



ENVIRONMENTAL PROTECTION

00 MAR -3 PM 3:48

March 2, 2000

Eva Chew
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502

Subject: 5865 Broadway Terrace
Oakland, California
AEI Project No. 3621

Dear Ms. Chew

The following brief workplan has been written to describe the re-excavation and sampling activities to be performed by AEI at the above referenced site.

In October 1998, one 7,500 gasoline underground storage tank (UST), one 3,000 gallon gasoline UST, and one 250 gallon waste oil UST along with the associated piping and dispensers were removed from the property.

Analytical results of soil samples collected from beneath the USTs indicated that soil was impacted with up to 3,800 mg/kg of total petroleum hydrocarbons (TPH) as gasoline, 2 mg/kg of benzene, and 11 mg/kg of MTBE. Groundwater was not encountered during the tank removal activities. Following the removal of the tanks, the stockpiled soil was returned to the excavation.

At the request of the ACHCSA, a Phase II Subsurface Investigation was performed at the site by AEI. This investigation revealed concentrations of TPH as gasoline and MTBE in the soil up to up to 19 mg/kg and 0.98 mg/kg, respectively. Please refer to the Phase II Subsurface Investigation report issued by AEI on May 5, 1999 for detailed results of this investigation.

AEI has been contracted to install one 12,000 gallon underground gasoline storage tank. The new tank will be installed in the same location as the previous tanks. Please refer to Figure 1 for the locations of the previous UST and the new tank.

AEI will re-open the former excavation and remove additional soil on the north and south sides of the former excavation to accommodate the new tank. The former stockpile was not sampled during the tank removal activities; therefore AEI will sample the newly stockpiled soil at a rate of one composite sample for every 50 cubic yards of soil. AEI will collect one sidewall sample from each side of the excavation at a frequency of one sample for every 20 feet of horizontal length of the sidewall.

Handwritten notes: It was... A composite... 55 containers... 1100ppm TPH... 2ppm MTBE... 47ppm Xylene

All sampling will be performed under the direction of a representative of the ACHCSA. Additional sample collection and/or soil removal will be performed if deemed necessary by the

October 11, 2000

**OVER-EXCAVATION OF CONTAMINATED
SOIL AND TANK INSTALLATION**

5865 Broadway Terrace
Oakland, California

Project No. 3616

Prepared For

McElhinney Trust
c/o Mr. Mike Gilmore
123 Scenic Drive
Orinda, CA 94627

Prepared By

AEI Consultants
3210 Old Tunnel Road, Suite B
Lafayette, CA 94549
(800) 801-3224

AEI

October 11, 2000

McElhinney Trust
c/o Mr. Mike Gilmore
123 Scenic Drive
Orinda, CA 94627

Subject: Over-Excavation of Contaminated Soil and Tank Installation
5865 Broadway Terrace
Oakland, CA 94618
AEI Project No. 3616

Dear Mr. Gilmore:

The following letter report documents the activities and results of the over-excavation, off-haul and disposal of contaminated soil, and installation of one 20,000-gallon underground storage tank (UST) performed by AEI Consultants (AEI) at the above referenced property. AEI was contracted to install one 20,000-gallon double walled UST and two dispensers, and to remove and dispose of any petroleum hydrocarbon contaminated soil encountered during the installation activities. The 20,000-gallon UST is split into two compartments of 12,000 gallons and 8,000 gallons. The UST was installed approximately 15 feet to the west of the subject property building, in the former location of three USTs (Figure 1: Site Location and Figure 2 Site Plan). The installation activities were performed at the request of the Mr. Mike Gilmore. The Alameda County Health Care Services Agency (ACHCSA) requested the removal and disposal of the contaminated soil.

I. Site Background

The property is located in a residential area of the City of Oakland and currently supports the operation of C.A.R. Service, an automobile repair facility. In October 1998, one 7,500-gallon gasoline UST, one 3,000-gallon gasoline UST, and one 250-gallon waste oil UST along with associated piping and dispensers were removed from the property. The excavation was backfilled with the stockpiled soil and imported fill material. Please refer to Figure 2 for former locations of the tanks and dispensers.

Soil samples were collected from 13 to 14 feet below ground surface (bgs) beneath the gasoline USTs. Analytical results of these samples indicated that the soil was impacted with up to 3,800 mg/kg of total petroleum hydrocarbons (TPH) as gasoline, 2 mg/kg of benzene, and 11 mg/kg of MTBE. A soil sample analyzed from 7 feet bgs from beneath the waste oil tank was impacted with 2 mg/kg of TPH as gasoline. Groundwater was not encountered during the tank removal activities. No samples were collected from the stockpiled soil.

On April 5, 1999, AEI Consultants performed a subsurface investigation to determine whether the groundwater had been impacted by the identified hydrocarbon release. A total of five soil borings (AEI-1 through AEI-5) were advanced. The borings were advanced to 6 feet bgs in the former locations of the dispensers and between depths of 12 to 16 feet bgs in the former location of the USTs. Refer to Figure 2 for soil boring locations. Groundwater was encountered in boring AEI-3 at 14 feet bgs.

TPH as gasoline and MTBE were detected in soil sample AEI-4 10' at 19 mg/kg and 0.93 mg/kg, respectively. No significant levels of BTEX or TPH as diesel were detected in any of the soil samples analyzed. MTBE and tert-Amyl Methyl Ether (TAME) were detected in the groundwater sample at 72 µg/L and 11 µg/L, respectively. TPH as gasoline, BTEX and VOCs were not detected in the water sample analyzed.

II. Excavation Activities

Prior to the initiation of field activities, AEI Consultants and Mr. Mike Gilmore obtained the necessary permits to install one 20,000-gallon UST, dispensers, and a canopy (refer to Attachment A: Permits and Notification Documents). Permits were obtained from Bay Area Air Quality Management District (Permit No. 01268), Oakland Fire Services Agency (Permit No. 87-99), and the City of Oakland Building Department (Permit Nos. B0000405, B9904475, and E0002215). Removal and disposal of the contaminated soil was approved on March 7, 2000 by Ms. Eva Chu of the ACHCSA

On May 9, 2000, the AEI field staff was briefed and the Site Health and Safety Plan was reviewed prior to the excavating of soil. The asphalt ground cover surrounding the excavation was removed. A single stockpile of soil was created adjacent to the excavation. Shoring was required on the east wall of the excavation to prevent the soil from under the building from sluffing into the excavation. On May 12, 2000 shoring was installed on the east wall of the excavation. After the shoring was in place the excavation activities continued. The excavation was extended to a final depth of 16 feet bgs (the required depth for this tank installation).

Groundwater was encountered at 14 feet bgs. During the excavation activities, groundwater was pumped out of the excavation into a Baker tank that was stored on-site. A total of 625 gallons of groundwater was removed from the excavation. On May 23, 2000, the contaminated groundwater was removed from the Baker tank by Excel Environmental Services and transported under manifest to Alviso Independent Oil for disposal.

The non-hazardous waste manifest for the waste liquid is located in Appendix B: Transport and Disposal Documents.

III. Sampling and Analysis

On May 16, 2000, soil samples were collected from the stockpiled material and from the excavation. Inspector Eva Chu of the ACHCSA observed the sampling activities. Due to the shoring on the east wall of the excavation a sidewall sample could not be collected. One

sidewall sample was collected from the west sidewall of the excavation at 14' bgs using the bucket of the excavator. The sidewall sample was labeled Sidewall 14'. Eight (8) discrete soil samples were collected from the stockpile, and were composited into two composite samples (STKP 1-4 and STKP 5-8) for analysis. Please refer to Figure 3: Sample Location Plan for the sample locations.

On May 16, 2000, in order to obtain a representative sample and complete the excavation activities, the excavation was purged of groundwater. Due to the slow recharge time, the grab groundwater sample, labeled GW 14', was collected from the excavation the following day on May 17, 2000.

All soil samples were collected in brass tubes that were driven into the soil until completely full, then sealed with Teflon tape and plastic caps. The grab groundwater sample was collected in two 40-mL VOAs, a plastic pint container, and a one liter amber bottle. The secured sample containers were immediately placed into a cooler with ice after sampling. Chain of Custody documentation was initiated. The cooler and soil samples were brought to McCampbell Analytical, Inc. (State Certification #1644) of Pacheco, California on May 16, 2000. The grab groundwater sample was collected and delivered on May 17, 2000 for analysis.

The samples were analyzed for Total Petroleum Hydrocarbons as gasoline (EPA 8015), Total Lead (EPA Method 6010/200), methyl-tert-butyl ether (MTBE), and benzene, toluene, ethylbenzene, and xylenes (BTEX) (EPA Method 602/8020). The soil samples were also analyzed for fuel oxygenates (EPA Method 8260). The analytical results are summarized in the following tables:

TABLE 1 - Soil Sample Analyses west

	Sidewall 14'	STKP 1-4	STKP 5-8
TPH-GASOLINE (mg/kg)	310	14	160
MTBE (mg/kg) (8020)	4.0	<0.05	0.96
Di-isopropyl Ether (µg/kg)	<100	NA	NA
Ethyl tert-Butyl Ether (µg/kg)	<100	NA	NA
Methyl-tert Butyl Ether (µg/kg)	2800	NA	NA
tert-Amyl Methyl Ether (µg/kg)	130	NA	NA
tert-Butanol (µg/kg)	<500	NA	NA
BENZENE (mg/kg)	0.70	<0.005	0.17
TOLUENE (mg/kg)	1.2	0.057	0.86
ETHYL BENZENE (mg/kg)	0.46	0.10	0.26
TOTAL XYLENES (mg/kg)	1.3	0.36	0.40
TOTAL LEAD (mg/kg)	8.2	22	17

mg/kg = milligrams per kilogram (parts per million)
 µg/kg = micrograms per kilogram (parts per billion)
 NA = not analyzed

TABLE 2 - Groundwater Sample Analyses

	GW 14'
TPH-GASOLINE (µg/L)	2200
MTBE (µg/L)	160
BENZENE (µg/L)	7.3
TOLUENE (µg/L)	7.9
ETHYL BENZENE (µg/L)	41
TOTAL XYLENES (µg/L)	100

µg/L = micrograms per liter (ppb)
mg/L = milligrams per liter (ppm)

Copies of all analytical results and Chain of Custody documentation are located in Appendix C: Analytical Documentation.

IV. Installation Activities

On May 17, 2000, the 20,000-gallon UST was installed. The tank was set on pea gravel and the excavation was backfilled with pea gravel to within one foot of the top of the tank.

On June 7, 2000 two excavations for the canopy footings, approximately four feet in diameter by six feet deep, were created. After the concrete footings were poured, trenches for the piping and dispensers were created. The soil removed from the trenches and footing excavations was stockpiled adjacent to the UST excavation.

Field work continued from June 7, 2000 until July 24, 2000. During that time, two new dispensers were installed along with dispenser containment "bravo boxes". Double wall fiberglass piping was installed from the tank to the dispensers. Also a leak detection system and a monitoring system were installed. Please refer to the attached list for the complete list of parts that were installed.

When the installation of the piping and monitoring system was completed and inspected the trenches were backfilled with pea gravel. The area around the dispensers and the area above the tank were resurfaced with reinforced concrete. After the concrete dried the canopy was installed.

On August 7, 2000, Inspector Hernan Gomez with the Oakland Fire Services Agency conducted the final inspection of the UST and dispenser installation and granted permission to operate. The entire fuel system (tank, piping, dispensers and monitoring system) at C.A.R. Service at 5865 Broadway Terrace in Oakland, California is compliant with the current California UST regulations.

V. Disposal of Contaminated Soil

The stockpiled soil from the tank excavation occupied a large portion of the property, and restricted the ability to install the dispensers and canopy. Therefore the stockpiled soil was profiled for disposal at Keller Canyon Landfill in Pittsburg, California. On May 23 and 24,

2000, AEI mobilized on site to off-haul the stockpiled soil. During the trenching and excavating for the canopy footings, additional contaminated soil was stockpiled and profiled for disposal. On June 16 and 19, 2000, additional soil was off-hauled for disposal. After the tank was installed and the excavation was backfilled, the shoring was removed. The contaminated soil that was behind the shoring was removed and stockpiled. On June 27 and 28, 2000, the last stockpile of contaminated soil was off-hauled and disposed. A total of 788.23 tons of contaminated soil was disposed at the Keller Canyon Landfill. Copies of disposal documentation are located in Appendix B: Disposal Documentation.

VI. Summary

AEI Consultants was contracted to install one 20,000-gallon double walled UST and two dispensers at 5865 Broadway Terrace in Oakland, California. AEI was also contracted to remove and dispose of any contaminated soil (from the former USTs) that was encountered during the installation activities. On May 9, 2000, AEI Consultants began excavating for the installation of one 20,000-gallon UST. The excavation was extended to 16 feet bgs. Groundwater was encountered at 14 feet bgs. Approximately 625 gallons of groundwater was removed from the excavation prior to the collection of a grab groundwater sample and the installation of the 20,000-gallon UST.

Soil and groundwater samples were collected from the excavation and stockpile on May 16 and 17, 2000. The soil sample collected from the excavation sidewall (Sidewall 14') contained elevated concentrations of total petroleum hydrocarbons (TPH) as gasoline, MTBE and benzene at 310 mg/kg, 4.0 mg/kg and 0.70 mg/kg, respectively. The stockpile soil samples contained elevated concentrations of TPH as gasoline ranging from 14 to 160 mg/kg. Minor concentrations of MTBE and benzene were detected in one of the stockpile soil samples (STKP 5-8) at 0.96 mg/kg and 0.17 mg/kg, respectively. The groundwater sample (GW 14') also contained elevated concentrations of TPH as gasoline, MTBE and benzene at 2,200 µg/L, 160 µg/L and 7.3 µg/L.

On May 17, 2000, the 20,000-gallon UST was installed. The excavation was backfilled with pea gravel. Following the tank installation, the canopy footing excavations were created. After the concrete for the canopy footings was poured and dried, the trenches for the piping and dispensers were created. The soil that was removed during the trenching was stockpiled adjacent to the tank excavation.

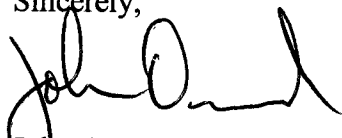
On May 23 and 24, 2000, the stockpiled soil from the tank excavation was off-hauled and disposed at the Keller Canyon Landfill in Pittsburg, California. The soil excavated from the trenches and canopy footing excavations was disposed on June 16, 19, 27 and 28, 2000. A total of 788.23 tons of contaminated soil was off-hauled from the subject property and disposed at Keller Canyon Landfill.

After the soil was off-hauled, the dispensers, piping, and monitoring system were installed. The property was resurfaced and the canopy was installed. On August 7, 2000, Inspector Hernan Gomez with the Oakland Fire Services Agency conducted the final inspection of the UST and dispenser installation and granted permission to operate. The entire fuel system (tanks, piping,

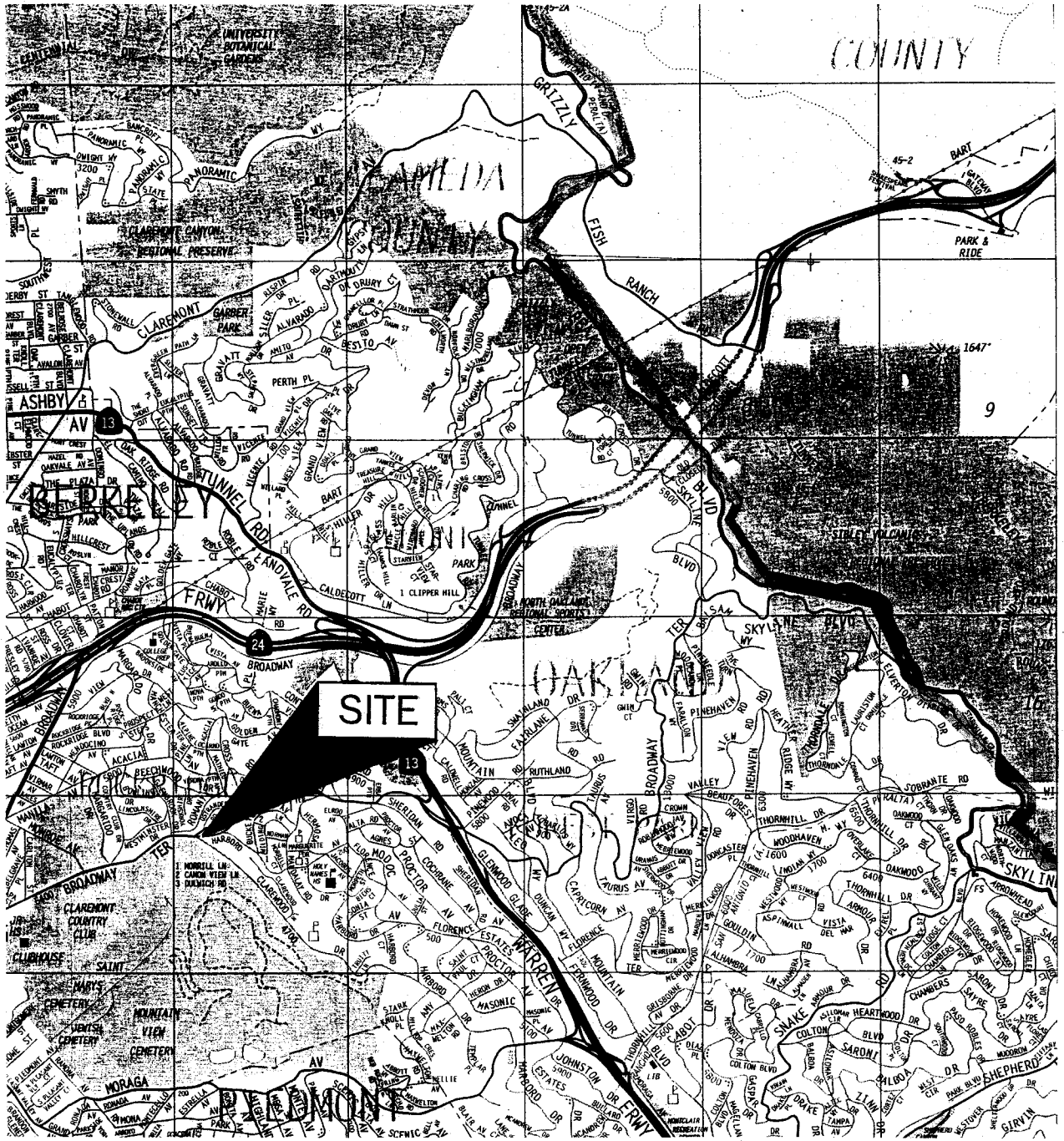
AEI Consultants
Job # 3616
October 11, 2000
Page 6

dispensers and monitoring system) at C.A.R. Service at 5865 Broadway Terrace in Oakland, California is compliant with the current California UST regulations.

Sincerely,

A handwritten signature in black ink, appearing to read "John Ormerod". The signature is fluid and cursive, with a large initial "J" and "O".

John Ormerod
Environmental Scientist



FROM:
THE THOMAS GUIDE
2000 EDITION

AEI Consultants	
3210 OLD TUNNEL ROAD, SUITE B, LAFAYETTE, CA	
SCALE: 1"=2400'	DATE: 2000
SITE LOCATION MAP	
5865 BROADWAY TERRACE OAKLAND, CALIFORNIA	DRAWING NUMBER: FIGURE 1

BROADWAY TERRACE

BUS SHELTER

DISPENSERS

VENT PIPES

AUTO SHOP

CANOPY

PRODUCT LINES

OFFICE

CANOPY FOOTINGS

20,000-GALLON DOUBLE-WALLED UST
TANK IS SPLIT 12,000 / 8,000

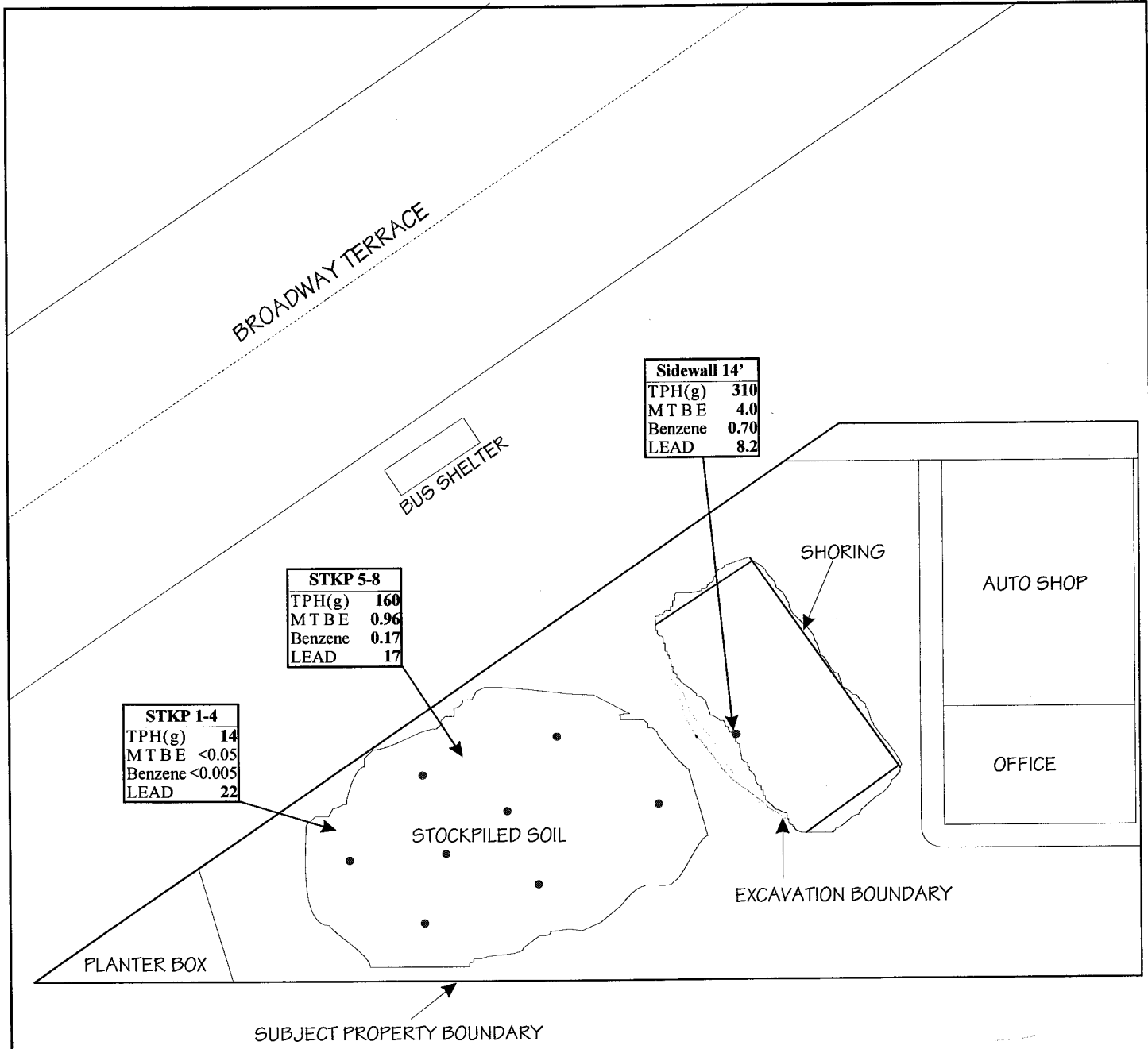
PLANTER BOX

SUBJECT PROPERTY BOUNDARY

CLARWOOD DRIVE



AEI Consultants		
3210 OLD TUNNEL ROAD, SUITE B, LAFAYETTE, CA		
SCALE: 1" = 20'	DRAWN BY: J. ORMEROD	DATE: 10/11/00
SITE MAP		
5865 BROADWAY TERRACE OAKLAND, CALIFORNIA		DRAWING NUMBER: FIGURE 2




CLARWOOD DRIVE

KEY

- SOIL SAMPLE LOCATION

TPH(g) TOTAL PETROLEUM HYDROCARBON AS GASOLINE
 MTBE METHYL TERTIARY BUTYL ETHER
 LEAD TOTAL LEAD

SOIL SAMPLE RESULTS IN mg/kg



AEI Consultants
 3210 OLD TUNNEL ROAD, SUITE B, LAFAYETTE, CA

SCALE: 1" = 20' DRAWN BY: J. ORMEROD DATE: 10/11/00

SAMPLE LOCATION MAP

5865 BROADWAY TERRACE DRAWING NUMBER:
 OAKLAND, CALIFORNIA **FIGURE 3**

APPENDIX A

PERMITS AND NOTIFICATION DOCUMENTS

**City Of Oakland
FIRE PREVENTION
BUREAU**

250 Frank Ogawa Plaza, Ste. 3341
Oakland California 94612-2032

510-238-3851



*Permit To Excavate And Install, Repair,
Or Remove Inflammable Liquid Tanks*

Oakland, California November 19, 1999

Tank Permit Number: 87-99

Permission Is Hereby Granted To:

Install gasoline

Tank And Excavate Commencing:

Feet Inside: property

Line.

On The: south side of Broadway Terrace

Site Address: 6855 Broadway Terrace

Present Storage:

Owner: Glenn & Carolyn Mcelhinney Trusts

Address: 3250 Ptarmigan, Ste., 1B Walnut Creek 94595

Phone: (925)939-0654

Applicant: Michael Gilmore

Address: 123 Scenic Dr., Orinda, 94563

Phone: 893-5501

Dimensions Of Street (sidewalk) Surface To Be Disturbed :

X

No. Of Tanks 1

Capacity

20K

Gallons, Each

Remarks

This Permit Is Granted In Accordance With Existing City Ordinances. Owner Hereby Agrees To Remove Tanks On Discontinuance Of Use Or When Notified By The City Authorities When Installing, Removing Or Repairing Tanks, No Open Flame To Be On Or Near Premises.

CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Type Of Inspection:

Inst. of UST 20K

Inspected And Passed On:

By:

UST/AST Installations/modifications:

Approved: JERRY E. BLUESFORD
Fire Marshal

Pressure Test: Inspected By: H. Gomez

Date: 6/23/00

Primary Piping Test: Inspected By: H. Gomez

Date: 6/23/00

Inspection Fee Paid: \$ 940.00

Received By: D. Clemons ck#229 rec#793533

Secondary Containment & Sump Testing:

Inspected By: H. Gomez

Date: 8/7/00

Final: Inspected By: H. Gomez

Date: 8/7/00

Before Covering Tanks, Above Certification Must Be Signed When Ready For Inspection Notify Fire Prevention Bureau 238-3851

THIS PERMIT MUST BE LEFT ON THE WORK SITE AS AUTHORITY THEREFORE



City of Oakland

PERMIT INSPECTION RECORD

Inspections call (510) 238-3444

Weekdays 8:00 a.m. to 4:00 p.m.

INSPECTION SERVICES
250 Frank H. Ogawa Plaza
2nd Floor
Oakland, CA 94612

KEEP AVAILABLE WITH THE APPROVED PLANS

JOBSITE ADDRESS 5865 BROADWAY TR.		TENANT / SUITE		ASSESSOR'S PARCEL NUMBER	
PERMITTEE Winfred Gilmore / Michael J. Gilmore		LICENCE		CODE EDITION 1997	PERMIT ISSUE DATE 2-11-00
DESCRIPTION OF WORK BUILD NEW CANOPY		OCCUPANCY U-2		FIRE SPRINKLER NO	
REQUIRED SPECIAL INSPECTIONS & MATERIALS TESTING (UBC SECTION 1701.5) YES - WELDS		CONST TYPE 2N	STORIES 1	DISTRICT 02B	

- BUILD, ELECT, PLUMB, & MECH INSPECTIONS MUST BE SCHEDULED SEPARATELY (PLEASE CALL WELL IN ADVANCE).
- ALL PERMITS WILL EXPIRE UNLESS MAJOR INSPECTIONS ARE APPROVED BY THE CITY EVERY 6 MONTHS (OR SOONER).
- DO NOT CONCEAL ANY WORK UNTIL "OK TO POUR" OR "OK TO COVER" HAS BEEN SIGNED & DATED BY THE CITY.
- "BEST MANAGEMENT PRACTICES" MUST BE USED DAILY TO PROTECT STORM WATER DRAINAGE SYSTEMS.

MAJOR INSPECTION	BUILDING	ELECTRICAL	PLUMBING	MECHANICAL	PLANNING/ DESIGN REVIEW
01 FOUNDATION (6 MONTHS MAXIMUM) OK TO POUR	10 SETBACK	30 CONSTRUCT POWER			60 ORIG GRADE ELEV
	11 PIERS	31 UFER			61 LOT COVERAGE
	12 REPORT / CERT / FEE				
	13 FTG / SLAB / EMBED	32 UNDER GROUND	40 UNDER GROUND	50 UNDER GROUND	62 SITE
02 FLOOR (6 MONTHS MAXIMUM) OK TO COVER	14 REPORT / CERT / FEE				
	15 UNDER FLOOR	33 UNDER FLOOR	41 UNDER FLOOR	51 UNDER FLOOR	63 FLOOR ELEVATION
03 FRAME (6 MONTHS MAXIMUM) OK TO COVER	16 LATH / CEILING	34 SUSPENDED CEILING	42 DWV PIPING	52 SUSPENDED CEILING	64 ROOF HEIGHT
	17 MASNRY / RET WALL	35 PREMISES WIRING	43 GAS PIPING	53 FLUE	
	18 SHEARWALL / ROOF	36 SUBPANEL	44 WATER PIPING	54 DUCT (LOW PRESS)	
	19 SHAFT / FIREWALL	37 SERVICE / MCC	45 CONDENSATE PIPING	55 DUCT (TYPE I HOOD)	
	20 TUB / SHOWER WALL		46 TUB / SHOWER PAN	56 FIRE DAMPER	
	21 REPORT / CERT / FEE		47 WATER SERVICE	57 MANUF FIREPLACE	
	22 ROUGH	38 ROUGH	48 ROUGH	58 ROUGH	68 ROUGH
04 FINAL (6 MONTHS MAXIMUM) OK TO OCCUPY	23 WALLBRD / SHINGLE				
	29 REPORT / CERT / FEE	39 EMERG SYSTEMS	49 GAS TEST	59 EQUIPMENT / HOOD	69 LANDSCAPE / IRR
	80 UTILITY RELEASE	80 UTILITY RELEASE	80 UTILITY RELEASE	80 UTILITY RELEASE	
	81 FIRE PREVENTION 510 / 238 - 3851	82 PUBLIC WORKS 510 / 238 - 3051	83 ENGR SERVICES 510 / 238 - 4770	84 COUNTY HEALTH 510 / 567 - 6700	85 OTHER AGENCY
	86 FINAL BUILDING	86 FINAL ELECTRICAL	86 FINAL PLUMBING	86 FINAL MECHANICAL	87 FINAL PLAN / D.R.

9/29/00 *AT*

9/29/00 *AT*

OFFICIAL USE ONLY

88 STOP WORK 89 SUSPEND PERMIT 90 INSPECT NOT PERFORMED 91 INSPECT CANCELED
92 NOT READY 93 ADDRESS NOT FOUND 94 NO ACCESS/ APPROVED PLANS NOT AVAILABLE
95 RE-INSPECT FEE 96 CORRECTION NOTICE 97 PARTIAL APPROVAL 98 APPROVED

BUILDING

6-7-00 2 pieces of steel off sub to S.I. on
high strength bolting

8/31/00 - job complete - Need final special
inspection letter for high strength
bolting for final. AT

ELECTRICAL

PLUMBING / MECHANICAL

PLANNING, ZONING, DESIGN REVIEW, LANDSCAPING



City of Oakland

PERMIT INSPECTION RECORD

Inspections call (510) 238-3444

Weekdays 8:00 a.m. to 4:00 p.m.

INSPECTION SERVICES

250 Frank H. Ogawa Plaza

2nd Floor

Oakland, CA 94612

KEEP AVAILABLE WITH THE APPROVED PLANS

JOBSITE ADDRESS 5065 BROADWAY TR.		TENANT / SUITE		ASSESSOR'S PARCEL NUMBER	
PERMITTEE ALL ENVIRONMENTAL INC.		LICENCE 654919		CODE EDITION 1997	PERMIT ISSUE DATE 12-10-99
DESCRIPTION OF WORK REPAIR GAS STORAGE TANKS; INSTALL		OCCUPANCY 5-3		FIRE SPRINKLER NO	
REQUIRED SPECIAL INSPECTIONS & MATERIALS TESTING (UBC SECTION 1701.5) TWO DISPENSERS		CONST TYPE 3N	STORIES 1	DISTRICT 02B	

- BUILD, ELECT, PLUMB, & MECH INSPECTIONS MUST BE SCHEDULED SEPARATELY (PLEASE CALL WELL IN ADVANCE).
- ALL PERMITS WILL EXPIRE UNLESS MAJOR INSPECTIONS ARE APPROVED BY THE CITY EVERY 6 MONTHS (OR SOONER).
- DO NOT CONCEAL ANY WORK UNTIL "OK TO POUR" OR "OK TO COVER" HAS BEEN SIGNED & DATED BY THE CITY.
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MAJOR INSPECTION	BUILDING B9904475	ELECTRICAL E 0002215	PLUMBING	MECHANICAL	PLANNING/ DESIGN REVIEW
01 FOUNDATION (6 MONTHS MAXIMUM)	10 SETBACK	30 CONSTRUCT POWER			60 ORIG GRADE ELEV
	11 PIERS	31 UFER			61 LOT COVERAGE
	12 REPORT / CERT / FEE				
OK TO POUR	13 FTG / SLAB / EMBED	32 UNDER GROUND <i>6/26/00 JH</i>	40 UNDER GROUND	50 UNDER GROUND	62 SITE
	14 REPORT / CERT / FEE				
02 FLOOR (6 MONTHS MAXIMUM)	15 UNDER FLOOR	33 UNDER FLOOR	41 UNDER FLOOR	51 UNDER FLOOR	63 FLOOR ELEVATION
	16 LATH / CEILING	34 SUSPENDE CEILING	42 DWV PIPING	52 SUSPENDE CEILING	64 ROOF HEIGHT
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	18 SHEARWALL / ROOF	36 SUBPANEL	44 WATER PIPING	54 DUCT (LOW PRESS)	
	19 SHAFT / FIREWALL	37 SERVICE / MCC	45 CONDENSATE PIPING	55 DUCT (TYPE I HOOD)	
	20 TUB / SHOWER WALL		46 TUB / SHOWER PAN	56 FIRE DAMPER	
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OK TO COVER	23 WALLBRD / SHINGLE				
	29 REPORT / CERT / FEE	39 EMERG SYSTEMS	49 GAS TEST	59 EQUIPMENT / HOOD	69 LANDSCAPE / IRR
04 FINAL (6 MONTHS MAXIMUM)	80 UTILITY RELEASE	80 UTILITY RELEASE	80 UTILITY RELEASE	80 UTILITY RELEASE	
	81 FIRE PREVENTION 510 / 238 - 3851	82 PUBLIC WORKS 510 / 238 - 3051	83 ENGR SERVICES 510 / 238 - 4770	84 COUNTY HEALTH 510 / 567 - 6700	85 OTHER AGENCY
	86 FINAL BUILDING 8/31/00 AT	86 FINAL ELECTRICAL 8/14/00 JH	86 FINAL PLUMBING	86 FINAL MECHANICAL	87 FINAL PLAN / D.R.

OFFICIAL USE ONLY

88 STOP WORK	89 SUSPEND PERMIT	90 INSPECT NOT PERFORMED	91 INSPECT CANCELED
92 NOT READY	93 ADDRESS NOT FOUND	94 NO ACCESS/ APPROVED PLANS NOT AVAILABLE	
95 RE-INSPECT FEE	96 CORRECTION NOTICE	97 PARTIAL APPROVAL	98 APPROVED

BUILDING

ELECTRICAL

PLUMBING / MECHANICAL

PLANNING, ZONING, DESIGN REVIEW, LANDSCAPING



**BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT**

June 06, 2000

**AEI Consultants
3210 Old Tunnel Road, Suite B
Lafayette, CA 94549**

Attention: John Ormerod

Application Number: 01268

BAAQMD GDF No. 679

Equipment Location:

C A R Service

5865 Broadway Terrace

Oakland, CA 94618

ALAMEDA COUNTY

Roberta Cooper
Scott Haggerty
Mary King
Shella Young

CONTRA COSTA COUNTY

Mark DeSautier
Mark Ross
Gayle Ulkema

MARIN COUNTY

Harold C. Brown, Jr.

NAPA COUNTY

Brad Wapenknecht

SAN FRANCISCO COUNTY

Amos Brown
Michael Yaki

SAN MATEO COUNTY

Michael D. Nevin
(Chairperson)
Marland Townsend

SANTA CLARA COUNTY

Randy Altaway
(Vice Chairperson)
Don Gage
Julia Miller
Dena Mossar

SOLANO COUNTY

William Carroll
(Secretary)

SONOMA COUNTY

Tim Smith
Pamela Torliatt

Ellen Garvey

Executive Officer/
Air Pollution Control Officer

Dear Applicant:

This is your Authority to Construct the following:

New Facility

Resulting in:

**One (1) 20,000 gallon underground gasoline tank (Split 12k & 8k)
Four (4) three-product gasoline nozzles**

Vapor Recovery Equipment

Phase I

Two Point system pursuant to California Air Resources Board (CARB)
Executive Order G-70-97-A.

Phase II

Balance System pursuant to CARB Executive Order G-70-36AD and 52AM using OPW 11VF
or equivalent CARB certified nozzles.

Notification

Please contact your assigned Permit Engineer, listed in the correspondence section of this letter, by phone, by fax, or in writing at least three days before the initial operation of the equipment is to take place so that we may observe the equipment in operation and verify conformance with the Authority to Construct. Operation includes any start-up of the source for testing or other purposes. Operation of equipment without notification to the District may result in enforcement action. Please do not send start-up notifications to the Air Pollution Control Officer

Application number 01268

June 06, 2000

Page 2 of 2

Authority to Construct Conditions:

1. The Phase I equipment shall be installed in accordance with California Air Resources Board (CARB) Executive Order G-70-97A. The nominal inside diameter of the vapor side of the two-point system shall be no less than four(4) inches anywhere between the storage tank and the vapor poppet. All vapor recovery system components shall be installed in accordance with CARB Executive Order G-70-52-AM and CARB Executive Order G-70-36AD.
2. Vapor Recovery nozzles which contain a built-in vapor check valve may not be used in conjunction with any remote vapor check valve. Vapor Recovery nozzles which do not contain a built-in check valve must be used in conjunction with a remote vapor check valve.
3. All vapor recovery piping shall be a minimum of 3" in diameter after the manifolding of the dispenser lines. All vapor recovery piping shall slope down towards the lowest octane tank a minimum of 1/8" for every linear foot.
4. Within ten(10) days of start-up, a Leak Test on all new and/or modified nozzle systems shall be performed in accordance with the District's Manual of Procedures Source Test Procedure ST-30. If the tank size is 500 gallons or less, the test shall be performed on an empty tank.
5. Within ten(10) days of start-up, a Dynamic Back Pressure Test on all new and/or modified nozzle systems shall be performed in accordance with the District's Source Test Procedure ST-27. The test shall be conducted at nitrogen flow rates of 20, 60, and 100 CFH. If a remote vapor check valve is used, the test shall be conducted using Alternate Method II or III.
6. The applicant shall notify Source Test at (415) 749-5069 or by FAX at (415) 749-4922, 48 hours prior to any testing required for permitting. Test results for the performance tests required pursuant to conditions #5 and #6 shall be submitted within twenty (20) days of startup.
7. The current gasoline throughput at this facility shall not exceed 940,000 gallons of fuel per year.

Pursuant to Section 2-1-407, this Authority to Construct expires 2 years from above date and may be extended beyond this date, provided substantial use of the Authority has begun. Any extension of this Authority requires a written request and approval by the Air Pollution Control Officer.

Correspondence

Please include your application number with any correspondence with the District regarding this matter. If you have any questions please call John M Joseph, Permit Coordinator at (415) 749-4728. Startup information may be faxed to the Permit Division at (415) 749-5030.

Very truly yours,

Ellen Garvey
Executive Officer/
Air Pollution Control Officer

by James A. Donnell For SCOTT OWEN
Permit Services Division

SAO:JMj:me
G36ad

CITY OF OAKLAND

6616 Addison Street, Suite 1B, Walnut Creek, CA 94596

\$85.00 TOTAL FEES PAID AT ISSUANCE	
\$41.00 Permit	\$0.00 State Regs
\$0.00 Process	\$0.00 School
\$0.00 Bedroom	\$0.00 Plot Plan
\$0.00 Address	\$0.00 Electric
\$0.00 SMP	\$0.00 Mechanical
\$0.00 Fire	\$0.00 Plumbing
\$41.00 Permit	\$0.00 Recd. Mnt.
\$100.00 Instg	\$0.00 Gen Plan
\$0.00 Other	\$0.00 File Chg
\$0.00 Zone Insp	\$0.00 Proc. Fee

Plans Processed By _____ Date _____ Permit Issued By Need Inspect Date 6/23/00

I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain a certificate of consent for secure work for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain worker's compensation insurance as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are: First State 8-19-1000
 I, as owner of the property, or the employee with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of its completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.
 I am improving my principal place of residence (Sec. 7044, Business and Professions Code) and I have not claimed exemption in this subdivision on more than two structures more than once during any three-year period. (Section 7044, Business and Professions Code)
 I am the owner of the property and I am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.
 I am a contractor and I am licensed under Section _____ B.A.P.C. for this reason _____

I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain a certificate of consent for secure work for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain worker's compensation insurance as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are: First State 8-19-1000
 I, as owner of the property, or the employee with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of its completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.
 I am improving my principal place of residence (Sec. 7044, Business and Professions Code) and I have not claimed exemption in this subdivision on more than two structures more than once during any three-year period. (Section 7044, Business and Professions Code)
 I am the owner of the property and I am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.
 I am a contractor and I am licensed under Section _____ B.A.P.C. for this reason _____

Signature of Owner or Authorized Agent _____ Date 6/23/00
 I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL LOCAL ORDINANCES AND STATE LAWS RELATING TO BUILDING CONSTRUCTION, AND I MAKE THIS STATEMENT UNDER PENALTY OF LAW: I HEREBY AUTHORIZE REPRESENTATIVES OF THIS CITY TO ENTER UPON THE ABOVE MENTIONED PROPERTY FOR INSPECTION PURPOSES EXCEPT IN THOSE CONSTRUCTION PROJECTS WHERE THE BUILDING OFFICIAL, DUE TO THE NATURE OF THE PROJECT, DEEMS THESE LIMITATIONS TO BE UNREASONABLE. EVERY PERMIT ISSUED BY THE BUILDING OFFICIAL UNDER THE PROVISIONS OF THIS CODE SHALL EXPIRE BY LIMITATION AND BECOME NULL AND VOID IF THE BUILDING OR WORK AUTHORIZED BY SUCH PERMIT DOES NOT RECEIVE AN APPROVAL OF A MAJOR INSPECTION, AS FURTHER IDENTIFIED IN SECTION 92.18 OF THIS CHARTER WITHIN 180 DAYS FOLLOWING THE ISSUANCE DATE OF SUCH PERMIT OR FOLLOWING THE APPROVAL DATE OF PREVIOUS MAJOR INSPECTION, DO NOT COVER ANY CONSTRUCTION UNITS UNTIL THE WORK IS INSPECTED AND THE INSPECTION IS RECORDED ON THE BACK OF THE JOB COPY OF THIS PERMIT. ALL INSPECTION REQUESTS ARE REQUIRED AT LEAST 24 HOURS IN ADVANCE OF THE INSPECTION.
 I hereby agree to save, defend, indemnify and keep harmless the City of Oakland and its officers, employees, agents, and volunteers from all claims, demands, litigation, or proceedings, including those for attorneys' fees, against the City in consequence of the granting of this permit or from the use or occupancy of any sidewalk, street or sub-sidewalk or otherwise by virtue thereof, and will in all things strictly comply with the conditions under which this permit is granted.
 Contractor _____ Date 6/23/00
 Agent _____
 Owner Other

Carte: _____
 (This section need not be completed if the permit is for one hundred dollars (\$100) or less)
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner, so as to become subject to the worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.
 WARNING: Failure to secure worker's compensation is unlawful, and shall subject employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.
 Signature of Owner or Authorized Agent _____ Date 6/23/00
 I hereby affirm, under penalty of perjury, that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.)
 Lender's Name _____
 Lender's Address _____
 City _____ State _____ Zip _____ Phone _____
 I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.
 License and Class _____
 Contractor Name _____
 Signature _____

StID 3066

March 7, 2000

Mr. Mike Gilmore
123 Scenic Drive
Orinda, CA 94563

RE: Workplan Approval for 5865 Broadway Terrace, Oakland, CA

Dear Mr. Gilmore:

I have completed review of AEI's March 2, 2000 work plan prepared for the above referenced site. AEI proposed to re-excavate the former excavation and remove additional soil on the north and south sidewalls of the excavation to accommodate the new, larger tank. The newly generated stockpiled soil will be sampled at a rate of one composite sample for every 50 cubic yards of soil. AEI will also collect soil samples from the sidewalls of the excavation at a frequency of one sample every 20 linear feet. Soil samples will be analyzed for TPHg, BTEX, MTBE, and total lead.

The proposed work plan is acceptable with the following additions/changes:

- The former stockpiled soil was previously sampled. The four into one composite sample contained 1,100ppm TPHg, 2ppm MTBE, and 47ppm xylenes. If it is anticipated that the stockpile will be re-used, discrete, rather than composite, soil samples should be collected at a rate of one per 20 cubic yards. It is recommended that stockpiled soil be hauled offsite for proper disposal.
- A grab groundwater sample should be collected, if groundwater is encountered.
- Lead analysis is not necessary.

The approved work plan should be implemented within 90 days of the date of this letter. Please provide 72 hours notice prior to the start of field activities. If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

email: Peter McIntyre (pmcintyre@aeiconsultants.com)

carservices3

APPENDIX B

TRANSPORT AND DISPOSAL DOCUMENTS

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **CAL0000643119** Manifest Document No. **000013** of **1**

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
CAA Service Attn: Mike Gilmore
5865 BRANDUNG TERRACE OAKLAND CA
 4. Generator's Phone **510 547-0170** **94618**

A. State Manifest Document Number **99711819**

B. State Generator's ID#

5. Transporter 1 Company Name **Excel Environmental Services** 6. US EPA ID Number **CAL0000209350**

C. State Transporter's ID# **Reserved**

D. Transporter's Phone **800 376-6008**

E. State Transporter's ID# **Reserved**

F. Transporter's Phone

9. Designated Facility Name and Site Address
ALVISO OIL
5002 ARCHURST
ALVISO CA 95002

10. US EPA ID Number **CAL0000161743**

G. State Facility's ID# **CAL0000161743**

H. Facility's Phone **510-476-1740**

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type 13. Total Quantity 14. Unit Wt/Vol

a.	12. Containers		13. Total Quantity	14. Unit Wt/Vol	I. Waste Number	
	No.	Type			State	EPA/Other
NON-RCRA HAZARDOUS WASTE LIQUID 001 TT 00625 G					221	
b.					State	EPA/Other
c.					State	EPA/Other
d.					State	EPA/Other

J. Additional Descriptions for Materials Listed Above
Used oil generator

K. Handling Codes for Wastes Listed Above
 a. b. c. d.

15. Special Handling Instructions and Additional Information
GRUUS **ERG 171**
Emergency Phone 800 376-6008

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name **DUSTY ROY** Signature **[Signature]** Month **05** Day **23** Year **06**

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name **TIM LIASDA** Signature **[Signature]** Month **05** Day **23** Year **06**

18. Transporter 2 Acknowledgement of Receipt of Materials
 Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
 Printed/Typed Name Signature Month Day Year

DO NOT WRITE BELOW THIS LINE.

99711819
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550
 GENERATOR
 TRANSPORTER
 FACILITY

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
 5865 Broadway Terrace
MAILING ADDRESS
 5865 Broadway Terrace
CITY, STATE, ZIP
 Oakland CA 94618
PHONE
 510 714 2119
CONTACT PERSON
 Mike Colman
SIGNATURE OF AUTHORIZED AGENT / TITLE
 * [Signature] **DATE**
 5/23/00

WASTE ACCEPTANCE NO.
 SWIC - 03304
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 of 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
 5865 Broadway Terrace

RECEIVING FACILITY

TRANSPORTER
 Joe BBS
ADDRESS
 P.O. Box 1027
CITY, STATE, ZIP
 Richmond, CA
PHONE
 510 262 3070
SIGNATURE OF AUTHORIZED AGENT OR DRIVER
 * [Signature] **DATE**

NOTES: **VEHICLE LICENSE NUMBER** **TRUCK NUMBER**
 9B34682 D.B-4
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
 * [Signature] **DATE**
 5/23/00

CUBIC YARDS
 70 yds
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 checked="" 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.

SALES COPY

MANIFEST # **31228**

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.	
MAILING ADDRESS <i>CAA SERVICE</i>		<i>SWIC - 03304</i>	
CITY, STATE, ZIP <i>5865 Broadway, TELL</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE <i>OAKLAND CA 94618</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON <i>510-719-3144</i>		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>Mike Gilmore</i>		RECEIVING FACILITY	
DATE <i>5/23/00</i>			
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: <i>soil w/ gasoline</i>			
<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 <i>5865 Broadway, TELL</i>			
TRANSPORTER <i>De Bibbs Trucking</i>	NOTES:	VEHICLE LICENSE NUMBER <i>9B34682</i>	TRUCK NUMBER <i>DB4</i>
ADDRESS <i>PO BOX 1027</i>			
CITY, STATE, ZIP <i>Richmond, CA</i>			
PHONE <i>510-262-3070</i>	END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>	TRANSFER <input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>[Signature]</i>	ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
DATE <i>5-23-00</i>			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 <i>20</i>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input checked="" type="checkbox"/> SOIL	DISPOSE
FACILITY TICKET NUMBER		<input type="checkbox"/> CONSTRUCTION DEBRIS	OTHER
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
DATE <i>5/23/00</i>		<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.

SALES COPY

MANIFEST # **31230**

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
 CAR SERVICE
MAILING ADDRESS
 5865 BROADWAY TERR
CITY, STATE, ZIP
 OAKLAND CA 94618
PHONE
 510-719-3199
CONTACT PERSON
 MIKE GILMORE
SIGNATURE OF AUTHORIZED AGENT / TITLE
 * [Signature] **DATE**
 5/23/00

WASTE ACCEPTANCE NO.
 SWIC - 03304
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 w/ Gasoline
 DISPOSAL SLUDGE
 CONSTRUCTION WOOD
 DEBRIS OTHER
 SPECIAL WASTE

GENERATING FACILITY
 5865 BROADWAY TERR

RECEIVING FACILITY

TRANSPORTER BIBBS TRUCKING
ADDRESS Richmond PO Box 1027
CITY, STATE, ZIP CA
PHONE 510 262-3070
SIGNATURE OF AUTHORIZED AGENT OR DRIVER
 * [Signature] **DATE**
 5/23/00

NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
 9B34682 5B4
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
 * [Signature] **DATE**
 5/23/00

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.

SALES COPY

MANIFEST # 31239

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 <i>Car Service</i>		WASTE ACCEPTANCE NO. <i>SOIL - 03304</i>	
MAILING ADDRESS <i>5865 Broadway Terrace</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>Oakland CA 94618</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>510 719 3149</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Mike Gilmore</i>			
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature]</i>		DATE <i>5/24/00</i>	
<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: <i>SOIL w/ gasoline</i>		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 <i>5865 Broadway Terrace</i>			

TRANSPORTER <i>ALHAMBRA</i>		NOTES:	VEHICLE LICENSE NUMBER <i>5R41895</i>	TRUCK NUMBER <i>A5</i>
ADDRESS <i>602 7370</i>		END DUMP <input checked="" type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/>		
CITY, STATE, ZIP <i>Rosemead CA</i>		ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS <input type="checkbox"/>		
PHONE				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		DATE <i>5-24-00</i>		

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 <i>20</i>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input checked="" type="checkbox"/> SOIL	DISPOSE
FACILITY TICKET NUMBER		<input type="checkbox"/> CONSTRUCTION DEBRIS	OTHER
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
DATE <i>5/24/00</i>		<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.

SALES COPY

MANIFEST # **31221**

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.	
Car Service		SWIC - 03304	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
5865 Broadway Terrace		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland CA 94613			
PHONE		RECEIVING FACILITY	
717-3149			
CONTACT PERSON			
M. P. ...			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* [Signature]	5/2/00		
<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:			
<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			
5865 Broadway Terrace			
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER	
[Signature]		9741815 A5	
ADDRESS			
[Signature]			
CITY, STATE, ZIP			
[Signature]			
PHONE		END DUMP BOTTOM DUMP TRANSFER	
		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS	
* [Signature]	5-24-00	<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.		CUBIC YARDS	
		20	
REMARKS FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT DATE * [Signature] 5/2/00		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input checked="" 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.

SALES COPY

MANIFEST # **31217**

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.	
MAILING ADDRESS <i>Car Service</i>		SWIC - 0724	
CITY, STATE, ZIP <i>5865 Broadway Terrace</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE <i>Oakland CA 94618</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
CONTACT PERSON <i>510 710 3149</i>		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>Mike Gilmore</i>		SPECIAL HANDLING PROCEDURES:	
DATE <i>5/24/00</i>			
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 w/grading</i>			
<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 <i>5865 Broadway Terrace</i>			
TRANSPORTER <i>ALHAMBRA</i>		NOTES: VEHICLE LICENSE NUMBER <i>SP41895</i> TRUCK NUMBER <i>A-5</i>	
ADDRESS <i>65 2370</i>			
CITY, STATE, ZIP <i>RICHMOND CA</i>			
PHONE		END DUMP <input checked="" type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS <input type="checkbox"/>	
DATE <i>5-24-00</i>			
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 <i>20</i>	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		<input checked="" type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER	
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		<input checked="" type="checkbox"/> SOIL	
DATE <i>5/24/00</i>		<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.

SALES COPY

MANIFEST # **31225**

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.	
MAILING ADDRESS <i>Car Service</i>		SWIC-03304	
CITY, STATE, ZIP <i>5865 Broadway Terrace Oakland CA 94618</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE <i>510-719-3149</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON <i>Mike Gilmore</i>		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* Mike Gilmore</i>		11351	
DATE <i>5/24/00</i>			
<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:		RECEIVING FACILITY	
<input checked="" 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: <i>5865 Broadway Terrace</i>			
TRANSPORTER		NOTES:	
ADDRESS <i>Alhambra Environmental</i>		VEHICLE LICENSE NUMBER	
CITY, STATE, ZIP <i>612 23rd St Richmond CA</i>		TRUCK NUMBER <i>9A90905 AG</i>	
PHONE <i>510-245-7448</i>		<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	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		DATE <i>5/24/00</i>	
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 <i>18</i>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input checked="" 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	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		DATE <i>5/24/00</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.

SALES COPY

MANIFEST # **31218**

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.	
Car Service		SWIC - 07304	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
5865 Broadway Terrace		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland CA 94618			
PHONE			
714 3144			
CONTACT PERSON			
Mike Gilmore			
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* <i>Mike Gilmore</i>		5/24/00	

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 w/ gasoline

DISPOSAL SLUDGE
 CONSTRUCTION WOOD
 DEBRIS OTHER
 SPECIAL WASTE

GENERATING FACILITY

5865 Broadway Terrace

TRANSPORTER

ELHARRBA ENV.

ADDRESS

CITY, STATE, ZIP

RICHMOND CA

PHONE

SIGNATURE OF AUTHORIZED AGENT OR DRIVER

DATE

* *[Signature]* 5/24/00

NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER

SW02979 A7

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]* 5/24/00

CUBIC YARDS

20

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

<input checked="" type="checkbox"/> SOIL	DISPOSE	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.

SALES COPY

MANIFEST # **31219**

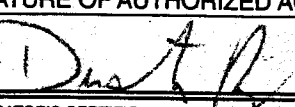
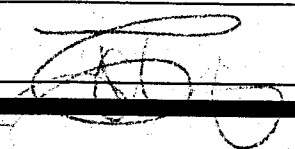
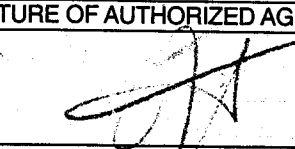
Keller Canyon Sanitary Landfill
 901 Bailey Road
 Pittsburg, CA 94565
 Phone (925) 458-9800
 Fax (925) 458-9891

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.	
Car Service		SWIC - 03304	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
5865 Broadway Terrace		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland CA 94618			
PHONE		RECEIVING FACILITY	
510 714 3119			
CONTACT PERSON			
MIKE Gilmore			
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* 		5/24/00	
<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:			
Soil w/ asbestos			
<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			
5865 Broadway Terrace			
TRANSPORTER		NOTES:	
A2146012001 LNW		VEHICLE LICENSE NUMBER	
		5LW22974	
ADDRESS		TRUCK NUMBER	
Richardson Rd		A7	
CITY, STATE, ZIP			
PHONE		END DUMP BOTTOM DUMP TRANSFER	
		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S) FLAT-BED VAN DRUMS	
* 		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE		CUBIC YARDS	
5/24/00		20	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input checked="" type="checkbox"/> SOIL <input checked="" type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER	
REMARKS		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
FACILITY TICKET NUMBER		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SPECIAL OTHER	
* 			
DATE			
5/24/00			

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.

SALES COPY

MANIFEST # **31227**

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.	
MAILING ADDRESS <i>Car Service</i>		<i>5010 - 1122</i>	
CITY, STATE, ZIP <i>5865 Broadway Terrace Oakland CA 94618</i>			
PHONE <i>512 719 3149</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CONTACT PERSON <i>Mike Gilmore</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature]</i>		SPECIAL HANDLING PROCEDURES:	
DATE <i>5/24/00</i>			
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 w/ gasoline</i> <input checked="" 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 <i>5865 Broadway Terrace</i>			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS <i>LIWAUBA EDU.</i>			<i>5W62797</i>
CITY, STATE, ZIP <i>REXMOND, CA</i>			<i>AT</i>
PHONE		END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		TRANSFER <input type="checkbox"/>	ROLL-OFF(S) <input type="checkbox"/>
DATE <i>5-24-00</i>		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 <i>20</i>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input checked="" type="checkbox"/> DISPOSE <input type="checkbox"/> 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	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>			
DATE <i>5/24/00</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.
 SALES COPY

MANIFEST # **31220**

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.	
Car Service		SWIC - 03304	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
5365 Broadway Torrance		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Culver CA 94618			
PHONE			
510 719 3140			
CONTACT PERSON			
Mike Zimurp			
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* <i>[Signature]</i>		5/23/00	
<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:		RECEIVING FACILITY	
Soil w/ gasoline			
<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			
5365 Broadway Torrance			

TRANSPORTER		NOTES:		VEHICLE LICENSE NUMBER		TRUCK NUMBER	
Dor Brothers Trucking				9C52584		D9B-1	
ADDRESS							
PO Box 1027							
CITY, STATE, ZIP							
Richmond CA 94801							
PHONE							
225-4877							
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		DATE		END DUMP		BOTTOM DUMP	
* <i>[Signature]</i>		5/23/00		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
				TRANSFER		<input type="checkbox"/>	
				ROLL-OFF(S)		FLAT-BED	
				<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	
		20	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input checked="" 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	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT		DATE	
* <i>[Signature]</i>		5/23/00	

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.

SALES COPY

MANIFEST # 31224

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 <i>CAC SERVICE</i>		WASTE ACCEPTANCE NO. <i>SWTC - 03304</i>	
MAILING ADDRESS <i>5865 Broadway Terrace</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>CA 94601</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>510-719-3144</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Mike Gilmore</i>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature]</i>	DATE <i>5/27/00</i>		
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: <i>soil w/ gravel</i>			
<input type="checkbox"/> DISPOSAL <input checked="" 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 <i>5865 Broadway Terrace</i>			
TRANSPORTER <i>NK BFB Trucking</i>		NOTES:	VEHICLE LICENSE NUMBER <i>9C52384</i>
ADDRESS <i>PO Box 1027</i>		TRUCK NUMBER <i>DB-1</i>	
CITY, STATE, ZIP <i>Richmond CA 94802</i>			
PHONE <i>228-4572</i>		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 <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		DATE <i>5/28/00</i>	
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 <i>20 yds</i>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input type="checkbox"/> SOIL	DISPOSE
FACILITY TICKET NUMBER		<input type="checkbox"/> CONSTRUCTION DEBRIS	OTHER
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
DATE <i>5/23/00</i>		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input checked="" 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.

SALES COPY

MANIFEST # **31243**

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.	
CAL SERVICE		SLIC - 03304	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
5865 BROADWAY TRAIL		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
OAKLAND CA 94618			
PHONE			
510-719-3144			
CONTACT PERSON			
MIKE GILGORE			
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* [Signature]		5/23/00	
<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: soil w/ Gasoline		RECEIVING FACILITY	
<input checked="" 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			
5865 BROADWAY TRAIL			
TRANSPORTER De Bobb Trucking		NOTES:	
ADDRESS PG BOX 1027		VEHICLE LICENSE NUMBER	
CITY, STATE, ZIP RICHMOND CA 94802		9C52384	
PHONE 228-4572		TRUCK NUMBER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP BOTTOM DUMP TRANSFER	
* [Signature]		<input checked="" type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
DATE		5/23/00	
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	
		20	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input checked="" type="checkbox"/> SOIL <input checked="" type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
REMARKS		<input type="checkbox"/> WOOD	
FACILITY TICKET NUMBER		<input type="checkbox"/> ASH	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SPECIAL OTHER	
* [Signature]			
DATE			
5/23/00			

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.

SALES COPY

MANIFEST # 31238

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
 CAL SERVICE
MAILING ADDRESS
 5865 Broadway Trail
CITY, STATE, ZIP
 OAKLAND CA 94618
PHONE
 510-719-3199
CONTACT PERSON
 MIKE GILMORE
SIGNATURE OF AUTHORIZED AGENT / TITLE
 * [Signature] **DATE**
 5/23/00

WASTE ACCEPTANCE NO.
 SWIC - 03304
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 w/ Gasoline
 DISPOSAL SLUDGE
 CONSTRUCTION WOOD
 DEBRIS OTHER
 SPECIAL WASTE
GENERATING FACILITY
 5865 Broadway Trail

RECEIVING FACILITY

TRANSPORTER De Bibb Trucking
ADDRESS PO Box 1027
CITY, STATE, ZIP Richmond CA 94804
PHONE 510 223 4572
SIGNATURE OF AUTHORIZED AGENT OR DRIVER
 * [Signature] **DATE**
 5/23/00

NOTES: VEHICLE LICENSE NUMBER 9C523811 TRUCK NUMBER 4B-1
 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
 * [Signature] **DATE**
 5/23/00

CUBIC YARDS
 20
DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
 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.

SALES COPY

MANIFEST # **31235**

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

Ox Mountain
Sanitary Landfills
 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
 Car Service
MAILING ADDRESS
 5865 Broadway Terrace
CITY, STATE, ZIP:
 Oakland CA 94618
PHONE
 510 710 3144
CONTACT PERSON
 Mike Salmeron
SIGNATURE OF AUTHORIZED AGENT / TITLE
 * *Mike Salmeron*
DATE
 5/23/00

WASTE ACCEPTANCE NO.
 SWIC - 03304
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 w/hauling
 DISPOSAL SLUDGE
 CONSTRUCTION WOOD
 DEBRIS OTHER
 SPECIAL WASTE
GENERATING FACILITY
 5865 Broadway Terrace

RECEIVING FACILITY

TRANSPORTER
 ADDRESS: Bibbs TRK
 CITY, STATE, ZIP: El Sobrante, CA 94805
 PHONE: (510) 223 4572
SIGNATURE OF AUTHORIZED AGENT OR DRIVER
 * *SSS*
DATE
 5/23/00

NOTES: VEHICLE LICENSE NUMBER: 9A66801 TRUCK NUMBER: B6
 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
 * *Joseph A. Meyer*
DATE
 5/23/00

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 checked="" 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.

SALES COPY

MANIFEST # **31226**

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
 CAR SERVICE
MAILING ADDRESS
 5865 BROADWAY, TRAIL
 CITY, STATE, ZIP
 OAKLAND CA 94618
PHONE
 510-719-3149
CONTACT PERSON
 MIKE GILMORE
SIGNATURE OF AUTHORIZED AGENT / TITLE **DATE**
 * *Mike Gilmore* 5/23/00

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 w/ Gasoline
 DISPOSAL SLUDGE
 CONSTRUCTION WOOD
 DEBRIS OTHER
 SPECIAL WASTE

GENERATING FACILITY
 5865 BROADWAY, TRAIL

WASTE ACCEPTANCE NO.
 SWIL-03304

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

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER
 Bidbs Trucking
ADDRESS
 2
CITY, STATE, ZIP
 27 Soberante, Ca 94503
PHONE
 (510) 223-4572
SIGNATURE OF AUTHORIZED AGENT OR DRIVER **DATE**
 * *J. Bidbs* 5/23/00

NOTES: **VEHICLE LICENSE NUMBER:** 9A66801 **TRUCK NUMBER:** 86

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**
 * *Joseph A. ...* 5/23/00

CUBIC YARDS
 13 yds

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 checked="" 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.

SALES COPY

MANIFEST # 31240

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 CAR SERVICE		WASTE ACCEPTANCE NO. SWIC - 03304	
MAILING ADDRESS 5865 BROADWAY, TEAN		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP OAKLAND CA 94618		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
PHONE 510-719-3145		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON MIKE GILMORE		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE * <i>Mike Gilmore</i>		RECEIVING FACILITY	
DATE 5/23/00			
<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: SOIL w/ GASOLINE			
<input checked="" 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 5865 BROADWAY, TEAN			
TRANSPORTER Bibbs Trucking		NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER	
ADDRESS		9A66801 B6	
CITY, STATE, ZIP El Sobrante, Ca 94803			
PHONE (510) 223 4572		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * <i>STSS</i>		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
DATE 5/23/00			
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 20	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input checked="" 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	
REMARKS		<input type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT * <i>[Signature]</i>			
DATE 5/23/00			

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.

SALES COPY

MANIFEST # 31213

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.	
Car Service		SWIC - 03304	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
5865 Broadway Terrace		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland CA 94618			
PHONE			
510 744 3140			
CONTACT PERSON			
Mike Gilmore			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* <i>Mike Gilmore</i>			
DATE			
5/23/00			
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 w/ gasoline			
<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			
5865 Broadway Terrace			
TRANSPORTER		NOTES:	
Squirrel		VEHICLE LICENSE NUMBER	
2022 Road 20		9B30593	
ADDRESS		TRUCK NUMBER	
2022 Road 20		24	
CITY, STATE, ZIP			
San Pablo CA 94806			
PHONE		END DUMP BOTTOM DUMP TRANSFER	
510-215-1783		<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"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER			
* <i>Jim Ho</i>			
DATE			
5-23-00			
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	
		20	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input checked="" type="checkbox"/> SOIL DISPOSE 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	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT			
* <i>AF</i>			
DATE			
5/23/00			

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.

SALES COPY

MANIFEST # **31223**

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.	
MAILING ADDRESS <i>CAL SERVICE</i>		<i>SWIC-03304</i>	
CITY, STATE, ZIP <i>5865 Broadway, DEER</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE <i>OAKLAND CA 94618</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
CONTACT PERSON <i>510-719-3144</i>		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>Mark Gilmore</i>		SPECIAL HANDLING PROCEDURES:	
DATE <i>5/23/00</i>			
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 w/casoline</i>			
<input checked="" 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 <i>5865 Broadway, DEER</i>			
TRANSPORTER <i>Squirrel</i>		NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER	
ADDRESS <i>2022 Road 20</i>		<i>9B30593 24</i>	
CITY, STATE, ZIP <i>San Pablo CA 94806</i>			
PHONE <i>510-215-1783</i>		END DUMP <input checked="" type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>Jim Hest</i>		ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS <input type="checkbox"/>	
DATE <i>5-23-00</i>			
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 <i>20</i>	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		<input checked="" type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER	
SIGNATURE OF AUTHORIZED AGENT <i>AT</i>		<input type="checkbox"/> SOIL	
DATE <i>5/23/00</i>		<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.
 SALES COPY

MANIFEST # **31214**

Kener 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
CAL SERVICE
MAILING ADDRESS
 5865 BROADWAY, TEAN
CITY, STATE, ZIP
 OAKLAND CA 94618
PHONE
 510-719-3149
CONTACT PERSON
 Mike Colman
SIGNATURE OF AUTHORIZED AGENT / TITLE
 * *Mike Colman*
DATE
 5/23/00

WASTE ACCEPTANCE NO.
 SWIC - 03304
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 w/ Gasoline
 DISPOSAL SLUDGE
 CONSTRUCTION WOOD
 DEBRIS OTHER
 SPECIAL WASTE
GENERATING FACILITY
 5865 Broadway, Tean

RECEIVING FACILITY

TRANSPORTER
Spoirel
ADDRESS
 2022 Road 20
CITY, STATE, ZIP
 San Abdo CA 94806
PHONE
 510-215-1783
SIGNATURE OF AUTHORIZED AGENT OR DRIVER
 * *Jan*
DATE
 5-23-00

NOTES:
VEHICLE LICENSE NUMBER
 9B30593
TRUCK NUMBER
 24
 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
 * *[Signature]*
DATE
 5/23/00

CUBIC YARDS
 20
DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
 SOIL DISPOSE OTHER
 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.

SALES COPY

MANIFEST # 31236

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 CAR SERVICE		WASTE ACCEPTANCE NO. SWIC - 03304	
MAILING ADDRESS 5865 BROADWAY TERRACE		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP OAKLAND CA 94618		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE 510-719-3145		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON MIKE GILMANE			
SIGNATURE OF AUTHORIZED AGENT / TITLE * <i>Mike Gilmane</i>	DATE 5/23/00		
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 w/ GASOLINE		RECEIVING FACILITY	
<input checked="" 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 5865 BROADWAY TERRACE			

TRANSPORTER Squirrel		NOTES:	VEHICLE LICENSE NUMBER 9B30593	TRUCK NUMBER 24
ADDRESS 2022 Road 20				
CITY, STATE, ZIP San Pablo CA 94806				
PHONE 510-215-1783				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * <i>Joe Han</i>		DATE 5-23-00		
		END DUMP <input checked="" 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 <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 18 yds		
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		
REMARKS		<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 checked="" type="checkbox"/> SPECIAL OTHER		
SIGNATURE OF AUTHORIZED AGENT * <i>Joseph A. Dwyer</i>		DATE 5/23/00		

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.

SALES COPY

MANIFEST # 31241

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 <i>CAL SERVICE</i>		WASTE ACCEPTANCE NO. <i>SWIC - 03204</i>	
MAILING ADDRESS <i>5865 BROADWAY TERR</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>Oakland CA 94618</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>510-719-3149</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>MIKE GILMORE</i>			
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* Dust A</i>		DATE <i>5/23/00</i>	
<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: <i>soil w/gasoline</i>		RECEIVING FACILITY	
<input checked="" 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 <i>5865 BROADWAY TERR</i>			
TRANSPORTER <i>K</i>		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>*</i>		ROLL-OFF(S)	FLAT-BED
DATE		VAN	DRUMS
		<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.		CUBIC YARDS <i>20</i>	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE OTHER	
SIGNATURE OF AUTHORIZED AGENT <i>* Mike</i>		<input checked="" type="checkbox"/> SOIL	
DATE <i>05/23/00</i>		<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
 MAILING ADDRESS: *Car Service*
 CITY, STATE, ZIP: *5865 Broadway Terrace, Oakland CA 94613*
 PHONE: *510 719 3149*
 CONTACT PERSON: *Mike Gallimore*
 SIGNATURE OF AUTHORIZED AGENT / TITLE: ** [Signature]* DATE: *5/23/00*

WASTE ACCEPTANCE NO.
SWIC - 03304
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 w/ gas oil*
 DISPOSAL SLUDGE
 CONSTRUCTION WOOD
 DEBRIS OTHER
 SPECIAL WASTE
GENERATING FACILITY: *5865 Broadway Terrace*

RECEIVING FACILITY

TRANSPORTER
 ADDRESS: *ALHAMBRA EDU*
 CITY, STATE, ZIP: *RICHMOND CA*
 PHONE: *[Signature]*
 SIGNATURE OF AUTHORIZED AGENT OR DRIVER: ** [Signature]* DATE: *5/23/00*

NOTES: VEHICLE LICENSE NUMBER: *5UJ63479* TRUCK NUMBER: *A7*
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: ** [Signature]* DATE: *5/23/00*

CUBIC YARDS: *20*
DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

<input checked="" type="checkbox"/> SOIL	DISPOSE	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		

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
 CAR SERVICE
MAILING ADDRESS
 5865 BRADWAY TERR
CITY, STATE, ZIP
 OAKLAND CA 94618
PHONE
 510-719-3144
CONTACT PERSON
 Mike Gilmore
SIGNATURE OF AUTHORIZED AGENT / TITLE
 * *Mike Gilmore* *
DATE
 5/23/00

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 269 and is no longer a hazardous waste as defined by 40 CFR Part 261.

WASTE TYPE: Soil w/ Gasoline
 DISPOSAL
 CONSTRUCTION
 DEBRIS
 SPECIAL WASTE
 SLUDGE
 WOOD
 OTHER

GENERATING FACILITY
 5815 BRADWAY TERR

WASTE ACCEPTANCE NO.
 SWIC - 03304

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

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER
 HUMBOLDT INTL
ADDRESS
 RICHMOND CA
CITY, STATE, ZIP
PHONE
SIGNATURE OF AUTHORIZED AGENT OR DRIVER
 * *[Signature]* *
DATE
 5/23/00

NOTES: VEHICLE LICENSE NUMBER: 5W 2979 TRUCK NUMBER: 17

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
 * *[Signature]* *
DATE
 5/23/00

CUBIC YARDS
 20

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
<input checked="" 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.
 SALES COPY

MANIFEST # 31232

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
CAL SERVICE
MAILING ADDRESS
5865 Broadway Terr
CITY, STATE, ZIP
Oakland CA 94618
PHONE
510-719-3149
CONTACT PERSON
Mike Gilmore
SIGNATURE OF AUTHORIZED AGENT / TITLE
* *Mike Gilmore* **DATE**
5/23/00

WASTE ACCEPTANCE NO.
SWIC - 03304
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 w/ Gasoline
 DISPOSAL SLUDGE
 CONSTRUCTION WOOD
 DEBRIS OTHER
 SPECIAL WASTE
GENERATING FACILITY
5865 Broadway Terr

RECEIVING FACILITY

TRANSPORTER
HUMBOLDT ENV.
ADDRESS
RICHMOND, CA
CITY, STATE, ZIP
RICHMOND, CA
PHONE
SIGNATURE OF AUTHORIZED AGENT OR DRIVER
* *[Signature]* **DATE**
5/23/00

NOTES: VEHICLE LICENSE NUMBER: SW62979 TRUCK NUMBER: A7
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
* *[Signature]* **DATE**
5/23/00

CUBIC YARDS
20
DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
 SOIL DISPOSE OTHER
 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.

SALES COPY

MANIFEST # 31233

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.	
CAL SERVICE		SWIC - 03304	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
5865 BAHAMIAN TERN		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
DALLAS CA 94618			
PHONE			
510-715-3149			
CONTACT PERSON			
Mike Williams			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* [Signature]			
DATE			
5/23/00			
<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: Soil w/ Gasoline			
<input checked="" 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		RECEIVING FACILITY	
5865 BAHAMIAN TERN			

TRANSPORTER		NOTES:		VEHICLE LICENSE NUMBER	TRUCK NUMBER
ALHAMBRA ENVIRONMENTAL				9B41613	A-8
ADDRESS					
622 23RD ST					
CITY, STATE, ZIP					
RICHMOND CA 94804					
PHONE					
510 245 7448					
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP		BOTTOM DUMP	
* Run wake		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
DATE		ROLL-OFF(S)		VAN	
5/23/00		<input type="checkbox"/>		<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																				
		20																				
REMARKS FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT DATE		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input checked="" 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 checked="" 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 checked="" 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																						
* [Signature]		5/23/00																				

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

Ox Mountain
Sanitary Landfill
 12310 Sah'Mated 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 CAK SERVICE		WASTE ACCEPTANCE NO. SWIC - 03304	
MAILING ADDRESS 5605 BROADWAY TERR.		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP OAKLAND		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
PHONE 510 719 3149		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON MIKE. COHMOVE.		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE * [Signature]		DATE 5/23/00	
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 w/GAS.			
<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 5905 BROADWAY TERR.			

TRANSPORTER ALHAMBRA EDU.		NOTES:	VEHICLE LICENSE NUMBER 9B41613	TRUCK NUMBER A-8
ADDRESS 612 23RD ST.				
CITY, STATE, ZIP RICHMOND CA 94804				
PHONE 510 245 7448				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * [Signature]		DATE 5/23/00		
		END DUMP <input checked="" 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 <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 12 yds	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT * [Signature]		DATE 5/23/00	
		<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 <input checked="" type="checkbox"/>	

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.

SALES COPY

MANIFEST # **31209**

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.	
CM SERVICE		BSWIC - 03304	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
5865 BROADWAY TERR		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
OAKLAND CA 94618		SPECIAL HANDLING PROCEDURES:	
PHONE			
510-719-3149			
CONTACT PERSON			
MIKE GILMORE			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* <i>Mike Gilmore</i>			
DATE			
5/23/00			
<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: Soil w/ Gasoline			
<input checked="" 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			
5865 BROADWAY TERR			

TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
ALHAMBRA ENVIRONMENTAL			9B41613	A-8
ADDRESS				
612 23RD ST				
CITY, STATE, ZIP				
RICHMOND, CA 94804				
PHONE				
510 245 7448				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER				
* <i>Pun Wale</i>				
DATE				
5/23/00				
		END DUMP	BOTTOM DUMP	TRANSFER
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		ROLL-OFF(S)	FLAT-BED	VAN
		<input type="checkbox"/>	<input type="checkbox"/>	<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.		CUBIC YARDS		
		20		
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		
		<input checked="" 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		
SIGNATURE OF AUTHORIZED AGENT		DATE		
* <i>[Signature]</i>		5/23/00		

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.

SALES COPY

MANIFEST # 31237

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
 CAR SERVICE
MAILING ADDRESS
 5865 Broadway Terrace
CITY, STATE, ZIP
 OAKLAND CA 94618
PHONE
 510-719-3149
CONTACT PERSON
 Mike Gilmore
SIGNATURE OF AUTHORIZED AGENT / TITLE
 * *Mike Gilmore*
DATE
 5/23/00

WASTE ACCEPTANCE NO.
 SWIC - 03304
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 w/ GASOLINE
 DISPOSAL SLUDGE
 CONSTRUCTION WOOD
 DEBRIS OTHER
 SPECIAL WASTE
GENERATING FACILITY
 5865 BROADWAY TERRACE

RECEIVING FACILITY

TRANSPORTER
 ALHAMBRA ECU
ADDRESS 6012 2520 ST.
CITY, STATE, ZIP
 RICHMOND, CA 94704
PHONE
 510 245 7448
SIGNATURE OF AUTHORIZED AGENT OR DRIVER
 * *Rain Wade*
DATE
 5/23/00

NOTES: VEHICLE LICENSE NUMBER: 9B41613 TRUCK NUMBER: A-8
 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
 * *[Signature]*
DATE
 5/23/00

CUBIC YARDS
 20
DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
 SOIL CONSTRUCTION DEBRIS
 NON-FRIABLE ASBESTOS WOOD
 ASH 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 <i>Coe Service</i>		WASTE ACCEPTANCE NO. <i>SWIC - 03304</i>	
MAILING ADDRESS <i>285 Bradley Ln</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>Quincy</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
PHONE <i>916-223-1111</i>		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature]</i>		RECEIVING FACILITY	
DATE <i>5/23/00</i>			
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: <i>Soil</i>			
<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			

TRANSPORTER <i>Alhambra Environmental Service</i>		NOTES:		VEHICLE LICENSE NUMBER <i>9A90905</i>	TRUCK NUMBER <i>A-6</i>
ADDRESS <i>612 23rd St</i>					
CITY, STATE, ZIP <i>Richmond CA</i>					
PHONE <i>(510) 245-7448</i>					
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		DATE <i>5-23-00</i>		END DUMP <input checked="" 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 <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 <i>13</i>	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE	
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		OTHER	
DATE <i>5/23/00</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 checked="" 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 Landing
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.	
CAR SERVICE		SWIC - 03309	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
5865 Broadway Tech		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Dakota CA 94618			
PHONE			
510-719-3149			
CONTACT PERSON			
Mike Gilmore			
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* [Signature]		5/23/00	
<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: Soil w/ Gasoline		RECEIVING FACILITY	
<input checked="" 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			
5865 Broadway Tech			
TRANSPORTER		NOTES:	
Alhambra Environmental		VEHICLE LICENSE NUMBER	
ADDRESS		9990905	
61225109		TRUCK NUMBER	
CITY, STATE, ZIP		A-6	
Richmond CA			
PHONE		END DUMP BOTTOM DUMP TRANSFER	
5101245-7449		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S) FLAT-BED VAN DRUMS	
* [Signature]		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE		CUBIC YARDS	
5/23/00		18	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input checked="" type="checkbox"/> SOIL <input checked="" 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	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT			
* [Signature]			
DATE			
5/23/00			

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.

SALES COPY

MANIFEST # 31234

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
 MAILING ADDRESS: CAL SERVICE
 CITY, STATE, ZIP: 5865 BARRONIA TRAIL, OAKLAND CA 94618
 PHONE: 510-719-3149
 CONTACT PERSON: DANKE GILMORE
 SIGNATURE OF AUTHORIZED AGENT / TITLE: *[Signature]* DATE: 5/23/00

WASTE ACCEPTANCE NO.
 SWIC - 03304
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 / gasoline
 DISPOSAL CONSTRUCTION DEBRIS SPECIAL WASTE
 SLUDGE WOOD OTHER
GENERATING FACILITY: 5865 BARRONIA TRAIL

RECEIVING FACILITY

TRANSPORTER
 ADDRESS: Alameda Environmental
 602 2350 ST
 CITY, STATE, ZIP: Richmond CA
 PHONE: (510) 245-7448
 SIGNATURE OF AUTHORIZED AGENT OR DRIVER: *[Signature]* DATE: 5-23-00

NOTES: VEHICLE LICENSE NUMBER: 9A90905 TRUCK NUMBER: A-6
 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: *[Signature]* DATE: 5/23/00

CUBIC YARDS: 20
DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
 SOIL CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS WOOD ASH SPECIAL OTHER
 DISPOSE 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.

SALES COPY

MANIFEST # 31212

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
 CAL SERVICE
MAILING ADDRESS
 5865 BROADWAY TERR
CITY, STATE, ZIP
 OAKLAND CA 94618
PHONE
 510-719-3149
CONTACT PERSON
 MIKE GILMORE
SIGNATURE OF AUTHORIZED AGENT / TITLE
 * *Mike Gilmore*
DATE
 5/23/00

WASTE ACCEPTANCE NO.
 SWIC - 03304
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 w / GASOLINE
 DISPOSAL SLUDGE
 CONSTRUCTION WOOD
 DEBRIS OTHER
 SPECIAL WASTE
GENERATING FACILITY
 5865 BROADWAY TERR

RECEIVING FACILITY

TRANSPORTER
 Alhambra Environmental
ADDRESS
 612 2510 ST
CITY, STATE, ZIP
 Richmond CA
PHONE
 (510) 245-7449
SIGNATURE OF AUTHORIZED AGENT OR DRIVER
 * *[Signature]*
DATE
 5/23/00

NOTES: VEHICLE LICENSE NUMBER: 9A90905 TRUCK NUMBER: A-0
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
 * *[Signature]*
DATE
 5/23/00

CUBIC YARDS
 18 yds
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 checked="" 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.

SALES COPY

MANIFEST # 31229

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) 726-1919
 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.	
MAILING ADDRESS <i>Car Service</i>		<i>SWIC - 03304</i>	
CITY, STATE, ZIP <i>5865 Broadway Terr Oakland CA 94618</i>			
PHONE <i>510-719-3149</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON <i>Mike Gilmore</i>			
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature]</i>		SPECIAL HANDLING PROCEDURES:	
DATE <i>6/16/00</i>			
<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>		RECEIVING FACILITY	
WASTE TYPE: <i>Sol /u Gasoline</i>			
<input checked="" 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 <i>5865 Broadway Terr</i>			
TRANSPORTER		NOTES:	
ADDRESS <i>Squirrel</i>		VEHICLE LICENSE NUMBER <i>9B30593</i>	
CITY, STATE, ZIP <i>2022 Road 20 San Pablo CA 94806</i>		TRUCK NUMBER <i>24</i>	
PHONE <i>510-215-1783</i>		<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	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		DATE <i>6/16/00</i>	
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 <i>20</i>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input checked="" 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	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		DATE <i>6/16/00</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.

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.	
CAA SERVICE		SWIC - 03304	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
5865 Broadway Terr		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland CA 94619			
PHONE		RECEIVING FACILITY	
510-719-3145			
CONTACT PERSON			
Mike Gilmore			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* [Signature]			
DATE			
6/16/00			
<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:			
Soil w/ Gasoline			
<input checked="" 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:			
5865 Broadway Terr			
TRANSPORTER		NOTES:	
Squirrel		VEHICLE LICENSE NUMBER	
ADDRESS		9B30593	
2022 Road 70		TRUCK NUMBER	
CITY, STATE, ZIP		24	
San Pablo CA 94806			
PHONE		END DUMP	
510-215-1783		<input checked="" type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		BOTTOM DUMP	
* [Signature]		<input type="checkbox"/>	
DATE		TRANSFER	
6-16-00		<input type="checkbox"/>	
		ROLL-OFF(S)	
		<input type="checkbox"/>	
		FLAT-BED	
		<input type="checkbox"/>	
		VAN	
		<input type="checkbox"/>	
		DRUMS	
		<input type="checkbox"/>	
REMARKS		CUBIC YARDS	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		20	
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input checked="" type="checkbox"/> SOIL	
* [Signature]		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
6/16/00		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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 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
 City of CAL SEAVILLE
MAILING ADDRESS
 Post Office Box 270 5845 Broadwater Lane
 CITY, STATE, ZIP
 Sunnyvale CA 95051
PHONE
 (408) 726-7260 510-718-3145
CONTACT PERSON
Mike Gilman
SIGNATURE OF AUTHORIZED AGENT / TITLE **DATE**
 * [Signature] 6/19/00

WASTE ACCEPTANCE NO.
900000 SWIC 03304
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 w/CASULINE
 DISPOSAL SLUDGE
 CONSTRUCTION WOOD
 DEBRIS OTHER
 SPECIAL WASTE
GENERATING FACILITY
 1444 Bering 5845 Broadwater Lane Sunnyvale

RECEIVING FACILITY

TRANSPORTER
 Alhambra Environmental Service
ADDRESS
 612 7th Street
 CITY, STATE, ZIP
 Richmond CA 94804
PHONE
 (510) 745-7440
SIGNATURE OF AUTHORIZED AGENT OR DRIVER **DATE**
 * [Signature] 6/19/00

NOTES: **VEHICLE LICENSE NUMBER** **TRUCK NUMBER**
SP41295 A-5
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] 6/19/00

CUBIC YARDS
20
DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
 SOIL DISPOSE OTHER
 CONSTRUCTION DEBRIS
 NON-FRIABLE ASBESTOS
 WOOD
 ASH
 SPECIAL OTHER

Keller Canyon
Sanitary Landfill
901 Bailey Road
Pittsburg, CA 94565
Phone (925) 458-9800
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Fax (650) 726-3183

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 <i>CHR Service</i>		WASTE ACCEPTANCE NO. <i>SWIC-03304</i>	
MAILING ADDRESS <i>5865 Broadway Terrace</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>Oakland, CA 94618</i>		<input 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 <i>510 779 3147</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Mike Galvez</i>			
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>[Signature]</i>		DATE <i>6/27/00</i>	
<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: <i>Soil with gasoline</i>			
<input checked="" 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 <i>5865 Broadway Terrace</i>		RECEIVING FACILITY	

TRANSPORTER <i>ALHAMBRA</i>		NOTES:	VEHICLE LICENSE NUMBER <i>5PCL1885</i>	TRUCK NUMBER <i>AS</i>
ADDRESS <i>1602 23rd</i>				
CITY, STATE, ZIP <i>Alhambra CA</i>				
PHONE				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>[Signature]</i>		DATE <i>6/27/00</i>		
		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"/>

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 <i>20 yds</i>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE <i>6/27/00</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input checked="" type="checkbox"/> SPECIAL OTHER	

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 Fax (925) 458-9891

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 Half Moon Bay, CA 94019
 Phone (650) 726-1819
 Fax (650) 726-9183

Newby Island
Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95085
 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.	
MAILING ADDRESS <i>Car service</i>		<i>SW18 - 03304</i>	
CITY, STATE, ZIP <i>5865 Broadway Terrace</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE <i>Oakland, CA 94618</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
CONTACT PERSON <i>510 719-3149</i>		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>Mike Gilmore</i>		SPECIAL HANDLING PROCEDURES:	
DATE <i>6/27/00</i>			
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: <i>soil w/ gasoline</i>			
<input checked="" 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 <i>5865 Broadway Terrace</i>			

TRANSPORTER		NOTES:		VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS <i>Alhambra</i>				<i>SP21895</i>	<i>AS</i>
CITY, STATE, ZIP <i>91801 CA</i>					
PHONE <i>626 2570</i>					
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		DATE <i>6/28/00</i>		<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	

<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>		CUBIC YARDS <i>20</i>	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		<input checked="" type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER	
SIGNATURE OF AUTHORIZED AGENT <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	
DATE <i>6/28/00</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.

APPENDIX C

ANALYTICAL DOCUMENTATION



McCAMPBELL ANALYTICAL INC.

110 2nd Avenue South, #D7, Pacheco, CA 94553-5560
Telephone : 925-798-1620 Fax : 925-798-1622
<http://www.mccampbell.com> E-mail: main@mccampbell.com

All Environmental, Inc. 3210 Old Tunnel Road, Suite B Lafayette, CA 94549-4157	Client Project ID: #3616; Gilmore	Date Sampled: 05/16/2000
		Date Received: 05/16/2000
	Client Contact: John Ormerod	Date Extracted: 05/16/2000
	Client P.O:	Date Analyzed: 05/16/2000

05/26/2000

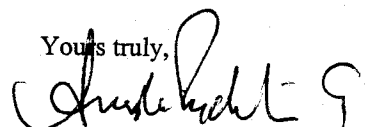
Dear John:

Enclosed are:

- 1). the results of 3 samples from your #3616; Gilmore project,
- 2). a QC report for the above samples
- 3). a copy of the chain of custody, and
- 4). a bill for analytical services.

All analyses were completed satisfactorily and all QC samples were found to be within our control limits. If you have any questions please contact me. McCampbell Analytical Laboratories strives for excellence in quality, service and cost. Thank you for your business and I look forward to working with you again.

Yours truly,


Edward Hamilton, Lab Director



McCAMPBELL ANALYTICAL INC.

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All Environmental, Inc. 3210 Old Tunnel Road, Suite B Lafayette, CA 94549-4157	Client Project ID: #3616; Gilmore	Date Sampled: 05/16/2000
		Date Received: 05/16/2000
	Client Contact: John Ormerod	Date Extracted: 05/16/2000
	Client P.O.:	Date Analyzed: 05/16/2000

Gasoline Range (C6-C12) Volatile Hydrocarbons as Gasoline*, with Methyl tert-Butyl Ether* & BTEX*

EPA methods 5030, modified 8015, and 8020 or 602; California RWQCB (SF Bay Region) method GCFID(5030)

Lab ID	Client ID	Matrix	TPH(g) ⁺	MTBE	Benzene	Toluene	Ethylbenzene	Xylenes	% Recovery Surrogate
38074	Sidewall 14'	S	310,b,j	4.0	0.70	1.2	0.46	1.3	---#
38075	STKP 1-4	S	14,g,j	ND	ND	0.057	0.10	0.36	107
38076	STKP 5-8	S	160,b,j	0.96	0.17	0.86	0.26	0.40	---#
Reporting Limit unless otherwise stated; ND means not detected above the reporting limit	W		50 ug/L	5.0	0.5	0.5	0.5	0.5	
	S		1.0 mg/kg	0.05	0.005	0.005	0.005	0.005	

* water and vapor samples are reported in ug/L, wipe samples in ug/wipe, soil and sludge samples in mg/kg, and all TCLP and SPLP extracts in ug/L

cluttered chromatogram; sample peak coelutes with surrogate peak

The following descriptions of the TPH chromatogram are cursory in nature and McCampbell Analytical is not responsible for their interpretation: a) unmodified or weakly modified gasoline is significant; b) heavier gasoline range compounds are significant(aged gasoline?); c) lighter gasoline range compounds (the most mobile fraction) are significant; d) gasoline range compounds having broad chromatographic peaks are significant; biologically altered gasoline?; e) TPH pattern that does not appear to be derived from gasoline (?); f) one to a few isolated peaks present; g) strongly aged gasoline or diesel range compounds are significant; h) lighter than water immiscible sheen is present; i) liquid sample that contains greater than ~5 vol. % sediment; j) no recognizable pattern.



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All Environmental, Inc. 3210 Old Tunnel Road, Suite B Lafayette, CA 94549-4157	Client Project ID: #3616; Gilmore	Date Sampled: 05/16/2000
		Date Received: 05/16/2000
	Client Contact: John Ormerod	Date Extracted: 05/16/2000
	Client P.O:	Date Analyzed: 05/19/2000

EPA method 8260 modified **Oxygenated Volatile Organics By GC/MS**

Lab ID	38074	Reporting Limit	
Client ID	Sidewall 14'		
Matrix	S	S	W
Compound	Concentration*	ug/L	
Di-isopropyl Ether (DIPE)	ND<100	5.0	1.0
Ethyl tert-Butyl Ether (ETBE)	ND<100	5.0	1.0
Methyl-tert Butyl Ether (MTBE)	2800	5.0	1.0
tert-Amyl Methyl Ether (TAME)	130	5.0	1.0
tert-Butanol	ND<500	25	5.0


Surrogate Recoveries (%)

Dibromofluoromethane	102	
----------------------	-----	--

Comments:

* water samples are reported in ug/L, soil and sludge samples in ug/kg, wipes in ug/wipe and all TCLP / STLC / SPLP extracts in ug/L
 ND means not detected above the reporting limit; N/A means surrogate not applicable to this analysis
 (h) lighter than water immiscible sheen is present; (i) liquid sample that contains greater than ~5 vol. % sediment; (j) sample diluted due to high organic content

DHS Certification No. 1644

 Edward Hamilton, Lab Director



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All Environmental, Inc. 3210 Old Tunnel Road, Suite B Lafayette, CA 94549-4157	Client Project ID: #3616; Gilmore	Date Sampled: 05/16/2000
		Date Received: 05/16/2000
	Client Contact: John Ormerod	Date Extracted: 05/22/2000
	Client P.O:	Date Analyzed: 05/22/2000

Lead*
 EPA analytical methods 6010/200.7, 239.2*

Lab ID	Client ID	Matrix	Extraction °	Lead*	% Recovery Surrogate
38074	Sidewall 14'	S	TTLIC	8.2	132
38075	STKP 1-4	S	TTLIC	22	131
38076	STKP 5-8	S	TTLIC	17	129

Reporting Limit unless otherwise stated; ND means not detected above the reporting limit	S	TTLIC	3.0 mg/kg
	W	TTLIC	0.005 mg/L
	---	STLC,TCLP	0.2 mg/L

* soil and sludge samples are reported in mg/kg, wipe samples in ug/wipe, and water samples and all STLC / SPLP / TCLP extracts in mg/L
 *Lead is analysed using EPA method 6010 (ICP)for soils, sludges, STLC & TCLP extracts and method 239.2 (AA Furnace) for water samples
 @ DISTLC extractions are performed using STLC methodology except that deionized water is substituted for citric acid buffer as the extraction fluid. DISTLC results are not applicable to STLC regulatory limits.
 ° EPA extraction methods 1311(TCLP), 3010/3020(water, TTLIC), 3040(organic matrices, TTLIC), 3050(solids, TTLIC); STLC - CA Title 22
 * surrogate diluted out of range; N/A means surrogate not applicable to this analysis
 & reporting limit raised due matrix interference
 i) liquid sample that contains greater than ~2 vol. % sediment; this sediment is extracted with the liquid, in accordance with EPA methodologies and can significantly effect reported metal concentrations.



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QC REPORT

Date: 05/16/00

Matrix: Soil

Extraction: N/A

Compound	Concentration: mg/kg				%Recovery		RPD
	Sample	MS	MSD	Amount Spiked	MS	MSD	

SampleID: 28768

Instrument: GC-7

Surrogate1	0.000	95.0	97.0	100.00	95	97	2.1
Xylenes	0.000	290.0	301.0	300.00	97	100	3.7
Ethyl Benzene	0.000	91.0	95.0	100.00	91	95	4.3
Toluene	0.000	92.0	98.0	100.00	92	98	6.3
Benzene	0.000	91.0	96.0	100.00	91	96	5.3
MTBE	0.000	93.0	96.0	100.00	93	96	3.2
GAS	0.000	1051.9	1101.8	1000.00	105	110	4.6

SampleID: 28777

Instrument: GC-11 B

Surrogate1	0.000	109.0	109.0	100.00	109	109	0.0
TPH (diesel)	0.000	272.0	273.0	300.00	91	91	0.4

$$\% \text{ Recovery} = \frac{(MS - \text{Sample})}{\text{Amount Spiked}} \cdot 100$$

$$RPD = \frac{(MS - MSD)}{(MS + MSD)} \cdot 2 \cdot 100$$

RPD means Relative Percent Deviation



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<http://www.mccampbell.com> E-mail: main@mccampbell.com

QC REPORT

VOCs (EPA 8240/8260)

Date: 05/19/00-05/20/00 Matrix: Soil

Extraction: N/A

Compound	Concentration: ug/kg			%Recovery		RPD
	Sample	MS	MSD	MS	MSD	

SampleID: 28789

Instrument: GC-10

Surrogate	0.000	100.0	102.0	100.00	100	102	2.0
tert-Amyl Methyl Ether	0.000	90.0	95.0	100.00	90	95	5.4
Methyl tert-Butyl Ether	0.000	90.0	100.0	100.00	90	100	10.5
Ethyl tert-Butyl Ether	0.000	90.0	97.0	100.00	90	97	7.5
Di-isopropyl Ether	0.000	84.0	87.0	100.00	84	87	3.5

$$\% \text{ Recovery} = \frac{(MS - \text{Sample})}{\text{Amount Spiked}} \cdot 100$$

$$RPD = \frac{(MS - MSD)}{(MS + MSD)} \cdot 100$$

RPD means Relative Percent Deviation



McCAMPBELL ANALYTICAL INC.

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QC REPORT

Date: 05/22/00-05/23/00 Matrix: Soil

Extraction: TTLC

Compound	Concentration: mg/kg			%Recovery		RPD	
	Sample	MS	MSD	Amount Spiked	MS		MSD
SampleID: 52200		Instrument: GFAA-1					
Lead	0.000	4.3	4.2	5.00	87	83	4.0

$$\% \text{ Recovery} = \frac{(MS - \text{Sample})}{\text{Amount Spiked}} \cdot 100$$

$$RPD = \frac{(MS - MSD)}{(MS + MSD)} \cdot 2 \cdot 100$$

RPD means Relative Percent Deviation



AEI ENVIRONMENTAL INC.
Environmental Engineering & Construction

901 Moraga Road, Suite C
Lafayette, CA 94549
(925) 283-6000 Fax: (925) 283-6121

20 1/2 rate 115.000

CHAIN OF CUSTODY

PAGE 1 OF 1

TAT: RUSH / 24 hr / 48 hr / 5 day / other

AEI PROJECT MANAGER John Ormerod
PROJECT NAME Gilmore
PROJECT NUMBER 3016
TOTAL # OF CONTAINERS 9
RCVD. GOOD CONDITION/COLD Y N

SAMPLE ID	DATE	TIME	MATRIX
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Sidewall 14	5/16/00		Soil
STKP 1-4	/		
STKP 5-8	/		

TPH(g), BTEX, MTBE SOIL: EPA 8080/8015M, 8090 WATER: EPA 8080/8015M, 8092	TPH(d) SOIL: EPA 8080/8015M WATER: EPA 8080/8015M	BTEX, MTBE SOIL: EPA 8020 WATER: EPA 8020	TOTAL OIL & GREASE SOIL: EPA 713.1 or STD. 8260 D/E&F WATER: STD. 8260 E&F	VOLATILE HALOCARBONS SOIL: EPA 8010 WATER: EPA 601	VOC's SOIL: EPA 8210 WATER: EPA 621	SEMI-VOLATILE ORGANICS SOIL: EPA 8270/8280 WATER: EPA 825/8210	TOTAL LEAD add on 5/16 SOIL: 6010 (COP) WATER: 20.5 (AA)	LUFT 5 METALS SOIL: EPA 7160, 7190, 7195, 7199, 7290, 7295 WATER:	SOXYS Added per 5/16 ED
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HOLD

# OF CONTAINERS	
38074	1
38075	4
38076	4

ICE / GOOD CONDITION / HEADSPACE ABSENT / PRESERVATION APPROPRIATE / CONTAINERS / VOAS / O&G / METALS / OTHER

COMMENTS / INSTRUCTIONS

ANALYTICAL LABORATORY ADDRESS Mc Campbell Analytical

PHONE () FAX ()

RELINQUISHED BY
SIGNATURE John Ormerod
PRINTED NAME John Ormerod
COMPANY AEI
DATE 5/16/00 TIME 3:09

RECEIVED BY
SIGNATURE Eisa Venegas
PRINTED NAME EISA VENEGAS
COMPANY MAI
DATE 5/16 TIME 3:09

RELINQUISHED BY
SIGNATURE
PRINTED NAME
COMPANY
DATE TIME

RECEIVED BY
SIGNATURE
PRINTED NAME
COMPANY
DATE TIME

2



McCAMPBELL ANALYTICAL INC.

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Telephone : 925-798-1620 Fax : 925-798-1622
<http://www.mccampbell.com> E-mail: main@mccampbell.com

All Environmental, Inc. 3210 Old Tunnel Road, Suite B Lafayette, CA 94549-4157	Client Project ID: #3616; Gilmore	Date Sampled: 05/17/2000
		Date Received: 05/17/2000
	Client Contact: John Ormerod	Date Extracted: 05/17/2000
	Client P.O:	Date Analyzed: 05/17/2000

05/24/2000

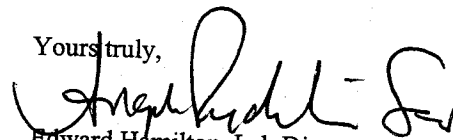
Dear John:

Enclosed are:

- 1). the results of 1 samples from your #3616; Gilmore project,
- 2). a QC report for the above samples
- 3). a copy of the chain of custody, and
- 4). a bill for analytical services.

All analyses were completed satisfactorily and all QC samples were found to be within our control limits. If you have any questions please contact me. McCampbell Analytical Laboratories strives for excellence in quality, service and cost. Thank you for your business and I look forward to working with you again.

Yours truly,


Edward Hamilton, Lab Director



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All Environmental, Inc. 3210 Old Tunnel Road, Suite B Lafayette, CA 94549-4157	Client Project ID: #3616; Gilmore	Date Sampled: 05/17/2000
		Date Received: 05/17/2000
	Client Contact: John Ormerod	Date Extracted: 05/18-05/20/2000
	Client P.O:	Date Analyzed: 05/18-05/20/2000


Gasoline Range (C6-C12) Volatile Hydrocarbons as Gasoline*, with Methyl tert-Butyl Ether* & BTEX*
EPA methods 5030, modified 8015, and 8020 or 602; California RWQCB (SF Bay Region) method GCFID(5030)

Lab ID	Client ID	Matrix	TPH(g) ⁺	MTBE	Benzene	Toluene	Ethylbenzene	Xylenes	% Recovery Surrogate
38224	GW 14'	W	2200,a	160	7.3	7.9	41	100	101
Reporting Limit unless otherwise stated; ND means not detected above the reporting limit	W		50 µg/L	5.0	0.5	0.5	0.5	0.5	
	S		1.0 mg/kg	0.05	0.005	0.005	0.005	0.005	

* water and vapor samples are reported in ug/L, wipe samples in ug/wipe, soil and sludge samples in mg/kg, and all TCLP and SPLP extracts in ug/L

* cluttered chromatogram; sample peak coelutes with surrogate peak

⁺The following descriptions of the TPH chromatogram are cursory in nature and McCampbell Analytical is not responsible for their interpretation: a) unmodified or weakly modified gasoline is significant; b) heavier gasoline range compounds are significant(aged gasoline?); c) lighter gasoline range compounds (the most mobile fraction) are significant; d) gasoline range compounds having broad chromatographic peaks are significant; biologically altered gasoline?; e) TPH pattern that does not appear to be derived from gasoline (?); f) one to a few isolated peaks present; g) strongly aged gasoline or diesel range compounds are significant; h) lighter than water immiscible sheen is present; i) liquid sample that contains greater than ~5 vol. % sediment; j) no recognizable pattern.

 Edward Hamilton, Lab Director



QC REPORT

Date: 05/18/00 Matrix: Water

Extraction: N/A

Compound	Concentration: ug/L			%Recovery		RPD
	Sample	MS	MSD	Amount Spiked	MS	

SampleID: 38090

Instrument: GC-3

Surrogate1	0.000	95.0	95.0	100.00	95	95	0.0
Xylenes	0.000	273.0	264.0	300.00	91	88	3.4
Ethyl Benzene	0.000	92.0	89.0	100.00	92	89	3.3
Toluene	0.000	93.0	90.0	100.00	93	90	3.3
Benzene	0.000	96.0	92.0	100.00	96	92	4.3
MTBE	0.000	99.0	98.0	100.00	99	98	1.0
GAS	0.000	910.9	903.2	1000.00	91	90	0.8

SampleID: 51800

Instrument: MB-1

Oil & Grease	0.000	20.0	19.4	20.00	100	97	3.0
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SampleID: 51800

Instrument: GC-6 A

Surrogate1	0.000	110.0	112.0	100.00	110	112	1.8
TPH (diesel)	0.000	334.0	336.0	300.00	111	112	0.6

$$\% \text{ Recovery} = \frac{(MS - \text{Sample})}{\text{Amount Spiked}} \cdot 100$$

$$RPD = \frac{(MS - MSD)}{(MS + MSD)} \cdot 2 \cdot 100$$

RPD means Relative Percent Deviation



TAT: RUSH / 24 hr / 48 hr / (5 day) / other

AEI PROJECT MANAGER John Ormerod
 PROJECT NAME Gilmore
 PROJECT NUMBER 3616
 TOTAL # OF CONTAINERS 3
 RCVD. GOOD CONDITION/COLD Y N

TPH(g), BTEX, MTBE SOIL: EPA 8080/8015M, 8020 WATER: EPA 8080/8015M, 802	TPH(d) SOIL: EPA 8080/8015M WATER: EPA 8080/8015M	BTEX, MTBE SOIL: EPA 8080/8015M WATER: EPA 8080	TOTAL OIL & GREASE SOIL: EPA 131.1 or STD. 5520 D/ENF WATER: STD. 5520 DECF	VOLATILE HALOCARBONS SOIL: EPA 8010 WATER: EPA 601	VOC's SOIL: EPA 8240 WATER: EPA 1631	SEMI-VOLATILE ORGANICS SOIL: EPA 8270/3550 WATER: EPA 1631/3510	TOTAL LEAD SOIL: 6010 (ICP) WATER: 200.2 (AA)	LUFT 5 METALS SOIL: EPA 7130, 7130, 7150, 7150, 7150 WATER:	HOLD	# OF CONTAINERS

SAMPLE ID	DATE	TIME	MATRIX
GW 14	5/17/00		Water

38224	3
-------	---

GOOD CONDITION / HEAD SPACE ABSENT

PROPERLY LABELLED / APPROPRIATE CONTAINERS

NO ASBESTOS / NO ORGANIC METALS / OTHER

ANALYTICAL LABORATORY McCampbell Analytical
 ADDRESS _____
 PHONE () _____ FAX () _____

RELINQUISHED BY	RECEIVED BY	RELINQUISHED BY	RECEIVED BY
<u>John Ormerod</u>	<u>Maria Venega</u>		
SIGNATURE	SIGNATURE	SIGNATURE	SIGNATURE
<u>John Ormerod</u>	<u>Maria Venega</u>		
PRINTED NAME	PRINTED NAME	PRINTED NAME	PRINTED NAME
DATE <u>5/17/00</u>	DATE _____	DATE _____	DATE _____
TIME <u>4:48</u>	TIME _____	TIME _____	TIME _____