but LAB makes no warranty as to the effectiveness of such screening. LAB will also use its best efforts to ensure that its electronic data will meet all criteria as specified by Client, including criteria regarding date/time data, if, and when, included; but LAB makes no warranty as to the appropriateness of the client specified criteria by accepting the same.

In addition to indemnities contained in the underlying agreement between LAB and Client, Client shall hold LAB harmless from any claims, suits or liability arising from or related to electronic data supplied pursuant to this Agreement. Any reuse of original or altered files by Client shall be at Client's risk and without liability or responsibility to LAB, but shall entitle LAB to additional compensation for such unauthorized reuse. In no event will LAB's liability for electronic data include any special, incidental or consequential damages, whether or not LAB has knowledge of the potential for loss or damage.

**11. Force Majeure.** LAB shall have no responsibility or liability to the Client for any failure or delay in performance by LAB which results in whole or in part from any cause or circumstance beyond the reasonable control of LAB. Such causes and circumstances shall include, but not be limited to, acts of God, acts of Client, acts or orders of any government authority, strikes or other labor disputes, natural disasters, accidents, wars, civil disturbances, difficulties or delays in transportation, mail or delivery services, inability to obtain sufficient services or supplies from LAB's usual suppliers, or any other cause beyond LAB's reasonable control.



**Sequoia  
Analytical**

889 Jarvis Drive  
Morgan Hill, CA 95037  
(408) 776-9600  
FAX (408) 782-6308

**FAX TRANSMITTAL**

<b>TO</b>	
Name	<u>BEAD BOARD</u>
Company	<u>Applied Waste</u>
Fax	<u>(209) 466-1067</u>
<b>FROM</b>	
Name	<u>KAYVAN KIMYAI</u>
Date	<u>3-16-00</u>
Report #	<u>MJ0-471</u>
Number of pag	<u>12</u>
<b>COMMENTS</b>	
<u>Sorry for the delay. CIA instrument problems</u>	

Because access to receiving equipment is not under our control, Sequoia Analytical cannot be responsible for the confidentiality of electronically transmitted data.



# Sequoia Analytical

885 Jarvis Drive  
Morgan Hill, CA 95037  
(408) 776-8600  
FAX (408) 782-8388  
www.sequoianalytical.com

March 16, 2000

Brad Bonner  
Allied Waste  
1145 West Charter Way  
Stockton, CA 95206

RE: Forward Landfill, #23300

Dear Ruben Baring

Enclosed are the results of analyses for sample(s) received by the laboratory on March 14, 2000. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Kayvan Kimyai  
Project Manager D.M.

CA ELAP Certificate Number 1210







**Sequoia  
Analytical**

882 Jarvis Drive  
Morgan Hill, CA 95037  
(408) 776-9800  
FAX (408) 782-6308  
www.sequoiainc.com

Allied Waste 1145 West Charter Way Stockton, CA 95206	Project: Forward Landfill Project Number: 923300 Project Manager: Brad Bonner	Sampled: 3/13/00 Received: 3/16/00 Reported: 3/16/00 12:40
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**ANALYTICAL REPORT FOR SAMPLES:**

Sample Description	Laboratory Sample Number	Sample Matrix	Date Sampled
Camp #1-44	MJC0471-01	Soil	3/13/00

Sequoia Analytical - Morgan Hill

*The results in this report apply to the samples analyzed in accordance with the chain of custody document.  
This analytical report must be reproduced in its entirety.*

Keyvan Kintyvi, Project Manager D.M.





**Sequoia  
 Analytical**

685 Lewis Drive  
 Morgan Hill, CA 95037  
 (408) 776-9600  
 FAX (408) 782-0300  
 www.sequoialabs.com

Allied Waste 1145 West Charter Way Stockton, CA 95206	Project: Forward Landfill Project Number: 923300 Project Manager: Brad Hanger	Sampled: 3/13/00 Received: 3/14/00 Reported: 3/16/00 12:40
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**Total Purgeable Hydrocarbons (C6-C12) and BTEX by DHS LUFT**  
 Sequoia Analytical - Morgan Hill

Analyte	Batch Number	Date Prepared	Date Analyzed	Specific Method	Reporting Limit	Result	Units	Notes
<b>Comp #1-#6</b>								
<b>Purgeable Hydrocarbons</b>								
Benzene	DC12004	3/16/00	3/16/00	DHS LUFT	10.0	49.5	mg/kg	P-04
Toluene	"	"	"	DHS LUFT	0.0500	ND	"	
Ethylbenzene	"	"	"	DHS LUFT	0.0500	0.0806	"	
Xylenes (total)	"	"	"	DHS LUFT	0.0500	0.167	"	
Surrogate: o,p,p'-Trifluorotoluene	"	"	"	70-130		99.0	%	
Surrogate: 4-Bromofluorobenzene	"	"	"	60-140		96.0	"	



**Sequoia  
 Analytical**

885 Jarvis Drive  
 Morgan Hill, CA 95037  
 (408) 778-9500  
 FAX (408) 762-4300  
 www.sequoiainfo.com

Allied Waste 1145 West Charter Way Stockton, CA 95206	Project: Forward Landfill	Sampled: 3/13/00
	Project Number: 923300	Received: 3/14/00
	Project Manager: Brad Bonnar	Reported: 3/16/00 12:40

**Diesel Hydrocarbons (C9-C24) by DHS LUFT  
 Sequoia Analytical - Morgan Hill**

Analyte	Batch Number	Date Prepared	Date Analyzed	Specific Method	Reporting Limit	Result	Units	Notes*
<u>Comp 91-94</u> Diesel Range Hydrocarbons Surrogate: n-Pentacosane	GC14031	3/14/00	3/15/00	<u>MJC0471-01</u> DHS LUFT 50-150	1.00	40.9 168	Soil mg/kg %	A-01, D-13 3-03





# Sequoia Analytical

885 Lewis Drive  
Morgan Hill, CA 95037  
(408) 776-4000  
FAX (408) 792-6308  
www.sequoianalytical.com

Allied Waste 1145 West Charter Way Stockton, CA 95206	Project: Forward Landfill Project Number: 923300 Project Manager: Brad Boncz	Sampled: 3/13/00 Received: 3/14/00 Reported: 3/16/00 12:40
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**Total Metals by EPA 6000/7000 Series Methods  
Sequoia Analytical - Morgan Hill**

Analyte	Batch Number	Date Prepared	Date Analyzed	Specific Method	Reporting Limit	Result	Units	Notes*
Comp #1-#4 Lead	0C14010	3/14/00	3/15/00	MJC0471-01 EPA 6010A	10.0	ND	Soil mg/kg	





# Sequoia Analytical

855 Jarvis Drive  
 Morgan Hill, CA 95037  
 (408) 778-9000  
 FAX (408) 782-0308  
 www.sequoiabc.com

Allied Waste 1743 West Charter Way Stockton, CA 95206	Project: Forward Landfill Project Number: 923300 Project Manager: Brad Brunner	Sampled: 3/13/00 Received: 3/14/00 Reported: 3/16/00 (2:40)
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**Total Purgeable Hydrocarbons (C6-C12) and BTEX by DHS LUFT/Quality Control**  
 Sequoia Analytical - Morgan Hill

Analyte	Date Analyzed	Spike Level	Sample Result	QC Result	Units	Reporting Limit	Reccov. %	RPD Limit	RPD %	Notes
<b>Batch: OC12004</b>			<b>Date Prepared: 3/12/00</b>			<b>Extraction Method: EPA 8230B (P/LI)</b>				
<b>Blank</b>			<b>OC12004-BLK1</b>							
Purgeable Hydrocarbons	3/13/00			ND	mg/kg	1.00				
Benzene	"			ND	"	0.00500				
Toluene	"			ND	"	0.00500				
Ethylbenzene	"			ND	"	0.00500				
Xylenes (total)	"			ND	"	0.00500				
Surrogate: o,p,p'-Trifluorotoluene	"	0.0200		0.0171	"	70-130	85.5			
Surrogate: 4-Bromofluorobenzene	"	0.200		0.177	"	60-140	88.5			
<b>Blank</b>			<b>OC12004-BLK2</b>							
Purgeable Hydrocarbons	3/16/00			ND	mg/kg	1.00				
Benzene	"			ND	"	0.00500				
Toluene	"			ND	"	0.00500				
Ethylbenzene	"			ND	"	0.00500				
Xylenes (total)	"			ND	"	0.00500				
Surrogate: o,p,p'-Trifluorotoluene	"	0.0200		0.0187	"	70-130	93.5			
Surrogate: 4-Bromofluorobenzene	"	0.200		0.136	"	60-140	68.0			
<b>LCS</b>			<b>OC12004-BB1</b>							
Benzene	3/13/00	0.200		0.211	mg/kg	70-130	105			
Toluene	"	0.200		0.201	"	70-130	101			
Ethylbenzene	"	0.200		0.197	"	70-130	98.5			
Xylenes (total)	"	0.600		0.595	"	70-130	99.2			
Surrogate: o,p,p'-Trifluorotoluene	"	0.0200		0.0165	"	70-130	82.5			
Surrogate: 4-Bromofluorobenzene	"	0.200		0.153	"	60-140	76.5			
<b>LCS</b>			<b>OC12004-BB2</b>							
Purgeable Hydrocarbons	3/13/00	5.00		6.60	mg/kg	70-130	132			S-03
Surrogate: o,p,p'-Trifluorotoluene	"	0.0200		0.0212	"	70-130	106			
Surrogate: 4-Bromofluorobenzene	"	0.200		0.180	"	60-140	90.0			
<b>LCS</b>			<b>OC12004-BB3</b>							
Purgeable Hydrocarbons	3/16/00	5.00		5.01	mg/kg	70-130	116			
Surrogate: o,p,p'-Trifluorotoluene	"	0.0500		0.0217	"	70-130	109			
Surrogate: 4-Bromofluorobenzene	"	0.200		0.184	"	60-140	92.0			
<b>LCS Dup</b>			<b>OC12004-BSP1</b>							
Benzene	3/13/00	0.200		0.198	mg/kg	70-130	99.0	25	6.36	





# Sequoia Analytical

885 Jarvis Drive  
 Morgan Hill, CA 95037  
 (408) 776-9000  
 FAX (408) 782-0308  
 www.sequoiainlabs.com

Allied Waste 1145 West Charter Way Stockton, CA 95204	Project: Forward Landfill Project Number: 922300 Project Manager: Brad Bonner	Sampled: 3/13/00 Received: 3/14/00 Reported: 3/16/00 12:40
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**Total Purgeable Hydrocarbons (C6-C12) and BTEX by DHS LUFT/Quality Control  
 Sequoia Analytical - Morgan Hill**

Analyte	Date Analyzed	Spike Level	Sample Result	QC Result	Units	Reporting Limit Recov. Limits	Recov. %	RPD Limit	RPD %	Notes*
<b>LC9 Dup (continued)</b>										
<b>QC12004-BSD1</b>										
Toluene	3/13/00	0.300		0.193	mg/kg	70-130	97.5	25	3.03	
Ethylbenzene	"	0.200		0.191	"	70-130	95.5	25	3.09	
Xylenes (total)	"	0.600		0.585	"	70-130	97.5	25	1.69	
Surrogate: o,p,p'-Trifluorotoluene	"	0.0200		0.0170	"	70-130	83.0			
Surrogate: 4-Bromofluorobenzene	"	0.200		0.156	"	60-140	78.0			
<b>Matrix Spike</b>										
<b>QC12004-MS1 MJC0356-01</b>										
Purgeable Hydrocarbons	3/13/00	5.00	ND	6.82	mg/kg	60-140	136			
Surrogate: o,p,p'-Trifluorotoluene	"	0.0200		0.0208	"	70-130	104			
Surrogate: 4-Bromofluorobenzene	"	0.200		0.178	"	60-140	89.0			
<b>Matrix Spike Dup</b>										
<b>QC12004-MSD1 MJC0356-01</b>										
Purgeable Hydrocarbons	3/13/00	5.00	ND	6.89	mg/kg	60-140	138	25	1.02	
Surrogate: o,p,p'-Trifluorotoluene	"	0.0200		0.0208	"	70-130	104			
Surrogate: 4-Bromofluorobenzene	"	0.200		0.158	"	60-140	79.0			





# Sequoia Analytical

895 Jank Drive  
 Morgan Hill, CA 95057  
 (408) 776-0600  
 FAX (408) 783-0108  
 www.sequoialabs.com

Allied Waste 1145 West Charter Way Stockton, CA 95200	Project: Forward Landfill Project Number: 923300 Project Manager: Brad Bonner	Sampled: 3/13/00 Received: 3/14/00 Reported: 3/16/00 12:40
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### Diesel Hydrocarbons (C9-C24) by DHS LUFT/Quality Control Sequoia Analytical - Morgan Hill

Analyte	Date Analyzed	Spike Level	Sample Result	QC Result	Unit	Reporting Limit	Recovery %	RPD Limit	RPD %	Notes
<b>Batch: OC14031</b> <b>Date Prepared: 3/14/00</b> <b>Extraction Method: EPA 3550A</b>										
<b>Blank</b> <b>OC14031-BLK1</b>										
Diesel Range Hydrocarbons	3/13/00			ND	mg/kg	1.00				
Surrogate: n-Pentacosane		1.67		2.20		50-150	132			
<b>LCS</b> <b>OC14031-B61</b>										
Diesel Range Hydrocarbons	3/13/00	16.7		17.4	mg/kg	60-140	104			
Surrogate: n-Pentacosane		1.67		2.80		50-150	138			
<b>Matrix Spike</b> <b>OC14031-MS1</b>										
Diesel Range Hydrocarbons	3/13/00	16.7		88.4	mg/kg	50-150	NR			Q-20
Surrogate: n-Pentacosane		1.67		3.00		50-150	180			Q-20
<b>Matrix Spike Dup</b> <b>OC14031-MSD1</b>										
Diesel Range Hydrocarbons	3/13/00	16.7		52.6	mg/kg	50-150	NR	50	26.1	Q-20
Surrogate: n-Pentacosane		1.67		3.70		50-150	182			Q-20



**Sequoia  
 Analytical**

895 Jarvis Drive  
 Morgan Hill, CA 95037  
 (408) 776-9000  
 FAX (408) 782-6300  
 www.sequoiainfo.com

Allied Waste 1145 West Charter Way Stockton, CA 95206	Project: Forward Landfill	Sampled: 3/13/00
	Project Number: 923300	Received: 3/14/00
	Project Manager: Brad Bonner	Reported: 3/16/00 12:40

**Total Metals by EPA 6000/7000 Series Methods/Quality Control  
 Sequoia Analytical - Morgan Hill**

Analyte	Date Analyzed	Spike Level	Sample Result	QC Result	Units	Reporting Limit Reov. Limits	Recov. %	RPD Limit	RPD %	Notes*
<u>Batch: 0C14010</u>		<u>Date Prepared: 3/14/00</u>		<u>Extraction Method: EPA 3050B</u>						
<u>Blank</u>	<u>0C14010-BLKI</u>									
Lead	3/15/00			ND	mg/kg	10.0				
<u>ICS</u>	<u>0C14010-BS1</u>									
Lead	3/15/00	50.0		58.0	mg/kg	80-120	116			
<u>Matrix Spike</u>	<u>0C14010-MS1</u>	<u>MJC0445-09</u>								
Lead	3/15/00	50.0	13.1	57.5	mg/kg	80-120	88.8			
<u>Matrix Spike Dup</u>	<u>0C14010-MSD1</u>	<u>MJC0445-09</u>								
Lead	3/15/00	50.0	13.1	57.0	mg/kg	80-120	87.6	20	0.873	





# Sequoia Analytical

885 Jarvis Drive  
Morgan Hill, CA 95037  
(408) 776-9600  
FAX (408) 782-6300  
www.sequoiainst.com

Allied Waste 1145 West Charter Way Stockton, CA 95206	Project: Forward Landfill Project Number: 923300 Project Manager: Brad Bohner	Sampled: 3/13/00 Received: 3/14/00 Reported: 3/16/00 12:40
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### Notes and Definitions

#	Note
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- A-01 Unidentified HC in the C9-C24 range
- D-13 Chromatogram Pattern: Diesel C9-C24
- I-04 Chromatogram Pattern: Weathered Gasoline C6-C12 + Unidentified Hydrocarbons C6-C12 (1)
- Q-20 The spike recoveries for the MS/MSD are outside established control limits, due to the non-homogeneous nature of the sample.
- S-02 The surrogate recovery for this sample cannot be accurately quantified due to interference from coeluting organic compounds present in the sample.
- S-03 The surrogate recovery for this sample is outside of established control limits. Review of associated QC indicates the recovery for this surrogate does not represent an out-of-control condition.
- DET Analyte DETECTED
- ND Analyte NOT DETECTED at or above the reporting limit
- NR Not Reported
- dry Sample results reported on a dry weight basis
- Recov. Recovery
- RPD Relative Percent Difference







March 29, 2000

Service Request No.: S2000915

Mr. Keith Winemiller  
Toxichem Management System, Inc.  
11 Kenton Avenue  
San Carlos, CA 94070

**RE: 3810 Broadway, Oakland, CA**

Dear Mr. Winemiller:

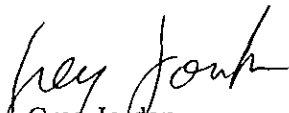
Enclosed are the results of the sample(s) submitted to our laboratory on March 14, 2000. All analyses were performed in accordance with our laboratory's quality assurance program. Results are intended to be considered in their entirety and apply to the sample(s) analyzed. Columbia Analytical Services is not responsible for use of less than the complete report. Signature of this CAS Analytical Report confirms that pages 2 through 12, following, have been thoroughly reviewed and approved for release.

Columbia Analytical Services is certified for environmental analyses by the California Department of Health Services (certificate number: 2352, expiration: January 31, 2001).

If you have any questions, please call me at (408) 748-9700.

Respectfully submitted,

**Columbia Analytical Services, Inc.**

  
Greg Jordan  
Project Chemist

COLUMBIA ANALYTICAL SERVICES, Inc.

Acronyms

A2LA	American Association for Laboratory Accreditation
ASTM	American Society for Testing and Materials
BOD	Biochemical Oxygen Demand
BTEX	Benzene, Toluene, Ethylbenzene, Xylenes
CAM	California Assessment Metals
CARB	California Air Resources Board
CAS Number	Chemical Abstract Service registry Number
CFC	Chlorofluorocarbon
CFU	Colony-Forming Unit
COD	Chemical Oxygen Demand
DEC	Department of Environmental Conservation
DEQ	Department of Environmental Quality
DHS	Department of Health Services
DLCS	Duplicate Laboratory Control Sample
DMS	Duplicate Matrix Spike
DOE	Department of Ecology
DOH	Department of Health
EPA	U. S. Environmental Protection Agency
ELAP	Environmental Laboratory Accreditation Program
GC	Gas Chromatography
GC/MS	Gas Chromatography/Mass Spectrometry
IC	Ion Chromatography
ICB	Initial Calibration Blank sample
ICP	Inductively Coupled Plasma atomic emission spectrometry
ICV	Initial Calibration Verification sample
J	Estimated concentration. The value is less than the MRL, but greater than or equal to the MDL. If the value is equal to the MRL, the result is actually <MRL before rounding.
LCS	Laboratory Control Sample
LUFT	Leaking Underground Fuel Tank
M	Modified
MBAS	Methylene Blue Active Substances
MCL	Maximum Contaminant Level. The highest permissible concentration of a substance allowed in drinking water as established by the U. S. EPA.
MDL	Method Detection Limit
MPN	Most Probable Number
MRL	Method Reporting Limit
MS	Matrix Spike
MTBE	Methyl tert-Butyl Ether
NA	Not Applicable
NAN	Not Analyzed
NC	Not Calculated
NCASI	National Council of the paper industry for Air and Stream Improvement
ND	Not Detected at or above the method reporting/detection limit (MRL/MDL)
NIOSH	National Institute for Occupational Safety and Health
NTU	Nephelometric Turbidity Units
ppb	Parts Per Billion
ppm	Parts Per Million
PQL	Practical Quantitation Limit
QA/QC	Quality Assurance/Quality Control
RCRA	Resource Conservation and Recovery Act
RPD	Relative Percent Difference
SIM	Selected Ion Monitoring
SM	Standard Methods for the Examination of Water and Wastewater, 18th Ed., 1992
STLC	Solubility Threshold Limit Concentration
SW	Test Methods for Evaluating Solid Waste, Physical/Chemical Methods, SW-846, 3rd Ed., 1986 and as amended by Updates I, II, IIA, and IIB.
TCLP	Toxicity Characteristic Leaching Procedure
TDS	Total Dissolved Solids
TPH	Total Petroleum Hydrocarbons
tr	Trace level. The concentration of an analyte that is less than the PQL but greater than or equal to the MDL. If the value is equal to the PQL, the result is actually <PQL before rounding.
TRPH	Total Recoverable Petroleum Hydrocarbons
TSS	Total Suspended Solids
TTLC	Total Threshold Limit Concentration
VOA	Volatile Organic Analyte(s)

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Water

Service Request: S2000915  
Date Collected: 03/10/00  
Date Received: 03/14/00

BTEX, MTBE and TPH as Gasoline

Sample Name: INFL  
Lab Code: S2000915-001  
Test Notes:

Units: ug/L (ppb)  
Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	50	10	NA	03/23/00	33000	
Benzene	EPA 5030	8021B	0.5	10	NA	03/23/00	2500	
Toluene	EPA 5030	8021B	0.5	50	NA	03/23/00	5700	
Ethylbenzene	EPA 5030	8021B	0.5	10	NA	03/23/00	870	
Xylenes, Total	EPA 5030	8021B	1	10	NA	03/23/00	4100	
Methyl <i>tert</i> -Butyl Ether	EPA 5030	8021B	3	10	NA	03/23/00	<30	C1

C1 The MRL was elevated due to high analyte concentration requiring sample dilution.

Approved By: Greg Jank Date: 3/29/00

1S22/020597j

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
 Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
 Sample Matrix: Water

Service Request: S2000915  
 Date Collected: 03/10/00  
 Date Received: 03/14/00

BTEX, MTBE and TPH as Gasoline

Sample Name: INFL(2)  
 Lab Code: S2000915-002  
 Test Notes:

Units: ug/L (ppb)  
 Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	50	5	NA	03/23/00	20000	
Benzene	EPA 5030	8021B	0.5	5	NA	03/23/00	1600	
Toluene	EPA 5030	8021B	0.5	20	NA	03/23/00	3600	
Ethylbenzene	EPA 5030	8021B	0.5	5	NA	03/23/00	600	
Xylenes, Total	EPA 5030	8021B	1	5	NA	03/23/00	2900	
Methyl <i>tert</i> -Butyl Ether	EPA 5030	8021B	3	5	NA	03/23/00	<15	CI

CI The MRL was elevated due to high analyte concentration requiring sample dilution.

Approved By: Grey Jones Date: 3/29/00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Water

Service Request: S2000915  
Date Collected: 03/10/00  
Date Received: 03/14/00

BTEX, MTBE and TPH as Gasoline

Sample Name: MID-1  
Lab Code: S2000915-003  
Test Notes:

Units: ug/L (ppb)  
Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	50	1	NA	03/23/00	ND	
Benzene	EPA 5030	8021B	0.5	1	NA	03/23/00	5.6	
Toluene	EPA 5030	8021B	0.5	1	NA	03/23/00	9.6	
Ethylbenzene	EPA 5030	8021B	0.5	1	NA	03/23/00	2.0	
Xylenes, Total	EPA 5030	8021B	1	1	NA	03/23/00	11	
Methyl <i>tert</i> -Butyl Ether	EPA 5030	8021B	3	1	NA	03/23/00	ND	

Approved By: frey joub

Date: 3/29/00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Water

Service Request: S2000915  
Date Collected: 03/10/00  
Date Received: 03/14/00

BTEX, MTBE and TPH as Gasoline

Sample Name: MID-2  
Lab Code: S2000915-004  
Test Notes:

Units: ug/L (ppb)  
Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	50	1	NA	03/23/00	ND	
Benzene	EPA 5030	8021B	0.5	1	NA	03/23/00	ND	
Toluene	EPA 5030	8021B	0.5	1	NA	03/23/00	ND	
Ethylbenzene	EPA 5030	8021B	0.5	1	NA	03/23/00	ND	
Xylenes, Total	EPA 5030	8021B	1	1	NA	03/23/00	ND	
Methyl tert -Butyl Ether	EPA 5030	8021B	3	1	NA	03/23/00	ND	

Approved By: Greg Jones

Date: 3/29/00



COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
 Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
 Sample Matrix: Water

Service Request: S2000915  
 Date Collected: 03/10/00  
 Date Received: 03/14/00

BTEX, MTBE and TPH as Gasoline

Sample Name: EFFL  
 Lab Code: S2000915-005  
 Test Notes:

Units: ug/L (ppb)  
 Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	50	1	NA	03/23/00	ND	
Benzene	EPA 5030	8021B	0.5	1	NA	03/23/00	ND	
Toluene	EPA 5030	8021B	0.5	1	NA	03/23/00	ND	
Ethylbenzene	EPA 5030	8021B	0.5	1	NA	03/23/00	ND	
Xylenes, Total	EPA 5030	8021B	1	1	NA	03/23/00	ND	
Methyl <i>tert</i> -Butyl Ether	EPA 5030	8021B	3	1	NA	03/23/00	ND	

Approved By:

*Grey Joubert*

Date:

*3/29/00*

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
 Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
 Sample Matrix: Water

Service Request: S2000915  
 Date Collected: NA  
 Date Received: NA

BTEX, MTBE and TPH as Gasoline

Sample Name: Method Blank  
 Lab Code: S200322-WB1  
 Test Notes:

Units: ug/L (ppb)  
 Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	50	1	NA	03/22/00	ND	
Benzene	EPA 5030	8021B	0.5	1	NA	03/22/00	ND	
Toluene	EPA 5030	8021B	0.5	1	NA	03/22/00	ND	
Ethylbenzene	EPA 5030	8021B	0.5	1	NA	03/22/00	ND	
Xylenes, Total	EPA 5030	8021B	1	1	NA	03/22/00	ND	
Methyl <i>tert</i> -Butyl Ether	EPA 5030	8021B	3	1	NA	03/22/00	ND	

Approved By: \_\_\_\_\_

*Grey Joubert*

Date: \_\_\_\_\_

*3/29/00*

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Water

Service Request: S2000915  
Date Collected: NA  
Date Received: NA

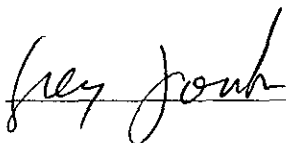
BTEX, MTBE and TPH as Gasoline

Sample Name: Method Blank  
Lab Code: S200322-WB2  
Test Notes:

Units: ug/L (ppb)  
Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	50	1	NA	03/23/00	ND	
Benzene	EPA 5030	8021B	0.5	1	NA	03/23/00	ND	
Toluene	EPA 5030	8021B	0.5	1	NA	03/23/00	ND	
Ethylbenzene	EPA 5030	8021B	0.5	1	NA	03/23/00	ND	
Xylenes, Total	EPA 5030	8021B	1	1	NA	03/23/00	ND	
Methyl <i>tert</i> -Butyl Ether	EPA 5030	8021B	3	1	NA	03/23/00	ND	

Approved By:



Date:

3/29/01

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
 Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
 Sample Matrix: Water

Service Request: S2000915  
 Date Collected: NA  
 Date Received: NA  
 Date Extracted: NA  
 Date Analyzed: NA

Surrogate Recovery Summary  
 BTEX, MTBE and TPH as Gasoline

Prep Method: EPA 5030  
 Analysis Method: 8021B CA/LUFT

Units: PERCENT  
 Basis: NA

Sample Name	Lab Code	Test Notes	Percent Recovery	
			a,a,a-Trifluorotoluene	a,a,a-Trifluorotoluene
INFL	S2000915-001		85	83
INFL(2)	S2000915-002		98	84
MID-1	S2000915-003		97	83
MID-2	S2000915-004		96	84
EFFL	S2000915-005		91	78
BATCH QC	S200322-001MS		92	105
Lab Control Sample	S200322-LCS		94	102
Lab Control Sample	S200322-DLCS		90	104
Method Blank	S200322-WB1		99	86
Method Blank	S200322-WB2		112	98

CAS Acceptance Limits: 70-130% 70-130%

Approved By: Freya Jones Date: 3/29/09

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
 Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
 Sample Matrix: Water

Service Request: S2000915  
 Date Collected: NA  
 Date Received: NA  
 Date Extracted: NA  
 Date Analyzed: 03/22/00

Matrix Spike Summary  
 BTEX and TPH as Gasoline

Sample Name: BATCH QC  
 Lab Code: S200322-001MS  
 Test Notes:

Units: ug/L (ppb)  
 Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Spike Level	Sample Result	Spiked Sample Result	Percent Recovery	CAS	Result Notes
								Percent Recovery Acceptance Limits	
Benzene	EPA 5030	8021B	0.5	25	ND	25	100	75-135	
Toluene	EPA 5030	8021B	0.5	25	ND	24	96	73-136	
Ethylbenzene	EPA 5030	8021B	0.5	25	ND	25	100	69-142	
Gasoline	EPA 5030	CA/LUFT	50	500	ND	486	97	75-135	

Approved By: Grey Joubert

Date: 3/29/00

MS/020597p

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA  
**LCS Matrix:** Water

**Service Request:** S2000915  
**Date Collected:** NA  
**Date Received:** NA  
**Date Extracted:** NA  
**Date Analyzed:** 03/22/00

Laboratory Control Sample/Duplicate Laboratory Control Sample Summary  
 BTEX and TPH as Gasoline

**Sample Name:** Lab Control Sample Units: ug/L (ppb)  
**Lab Code:** S200322-LCS, S200322-DLCS Basis: NA  
**Test Notes:**

**Percent Recovery**

Analyte	Prep Method	Analysis Method	True Value		Result		CAS Acceptance		Relative Percent Difference	Result Notes	
			LCS	DLCS	LCS	DLCS	LCS	DLCS			Limits
Benzene	EPA 5030	8021B	25	25	26	25	104	100	75-135	4	
Toluene	EPA 5030	8021B	25	25	25	24	100	96	73-136	4	
Ethylbenzene	EPA 5030	8021B	25	25	25	25	100	100	69-142	<1	
Gasoline	EPA 5030	CA/LUFT	500	500	445	477	89	95	75-135	7	

Approved By: frey joun Date: 3/29/00

DLCS/020597p



3334 Victor Court • Santa Clara, CA 95054  
(408) 748-9700 • FAX (408) 748-9860

Incident 93995026

SAP# 128141

# CHAIN OF CUSTODY/LABORATORY ANALYSIS REPORT FORM

SERVICE REQUEST NO. S2000915 P.O.# \_\_\_\_\_ EQ 021A PAGE 1 OF 1

PROJECT NAME 3810 BROADWAY, OAKLAND  
 PROJECT MGR. KEITH WINEMILLER  
 COMPANY TOXICHEM  
 ADDRESS 1502 44TH AVENUE  
SAN FRANCISCO, CA 94122 PHONE (415) 881-8816  
 SAMPLER'S SIGNATURE Wayne Chiu FAX 8132

SAMPLE I.D.	DATE	TIME	LAB I.D.	SAMPLE MATRIX	NUMBER OF CONTAINERS	ANALYSIS REQUESTED													REMARKS *
						PRESERVATIVE	HCl	HCl	HCl	NP	NP	NP	HCl	HNO	NP	H <sub>2</sub> SO <sub>4</sub>	NaOH		
						Volatiles Organics BY GCMS 624, 1, 8240, 1, 8260, 1	Halogenated or Aromatic Volatiles 601/8010, 1, 802/8020, 1, 8021, 1	TPH as Gas/BTEX, 1	TPH as Gas/BTEX/MTBE, 1	Base/Neu/Acid Organics / GCMS 625, 1, 8270, 1	Pesticides & PCBs / GCMS Pesticides only 8081, 1, PCBs 8082, 1	TRPH - 418, 1, 1	Oil and Grease Method Total, 1	pH, Cond, Cl, SO <sub>4</sub> , F, TDS, TSS Alk, NO <sub>3</sub> , NO <sub>2</sub> (circle)	NH <sub>3</sub> -N, COD, Total-P, TKN, TOC NO <sub>3</sub> / NO <sub>2</sub> , Phenols (circle)	Cyanide	<u>Confirm MTBE by 8260</u>		
INFL	3-10-00	1420	①	WATER	3		X												
INFL (2)		1512	②				X												
MID-1		1515	③				X												
MID-2*		1517	④				X											*HOLD - Analyze if TPHs/BTEX/MTBE	
EFFL*		1519	⑤				X											*HOLD - detected in previous sample	
																		Confirm MTBE if detected or detection limit raised on 8020	

RELINQUISHED BY:  
 Signature Wayne Chiu  
 Printed Name WAYNE CHIU  
 Firm TOXICHEM  
 Date/Time 3-14-00 10:35

RECEIVED BY:  
 Signature Brian Fuller  
 Printed Name Brian Fuller  
 Firm CWS  
 Date/Time 3/14/00 16:35

RELINQUISHED BY:  
 Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Date/Time \_\_\_\_\_

RECEIVED BY:  
 Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Date/Time \_\_\_\_\_

TURNAROUND REQUIREMENTS  
 \_\_\_ 1 day \_\_\_ 2 day \_\_\_ 3 day  
 \_\_\_ 5 day \_\_\_ Other  
 Standard (10 working days)  
 Results Due 3/28/00

REPORT REQUIREMENTS  
 \_\_\_ I. Routine Report  
 \_\_\_ II. Report (includes MS MSD, as required, may be charged as samples)  
 \_\_\_ III. Data Validation Report (includes All Raw Data)  
 \_\_\_ MDLs/PQLs/Trace #  
 \_\_\_ Electronic Data Deliverables

RELINQUISHED BY:  
 Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Date/Time \_\_\_\_\_

RECEIVED BY:  
 Signature \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Firm \_\_\_\_\_  
 Date/Time \_\_\_\_\_

SAMPLE RECEIPT: Condition \_\_\_\_\_ Custody Seals \_\_\_\_\_  
 SPECIAL INSTRUCTIONS/COMMENTS:  
 Circle which metals are to be analyzed:  
 Metals: Al Sb Ba Be B Cd Ca Cr Co Cu Fe Mg Mn Mo Ni K Ag Na Sn V Zn  
 As Pb Se Ti Hg  
 Storage: Ru/D2  
Ru/D3-W

\*Will sample results be used in connection with drinking water regulations?  Yes  No If yes, you must so indicate by writing "DW" for each such sample.

# Columbia Analytical Services, Inc. General Terms and Conditions

## Laboratory Services

1. These Terms and Conditions embody the whole agreement of the parties in the absence of a signed and executed contract between the Laboratory ("LAB") and Client. They shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties. The LAB specifically rejects all additional, inconsistent or conflicting terms, whether printed or otherwise set forth in any purchase order or other communication from the Client to LAB. The invalidity or unenforceability, in whole or in part of any provision, term or condition hereof shall not affect in any way the validity or enforceability of the remainder of the Terms and Conditions. No waiver by LAB of any provision, term or condition hereof or of any breach by or obligation of the Client hereunder shall constitute a waiver of such provision, term or condition on any other occasion or a waiver of any other breach by or obligation of the Client. This agreement shall be administered and interpreted under the laws of the state from which services are procured.

2. **Warranty.** Recognizing that the nature of many samples is unknown and that some may contain potentially hazardous components, LAB warrants only that it will perform testing services, obtain findings and prepare reports in accordance with generally accepted analytical laboratory principles and practices at the time of performance of services. LAB makes no other warranty, express or implied.

At LAB sole discretion, preliminary results may be given in advance of the laboratory report. Such preliminary results are tentative, subject to confirmation and final review by LAB. Client's use of preliminary results in any manner shall be at Client's sole risk.

3. **Scope and Compensation.** LAB agrees to perform the services described in the proposal or agreement to which these Terms and Conditions are attached. Unless the parties agree in writing to the contrary, the duties of LAB shall not be construed to exceed the services specifically described.

Payment terms are net 30 days from the date of invoice. All over due payments are subject to an interest charge of one and one-half percent (1 1/2%) per month or a portion thereof. Client shall also be responsible for costs of collection, including payment of reasonable attorney fees if such expense is incurred. The prices, unless stated, do not include any sales, use or other taxes. Such taxes will be added to invoice prices when required. LAB reserves the right to require payment prior to release of data. Until such time as Client invoices are paid in full, LAB has no obligation, and will not defend, reproduce, return, or supplement data results.

4. **Prices.** Compensation for services performed will be based on the current Lab Analytical Fee Schedule, or on verbal quotations agreed to in writing by the parties. Unless specifically indicated on the written confirmation of quotation, analytical turnaround times are not guaranteed. The minimum charge will be \$100.00 unless otherwise noted.

5. **Methods.** Where applicable, LAB will use analytical methodologies which are in substantial conformity with U.S. Environmental Protection Agency (EPA), State Agency, American Society for Testing and Materials (ASTM), Association of Official Analytical Chemists (AOAC), Standard Methods for the Examination of Water and Wastewater, or other recognized methodologies. LAB reserves the right to deviate from these methodologies, if necessary or appropriate, due to the nature or composition of the sample or otherwise, based on the reasonable judgment of LAB. Deviations, if any, will be made on a basis consistent with recognized standards of the industry and/or LAB's standard operating procedures.

6. **Limitations of Liability.** In the event of any error, omission or other professional negligence, the sole and exclusive responsibility of LAB shall be to reperform the deficient work at its own expense, and LAB shall have no other liability whatsoever. All claims shall be deemed waived unless made in writing and received by LAB within ninety (90) days following completion of services.

LAB shall have no liability, obligation or responsibility of any kind for losses, costs, expenses or other damages (including but not limited to any special, indirect, incidental or consequential damages) with respect to LAB's services or results.

All results provided by LAB are strictly for the use of its clients, and LAB is in no way responsible for the use of such results by clients or third parties. All results should be considered in their entirety, and LAB is not responsible for the separation, detachment, or other use of any portion of the results.

7. **Hazard Disclosure.** Client represents and warrants that any sample delivered to LAB will be preceded or accompanied by complete written disclosure of the presence of any hazardous substances known or suspected by Client. Client further warrants that any sample containing any hazardous substance which is to be delivered to LAB will be packaged, labeled, transported and delivered properly and in accordance with applicable laws.

8. **Sample Handling.** Prior to LAB's acceptance of any sample (or after any revocation of acceptance), the entire risk of loss of or damage to such sample remains

with Client. Samples are accepted when receipt is acknowledged on chain of custody documentation. In no event will LAB have any responsibility or liability for the action or inaction of any carrier shipping or delivering any sample to or from LAB's premises.

LAB will use its best efforts to arrange for the shipment of specially prepared sample bottles, sampling instructions per Client instruction by the readily available, least cost method. Any other shipment arrangements will be at Client's expense.

Disposal of hazardous waste samples is the responsibility of the Client. If the Client does not wish such samples returned, LAB may add storage and disposal fees to the final invoice. Maximum storage time for samples is 30 days after completion of analysis, unless modified by applicable state or federal laws. Client will be required to give to LAB written instructions concerning disposal of these samples.

LAB reserves the absolute right, exercisable at any time, to refuse to receive delivery of, refuse to accept, or revoke acceptance of any sample which, in the sole judgment of LAB, (a) is of unsuitable volume, (b) may be or become unsuitable for, or may pose a risk in handling, transport or processing for any health, safety, environmental or other reason, whether or not due to the presence in the sample of any hazardous substance, and whether or not such presence has been disclosed to LAB by Client or (c) has been delivered to the LAB more than 72 hours after sampling or if one half or more of the recommended holding time for the analysis has lapsed.

9. **Legal Responsibility.** LAB is solely responsible for performance of this contract, and no affiliated company, director, officer, employee, or agent shall have any legal responsibility hereunder, whether in contract or tort, including negligence.

10. **Data Deliverables.** Where specifically requested by Client, LAB agrees to produce electronic data representing services performed hereunder, subject to the following specific understanding between the parties: LAB agrees to supply Client with electronic data as mutually defined, using an agreed medium. Client recognizes that LAB is not a software consultant, manufacturer or reseller; any transfer of electronic data pursuant to services provided by LAB is an accommodation to and strictly for the convenience of the client who is solely liable for the choice and maintenance of the medium utilized. Electronic data provided under this agreement is not deemed to be the project deliverable for the purpose of fulfilling obligations under the Agreement. The provision of electronic data does not in any way modify the intention of the parties that the Client rely on the written or hard copy form of the deliverable.

Except with regard to any limited warranty as specifically set forth below, LAB disclaims and excludes all warranties express or implied with regard to the creation, transmittal or use of electronic data hereunder. The limited warranty in this Agreement replaces all other warranties, express or implied, including any warranties of merchantability or fitness for a particular purpose. Professional warranties extend to written or hard copy deliverables only and do not extend to electronic data supplied to Client. Professional warranties in the Agreement which extend to written or hard copy deliverables shall be undisturbed by this Amendment. LAB's liability for medium failure shall be limited to replacement of the electronic data with a hard copy for a period of thirty days from the date of delivery. LAB's electronic data transfer is derived in part from or is created using third party software, and no such third party warrants or assumes any liability regarding use of or undertakes to provide support information relating to LAB's electronic data. LAB will utilize anti-virus programs on a best efforts basis in preparation of the electronic data transfer, but LAB makes no warranty as to the effectiveness of such screening. LAB will also use its best efforts to ensure that its electronic data will meet all criteria as specified by Client, including criteria regarding date/time data, if, and when, included; but LAB makes no warranty as to the appropriateness of the client specified criteria by accepting the same.

In addition to indemnities contained in the underlying agreement between LAB and Client, Client shall hold LAB harmless from any claims, suits or liability arising from or related to electronic data supplied pursuant to this Agreement. Any reuse of original or altered files by Client shall be at Client's risk and without liability or responsibility to LAB, but shall entitle LAB to additional compensation for such unauthorized reuse. In no event will LAB's liability for electronic data include any special, incidental or consequential damages, whether or not LAB has knowledge of the potential for loss or damage.

11. **Force Majeure.** LAB shall have no responsibility or liability to the Client for any failure or delay in performance by LAB which results in whole or in part from any cause or circumstance beyond the reasonable control of LAB. Such causes and circumstances shall include, but not be limited to, acts of God, acts of Client, acts or orders of any government authority, strikes or other labor disputes, natural disasters, accidents, wars, civil disturbances, difficulties or delays in transportation, mail or delivery services, inability to obtain sufficient services or supplies from LAB's usual suppliers, or any other cause beyond LAB's reasonable control.





May 12, 2000

Service Request No.: S2001368

Mr. Keith Winemiller  
Toxichem Management System, Inc.  
1562 44th Street  
San Francisco, CA 94122

**RE: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141**

Dear Mr. Winemiller:


Enclosed are the results of the sample(s) submitted to our laboratory on April 27, 2000. All analyses were performed in accordance with our laboratory's quality assurance program. Results are intended to be considered in their entirety and apply to the sample(s) analyzed. Columbia Analytical Services is not responsible for use of less than the complete report. Signature of this CAS Analytical Report confirms that pages 2 through 15, following, have been thoroughly reviewed and approved for release.

Columbia Analytical Services is certified for environmental analyses by the California Department of Health Services (certificate number: 2352, expiration: January 31, 2001).

If you have any questions, please call me at (408) 748-9700.

Respectfully submitted,

**Columbia Analytical Services, Inc.**

  
Greg Jordan  
Project Chemist

**COLUMBIA ANALYTICAL SERVICES, Inc.**

**Acronyms**

<b>A2LA</b>	American Association for Laboratory Accreditation
<b>ASTM</b>	American Society for Testing and Materials
<b>BOD</b>	Biochemical Oxygen Demand
<b>BTEX</b>	Benzene, Toluene, Ethylbenzene, Xylenes
<b>CAM</b>	California Assessment Metals
<b>CARB</b>	California Air Resources Board
<b>CAS Number</b>	Chemical Abstract Service registry Number
<b>CFC</b>	Chlorofluorocarbon
<b>CFU</b>	Colony-Forming Unit
<b>COD</b>	Chemical Oxygen Demand
<b>DEC</b>	Department of Environmental Conservation
<b>DEQ</b>	Department of Environmental Quality
<b>DHS</b>	Department of Health Services
<b>DLCS</b>	Duplicate Laboratory Control Sample
<b>DMS</b>	Duplicate Matrix Spike
<b>DOE</b>	Department of Ecology
<b>DOH</b>	Department of Health
<b>EPA</b>	U. S. Environmental Protection Agency
<b>ELAP</b>	Environmental Laboratory Accreditation Program
<b>GC</b>	Gas Chromatography
<b>GC/MS</b>	Gas Chromatography/Mass Spectrometry
<b>IC</b>	Ion Chromatography
<b>ICB</b>	Initial Calibration Blank sample
<b>ICP</b>	Inductively Coupled Plasma atomic emission spectrometry
<b>ICV</b>	Initial Calibration Verification sample
<b>J</b>	Estimated concentration. The value is less than the MRL, but greater than or equal to the MDL. If the value is equal to the MRL, the result is actually <MRL before rounding.
<b>LCS</b>	Laboratory Control Sample
<b>LUFT</b>	Leaking Underground Fuel Tank
<b>M</b>	Modified
<b>MBAS</b>	Methylene Blue Active Substances
<b>MCL</b>	Maximum Contaminant Level. The highest permissible concentration of a substance allowed in drinking water as established by the U. S. EPA.
<b>MDL</b>	Method Detection Limit
<b>MPN</b>	Most Probable Number
<b>MRL</b>	Method Reporting Limit
<b>MS</b>	Matrix Spike
<b>MTBE</b>	Methyl tert-Butyl Ether
<b>NA</b>	Not Applicable
<b>NAN</b>	Not Analyzed
<b>NC</b>	Not Calculated
<b>NCASI</b>	National Council of the paper industry for Air and Stream Improvement
<b>ND</b>	Not Detected at or above the method reporting/detection limit (MRL/MDL)
<b>NIOSH</b>	National Institute for Occupational Safety and Health
<b>NTU</b>	Nephelometric Turbidity Units
<b>ppb</b>	Parts Per Billion
<b>ppm</b>	Parts Per Million
<b>PQL</b>	Practical Quantitation Limit
<b>QA/QC</b>	Quality Assurance/Quality Control
<b>RCRA</b>	Resource Conservation and Recovery Act
<b>RPD</b>	Relative Percent Difference
<b>SIM</b>	Selected Ion Monitoring
<b>SM</b>	Standard Methods for the Examination of Water and Wastewater, 18th Ed., 1992
<b>STLC</b>	Solubility Threshold Limit Concentration
<b>SW</b>	Test Methods for Evaluating Solid Waste, Physical/Chemical Methods, SW-846, 3rd Ed., 1986 and as amended by Updates I, II, IIA, and IIB.
<b>TCLP</b>	Toxicity Characteristic Leaching Procedure
<b>TDS</b>	Total Dissolved Solids
<b>TPH</b>	Total Petroleum Hydrocarbons
<b>tr</b>	Trace level. The concentration of an analyte that is less than the PQL but greater than or equal to the MDL. If the value is equal to the PQL, the result is actually <PQL before rounding.
<b>TRPH</b>	Total Recoverable Petroleum Hydrocarbons
<b>TSS</b>	Total Suspended Solids
<b>TTLC</b>	Total Threshold Limit Concentration
<b>VOA</b>	Volatile Organic Analyte(s)

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil

Service Request: S2001368  
Date Collected: 4/27/00  
Date Received: 4/27/00

TPH as Diesel

Prep Method: LUFT  
Analysis Method: California DHS LUFT  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Sample Name	Lab Code	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
S-1	S2001368-001	1	1	5/6/00	5/9/00	ND	
S-2	S2001368-002	1	1	5/6/00	5/9/00	ND	
S-3	S2001368-003	1	1	5/6/00	5/9/00	ND	
S-4	S2001368-004	1	10	5/9/00	5/11/00	2400	D4
S-5	S2001368-005	1	1	5/6/00	5/9/00	ND	
Method Blank	S200506-SB1	1	1	5/6/00	5/9/00	ND	
Method Blank	S200509-SB1	1	1	5/10/00	5/10/00	ND	

D4 The sample contains a lower boiling point mixture of hydrocarbons and quantitated as diesel.

Approved By: *Ray Jones* Date: 5/12/00

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
 Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
 Sample Matrix: Soil

Service Request: S2001368  
 Date Collected: NA  
 Date Received: NA  
 Date Extracted: 5/6/00  
 Date Analyzed: 5/9/00

Matrix Spike/Duplicate Matrix Spike Summary  
 TPH as Diesel

Sample Name: BATCH QC  
 Lab Code: S2001444-87MS  
 Test Notes:

S2001444-87DMS

Units: mg/Kg (ppm)  
 Basis: Wet

Analyte	Prep Method	Analysis Method	Spike Level		Sample Result	Spike Result		Percent Recovery				Relative Percent Difference	Result Notes
			MRL	MS		DMS	MS	DMS	MS	DMS	CAS Acceptance Limits		
TPH as Diesel	LUFT	California DHS LUFT	1	100	100	1	76	61	75	60	28-157	22	

Approved By:

*Greg Joubert*

Date:

5/12/00

DMS-020597p

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
LCS Matrix: Soil

Service Request: S2001368  
Date Collected: NA  
Date Received: NA  
Date Extracted: 5/6/00  
Date Analyzed: 5/9/00

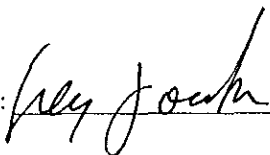
Laboratory Control Sample Summary  
TPH as Diesel

Sample Name: Lab Control Sample  
Lab Code: S200506-LCS  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	True Value	Result	Percent Recovery	CAS Percent Recovery Acceptance Limits	Result Notes
TPH as Diesel	LUFT	California DHS LUFT	100	113	113	28-157	

Approved By:



Date: 5/12/00

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil

Service Request: S2001368  
Date Collected: NA  
Date Received: NA  
Date Extracted: NA  
Date Analyzed: NA

Surrogate Recovery Summary  
TPH as Diesel

Prep Method: LUFT  
Analysis Method: California DHS LUFT

Units: PERCENT  
Basis: NA

Sample Name	Lab Code	Test Notes	Percent Recovery p-Terphenyl
S-1	S2001368-001		88
S-2	S2001368-002		83
S-3	S2001368-003		61
S-4	S2001368-004		94
S-5	S2001368-005		78
BATCH QC	S2001444-87MS		71
BATCH QC	S2001444-87DMS		64
Method Blank	S200506-SB1		120
Method Blank	S200509-SB1		113
Lab Control Sample	S200506-LCS		119

CAS Acceptance Limits: 41-140

Approved By: *Freya Jonkh*

Date: 5/12/00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil


Service Request: S2001368  
Date Collected: 4/27/00  
Date Received: 4/27/00

BTEX, MTBE and TPH as Gasoline

Sample Name: S-1  
Lab Code: S2001368-001  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	1	5/3/00	5/6/00	ND	
Benzene	EPA 5030	8021B	0.005	1	5/3/00	5/6/00	ND	
Toluene	EPA 5030	8021B	0.005	1	5/3/00	5/6/00	ND	
Ethylbenzene	EPA 5030	8021B	0.005	1	5/3/00	5/6/00	ND	
Xylenes, Total	EPA 5030	8021B	0.010	1	5/3/00	5/6/00	ND	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	5/3/00	5/6/00	ND	

Approved By: 

Date: 5/12/00

1522-028597p

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil

Service Request: S2001368  
Date Collected: 4/27/00  
Date Received: 4/27/00

BTEX, MTBE and TPH as Gasoline

Sample Name: S-2  
Lab Code: S2001368-002  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	1	5/3/00	5/6/00	ND	
Benzene	EPA 5030	8021B	0.005	1	5/3/00	5/6/00	ND	
Toluene	EPA 5030	8021B	0.005	1	5/3/00	5/6/00	ND	
Ethylbenzene	EPA 5030	8021B	0.005	1	5/3/00	5/6/00	ND	
Xylenes, Total	EPA 5030	8021B	0.010	1	5/3/00	5/6/00	ND	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	5/3/00	5/6/00	ND	

Approved By: Greg Jank

Date: 5/12/00

1S22-020597p



COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil

Service Request: S2001368  
Date Collected: 4/27/00  
Date Received: 4/27/00

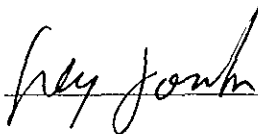
BTEX, MTBE and TPH as Gasoline

Sample Name: S-3  
Lab Code: S2001368-003  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	1	5/3/00	5/6/00	ND	
Benzene	EPA 5030	8021B	0.005	1	5/3/00	5/6/00	ND	
Toluene	EPA 5030	8021B	0.005	1	5/3/00	5/6/00	ND	
Ethylbenzene	EPA 5030	8021B	0.005	1	5/3/00	5/6/00	ND	
Xylenes, Total	EPA 5030	8021B	0.010	1	5/3/00	5/6/00	ND	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	5/3/00	5/6/00	ND	

Approved By:



Date:

5/12/00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil

Service Request: S2001368  
Date Collected: 4/27/00  
Date Received: 4/27/00

BTEX, MTBE and TPH as Gasoline

Sample Name: S-4  
Lab Code: S2001368-004  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	50	5/3/00	5/8/00	2100	
Benzene	EPA 5030	8021B	0.005	1	5/3/00	5/6/00	ND	
Toluene	EPA 5030	8021B	0.005	1	5/3/00	5/6/00	ND	
Ethylbenzene	EPA 5030	8021B	0.005	1	5/3/00	5/6/00	7.4	
Xylenes, Total	EPA 5030	8021B	0.010	1	5/3/00	5/6/00	40	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	5/3/00	5/6/00	ND	

Approved By:



Date:

5/12/00

1S22-020597p

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

**Client:** Equiva Services LLC  
**Project:** 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
**Sample Matrix:** Soil

**Service Request:** S2001368  
**Date Collected:** 4/27/00  
**Date Received:** 4/27/00

BTEX, MTBE and TPH as Gasoline

**Sample Name:** S-5  
**Lab Code:** S2001368-005  
**Test Notes:**

**Units:** mg/Kg (ppm)  
**Basis:** Wet

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	1	5/3/00	5/8/00	ND	
Benzene	EPA 5030	8021B	0.005	1	5/3/00	5/8/00	0.035	
Toluene	EPA 5030	8021B	0.005	1	5/3/00	5/8/00	ND	
Ethylbenzene	EPA 5030	8021B	0.005	1	5/3/00	5/8/00	ND	
Xylenes, Total	EPA 5030	8021B	0.010	1	5/3/00	5/8/00	ND	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	5/3/00	5/8/00	ND	

Approved By: Freya Jones

Date: 5/12/00

COLUMBIA ANALYTICAL SERVICES, INC.

Analytical Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil

Service Request: S2001368  
Date Collected: NA  
Date Received: NA

BTEX, MTBE and TPH as Gasoline

Sample Name: Method Blank  
Lab Code: S200503-SB1  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wwt

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
TPH as Gasoline	EPA 5030	CA/LUFT	1	1	5/3/00	5/3/00	ND	
Benzene	EPA 5030	8021B	0.005	1	5/3/00	5/3/00	ND	
Toluene	EPA 5030	8021B	0.005	1	5/3/00	5/3/00	ND	
Ethylbenzene	EPA 5030	8021B	0.005	1	5/3/00	5/3/00	ND	
Xylenes, Total	EPA 5030	8021B	0.010	1	5/3/00	5/3/00	ND	
Methyl tert-Butyl Ether	EPA 5030	8021B	0.05	1	5/3/00	5/3/00	ND	

Approved By: *Greg Joubert* Date: 5/12/00

1S22/020597p

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
 Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
 Sample Matrix: Soil

Service Request: S2001368  
 Date Collected: NA  
 Date Received: NA  
 Date Extracted: 5/3/00  
 Date Analyzed: 5/4/00

Matrix Spike/Duplicate Matrix Spike Summary  
 BTEX and TPH as Gasoline

Sample Name: BATCH QC  
 Lab Code: S2001365-003MS, S2001365-003DMS  
 Test Notes:

Units: mg/Kg (ppm)  
 Basis: Wet

Analyte	Prep Method	Analysis Method	MRL	Spike Level		Sample Result	Spike Result		Percent Recovery		CAS Acceptance Limits	Relative Percent Difference	Result Notes
				MS	DMS		MS	DMS	MS	DMS			
Benzene	EPA 5030	8021B	0.005	0.5	0.5	ND	0.53	0.53	106	106	57-154	<1	
Toluene	EPA 5030	8021B	0.005	0.5	0.5	ND	0.52	0.53	104	106	60-142	2	
Ethylbenzene	EPA 5030	8021B	0.005	0.5	0.5	ND	0.59	0.59	118	118	46-150	<1	
Gasoline	EPA 5030	CA/LUFT	1	10	10	ND	10.6	10.7	106	107	67-121	<1	

Approved By: *Greg Joubert* Date: 5/12/00

DMS/020597p

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
LCS Matrix: Soil

Service Request: S2001368  
Date Collected: NA  
Date Received: NA  
Date Extracted: 5/3/00  
Date Analyzed: 5/4/00

Laboratory Control Sample Summary  
BTEX and TPH as Gasoline

Sample Name: Lab Control Sample  
Lab Code: S200503-LCS  
Test Notes:

Units: mg/Kg (ppm)  
Basis: Wet

Analyte	Prep Method	Analysis Method	True Value	Result	Percent Recovery	CAS Percent Recovery Acceptance Limits	Result Notes
Benzene	EPA 5030	8021B	0.5	0.51	102	57-154	
Toluene	EPA 5030	8021B	0.5	0.51	102	60-142	
Ethylbenzene	EPA 5030	8021B	0.5	0.57	114	46-150	
Gasoline	EPA 5030	CA/LUFT	10	10.5	105	67-121	

Approved By: *[Signature]* Date: 5/12/00

1.CS/020597p

COLUMBIA ANALYTICAL SERVICES, INC.

QA/QC Report

Client: Equiva Services LLC  
Project: 3810 Broadway, Oakland, CA/93995026 (INCIDENT#)SAP#128141  
Sample Matrix: Soil

Service Request: S2001368  
Date Collected: NA  
Date Received: NA  
Date Extracted: NA  
Date Analyzed: NA

Surrogate Recovery Summary  
BTEX and TPH as Gasoline

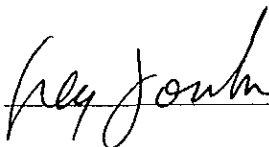
Prep Method: EPA 5030  
Analysis Method: 8021B CA/LUFT

Units: PERCENT  
Basis: NA

Sample Name	Lab Code	Test Notes	Percent Recovery	
			a,a,a-Trifluorotoluene	a,a,a-Trifluorotoluene
S-1	S2001368-001		105	104
S-2	S2001368-002		108	106
S-3	S2001368-003		107	105
S-4	S2001368-004		107	100
S-5	S2001368-005		106	111
BATCH QC	S2001365-003MS		97	115
BATCH QC	S2001365-003DMS		102	115
Method Blank	S200503-SB1		106	107
Lab Control Sample	S200503-LCS		98	113

CAS Acceptance Limits: 70-130% 70-130%

Approved By:



Date:

5/12/00



Incident # 2399526  
 SAPH 128141  
 3334 Victor Court • Santa Clara CA 95054  
 (408) 748-9700 • FAX (408) 748-9860

Incident # 2399526  
 # 128141  
**CHAIN OF CUSTODY/LABORATORY ANALYSIS REPORT FORM**  
 DIRECT BILL - KAREN PETRYNA, EQUIVA  
 SERVICE REQUEST NO. INCIDENT- P.O.# S2001368 PAGE 1 OF 1

PROJECT NAME: BROADWAY, OAKLAND EQ-02.1A  
 PROJECT MGR: KEITH WINEMILLER  
 COMPANY: TOXICHEM  
 ADDRESS: 1562 44th AVE  
SF, CA 94122 PHONE: 415.681.8816  
 SAMPLER'S SIGNATURE: [Signature] FAX: 415.681.8132

ANALYSIS REQUESTED														REMARKS *
PRESERVATIVE	HCl	HCl	HCl	NP	NP	NP	HCl	HNO <sub>3</sub>	NP	H <sub>2</sub> SO <sub>4</sub>	NaOH			
Volatile Organics BY GC/MS 624 <input type="checkbox"/> 8240 <input type="checkbox"/> 8260 <input type="checkbox"/>														
Halogenated or Aromatic Volatiles 601/8010 <input type="checkbox"/>														
TPH as Gas/BTEX <input type="checkbox"/>														
TPH as Gas/BTEX/MTBE <input type="checkbox"/>														
HBHC <input type="checkbox"/>														
Base/Neu/Acid Organics / GC/MS 625 <input type="checkbox"/> 8270 <input type="checkbox"/>														
Pesticides & PCBs Pesticides only 8081 <input type="checkbox"/>														
TRPH - 418.1 <input type="checkbox"/>														
Oil and Grease Method Total <input type="checkbox"/>														
Metals Indicate below pH, Cond, Cl, SO <sub>4</sub> , F, TDS, TSS Alk, NO <sub>3</sub> , NO <sub>2</sub> (circle)														
NH <sub>3</sub> -N, COD, Total-P, TKN, TOC NO <sub>3</sub> /NO <sub>2</sub> , Phenols (circle)														
Cyanide														

SAMPLE I.D.	DATE	TIME	LAB I.D.	SAMPLE MATRIX	NUMBER OF CONTAINERS
S-1	4/27/00	06:45	①	Soil	1
S-2		06:55	②		
S-3		07:00	③		
S-4		07:10	④		
S-5		07:15	⑤		

RELINQUISHED BY:  
 Signature: [Signature]  
 Printed Name: Keith Winemiller  
 Firm: Toxichem  
 Date/Time: 4/27/00 2:56

RECEIVED BY:  
 Signature: [Signature]  
 Printed Name: Brian Full  
 Firm: ONS  
 Date/Time: 4/27/00 2:56

RELINQUISHED BY:  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_

RECEIVED BY:  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_

TURNAROUND REQUIREMENTS  
 \_\_\_ 1 day \_\_\_ 2 day \_\_\_ 3 day  
 \_\_\_ 5 day \_\_\_ Other  
 Standard (10 working days)  
 Results Due: 5/1/00

REPORT REQUIREMENTS  
 I. Routine Report  
 \_\_\_ II. Report (includes MS, MSD, as required, may be charged as samples)  
 \_\_\_ III. Data Validation Report (includes All Raw Data)  
 \_\_\_ MDLs/PQLs/Trace #  
 \_\_\_ Electronic Data Deliverables

RELINQUISHED BY:  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_

RECEIVED BY:  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Firm: \_\_\_\_\_  
 Date/Time: \_\_\_\_\_

SAMPLE RECEIPT: Condition \_\_\_\_\_ Custody Seals \_\_\_\_\_  
 SPECIAL INSTRUCTIONS/COMMENTS: Confirm highest detected MTBE conc detected by 8020 using 8260  
 Circle which metals are to be analyzed:  
 Metals: Al Sb Ba Be B Cd Ca Cr Co Cu Fe Mg Mn Mo Ni K Ag Na Sn V Zn  
 As Pb Se Ti Hg  
R4  
DUE 5/1/00 R4

Shipped Via Tracking # \_\_\_\_\_ Storage: \_\_\_\_\_

Will sample results be used in connection with drinking water regulations?  Yes  No If yes, you must so indicate by writing "DW" for each such sample.



# Columbia Analytical Services, Inc. General Terms and Conditions

## Laboratory Services

1. These Terms and Conditions embody the whole agreement of the parties in the absence of a signed and executed contract between the Laboratory ("LAB") and Client. They shall supersede all previous communications, representations, or agreements, either verbal or written, between the parties. The LAB specifically rejects all additional, inconsistent or conflicting terms, whether printed or otherwise set forth in any purchase order or other communication from the Client to LAB. The invalidity or unenforceability, in whole or in part of any provision, term or condition hereof shall not affect in any way the validity or enforceability of the remainder of the Terms and Conditions. No waiver by LAB of any provision, term or condition hereof or of any breach by or obligation of the Client hereunder shall constitute a waiver of such provision, term or condition on any other occasion or a waiver of any other breach by or obligation of the Client. This agreement shall be administered and interpreted under the laws of the state from which services are procured.

2. **Warranty.** Recognizing that the nature of many samples is unknown and that some may contain potentially hazardous components, LAB warrants only that it will perform testing services, obtain findings and prepare reports in accordance with generally accepted analytical laboratory principles and practices at the time of performance of services. LAB makes no other warranty, express or implied.

At LAB's sole discretion, preliminary results may be given in advance of the laboratory report. Such preliminary results are tentative, subject to confirmation and final review by LAB. Client's use of preliminary results in any manner shall be at Client's sole risk.

3. **Scope and Compensation.** LAB agrees to perform the services described in the proposal or agreement to which these Terms and Conditions are attached. Unless the parties agree in writing to the contrary, the duties of LAB shall not be construed to exceed the services specifically described.

Payment terms are net 30 days from the date of invoice. All overdue payments are subject to an interest charge of one and one-half percent (1 1/2%) per month or a portion thereof. Client shall also be responsible for costs of collection, including payment of reasonable attorney fees if such expense is incurred. The prices, unless stated, do not include any sales, use or other taxes. Such taxes will be added to invoice prices when required. LAB reserves the right to require payment prior to release of data. Until such time as Client invoices are paid in full, LAB has no obligation, and will not defend, reproduce, return, or supplement data results.

4. **Prices.** Compensation for services performed will be based on the current Lab Analytical Fee Schedule, or on verbal quotations agreed to in writing by the parties. Unless specifically indicated on the written confirmation of quotation, analytical turnaround times are not guaranteed. The minimum charge will be \$100.00 unless otherwise noted.

5. **Methods.** Where applicable, LAB will use analytical methodologies which are in substantial conformity with U.S. Environmental Protection Agency (EPA), State Agency, American Society for Testing and Materials (ASTM), Association of Official Analytical Chemists (AOAC), Standard Methods for the Examination of Water and Wastewater, or other recognized methodologies. LAB reserves the right to deviate from these methodologies, if necessary or appropriate, due to the nature or composition of the sample or otherwise, based on the reasonable judgment of LAB. Deviations, if any, will be made on a basis consistent with recognized standards of the industry and/or LAB's standard operating procedures.

6. **Limitations of Liability.** In the event of any error, omission or other professional negligence, the sole and exclusive responsibility of LAB shall be to reperform the deficient work at its own expense, and LAB shall have no other liability whatsoever. All claims shall be deemed waived unless made in writing and received by LAB within ninety (90) days following completion of services.

LAB shall have no liability, obligation or responsibility of any kind for losses, costs, expenses or other damages (including but not limited to any special, indirect, incidental or consequential damages) with respect to LAB's services or results.

All results provided by LAB are strictly for the use of its clients, and LAB is in no way responsible for the use of such results by clients or third parties. All results should be considered in their entirety, and LAB is not responsible for the separation, detachment, or other use of any portion of the results.

7. **Hazard Disclosure.** Client represents and warrants that any sample delivered to LAB will be preceded or accompanied by complete written disclosure of the presence of any hazardous substances known or suspected by Client. Client further warrants that any sample containing any hazardous substance which is to be delivered to LAB will be packaged, labeled, transported and delivered properly and in accordance with applicable laws.

8. **Sample Handling.** Prior to LAB's acceptance of any sample (or after any revocation of acceptance), the entire risk of loss of or damage to such sample remains

with Client. Samples are accepted when receipt is acknowledged on chain of custody documentation. In no event will LAB have any responsibility or liability for the action or inaction of any carrier shipping or delivering any sample to or from LAB premises.

LAB will use its best efforts to arrange for the shipment of specially prepared sample bottles, sampling instructions per Client instruction by the readily available least cost method. Any other shipment arrangements will be at Client's expense.

Disposal of hazardous waste samples is the responsibility of the Client. If the Client does not wish such samples returned, LAB may add storage and disposal fees to the final invoice. Maximum storage time for samples is 30 days after completion of analysis, unless modified by applicable state or federal laws. Client will be required to give to LAB written instructions concerning disposal of these samples.

LAB reserves the absolute right, exercisable at any time, to refuse to receive, delivery of, refuse to accept, or revoke acceptance of any sample which, in the sole judgment of LAB, (a) is of unsuitable volume, (b) may be or become unsuitable for, or may pose a risk in handling, transport or processing for any health, safety, environmental or other reason, whether or not due to the presence in the sample of any hazardous substance, and whether or not such presence has been disclosed to LAB by Client or (c) has been delivered to the LAB more than 72 hours after sampling or if one half or more of the recommended holding time for the analysis has lapsed.

9. **Legal Responsibility.** LAB is solely responsible for performance of this contract, and no affiliated company, director, officer, employee, or agent shall have any legal responsibility hereunder, whether in contract or tort, including negligence.

10. **Data Deliverables.** Where specifically requested by Client, LAB agrees to produce electronic data representing services performed hereunder, subject to the following specific understanding between the parties: LAB agrees to supply Client with electronic data as mutually defined, using an agreed medium. Client recognizes that LAB is not a software consultant, manufacturer or reseller, any transfer of electronic data pursuant to services provided by LAB is an accommodation to and strictly for the convenience of the client who is solely liable for the choice and maintenance of the medium utilized. Electronic data provided under this agreement is not deemed to be the project deliverable for the purpose of fulfilling obligations under the Agreement. The provision of electronic data does not in any way modify the intention of the parties that the Client rely on the written or hard copy form of the deliverable.

Except with regard to any limited warranty as specifically set forth below, LAB disclaims and excludes all warranties express or implied with regard to the creation, transmittal or use of electronic data hereunder. The limited warranty in this Agreement replaces all other warranties, express or implied, including any warranties of merchantability or fitness for a particular purpose. Professional warranties extend to written or hard copy deliverables only and do not extend to electronic data supplied to Client. Professional warranties in the Agreement which extend to written or hard copy deliverables shall be undisturbed by this Amendment. LAB's liability for medium failure shall be limited to replacement of the electronic data with a hard copy for a period of thirty days from the date of delivery. LAB's electronic data transfer is derived in part from or is created using third party software, and no such third party warrants or assumes any liability regarding use of or undertakes to provide support information relating to LAB's electronic data. LAB will utilize anti-virus programs on a best efforts basis in preparation of the electronic data transfer, but LAB makes no warranty as to the effectiveness of such screening. LAB will also use its best efforts to ensure that its electronic data will meet all criteria as specified by Client, including criteria regarding date/time data, if, and when, included; but LAB makes no warranty as to the appropriateness of the client specified criteria by accepting the same.

In addition to indemnities contained in the underlying agreement between LAB and Client, Client shall hold LAB harmless from any claims, suits or liability arising from or related to electronic data supplied pursuant to this Agreement. Any reuse of original or altered files by Client shall be at Client's risk and without liability or responsibility to LAB, but shall entitle LAB to additional compensation for such unauthorized reuse. In no event will LAB's liability for electronic data include any special, incidental or consequential damages, whether or not LAB has knowledge of the potential for loss or damage.

11. **Force Majeure.** LAB shall have no responsibility or liability to the Client for any failure or delay in performance by LAB which results in whole or in part from any cause or circumstance beyond the reasonable control of LAB. Such causes and circumstances shall include, but not be limited to, acts of God, acts of Client, acts or orders of any government authority, strikes or other labor disputes, natural disasters, accidents, wars, civil disturbances, difficulties or delays in transportation, mail or delivery services, inability to obtain sufficient services or supplies from LAB's usual suppliers, or any other cause beyond LAB's reasonable control.