



pit was subsequently excavated
to allow to install new
USTs. All soils were
disposed at Vasco Rd. CE, Liv.

UST and Product Piping Removal Soil Sampling Report

**B&C Gas Mini Mart
2008 First Street
Livermore, California 94550**

prepared for

**B&C Gas Mini Mart
2008 First Street
Livermore, California 94550**

prepared by

Touchstone Developments

RECEIVED

AUG 26 1996

LIVERMORE
NORTH COUNTY

A handwritten signature in black ink, appearing to read 'Robert C. Mallory', written over a horizontal line.

**Robert C. Mallory
Project Manager**

August 22, 1996

INTRODUCTION

This report prepared by Touchstone Developments (Touchstone) documents the removal of gasoline Underground Storage Tanks (USTs) and associated piping at the above referenced location (Figure 1).. In addition, this report documents the abandonment of an unknown UST and the disposal of soil generated at this site.

Gasoline USTs and product piping removals at this location were performed on July 18, 1996. Unknown UST soil sampling and abandonment was performed on July 26, 1996.

SITE CONDITIONS

The service station site consists of one 10,000-gallon single wall fiberglass gasoline storage tank, one 10,000-gallon single wall steel gasoline storage tanks, and one 8,000-gallon single wall steel gasoline storage tank, two dispenser islands and associated product piping, and a station building. Groundwater was not encountered in any excavation observed by Touchstone at this location.

SERVICE STATION FIELD ACTIVITIES

USTs and associated piping removal, excavation, and backfill was performed by American Construction and Environmental Company, Inc. (American) of Livermore, California. A Touchstone representative was on site to observe the removal/excavation activities, and to collect soil samples from the excavations and soil stockpiles. Eva Chu of the Alameda County Health Care Services Agency (ACHCSA) and Randy Griffith of the City of Livermore Fire Department (CLFD) were present during the UST and piping removals. Also onsite was Balaji Angle of B&C Gas Mini Mart. Transportation and disposal of the USTs and associated piping was accomplished by Erickson, Inc. of Richmond, California. Copies of the Uniform Hazardous Waste Manifests for the USTs are presented in Appendix A.

UST Sampling

Soil samples T1-S-14.0, T1-N-14.0, T2-S-14.0, T2-N-14.0, T3-S-13.5, and T3-N-13.5 were collected from beneath each end of the gasoline USTs, in native soil, at approximately 13 1/2 to 14 feet below ground surface (bgs). The UST excavation measured approximately 63 feet long by 25 feet wide and 13 feet deep. One additional soil sample, TOX-1-21.0, was collected on July 29, 1996 from the south end of the UST excavation to delineate the vertical extent of

petroleum hydrocarbons. Soil sample locations are shown on Figures 2 and 3 and analytical data and sample depths are summarized in Table A.

Product Piping Sampling

Soil samples P-1-3.5, P-2-3.0, P-3-3.5, and P-4-3.5 were collected in native soil from trenches beneath the former product lines at depths of approximately 3 to 3 1/2 feet bgs. Soil sample locations are shown on Figure 2 and soil sample analytical results are summarized in Table A.

UNKNOWN UST ABANDONMENT

An unknown steel UST was discovered on July 24, 1996 during excavation activities on the west end of the southernmost dispenser island (Figure 3). The UST measured approximately 3 feet in diameter and 6 feet in length. Based on these measurements, the volume of the tank was estimated at approximately 1000-gallons. Upon inspection of the inside of the tank, no free liquids or sludge were observed. The tank was completely empty with the exception of a minor amount of soil which had fallen into the tank at the time of discovery. As a result of the tanks' position adjacent to a canopy footing and with the approval of Eva Chu of the ACHCSA and Danielle Stefani of the CLFD, the unknown UST was abandoned in place to avoid compromising the structural integrity of the canopy. Abandonment of the unknown UST was accomplished by filling the tank completely with a 5-sack cement-sand grout. Eva Chu requested that one soil sample be collected from the bottom of the west end of the tank. Soil sample collection was performed on July 26, 1996, and is described below.

Unknown UST Sampling

Soil sample UT-W-7.0 was collected, in native soil, from the beneath the west end of an unknown 1000-gallon single wall steel UST (Figure 3). Sample depth was approximately 7 feet bgs. The soil sample location is shown on Figure 3 and soil sample analytical results are summarized in Table B.

STOCKPILE SAMPLING AND DISPOSAL

Soil stockpiles SP-1(A-D) through SP-4(A-D) represent approximately 700 cubic yards (cy) of soil and pea gravel generated from UST removal activities. Four soil samples were collected and combined for approximately every 200 cy of stockpiled material. Upon receipt of chemical analytical data, composites SP-1(A-D) through SP-4(A-D) was transported by American to Browning-Ferris Industries' (BFIs') Vasco Road Landfill located in Livermore, California. Copies

of BFI's Non-Hazardous Special Waste and Asbestos Manifests are presented in Appendix A.

SAMPLING PROTOCOL

Verification soil samples were collected from the excavation sidewalls and/or bottoms at various depths or where hydrocarbon impact was suspected. Soil samples were collected from the excavator or backhoe bucket by removing the top few inches of soil and pushing a clean, six-inch-long, two-inch diameter, brass sample tube into the soil until completely full. The ends of the sample tubes were covered with aluminum foil and sealed with plastic end caps. The samples were then labeled, placed in a cooler with ice, entered on a Chain-of-Custody form and transported to Analytical Science, a State-certified environmental laboratory located in Petaluma, California.

Stockpile Sampling

Four soil samples were collected for approximately every 150-200 cy of material generated. The four samples were then combined in the laboratory and analyzed as one. All stockpile samples were collected by removing the top 6 to 12 inches of soil, then pushing a sample tube or glass jar into the soil until completely full. The samples were sealed, labeled and handled as described above.

SAMPLE ANALYSIS

Soil samples collected from the gasoline UST excavation, product piping trenches, and associated stockpiles were analyzed for one or more of the following: Total Petroleum Hydrocarbons calculated as gasoline (TPH-Gasoline) according to EPA Method 8015 (Modified), Benzene, Toluene, Ethylbenzene and Xylenes (BTEX) according to EPA Method 8020, and Total and Soluble Lead according to EPA SW-846 6010.

The soil sample collected from the unknown UST was analyzed for the following: TPH-Gasoline, BTEX, Total Petroleum Hydrocarbons calculated as Diesel (TPH-Diesel) according to EPA Method 8015 (Modified), Total Recoverable Petroleum Hydrocarbons according to Standard Methods method 5520 E&F, and Halogenated Volatile Organic Compounds (HVOCs) according to EPA Method 8010. Copies of the analytical laboratory reports and Chain-of-Custody forms are presented in Appendix B.

TABLES

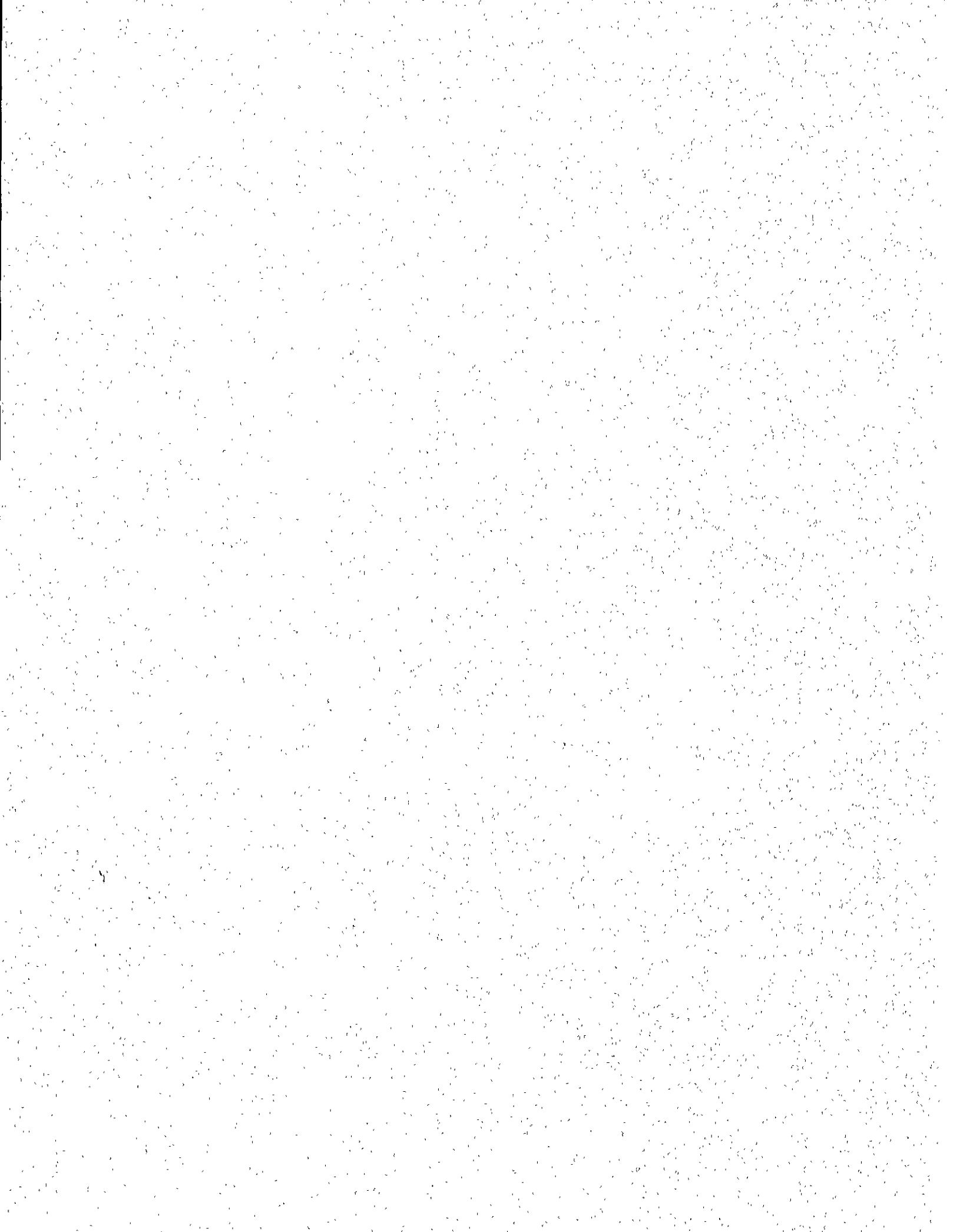


TABLE A
Gasoline UST and Product Piping Sampling Summary
B&C Gas Mini Mart
2008 1st Street, Livermore, California
 Results in mg/Kg - parts per million (ppm)

Gasoline UST and Product Piping Sampling Results

Sample ID	Depth (ft.)	Laboratory	Date	TPH-Gasoline	Benzene	Toluene	Ethylbenzene	Xylenes	MTBE	Total Lead
T1-S-14.0	14	Analytical Science	18-Jul-96	8500	61	250	75	380	80	18.4
T1-N-14.0	14	Analytical Science	18-Jul-96	5200	41	92	46	260	46	29.7
T2-S-14.0	14	Analytical Science	18-Jul-96	7800	33	260	100	400	96	9.94
T2-N-14.0	14	Analytical Science	18-Jul-96	270	0.27	0.43	0.39	2.2	6.6	7.3
T3-S-13.5	13.5	Analytical Science	18-Jul-96	ND	ND	ND	ND	ND	0.24	6.49
T3-N-13.5	13.5	Analytical Science	18-Jul-96	52	1.9	1.5	ND	2.8	36	7.24
TOX-1-21.0	21	Analytical Science	18-Jul-96	760	8.1	38	9.9	50	16	NA
P-1-3.0	3	Analytical Science	18-Jul-96	ND	ND	0.013	ND	0.017	0.012	7.6
P-2-3.5	3.5	Analytical Science	18-Jul-96	ND	ND	ND	ND	ND	0.17	9.63
P-3-3.5	3.5	Analytical Science	18-Jul-96	ND	ND	ND	ND	ND	0.015	11.4
P-4-3.0	3	Analytical Science	18-Jul-96	ND	ND	ND	ND	ND	ND	176

TPH-Gasoline = Total Petroleum Hydrocarbons calculated as Gasoline.

MTBE = Methyl t-Butyl Ether.

ND = Not detected at or above laboratory detection limits.

NA = Analysis not requested.

TABLE B
Unknown UST Sampling Summary
B&C Gas Mini Mart
2008 1st Street, Livermore, California
 Results in mg/Kg - parts per million (ppm)

Unknown UST Sampling Results

Sample ID	Depth (ft.)	Laboratory	Date	TPH-Gasoline	Benzene	Toluene	Ethylbenzene	Xylenes	TPH-Diesel	TRPH	8010
UT-W-7.0	7	Analytical Sciences	26-Jul-96	ND	ND	ND	ND	ND	ND	ND	ND

TPH-Gasoline = Total Petroleum Hydrocarbons calculated as Gasoline.

TPH-Diesel = Total Petroleum Hydrocarbons calculated as Diesel.

TRPH = Total Recoverable Petroleum Hydrocarbons (SM 5520 E&F).

8010 = Halogenated Volatile Organics.

ND = Not detected at or above laboratory detection limits.

TABLE C
Soil Stockpile Sampling Summary
B&C Gas Mini Mart
2008 1st Street, Livermore, California

Results in mg/Kg - parts per million (ppm)

UST Excavation and Product Piping Soil Stockpile Sampling Results

Sample ID	Laboratory	Date	TPH-Gasoline	Benzene	Toluene	Ethylbenzene	Xylenes	Total Lead	Soluble Lead
SP-1(A-D)	Analytical Science	18-Jul-96	320	ND	ND	1.5	3.3	28.6	NA
SP-2(A-D)	Analytical Science	18-Jul-96	300	ND	ND	ND	6.9	22.4	NA
SP-3(A-D)	Analytical Science	18-Jul-96	130	ND	ND	ND	1.2	50	4.93
SP-4(A-D)	Analytical Science	18-Jul-96	130	ND	ND	ND	0.90	60.8	3.51

TPH-Gasoline = Total Petroleum Hydrocarbons calculated as Gasoline.

ND = Not detected at or above laboratory detection limits.

NA = Analysis not requested.

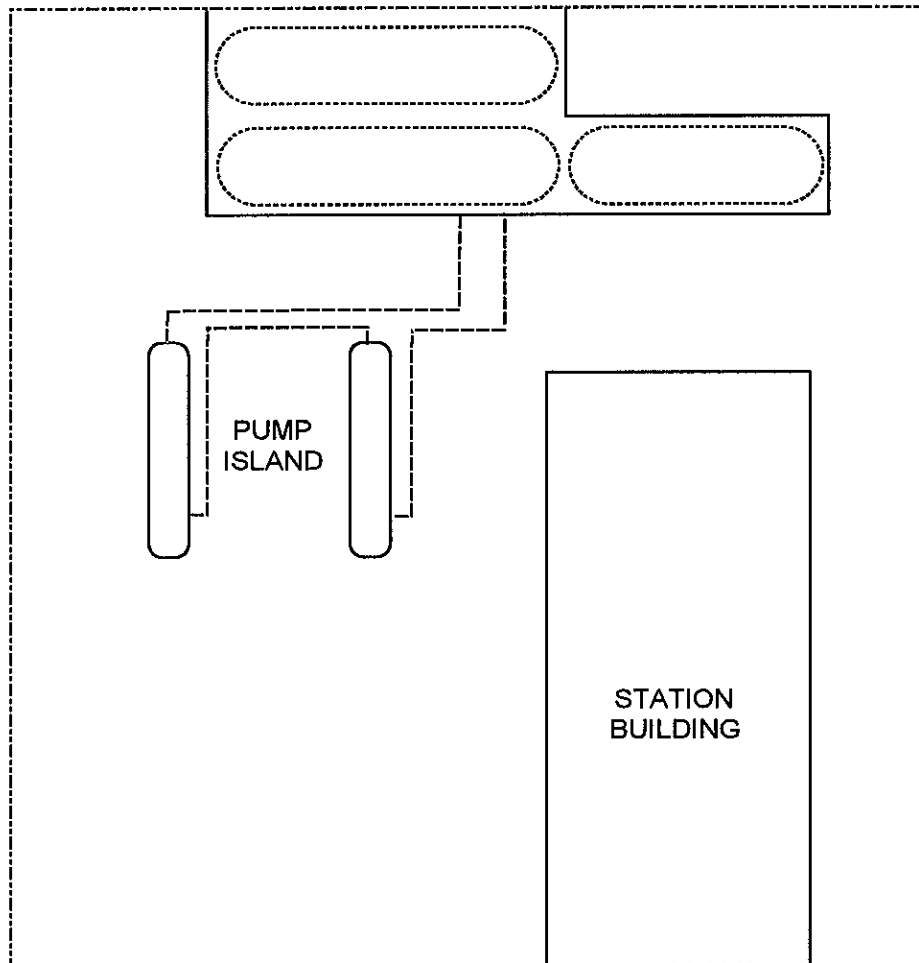
FIGURES

EXPLANATION

- UST Underground Storage Tank
- Product Piping

SOUTH L STREET

FIRST STREET



0 10 20

approximate
scale in feet



**Touchstone
Developments**
Environmental Management

SITE PLAN

B&C Gas Mini Mart
2008 1st Street
Livermore, California

FIGURE

1

PROJECT NO.
B&C Mini

DATE
8/96

DRAWN BY:
WTJ

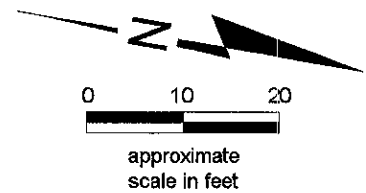
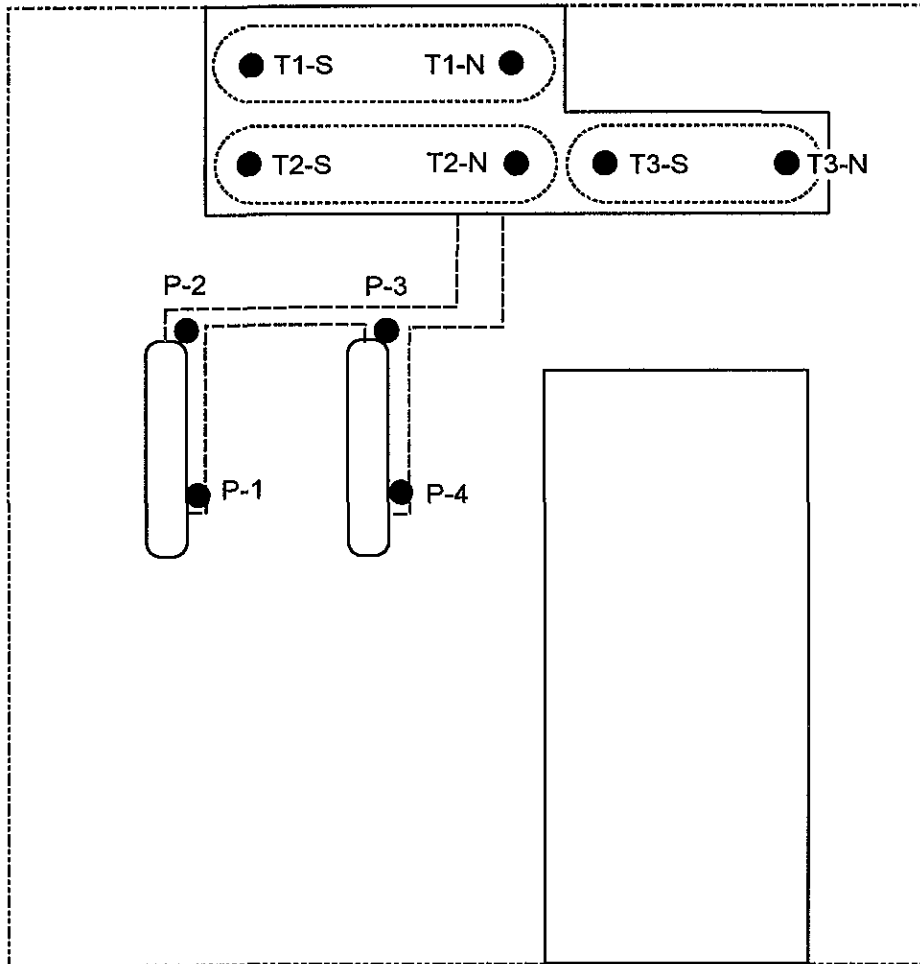
BASE MAP
Touchstone Field Measurements

EXPLANATION

- UST Underground Storage Tank
- Product Piping
- Soil sample location and ID

SOUTH L STREET

FIRST STREET



SOIL SAMPLE LOCATION MAP

B&C Gas Mini Mart
2008 1st Street
Livermore, California

FIGURE

2



**Touchstone
Developments**
Environmental Management


PROJECT NO.
B&C Mini

DATE:
8/96

DRAWN BY:
WTJ

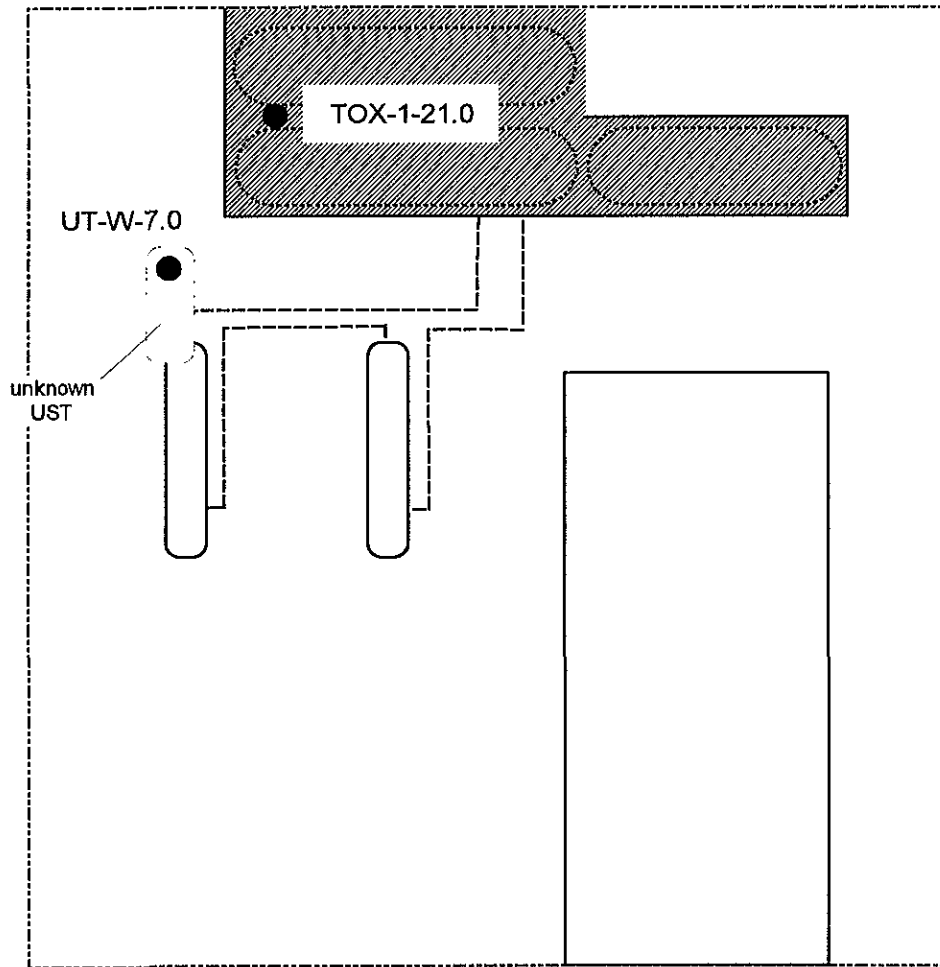
BASE MAP
Touchstone Field Measurements

EXPLANATION

- UST Underground Storage Tank
-  Excavation Limits
- T1-N Soil sample location and ID

SOUTH L STREET

FIRST STREET



0 10 20

approximate
scale in feet



**UNKNOWN UST AND ADDITIONAL
SOIL SAMPLE LOCATION MAP**

B&C Gas Mini Mart
2008 1st Street
Livermore, California

FIGURE

3

PROJECT NO.
B&C Mini

DATE:
8/96

DRAWN BY.
WTJ

BASE MAP
Touchstone Field Measurements

EXPLANATION

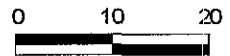
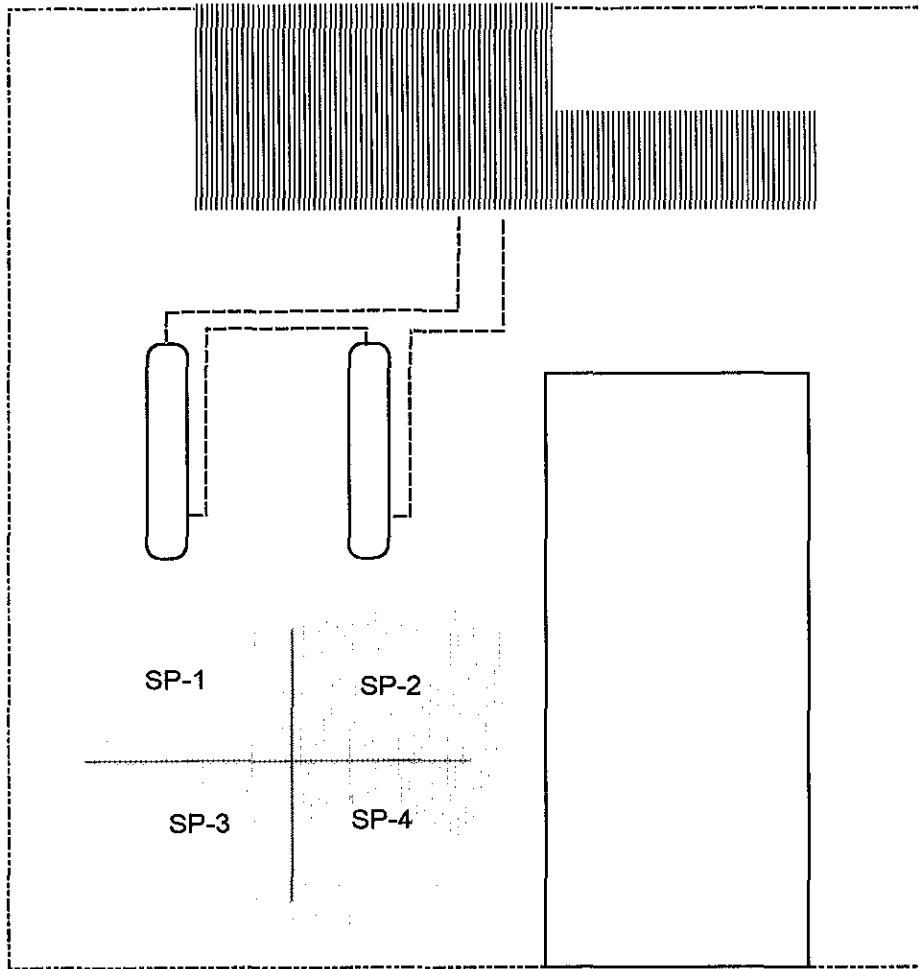


Previous Excavation Limits

Stockpile Location and ID

SOUTH L STREET

FIRST STREET



approximate
scale in feet



**Touchstone
Developments**
Environmental Management

SOIL STOCKPILE MAP

B&C Gas Mini Mart
2008 1st Street
Livermore, California

FIGURE

4

PROJECT NO.
B&C Mini

DATE:
8/96

DRAWN BY:
WTJ

BASE MAP
Touchstone Field Measurements

APPENDIX A

MANIFESTS

33131313

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

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CIN4000114118191861817311		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address B & Gas Inc 255 PARR BLVD RICHMOND, CA 94801		4. Generator's Phone (510) 440-2014		5. Transporter 1 Company Name TRIDENT TRUCKLINE CO.		6. US EPA ID Number C A D 9 8 8 4 8 4 3 7 0			
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address ERICKSON 255 PARR BLVD. RICHMOND, CA 94801		10. US EPA ID Number C A D 0 0 9 8 8 6 3 9 2			
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) a. WASTE EMPTY TANK NON-RCRA HAZARDOUS WASTE SOLID		12. Containers No. Type 002 TP		13. Total Quantity 18000		14. Unit P			
b.									
c.									
d.									
15. Special Handling Instructions and Additional Information KEEP AWAY FROM SOURCES OF IGNITION. ALWAYS WEAR HARDHATS AROUND UNDERGROUND STORAGE TANKS. 24 HR. CONTACT NAME: <u>Bob Spina</u> PHONE: <u>510-792-3151</u>									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international 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 <u>Bob Spina</u>				Signature <u>[Signature]</u>				Month Day Year 07 18 96	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <u>Bob Spina</u>				Signature <u>[Signature]</u>				Month Day Year 07 18 96	
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 <u>DAVID SATO</u>									
Signature <u>[Signature]</u>				Month Day Year 07 18 96					

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
 (Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

9313/3/6
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 16 10600 14 1588 687311		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address BDC Equal Mission West 2nd Floor Bluff Avenue		4. Generator's Phone (510) 449-2114		5. Transporter 1 Company Name TRIDENT TRUCKLINE CO		6. US EPA ID Number CA 0982484370			
9. Designated Facility Name and Site Address ERICKSON 255 PARR BLVD. RICHMOND, CA. 94801		7. Transporter 2 Company Name		8. US EPA ID Number		10. US EPA ID Number CA 0009466392			
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) a. WASTE EMPTY TANK NON - RCRA HAZARDOUS WASTE SOLID		12. Containers No. Type 001 T P		13. Total Quantity 10000 P		14. Unit Wt/Vol			
15. Special Handling Instructions and Additional Information KEEP AWAY FROM SOURCES OF IGNITION. ALWAYS WEAR HARDHATS AROUND UNDERGROUND STORAGE TANKS. 24 HR. CONTACT NAME: <u>D. S. HUGLE</u> AND PHONE: <u>510-792-3111</u>									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the 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 federal, state and international laws. 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 <u>D S Hugle</u>		Signature <u>[Signature]</u>		Month 07		Day 18		Year 96	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <u>Bob Sauer</u>		Signature <u>[Signature]</u>		Month 07		Day 18		Year 96	
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 <u>Dave SATO</u>		Signature <u>[Signature]</u>		Month 07		Day 18		Year 96	

DO NOT WRITE BELOW THIS LINE.

Yellow: *SDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
 *Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042953

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B+C GASMINI MART b. Generating Location: _____
 c. Address: 2008 F STREET d. Address: _____
LIVERMORE CA 94550
 e. Phone No.: 510 449 3194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510 449 3194

i. BFI WASTE CODE:

CA	4	0	5	0	7	3	1	9	6
----	---	---	---	---	---	---	---	---	---

 Containers:

-	0	0	0	7	7
---	---	---	---	---	---

 j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

		1	8		
--	--	---	---	--	--

 Units:

Y					
---	--	--	--	--	--

 No.:

0	0	1			
---	---	---	--	--	--

 TYPE:

T					
---	--	--	--	--	--

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B.S. ANGLE Generator Authorized Agent Name
 _____ Signature
 _____ Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: American Const.
 b. Address: 567 Exchange Ct.
Livermore CA 94550
 c. Driver Name/Title: Steve L...
 d. Phone No.: 9447 2484 e. Truck No.: 624
 f. Vehicle License No./State: 975298
 Acknowledgement of Receipt of Materials.
 g. Driver Signature: [Signature] Shipment Date:

0	8	0	1	9	6
---	---	---	---	---	---

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. Driver Signature: _____ Shipment Date:

--	--	--	--	--	--

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: VASCO RD LANDFILL c. Phone No.: 510 447 0491
 b. Physical Address: 4001 N VASCO RD d. Mailing Address: _____
LIVERMORE CA 94550
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date:

0	8	1	9	6
---	---	---	---	---

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Print/Type _____ Operator's Signature _____ Date

--	--	--	--	--	--

 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 908306

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B+C GAS MINIMART b. Generating Location: _____
 c. Address: 210 W. Tenth St
Rockford, IL 61102 d. Address: _____
 e. Phone No.: 310 441 2111 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 310 441 2174

i. BFI WASTE CODE:

CA	405	073	196
----	-----	-----	-----

 Containers:

-	00	077
---	----	-----

 j. Description of Waste: SOIL WITH CEMENT k. Quantity:

		18	7	0	1	T
--	--	----	---	---	---	---

 TYPE:

DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261

B.S. ANGLE Generator Authorized Agent Name
 _____ Signature
 _____ Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: American Const
 b. Address: 507 Exchange C
Livermore, CA 94550
 c. Driver Name/Title: Mike
 d. Phone No.: 925 447 2414 e. Truck No.: 3 111
 f. Vehicle License No./State: 21111 CA
 Acknowledgement of Receipt of Materials:
 g. Driver Signature:

--	--	--	--	--	--

 Shipment Date:

--	--	--	--	--	--

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials:
 n. _____ Shipment Date:

--	--	--	--	--	--

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: _____ c. Phone No.: 310 441 2111
 b. Physical Address: 210 W. Tenth St
Rockford, IL 61102 d. Mailing Address: _____
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date:

--	--	--	--	--	--

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's Name: _____ b. Operator's Phone No.: _____
 c. Operator's Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's Name & Title: _____ Print/Type Operator's Signature: _____ Date:

--	--	--	--	--	--

f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 042945

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B+C GAS MINI MART b. Generating Location: _____
c. Address: 2008 E. STREET d. Address: _____
LIVERMORE CA - 94550
e. Phone No.: 510-449-3194 f. Phone No. _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510-449-3194

i. BFI WASTE CODE:

CA	405	073	196	-	00077
----	-----	-----	-----	---	-------

 Containers: _____
j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

			18	Y	01	T
--	--	--	----	---	----	---

 No. _____ TYPE _____

- TYPE**
DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG or WRAP
T - TRUCK
O - OTHER
- UNITS**
P - POUNDS
Y - YARDS
M³ - CUBIC METERS
Y³ - CUBIC YARDS
O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B.S. ANGLE _____
Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: American Coast
b. Address: 507 Exchange Ct
Livermore CA 94550
c. Driver Name/Title: _____
d. Phone No.: (510) 447-3484 e. Truck No.: _____
f. Vehicle License No./State: _____
g. Driver Signature: _____ Shipment Date: 080296

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: VASCO RD LANDFILL c. Phone No.: 510-447-0491
b. Physical Address: 4001 N VASCO RD d. Mailing Address: _____
LIVERMORE CA 94550
e. Discrepancy Indication Space: _____

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

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. Frangible Non-frangible Both _____ % frangible _____ % nonfrangible

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042965

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: ANGEL b. Generating Location: _____
 c. Address: VERMONT ST d. Address: _____
 e. Phone No.: 310 447 2114 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: IS ANGEL h. Owner's Phone No.: 310 447 2114
 i. BFI WASTE CODE:

CA	405	073	176
----	-----	-----	-----

 Containers:

-	000	77
---	-----	----

 j. Description of Waste: OIL WITH GASOLINE k. Quantity:

		1	3
--	--	---	---

 Units:

/			
---	--	--	--

 No.:

0	1		
---	---	--	--

 TYPE:

T			
---	--	--	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261

B. S. ANGLE Signature
 Generator Authorized Agent Name
080296 Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I			TRANSPORTER II		
a. Name: <u>American Coast</u>	h. Name: _____		i. Address: _____		
b. Address: <u>567 Exchange Ct Livermore CA 94550</u>	j. Driver Name/Title: _____		k. Phone No.: _____		
c. Driver Name/Title: _____	e. Truck No.: <u>37</u>		l. Truck No.: _____		
d. Phone No.: <u>(510) 447-2484</u>	m. Vehicle License No./State: _____		n. _____		
f. Vehicle License No./State: _____	Acknowledgement of Receipt of Materials: _____		Acknowledgement of Receipt of Materials: _____		
g. <u>[Signature]</u> Shipment Date: <u>080296</u>	Driver Signature: _____		Shipment Date: _____		

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: _____ c. Phone No.: _____
 b. Physical Address: _____ d. Mailing Address: _____
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate
 f. [Signature] Receipt Date: 080296
 Name of Authorized Agent Signature

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042958

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B. ANGLE b. Generating Location: _____
 c. Address: LIVE OAK BLVD d. Address: _____
 e. Phone No.: 510 447 3194 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B. ANGLE h. Owner's Phone No.: 510 447 3194

i. BFI WASTE CODE:

CA	405	073	196
----	-----	-----	-----

 Containers:

-	00077
---	-------

 j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

	18	7
--	----	---

 Units:

01	T
----	---

 No. TYPE

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
UNITS	
T	- TRUCK
O	- OTHER
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; 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.

Generator Authorized Agent Name: B. ANGLE Signature: _____ Shipment Date:

--	--	--	--	--	--

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I			TRANSPORTER II								
a. Name: <u>American Coast</u>	h. Name: _____		i. Address: _____								
b. Address: <u>507 Exchange Ct Livermore CA 94550</u>	j. Driver Name/Title: _____		k. Phone No.: _____								
c. Driver Name/Title: <u>WILLIAM J. HARRIS</u>	l. Truck No.: _____		m. Vehicle License No./State: _____								
d. Phone No.: <u>(510) 447 2484</u>	n. _____		o. _____								
f. Vehicle License No./State: _____	g. Driver Signature: <u>[Signature]</u>		p. _____								
Acknowledgement of Receipt of Materials: _____			q. _____								
Shipment Date: <u>05/19/6</u>			Shipment Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: VISCONDO WASTE FILL c. Phone No.: 510 447 3411
 b. Physical Address: 1550 W. 145th St d. Mailing Address: _____
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date:

--	--	--	--	--	--

Section IV ASBESTOS (Generator complete a-d, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations

e. Operator's* Name & Title: _____ Operators Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042956

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B.S. ANGLE MINIMUMS b. Generating Location: _____
 c. Address: 2001 F STREET
LIVERMORE CA 94550 d. Address: _____
 e. Phone No.: 510 447 3114 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B. S. ANGLE h. Owner's Phone No.: 510 447 3114

i. BFI WASTE CODE:

CA	405	073196	-00077
----	-----	--------	--------

 Containers: _____
 j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

18

 Units:

Y

 No.:

01

 TYPE:

T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B.S. ANGLE Generator Authorized Agent Name Signature _____ Shipment Date _____

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: American Coast
 b. Address: 567 Exchange St
Livermore CA 94550
 c. Driver Name/Title: ALAN W. ANGLE
 d. Phone No.: (910) 447 2484 e. Truck No.: 9114
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 g. Driver Signature _____ Shipment Date:

08	01	96
----	----	----

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. Driver Signature _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: VALLEJO LANDFILL c. Phone No.: 510 447 0491
 b. Physical Address: 4001 N VAS-C-D
LIVERMORE CA 94550 d. Mailing Address: _____
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent _____ Signature _____ Receipt Date:

08	01	96
----	----	----

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Prrnt/Type _____ Operator's Signature _____ Date _____
 f. Name and Address of Responsible Agency: _____
 g. Friable: Non-friable. Both _____ % friable _____ % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 042952

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: ECO GAS MAINTENANCE b. Generating Location: _____
 c. Address: 2008 F STREET d. Address: _____
LIVERMORE CA 94550
 e. Phone No.: 510 447 3194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510 447 3194

i. BFI WASTE CODE

CA	405	073196	-06077
----	-----	--------	--------

 Containers

DM	METAL DRUM
DP	PLASTIC DRUM
B	BAG
BA	6 MIL. PLASTIC BAG or WRAP
T	TRUCK
O	OTHER

 j. Description of Waste: SOL WITH GASOLINE k. Quantity

	18
--	----

 Units

Y

 No.

01

 TYPE

T

GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B.S. ANGLE Generator Authorized Agent Name
 _____ Signature
 _____ Shipment Date

TYPE	
DM	METAL DRUM
DP	PLASTIC DRUM
B	BAG
BA	6 MIL. PLASTIC BAG or WRAP
T	TRUCK
O	OTHER

UNITS	
P	POUNDS
Y	YARDS
M ³	CUBIC METERS
Y ³	CUBIC YARDS
O	OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I			TRANSPORTER II														
a. Name: <u>American Coast</u>			h. Name: _____														
b. Address: <u>567 Exchange Ct</u> <u>Livermore CA 94550</u>			i. Address: _____														
c. Driver Name/Title: <u>ALICIA ANGLER</u> PRINT/TYPE			j. Driver Name/Title: _____ PRINT/TYPE														
d. Phone No.: <u>(510) 407-2484</u>	e. Truck No.: <u>6411</u>		k. Phone No.: _____	l. Truck No.: _____													
f. Vehicle License No./State: <u>7D-261171</u>			m. Vehicle License No./State: _____														
Acknowledgement of Receipt of Materials.			Acknowledgement of Receipt of Materials.														
g. _____ Driver Signature	<table border="1"><tr><td>0</td><td>8</td><td>0</td><td>1</td><td>9</td><td>6</td></tr></table> Shipment Date	0	8	0	1	9	6		n. _____ Driver Signature	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Shipment Date							
0	8	0	1	9	6												

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: WILSON INDUSTRIAL c. Phone No.: 510 41 0991
 b. Physical Address: 1111 WILSON d. Mailing Address _____
LIVERMORE CA 94550
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. _____
 Name of Authorized Agent Signature _____
 _____ Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____
 Print/Type Operator's Signature _____ Date _____

f. Name and Address of Responsible Agency _____

g. Friable: Non-friable: Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042954

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: BAC GAS MINIBART b. Generating Location: _____

c. Address: 300 F STREET
LIVERMORE CA 94550 d. Address: _____

e. Phone No.: 510 449 3194 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B. S. ANGLE h. Owner's Phone No.: 510-449-3194

i. BFI WASTE CODE

CA	4	0	5	0	7	3	1	9	6
----	---	---	---	---	---	---	---	---	---

 -

0	0	0	7	7
---	---	---	---	---

 Containers

j. Description of Waste: SOIL WITH GASOLINE k. Quantity

			1	8
--	--	--	---	---

 Units

Y

 No.

0	1
---	---

 TYPE

T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B. S. ANGLE Generator Authorized Agent Name Signature _____ Shipment Date

--	--	--	--	--	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II													
a. Name: <u>American Const</u>	b. Address: <u>567 Exchange Ct.</u> <u>Livermore CA 94550</u>	h. Name: _____	i. Address: _____												
c. Driver Name/Title: <u>MICHAEL M. ANGLE</u>	d. Phone No.: <u>510 447-2489</u> e. Truck No.: <u>1-2-1-3</u>	j. Driver Name/Title: _____	k. Phone No.: _____ l. Truck No.: _____												
f. Vehicle License No./State: <u>7D 460 721</u>	g. Driver Signature: _____ Shipment Date: <table border="1"><tr><td>0</td><td>8</td><td>0</td><td>1</td><td>9</td><td>6</td></tr></table>	0	8	0	1	9	6	m. Vehicle License No./State: _____	n. Driver Signature: _____ Shipment Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
0	8	0	1	9	6										
Acknowledgement of Receipt of Materials: _____		Acknowledgement of Receipt of Materials: _____													

Section III DESTINATION (Generator completes a-d, destination site completes e-1)

a. Site Name: VASCO DR LANDFILL c. Phone No.: 510 447 0491

b. Physical Address: 400 VASCO DR
LIVERMORE CA 94550 d. Mailing Address: _____

e. Discrepancy Indication Space: _____

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

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date:

--	--	--	--	--	--

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____

c. Operator's* Address: _____

d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 042960

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: E. S. ANGLE MINIMART b. Generating Location: _____

c. Address: 2007 W. TRETT
LIVERMORE CA 94550 d. Address: _____

e. Phone No.: 510 447 2194 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: E. S. ANGLE h. Owner's Phone No.: 510 447 2194

i. BFI WASTE CODE:

CA	405	073	196
----	-----	-----	-----

 Containers:

000077

j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

18

 Units:

Y

 No.:

01

 TYPE:

T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; 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

Generator Authorized Agent Name: E. S. ANGLE Signature: _____ Shipment Date:

--	--	--	--	--	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II							
a. Name: <u>American Coast</u>	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____						
b. Address: <u>567 Exchange Ct</u> <u>Livermore CA 94550</u>	i. Address: _____	k. Phone No.: _____	l. Truck No.: _____						
c. Driver Name/Title: <u>Michael J. ...</u>	m. Vehicle License No./State: _____	n. _____							
d. Phone No.: <u>510 447 2484</u>	Acknowledgement of Receipt of Materials.								
e. Truck No.: _____	g. Driver Signature: _____ Shipment Date: <table border="1"><tr><td>08</td><td>12</td><td>19</td><td>6</td></tr></table>			08	12	19	6		
08	12	19	6						
f. Vehicle License No./State: _____	h. Driver Signature: _____ Shipment Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: WASTE LANDFILL c. Phone No.: 510 447 2484

b. Physical Address: 1101 N. ...
LIVERMORE CA 94550 d. Mailing Address: _____

e. Discrepancy Indication Space: _____

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

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date:

--	--	--	--	--	--

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____

c. Operator's* Address: _____

d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Print/Type: _____ Operator's Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. Friable: Non-friable: Both _____ % friable _____ % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. **042964**

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B. S. ANGLE MINI-MART b. Generating Location: _____
 c. Address: 2005 F STREET d. Address: _____
VENONA IN 46785
 e. Phone No.: 510 447 3194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B. S. ANGLE h. Owner's Phone No.: 510 447 3194

i. BFI WASTE CODE:

CA	405	073	196
----	-----	-----	-----

 Containers:

00077

 j. Description of Waste: OIL WITH GASOLINE k. Quantity:

1	8
---	---

 Units:

Y

 No.:

01

 TYPE:

T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B. S. ANGLE Generator Authorized Agent Name Signature

--	--	--	--	--	--

 Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a Name:	<u>American Coast</u>	h Name:	_____
b Address:	<u>567 Exchange Ct LIVONIA MI 48150</u>	i Address:	_____
c Driver Name/Title:	_____	j Driver Name/Title:	_____
d Phone No.:	<u>(510) 447 2484</u>	k Phone No.:	_____
e Truck No.:	_____	l Truck No.:	_____
f Vehicle License No./State:	<u>7-07-3544</u>	m Vehicle License No./State:	_____
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g Driver Signature:	<u>080196</u>	n Driver Signature:	_____
Shipment Date		Shipment Date	

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: WALDO LANDFILL c. Phone No.: 510 447 0491
 b. Physical Address: 400 WALDO d. Mailing Address: _____
LIVE 3001 E 12th St
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: VPK Receipt Date: _____

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 042963

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B & C GAS DRAINANT b. Generating Location: _____

c. Address: 203 F STREET
LIVERMORE CA 94550 d. Address: _____

e. Phone No.: 510 441 3114 f. Phone No.: _____

g. Owner's Name: B S ANGLE h. Owner's Phone No.: 510 441-3114

i. BFI WASTE CODE:

C	A	H	C	S	0	7	3	1	1	0
---	---	---	---	---	---	---	---	---	---	---

 -

0	0	0	7	7
---	---	---	---	---

 Containers

j. Description of Waste: 5 LITERS GASOLINE k. Quantity:

1	5	Y	0	1	T
---	---	---	---	---	---

 Units No. TYPE

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; 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.

Generator Authorized Agent Name: B S ANGLE Signature: _____ Shipment Date:

--	--	--	--	--	--

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II							
a. Name: <u>American Const.</u>	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____						
b. Address: <u>567 Exchange Ct.</u> <u>Livermore CA 94550</u>	k. Phone No.: _____	l. Truck No.: _____	m. Vehicle License No /State: _____						
c. Driver Name/Title: <u>BARBARA M. ...</u>	n. _____	o. _____	ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS						
d. Phone No.: <u>(510) 447 2484</u>	e. Truck No.: _____	f. _____	g. Driver Signature: _____						
f. Vehicle License No /State: _____	ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS	h. _____	Shipment Date: <table border="1"><tr><td>0</td><td>8</td><td>0</td><td>1</td><td>9</td><td>6</td></tr></table>	0	8	0	1	9	6
0	8	0	1	9	6				

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: VALLEY WINDFILL c. Phone No.: 510-447 0411

b. Physical Address: 400 ...
LIVERMORE CA 94550 d. Mailing Address: _____

e. Discrepancy Indication Space: _____

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

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date:

--	--	--	--	--	--

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____

c. Operator's* Address: _____

d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete only Sections I, II and III.

No. 042962

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: BAC GAS MINIMARK b. Generating Location: _____
 c. Address: 3004 E. 5th St
LIVERMORE CA 94550 d. Address: _____
 e. Phone No.: 510 449-2194 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B. S. ANGLE h. Owner's Phone No.: 510 449-2194

i. BFI WASTE CODE:

CA	405	073196	00077
----	-----	--------	-------

 Containers: _____
 j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

18	Y	41	T
----	---	----	---

 TYPE: _____
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER

GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B. S. ANGLE Generator Authorized Agent Name Signature Shipment Date:

--	--	--	--	--	--

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: American Const.
 b. Address: 507 Exchange Ct
LIVERMORE CA 94550
 c. Driver Name/Title: _____
 d. Phone No.: (510) 447-2484 e. Truck No.: _____
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 g. Driver Signature: _____ Shipment Date: 080196

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: ASCO - LANDFILL c. Phone No.: 510 447-0471
 b. Physical Address: 4001 PASCORD
LIVERMORE CA 94550 d. Mailing Address: _____

e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date:

--	--	--	--	--	--

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Print/Type: _____ Operator's Signature: _____ Date:

--	--	--	--	--	--

 f. Name and Address of Responsible Agency: _____
 g. Friable: Non-friable: Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete only Sections I, II and III.

No. **042959**

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: GENCO TRADING CO b. Generating Location: _____
 c. Address: 215 E TRUST d. Address: _____
LIVE OAK COUNTY TEXAS
 e. Phone No.: 510 449 2174 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: P. S. ANGLE h. Owner's Phone No.: 510 449 2174

i. BFI WASTE CODE:

C	1	4	0	3	0	7	3	1	9	6
---	---	---	---	---	---	---	---	---	---	---

 -

0	0	0	7	7
---	---	---	---	---

 Containers
 j. Description of Waste: Oil with Gasoline k. Quantity:

1	8
---	---

 Units: Y No.:

0	1
---	---

 TYPE:

T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; 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.

P. S. ANGLE Generator Authorized Agent Name
 _____ Signature
 _____ Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: American Coast
 b. Address: 567 Exchange Ct
Livermore CA 94550
 c. Driver Name/Title: MICHAEL MARIANI
 d. Phone No.: (510) 447 2484 e. Truck No.: 66121
 f. Vehicle License No./State: 5D 2611 506
 Acknowledgement of Receipt of Materials.
 g. Driver Signature: _____ Shipment Date:

0	8	0	1	9	6
---	---	---	---	---	---

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: YASC MOUNTAIN c. Phone No.: 510 447 0491
 b. Physical Address: 200 YASC MOUNTAIN d. Mailing Address: _____
LIVE OAK COUNTY TEXAS

e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date:

0	8	0	2	9
---	---	---	---	---

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. Frable; Non-frable; Both _____ % frable _____ % nonfrable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042939

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: W. S. ANGLE b. Generating Location: _____
c. Address: 1000 N. 4th St d. Address: _____
Yuba, CA 95964

e. Phone No.: 510-441-3194 f. Phone No.: _____
If owner of the generating facility differs from the generator, provide:

g. Owner's Name: W. S. ANGLE h. Owner's Phone No.: 510-441-3194

i. BFI WASTE CODE

CA	405	073190	-	00477
----	-----	--------	---	-------

 Containers _____

j. Description of Waste: SOIL WITH GASOLINE k. Quantity

		18	Y	017
--	--	----	---	-----

 Units No. TYPE

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
TR	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, 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

W. S. ANGLE Generator Authorized Agent Name Signature _____ Shipment Date

--	--	--	--	--	--

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
a. Name: American Coast
b. Address: 507 Exchange Ct
Livermore CA 94550
c. Driver Name/Title: MICHA...
d. Phone No.: (925) 407-2401 e. Truck No.: 5411
f. Vehicle License No./State: 1-2 64 701
g. Driver Signature _____ Shipment Date

0	8	0	2	9	6
---	---	---	---	---	---

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. Driver Signature _____ Shipment Date

--	--	--	--	--	--

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: VASCO RD LANDFILL c. Phone No.: 510 447-0491
b. Physical Address: 4001N VASCO RD d. Mailing Address _____
LIVERMORE CA 94550

e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent _____ Signature _____ Receipt Date

0	8	0	2	9	6
---	---	---	---	---	---

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature _____ Date

--	--	--	--	--	--

f. Name and Address of Responsible Agency: _____
g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 908305

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: WASTE MANAGEMENT b. Generating Location: _____
 c. Address: 1155 W. 11th St, Fort Collins, CO 80504 d. Address: _____
 e. Phone No.: 970-221-1111 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ h. Owner's Phone No.: 970-221-3114

i. BFI WASTE CODE:

00	005	073	196
----	-----	-----	-----

 Containers:

-	0	0	7	7
---	---	---	---	---

 j. Description of Waste: LIQUID GAS k. Quantity:

--	--	--	--	--	--

 Units:

Y

 No.:

1

 TYPE:

T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, 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

R. VINCE Generator Authorized Agent Name _____ Signature 3-9- Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-h)

TRANSPORTER I
 a. Name: WASTE MANAGEMENT
 b. Address: 1155 W. 11th St, Fort Collins, CO 80504
 c. Driver Name/Title: _____
 d. Phone No.: _____ e. Truck No.: 222
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 g. Driver Signature: [Signature] Shipment Date: 03-05-96

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: _____ c. Phone No.: 970-221-3114
 b. Physical Address: _____ d. Mailing Address: _____
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: 03-05-96

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e)

a. Operator's Name: _____ b. Operator's Phone No.: _____
 c. Operator's Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's Name & Title: _____ Print/Type _____ Operator's Signature _____ Date _____
 f. Name and Address of Responsible Agency: _____
 g. Friable: Non-friable: Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete only Sections I, II and III.

No. **040903**

Section I GENERATOR (Generator completes all of Section I)

a Generator Name: B.S. HUNTER b Generating Location: _____

c Address: 11111 1111 1111 d Address: _____
11111 1111 1111

e Phone No.: 510 447 2194 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B.S. HUNTER h. Owner's Phone No.: 510 447 2194

i. BFI WASTE CODE

CA	4	4	5	0	7	3	1	7	6
----	---	---	---	---	---	---	---	---	---

-	0	0	0	7	7
---	---	---	---	---	---

 Containers

j. Description of Waste: OIL WITH GRADELINE k. Quantity

				1	8	7			

 Units

				Y					

 No.

				0	1				

 TYPE

				T					

- TYPE**
- DM - METAL DRUM
 - DP - PLASTIC DRUM
 - B - BAG
 - BA - 6 MIL. PLASTIC BAG or WRAP
 - T - TRUCK
 - O - OTHER
- UNITS**
- P - POUNDS
 - Y - YARDS
 - M³ - CUBIC METERS
 - Y³ - CUBIC YARDS
 - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; 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

Generator Authorized Agent Name: _____ Signature: _____ Shipment Date: _____

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: _____

b. Address: _____

c. Driver Name/Title: _____

d. Phone No.: _____ e. Truck No.: _____

f. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

g. Driver Signature: _____ Shipment Date: _____

TRANSPORTER II

h. Name: _____

i. Address: _____

j. Driver Name/Title: _____

k. Phone No.: _____ l. Truck No.: _____

m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: _____ c. Phone No.: _____

b. Physical Address: _____ d. Mailing Address: _____

e. Discrepancy Indication Space _____

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

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____

c. Operator's* Address: _____

d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 040905

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: WASTE MANAGEMENT b. Generating Location: _____
 c. Address: 1000 W. 10th St d. Address: _____
WYOMING
 e. Phone No.: 307 233 2171 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: WASTE h. Owner's Phone No.: 307 233 2171

i. BFI WASTE CODE

0	4	0	0
---	---	---	---

0	7	3	1	7	6
---	---	---	---	---	---

0	0	0	7
---	---	---	---

 Containers

j. Description of Waste: WASTE k. Quantity

1	5
---	---

 Units

0	7
---	---

 No.

0	7
---	---

 TYPE

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, 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.

Generator Authorized Agent Name: WASTE Signature: [Signature] Shipment Date:

0	4	0	5
---	---	---	---

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: WASTE
 b. Address: _____
 c. Driver Name/Title: _____
 d. Phone No.: _____ e. Truck No.: _____
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 g. Driver Signature: _____ Shipment Date:

0	4	0	5
---	---	---	---

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. Driver Signature: _____ Shipment Date:

0	4	0	5
---	---	---	---

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: VA - BELMONT FILL c. Phone No.: 540 467-3494
 b. Physical Address: VA - VALENTIA d. Mailing Address: _____
VALENTIA
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: [Signature] Receipt Date:

0	4	0	5
---	---	---	---

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Print/Type Operator's Signature: _____ Date:

0	4	0	5
---	---	---	---

f. Name and Address of Responsible Agency: _____

g. Friable, Non-friable, Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. **042941**

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B+C GAS MINIMARK b. Generating Location: _____
 c. Address: 3008 F STREET
LIVERMORE CA 94550 d. Address: _____
 e. Phone No.: 510-447-3194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510-449-3194

i. BFI WASTE CODE:

CA	405	073196	-00077
----	-----	--------	--------

 Containers: _____
 j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

1	8
---	---

 Units: Y No.:

0	1
---	---

 TYPE:

T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B.S. ANGLE Generator Authorized Agent Name
 _____ Signature
 _____ Shipment Date

- TYPE**
- DM - METAL DRUM
 - DP - PLASTIC DRUM
 - B - BAG
 - BA - 6 MIL. PLASTIC BAG or WRAP
 - T - TRUCK
 - O - OTHER
- UNITS**
- P - POUNDS
 - Y - YARDS
 - M³ - CUBIC METERS
 - Y³ - CUBIC YARDS
 - O - OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>American Const.</u>	h. Name: _____	i. Address: <u>507 Exchange Ct.</u>	i. Address: _____
b. Address: <u>Livermore CA 94550</u>	j. Driver Name/Title: _____	k. Phone No.: _____	l. Truck No.: _____
c. Driver Name/Title: <u>Richard J. Anderson</u>	m. Vehicle License No./State: <u>CA 4791</u>	Acknowledgement of Receipt of Materials.	
d. Phone No.: <u>(510) 441-2489</u>	n. _____	_____	
e. Truck No.: _____	_____		
f. Vehicle License No./State: <u>CA 4791</u>	_____		
g. Driver Signature: <u>[Signature]</u>	_____		
Shipment Date: <u>08 02 96</u>	_____		

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: VASCO ROAD LANDFILL c. Phone No.: 510-447-0491
 b. Physical Address: 4001 N VASCO ROAD
LIVERMORE CA 94550 d. Mailing Address: _____

e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Pnt/Type: _____ Operator's Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 042953

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B+C GASMINI MART b. Generating Location: _____

c. Address: 3008 F STREET
LIVERMORE CA 94550 d. Address: _____

e. Phone No.: 510 447 3194 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510 447 3194

i. BFI WASTE CODE:

CA	405	073196	-	00077
----	-----	--------	---	-------

 Containers

j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

1	8
---	---

 Units:

Y

 No.:

01

 TYPE:

T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; 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.

Generator Authorized Agent Name: B.S. ANGLE Signature: _____ Shipment Date: _____

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG
	or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>American Conit.</u>		h. Name: _____	
b. Address: <u>567 Exchange Ct.</u> <u>Livermore CA 94550</u>		i. Address: _____	
c. Driver Name/Title: <u>Steve</u>		j. Driver Name/Title: _____	
d. Phone No.: <u>447 2424</u>	e. Truck No.: <u>024</u>	k. Phone No.: _____	l. Truck No.: _____
f. Vehicle License No./State: <u>94 J 495</u>		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature: _____	Shipment Date: <u>080196</u>	n. Driver Signature: _____	Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: VASCO RD LANDFILL c. Phone No.: 510 447 0411

b. Physical Address: 1401 N VASCO RD
LIVERMORE CA 94550 d. Mailing Address: _____

e. Discrepancy Indication Space: _____

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

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: 08/11/96

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____

c. Operator's* Address: _____

d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042955

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: FUEL GAS MANIFEST b. Generating Location: _____

c. Address: 2004 F STREET
DAVENPORT, CA 94550 d. Address: _____

e. Phone No.: 510 449-3194 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510-449-3194

i. BFI WASTE CODE:

CA	405	073196	-00077
----	-----	--------	--------

 Containers

j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

		18	Y	01	T
--	--	----	---	----	---

 Units No. TYPE

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261

B.S. ANGLE Generator Authorized Agent Name
Signature _____ Shipment Date _____

UNITS	
P	- POUNDS
Y	- YARDS
M	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>American Coast</u>		h. Name: _____	
b. Address: <u>507 Exchange Ct.</u> <u>Livermore CA 94550</u>		i. Address: _____	
c. Driver Name/Title: _____		j. Driver Name/Title: _____	
d. Phone No.: <u>(510) 447-2484</u> e. Truck No.: _____		k. Phone No.: _____ l. Truck No.: _____	
f. Vehicle License No./State: _____		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature: _____	Shipment Date: <u>080196</u>	n. Driver Signature: _____	Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: VASCO RD LANDFILL c. Phone No.: 510 447 6411

b. Physical Address: 4001 N VASCO RD
LIVERMORE CA 94550 d. Mailing Address: _____

e. Discrepancy Indication Space: _____

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

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: 080196

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____

c. Operator's* Address: _____

d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Print/Type Operator's Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. Friable: Non-friable. Both _____ % friable _____ % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 042951

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: E & C GAS MINIMARK b. Generating Location: _____
 c. Address: ROCK F STREET d. Address: _____
LIVERMORE, CA 94550
 e. Phone No.: 510 447 2174 f. Phone No.: 510 447 2174
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510 447 2174

i. BFI WASTE CODE:

CA	405	073	196
----	-----	-----	-----

000	77
-----	----

 Containers: _____
 j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

		18	Y	01	T
--	--	----	---	----	---

 Units: _____ No.: _____ TYPE: _____

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. 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.

Generator Authorized Agent Name: _____ Signature: _____ Shipment Date: _____

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name:	<u>Private American Const</u>	h. Name:	_____
b. Address:	<u>567 Exchange Ct</u> <u>Livermore, CA 94550</u>	i. Address:	_____
c. Driver Name/Title:	_____	j. Driver Name/Title:	_____
d. Phone No.:	<u>(510) 447-2484</u> PRINT/TITLE	k. Phone No.:	_____ PRINT/TITLE
e. Truck No.:	_____	l. Truck No.:	_____
f. Vehicle License No./State:	<u>CA 123456</u>	m. Vehicle License No./State:	_____
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. Driver Signature:	<u>[Signature]</u>	n. Driver Signature:	_____
Shipment Date:	<u>080196</u>	Shipment Date:	_____

Section III DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: VASCO RD LANDFILL c. Phone No.: 510 447-0491
 b. Physical Address: 4001 N VASCO RD d. Mailing Address: _____
LIVERMORE, CA 94550
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes a.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____
 OPERATOR'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 government regulations.
 e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete only Sections I, II and III.

No. 042949

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B+C GAS MINIMARKT b. Generating Location: _____
 c. Address: 2008 F STREET d. Address: _____
LIVERMORE CA 94550
 e. Phone No: 510-449-2194 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510 449 2194

i. BFI WASTE CODE:

CA	405	073196	000077
----	-----	--------	--------

 Containers: _____
 j. Description of Waste: SOIL WITH GASOLINE Quantity:

18	Y	01	T
----	---	----	---

 Units: _____ No.: _____ TYPE: _____

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261

B.S. ANGLE _____
 Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: American Const
 b. Address: 567 Exchange Ct
Livermore CA 94550
 c. Driver Name/Title: _____
 d. Phone No.: (925) 467-2414 e. Truck No.: C20
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 g. Driver Signature: [Signature] Shipment Date: 080196

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: VASCO RD LANDFILL c. Phone No.: 510-447-0491
 b. Physical Address: 4001 N VASCO RD d. Mailing Address: _____
LIVERMORE CA 94550

e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042957

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B+C CONSTRUCTION b. Generating Location: _____
 c. Address: 3005 F STREET d. Address: _____
LIVERMORE - CA 94550

e. Phone No.: 510 447 2194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510 447 2194

i. BFI WASTE CODE:

CA	405	073	196	-	00077
----	-----	-----	-----	---	-------

 Containers: _____
 j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

18

 Units:

Y

 No.:

011

 TYPE:

T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261

B.S. ANGLE Generator Authorized Agent Name
 _____ Signature
 _____ Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: American Const
 b. Address: 567 Exchange Ct
Livermore CA 94550
 c. Driver Name/Title: _____
 d. Phone No.: (510) 447-2404 e. Truck No.: _____
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials: _____
 g. Driver Signature: [Signature] Shipment Date: _____

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials: _____
 n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: VASCO RD LANDFILL c. Phone No.: 510 447 0491
 b. Physical Address: 2001 J STREET d. Mailing Address: _____
LIVERMORE CA 94550

e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: [Date]

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. Frable; Non-frable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042938

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B&C GAS MINIMART b. Generating Location: _____
 c. Address: 500 F STREET d. Address: _____
LIVERMORE CA 94550
 e. Phone No.: 510-449-2194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510-449-2194

i. BFI WASTE CODE:

CA	4	0	5	0	7	3	1	9	6
----	---	---	---	---	---	---	---	---	---

 -

0	0	0	7	7
---	---	---	---	---

 Containers
 j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

1	8
---	---

 Units: Y No.:

0	1
---	---

 TYPE:

T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B.S. ANGLE Generator Authorized Agent Name
 _____ Signature
 _____ Shipment Date

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: American Const.
 b. Address: 507 Exchange Ct.
Livermore CA 94550
 c. Driver Name/Title: _____
 d. Phone No.: (510) 447-2484 e. Truck No.: _____
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 g. Driver Signature: _____ Shipment Date:

0	8	0	1	9	6
---	---	---	---	---	---

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: VASCO RD. LANDFILL c. Phone No.: 510-447-0491
 b. Physical Address: 4001 N. VASCO RD. d. Mailing Address: _____
LIVERMORE CA 94550
 e. Discrepancy Indication Space: _____

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

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

Section IV ASBESTOS (Generator complete a-d, f, g; Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042961

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: THE MINI MART b. Generating Location: _____
 c. Address: 2005 S. TAHERT d. Address: _____
LIVERMORE CA 94550
 e. Phone No.: 510 447 3194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B. S. ANGLE h. Owner's Phone No.: 510 447 3194

i. BFI WASTE CODE:

C	A	4	0	5	0	7	3	1	9	6
---	---	---	---	---	---	---	---	---	---	---

 -

0	0	0	7	7
---	---	---	---	---

 Containers

j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

1	8
---	---

 Units:

Y

 No.:

0	1
---	---

 TYPE:

T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B. S. ANGLE _____
 Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>American Const.</u>		h. Name: _____	
b. Address: <u>567 Exchange Ct</u> <u>Livermore CA 94550</u>		i. Address: _____	
c. Driver Name/Title: _____		j. Driver Name/Title: _____	
d. Phone No.: <u>721447-2484</u> e. Truck No.: <u>620</u>		k. Phone No.: _____ l. Truck No.: _____	
f. Vehicle License No./State: _____		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials: _____		Acknowledgement of Receipt of Materials: _____	
g. <u>AS</u> <u>1296</u>	Shipment Date	n. _____	Shipment Date
Driver Signature		Driver Signature	

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: WASTE OIL FILL c. Phone No.: 510 447 0441
 b. Physical Address: 1500 W. WASHINGTON
LIVERMORE CA 94550 d. Mailing Address: _____

e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

AS 1296
 Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature _____ Date _____

f. Name and Address of Responsible Agency: _____

g. Frable: Non-frable: Both _____ % frable _____ % nonfrable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 042940

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B4C GAS MINI MART b. Generating Location: _____
 c. Address: 308 EASTWENT d. Address: _____
LIVERMORE CA 94550
 e. Phone No.: 510-447-3194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510-447-3194

i. BFI WASTE CODE

CA	409	073196	-00077
----	-----	--------	--------

 Containers
 j. Description of Waste: SOIL WITH GASOLINE k. Quantity

	18	Y	01	T
--	----	---	----	---

 No. TYPE

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER
UNITS	
P	- POUNDS
Y	- YARDS
M	- CUBIC METERS
Y	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261

B.S. ANGLE _____
 Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>American Coast</u>	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: <u>537 Lickman Ct Livermore CA 94550</u>	k. Phone No.: _____	l. Truck No.: _____	m. Vehicle License No./State: _____
c. Driver Name/Title: _____	e. Truck No.: <u>124</u>	n. _____	o. _____
d. Phone No.: <u>(925) 447-2224</u>	f. Vehicle License No./State: _____	Shipment Date	Shipment Date
f. Acknowledgement of Receipt of Materials.	g. _____	Driver Signature	Driver Signature
g. _____	Shipment Date	Shipment Date	Shipment Date

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: VASCO RD. LANDFILL c. Phone No.: 510 447 0491
 b. Physical Address: 4001 VASCO RD
LIVERMORE CA 94550 d. Mailing Address: _____
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. _____
 Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____
 OPERATOR'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 government regulations.
 e. Operator's* Name & Title. _____ Operator's Signature _____ Date _____
 f. Name and Address of Responsible Agency: _____
 g. Frangible; Non-frangible; Both _____ % frangible _____ % nonfrangible



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042950

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: BAGGAS MINIMART b. Generating Location: _____
 c. Address: 2008 F. STREET d. Address: _____
LIVERMORE CA - 94550
 e. Phone No.: 510-449-2194 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B. S. ANGLE h. Owner's Phone No.: 510 449-2194

i. BFI WASTE CODE:

CA	405	073196	-00077
----	-----	--------	--------

 Containers: _____
 j. Description of Waste: OIL WITH GASOLINE k. Quantity:

		15	
--	--	----	--

 Units:

Y	
---	--

 No:

01	
----	--

 TYPE:

T	
---	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B. S. ANGLE Signature _____ Shipment Date:

--	--	--	--	--	--

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: American Const.
 b. Address: 567 Exchange Ct. Livermore CA 94550
 c. Driver Name/Title: _____
 d. Phone No.: (510) 447-2434 e. Truck No.: _____
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials: _____
 g. Driver Signature: _____ Shipment Date:

08	02	93
----	----	----

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials: _____
 n. Driver Signature: _____ Shipment Date:

--	--	--	--	--	--

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: _____ c. Phone No.: _____
 b. Physical Address: _____ d. Mailing Address: _____
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date:

08	02	93
----	----	----

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Pmt/Type: _____ Operator's Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042966

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: BEHNSON INDUSTRIES b. Generating Location: _____
c. Address: 100 E 12th St d. Address: _____
AMESBURG OH 43010

e. Phone No.: 510-447-2114 f. Phone No.: _____

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B S ANGLE h. Owner's Phone No.: 510-447-2114

i. BFI WASTE CODE:

CA	405	073	196
----	-----	-----	-----

 -

0	2	0	7	7
---	---	---	---	---

 Containers

j. Description of Waste: OIL WITH GASOLINE k. Quantity:

			13	
--	--	--	----	--

 Units:

Y

 No.:

0	1	7
---	---	---

 TYPE:

T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; 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.

Generator Authorized Agent Name: _____ Signature: _____ Shipment Date:

--	--	--	--	--	--

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-h)

TRANSPORTER I
a. Name: American Coast
b. Address: 507 Exchange Ct
Livermore CA 94550
c. Driver Name/Title: _____
d. Phone No.: (510) 447-2484 e. Truck No.: _____
f. Vehicle License No./State: _____
g. Driver Signature: [Signature] Shipment Date:

--	--	--	--	--	--

TRANSPORTER II
h. Name: _____
i. Address: _____
j. Driver Name/Title: _____
k. Phone No.: _____ l. Truck No.: _____
m. Vehicle License No./State: _____
n. Driver Signature: _____ Shipment Date:

--	--	--	--	--	--

Section III DESTINATION (Generator completes a-d, destination site completes e-f.)

a. Site Name: 114 1/2 Industrial c. Phone No.: _____
b. Physical Address: _____ d. Mailing Address: _____
114 1/2 Industrial

e. Discrepancy Indication Space: _____
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date:

--	--	--	--	--	--

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
c. Operator's* Address: _____
d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Print/Type _____ Operator's Signature _____ Date _____

f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 042944

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B+C GAS MINIMART b. Generating Location: _____
 c. Address: 2008 F STREET d. Address: _____
LIVERMORE CA-94550
 e. Phone No.: 510-447-3194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510-447-3194

i. BFI WASTE CODE:

CA	405	073196	-	00077
----	-----	--------	---	-------

 Containers: _____
 j. Description of Waste: SOIL WITH GASOL k. Quantity:

		18	Y	01	T
--	--	----	---	----	---

 No. _____ TYPE _____
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER
 UNITS: P - POUNDS, Y - YARDS, M³ - CUBIC METERS, Y³ - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261

B.S. ANGLE Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>American Coast</u>	h. Name: _____	b. Address: <u>257 Exchange St</u>	i. Address: _____
c. Driver Name/Title: _____	j. Driver Name/Title: _____	d. Phone No.: <u>510-447-2424</u>	k. Phone No.: _____
e. Truck No.: _____	l. Truck No.: _____	f. Vehicle License No./State: _____	m. Vehicle License No./State: _____
g. Driver Signature: _____	n. Driver Signature: _____	Shipment Date: <u>080296</u>	Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: VASCARD LANDFILL c. Phone No.: 510-447-0491
 b. Physical Address: 1101 N VASCARD d. Mailing Address: _____
LIVERMORE CA 94550
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations

e. Operator's* Name & Title: _____ Pnn/Type _____ Operator's Signature _____ Date _____

f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 908311

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: _____ b. Generating Location: _____
 c. Address: _____ d. Address: _____
 e. Phone No.: _____ f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____
 i. BFI WASTE CODE

--	--	--	--	--	--	--	--

 Containers

--	--	--	--	--	--	--	--

 j. Description of Waste: _____ k. Quantity

--	--	--	--	--	--	--	--

 Units

--	--	--	--	--	--	--	--

 No.

--	--	--	--	--	--	--	--

 TYPE

--	--	--	--	--	--	--	--

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; 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.

Generator Authorized Agent Name _____ Signature _____ Shipment Date

--	--	--	--	--	--	--	--

Section II TRANSPORTER (Generator complete a-d, Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I
 a. Name: _____
 b. Address: _____
 c. Driver Name/Title: _____
 d. Phone No.: _____ e. Truck No.: _____
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 g. Driver Signature _____ Shipment Date

--	--	--	--	--	--	--	--

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. Driver Signature _____ Shipment Date

--	--	--	--	--	--	--	--

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: _____ c. Phone No.: _____
 b. Physical Address: _____ d. Mailing Address: _____
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent _____ Signature _____ Receipt Date

--	--	--	--	--	--	--	--

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Pnn/Type _____ Operator's Signature _____ Date _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042946

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: E+C GAS MINIMART b. Generating Location: _____
 c. Address: 700 E STREET d. Address: _____
LIVERMORE CA - 94550
 e. Phone No.: 510-449-3194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510-449-3194
 i. BFI WASTE CODE: CA40507E196 Containers: 00077
 j. Description of Waste: SOIL WITH GASOLINE Quantity: 18 Units: Y No.: 017 TYPE: T

TYPE	
DM	METAL DRUM
DP	PLASTIC DRUM
B	BAG
BA	6 ML. PLASTIC BAG or WRAP
T	TRUCK
O	OTHER

UNITS	
P	POUNDS
Y	YARDS
M ³	CUBIC METERS
Y ³	CUBIC YARDS
O	OTHER

GENERATOR'S CERTIFICATION I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B.S. ANGLE Signature _____ Shipment Date _____
 Generator Authorized Agent Name

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I			TRANSPORTER II		
a. Name: <u>American Const.</u>			h. Name: _____		
b. Address: <u>107 Exchange Ct.</u>			i. Address: _____		
<u>LIVERMORE CA 94550</u>					
c. Driver Name/Title: _____			j. Driver Name/Title: _____		
d. Phone No.: <u>(510) 447-2427</u>	e. Truck No.: <u>29</u>		k. Phone No.: _____	l. Truck No.: _____	
f. Vehicle License No./State: _____			m. Vehicle License No./State: _____		
Acknowledgement of Receipt of Materials.			Acknowledgement of Receipt of Materials.		
g. Driver Signature: _____	Shipment Date: <u>080296</u>		n. Driver Signature: _____	Shipment Date: _____	

Section III DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: 14250 WOODHILL c. Phone No.: 510 447 0141
 b. Physical Address: 4001 WOODHILL RD d. Mailing Address: _____
LIVERMORE CA 94550
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____
 g. Frangible; Non-frangible; Both _____ % frangible _____ % nonfrangible



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042942

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B. S. ANGLE b. Generating Location: _____
 c. Address: 111 F STREET d. Address: _____
LIVERMORE CA 94550
 e. Phone No.: 510-447-2194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B. S. ANGLE h. Owner's Phone No.: 510-447-2194
 i. BFI WASTE CODE: CA 405 073196 - 00077 Containers: _____
 j. Description of Waste: SOIL WITH GASOLINE k. Quantity: 18 Units: Y No.: 01 TYPE: T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261

B. S. ANGLE Generator Authorized Agent Name Signature 11/1/94 Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>American Const.</u>		h. Name: _____	
b. Address: <u>567 Exchange Ct</u> <u>Livermore CA 94550</u>		i. Address: _____	
c. Driver Name/Title: _____		j. Driver Name/Title: _____	
d. Phone No.: <u>510-447-2189</u>	e. Truck No.: _____	k. Phone No.: _____	l. Truck No.: _____
f. Vehicle License No./State: _____		m. Vehicle License No./State: _____	
Acknowledgement of Receipt of Materials.		Acknowledgement of Receipt of Materials.	
g. <u>[Signature]</u> Driver Signature	<u>080296</u> Shipment Date	n. _____ Driver Signature	_____ Shipment Date

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: VASO RD LANDFILL c. Phone No.: 510-447-2471
 b. Physical Address: 1001 VASO RD d. Mailing Address: _____
LIVERMORE CA 94550
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. [Signature] Name of Authorized Agent Signature 11/1/94 Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations

e. Operator's* Name & Title: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042967

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: BEACON LUMBER b. Generating Location: _____
 c. Address: 200 F STREET d. Address: _____
LIVERMORE CA 94550
 e. Phone No.: 510-447-2194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: B. S. ANGLE h. Owner's Phone No.: 510-447-2194

i. BFI WASTE CODE:

CA	405	073196
----	-----	--------

 Containers:

-	0	4	0	7	7
---	---	---	---	---	---

 j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

			18	Y					

 No.

 TYPE:

- TYPE**
- DM - METAL DRUM
 - DP - PLASTIC DRUM
 - B - BAG
 - BA - 6 MIL. PLASTIC BAG or WRAP
 - T - TRUCK
 - O - OTHER
- UNITS**
- P - POUNDS
 - Y - YARDS
 - M³ - CUBIC METERS
 - Y³ - CUBIC YARDS
 - O - OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B. S. ANGLE Signature
 _____ Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: American Const.
 b. Address: 567 Exchange Ct.
Livermore CA 94550
 c. Driver Name/Title: ...
 d. Phone No.: (510) 447-2424 e. Truck No.: _____
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 g. Driver Signature: 080296 Shipment Date: _____

TRANSPORTER II

h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: VALLEJO RD LANDFILL c. Phone No.: 510 447-2419
 b. Physical Address: 4001 N S VALLEJO d. Mailing Address: _____
LIVERMORE CA 94550
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: 080296

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Pnnt/Type: _____ Operator's Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____
 g. Frable: Non-frable: Both _____ % frable _____ % nonfrable



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 042943

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B+C GAS MINIMAR b. Generating Location: _____
 c. Address: 3003 F STREET d. Address: _____
LIVERMORE CA 94550
 e. Phone No.: 510-449-2194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide.

g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510-449-2194

i. BFI WASTE CODE

CA	405	073	196
----	-----	-----	-----

-	0007
---	------

 Containers

j. Description of Waste: SOIL WITH GASOLINE k. Quantity

		18	
--	--	----	--

 Units

Y

 No.

0	1
---	---

 TYPE

T

TYPE	
DM	- METAL DRUM
DP	- PLASTIC DRUM
B	- BAG
BA	- 6 MIL. PLASTIC BAG or WRAP
T	- TRUCK
O	- OTHER

UNITS	
P	- POUNDS
Y	- YARDS
M ³	- CUBIC METERS
Y ³	- CUBIC YARDS
O	- OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B.S. ANGLE _____
 Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: American Const.
 b. Address: 507 Exchange Ct
LIVERMORE CA 94550
 c. Driver Name/Title: _____
 d. Phone No.: (510) 447-2484 e. Truck No.: _____
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 g. _____

08	4296
----	------

 Driver Signature Shipment Date

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. _____

--	--	--	--

 Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: VASCO RD. LAND FILL c. Phone No.: 510-447-0471
 b. Physical Address: 11001 VASCO RD d. Mailing Address _____
LIVERMORE CA 94550

e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. _____

--	--	--	--

 Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____
 Print/Type Operator's Signature Date

f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III

No. 042948

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B+C GAS MINIMART b. Generating Location: _____
 c. Address: 2008 E STREET d. Address: _____
LIVERMORE CA 94550
 e. Phone No.: 510-449-3194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510-449-3194

i. BFI WASTE CODE

CA	405	073	196
----	-----	-----	-----

-	00077
---	-------

 Containers

TYPE
 DM - METAL DRUM
 DP - PLASTIC DRUM
 B - BAG
 BA - 6 MIL. PLASTIC BAG or WRAP
 T - TRUCK
 O - OTHER

j. Description of Waste: SOIL WITH GASOLINE Quantity

18

 Units

Y

 No.

01

 TYPE

T

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B.S. ANGLE _____
 Generator Authorized Agent Name Signature Shipment Date

UNITS
 P - POUNDS
 Y - YARDS
 M³ - CUBIC METERS
 Y³ - CUBIC YARDS
 O - OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: American Const
 b. Address: 567 Exchange Ct
Livermore CA 94550
 c. Driver Name/Title: _____
 d. Phone No.: (510) 447-2484 e. Truck No.: _____
 f. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 g.

08	0296
----	------

 Driver Signature Shipment Date

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n.

--	--	--	--

 Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: VASCO RD LANDFILL c. Phone No.: 510 447 0491
 b. Physical Address: 4001 N VASCO RD d. Mailing Address: _____
LIVERMORE CA 94550

e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

f. _____
 Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations

e. Operator's* Name & Title: _____
 Print/Type Operator's Signature Date

f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete only Sections I, II and III.

No. **042945**

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: B+C GAS MINIMART b. Generating Location: _____
 c. Address: 2008 F STREET d. Address: _____
LIVERMORE CA-94550
 e. Phone No.: 510-449-2194 f. Phone No.: _____
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: B.S. ANGLE h. Owner's Phone No.: 510-449-2194

i. BFI WASTE CODE:

CA	405	073	196	-	00077
----	-----	-----	-----	---	-------

 Containers: _____
 j. Description of Waste: SOIL WITH GASOLINE k. Quantity:

			18	Y	01	T
--	--	--	----	---	----	---

 Units: No. TYPE
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER
 UNITS: P - POUNDS, Y - YARDS, M³ - CUBIC METERS, Y³ - CUBIC YARDS, O - OTHER

GENERATOR'S CERTIFICATION I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

B.S. ANGLE Signature: _____ Shipment Date: _____
 Generator Authorized Agent Name

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>American Coast</u>		h. Name: _____	
b. Address: <u>507 Exchange Ct</u> <u>Livermore CA 94550</u>		i. Address: _____	
c. Driver Name/Title: <u>WILLIAM NOBLE JR</u>		j. Driver Name/Title: _____	
d. Phone No.: <u>(510) 447-2484</u> PRINT/TYPER Truck No.: _____		k. Phone No.: _____ I. Truck No.: _____	
f. Vehicle License No./State: <u>7D14100</u>		m. Vehicle License No./State: _____	
g. Driver Signature: _____ Shipment Date: <u>080296</u>		n. Driver Signature: _____ Shipment Date: _____	

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: VASCO RD LANDFILL c. Phone No.: 510-447-0491
 b. Physical Address: 4001 N VASCO RD d. Mailing Address: _____
LIVERMORE CA 94550
 e. Discrepancy Indication Space: _____
 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
 f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.)

a. Operator's* Name: _____ b. Operator's* Phone No.: _____
 c. Operator's* Address: _____
 d. Special Handling Instructions and additional information: _____

OPERATOR'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 government regulations.

e. Operator's* Name & Title: _____ Operator's Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable: Non-friable: Both _____ % friable _____ % nonfriable

APPENDIX B

CHEMICAL ANALYTICAL REPORTS AND CHAIN-OF-CUSTODY FORMS



Analytical Sciences

July 31, 1996

Mr. Robert Mallory
Touchstone Developments
781 Kingston Avenue
Oakland, CA 94611

Dear Robert,

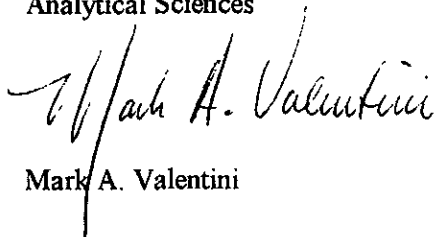
Enclosed you will find Analytical Sciences final report for your B&C Gas Mini Mart project in Livermore (# 2008-F). Fourteen soil samples were analyzed for TPH/Gas & MBTEX and total lead. The 14 samples were assigned to laboratory job number 6071801 and received lab numbers of 240 through 253. The total lead were subcontracted with care to PASI laboratory. Additional rush STLC lead results on two samples that exceeded the 10X STLC level were assigned to a different job number and will be mailed to you separately.

All samples were analyzed within QC batch #141. All EPA recommended holding times were met. Quality assurance results for spiked samples from project 2008-F indicated no positive or negative, site specific, matrix interference.

Should you have any questions regarding this report don't hesitate to contact me. We appreciate you selecting Analytical Sciences for your project.

Sincerely,

Analytical Sciences



Mark A. Valentini



Report Date: July 23, 1996

Touchstone Development
781 Kingston Avenue
Oakland, CA 94611
ATTN: Robert Mallory

Project Number: 2008 - F
Project Address: 2008 First Street
Livermore, CA

Lab Project Number: 6071801
CA Lab Accreditation #: 2118

LABORATORY REPORT

Table with 5 columns: Lab #, Sample ID, Analysis, Result (mg/kg), RDL (mg/kg). Row 1: 240, T1-S-14.0, TPH/Gasoline, 8500, 100. Subsequent rows list MTBE, Benzene, Toluene, Ethyl Benzene, and Xylenes with their respective results.

Form containing metadata: Date Sampled: 7/18/96, Date Analyzed: 7/23/96, QC Batch #: 141, Date Received: 7/18/96, Method: EPA 5030/8015M/8020, Chemist: M. Valentini, Holding Time Met: Yes [checked] No []

Table with 5 columns: Lab #, Sample ID, Analysis, Result (mg/kg), RDL (mg/kg). Row 1: 241, T1-N-14.0, TPH/Gasoline, 5200, 100. Subsequent rows list MTBE, Benzene, Toluene, Ethyl Benzene, and Xylenes with their respective results.

Form containing metadata: Date Sampled: 7/18/96, Date Analyzed: 7/23/96, QC Batch #: 141, Date Received: 7/18/96, Method: EPA 5030/8015M/8020, Chemist: M. Valentini, Holding Time Met: Yes [checked] No []



Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
242	T2-S-14.0	TPH/Gasoline	7800	100
		MTBE	96	2.0
		Benzene	33	0.5
		Toluene	260	0.5
		Ethyl Benzene	100	0.5
		Xylenes	440	1.5

Date Sampled: 7/18/96	Date Analyzed: 7/23/96	QC Batch #: 141
Date Received: 7/18/96	Method: EPA 5030/8015M/8020	Chemist: M. Valentini
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
243	T2-N-14.0	TPH/Gasoline	270	10
		MTBE	6.6	0.05
		Benzene	0.27	0.05
		Toluene	0.43	0.05
		Ethyl Benzene	0.39	0.05
		Xylenes	2.2	0.15

Date Sampled: 7/18/96	Date Analyzed: 7/23/96	QC Batch #: 141
Date Received: 7/18/96	Method: EPA 5030/8015M/8020	Chemist: M. Valentini
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
244	T3-S-13.5	TPH/Gasoline	ND	1.0
		MTBE	0.24	0.005
		Benzene	ND	0.005
		Toluene	ND	0.005
		Ethyl Benzene	ND	0.005
		Xylenes	ND	0.015

Date Sampled: 7/18/96	Date Analyzed: 7/23/96	QC Batch #: 141
Date Received: 7/18/96	Method: EPA 5030/8015M/8020	Chemist: M. Valentini
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		



Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
245	T3-N-13.5	TPH/Gasoline	52	10
		MTBE	36	0.05
		Benzene	1.9	0.05
		Toluene	1.5	0.05
		Ethyl Benzene	ND	0.05
		Xylenes	2.8	0.15

Date Sampled: <u>7/18/96</u>	Date Analyzed: <u>7/23/96</u>	QC Batch #: <u>141</u>
Date Received: <u>7/18/96</u>	Method: <u>EPA 5030/8015M/8020</u>	Chemist: <u>M. Valentini</u>
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
246	P-1-3.0	TPH/Gasoline	ND	1.0
		MTBE	0.012	0.005
		Benzene	ND	0.005
		Toluene	0.013	0.005
		Ethyl Benzene	ND	0.005
		Xylenes	0.017	0.015

Date Sampled: <u>7/18/96</u>	Date Analyzed: <u>7/23/96</u>	QC Batch #: <u>141</u>
Date Received: <u>7/18/96</u>	Method: <u>EPA 5030/8015M/8020</u>	Chemist: <u>M. Valentini</u>
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
247	P-2-3.5	TPH/Gasoline	ND	1.0
		MTBE	0.17	0.005
		Benzene	ND	0.005
		Toluene	ND	0.005
		Ethyl Benzene	ND	0.005
		Xylenes	ND	0.015

Date Sampled: <u>7/18/96</u>	Date Analyzed: <u>7/23/96</u>	QC Batch #: <u>141</u>
Date Received: <u>7/18/96</u>	Method: <u>EPA 5030/8015M/8020</u>	Chemist: <u>M. Valentini</u>
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		



Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
248	P-3-3.5	TPH/Gasoline	ND	1.0
		MTBE	0.015	0.005
		Benzene	ND	0.005
		Toluene	ND	0.005
		Ethyl Benzene	ND	0.005
		Xylenes	ND	0.015

Date Sampled: 7/18/96	Date Analyzed: 7/23/96	QC Batch #: 141
Date Received: 7/18/96	Method: EPA 5030/8015M/8020	Chemist: M. Valentini
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
249	P-4-3.0	TPH/Gasoline	ND	1.0
		MTBE	ND	0.005
		Benzene	ND	0.005
		Toluene	ND	0.005
		Ethyl Benzene	ND	0.005
		Xylenes	ND	0.015

Date Sampled: 7/18/96	Date Analyzed: 7/23/96	QC Batch #: 141
Date Received: 7/18/96	Method: EPA 5030/8015M/8020	Chemist: M. Valentini
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
250	SP-1 (A-D) Composite	TPH/Gasoline	320	50
		MTBE	ND	0.25
		Benzene	ND	0.25
		Toluene	ND	0.25
		Ethyl Benzene	1.5	0.25
		Xylenes	3.3	0.75

Date Sampled: 7/18/96	Date Analyzed: 7/23/96	QC Batch #: 141
Date Received: 7/18/96	Method: EPA 5030/8015M/8020	Chemist: M. Valentini
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		



Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
251	SP-2 (A-D) Composite	TPH/Gasoline	300	50
		MTBE	1.1	0.25
		Benzene	ND	0.25
		Toluene	ND	0.25
		Ethyl Benzene	ND	0.25
		Xylenes	6.9	0.75

Date Sampled: 7/18/96	Date Analyzed: 7/23/96	QC Batch #: 141
Date Received: 7/18/96	Method: EPA 5030/8015M/8020	Chemist: M. Valentini
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
252	SP-3 (A-D) Composite	TPH/Gasoline	130	50
		MTBE	0.77	0.25
		Benzene	ND	0.25
		Toluene	ND	0.25
		Ethyl Benzene	ND	0.25
		Xylenes	1.2	0.75

Date Sampled: 7/18/96	Date Analyzed: 7/23/96	QC Batch #: 141
Date Received: 7/18/96	Method: EPA 5030/8015M/8020	Chemist: M. Valentini
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
253	SP-4 (A-D) Composite	TPH/Gasoline	130	50
		MTBE	ND	0.25
		Benzene	ND	0.25
		Toluene	ND	0.25
		Ethyl Benzene	ND	0.25
		Xylenes	0.90	0.75

Date Sampled: 7/18/96	Date Analyzed: 7/23/96	QC Batch #: 141
Date Received: 7/18/96	Method: EPA 5030/8015M/8020	Chemist: M. Valentini
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		



Approved for Release

Mark A. Valentini

Mark A. Valentini, Ph.D.
Laboratory Director



LABORATORY QA/QC REPORT

QC Batch #: 141

Lab Project #: 6071801

<u>Sample ID</u>	<u>Compound</u>	<u>Result (mg/kg)</u>
MB	TPH/Gas	ND
MB	MTBE	ND
MB	Benzene	ND
MB	Toluene	ND
MB	Ethyl Benzene	ND
MB	Xylenes	ND

<u>Sample #</u>	<u>Sample ID</u>	<u>Compound</u>	<u>Result (mg/kg)</u>	<u>Spike Level</u>	<u>% Recv.</u>
249	CMS	TPH/Gas		NS	
	CMS	MTBE	0.075	0.078	75.7
	CMS	Benzene	0.086	0.078	109
	CMS	Toluene	0.075	0.078	95.1
	CMS	Ethyl Benzene	0.075	0.078	95.9
	CMS	Xylenes	0.228	0.230	96.8

<u>Sample #</u>	<u>Sample ID</u>	<u>Compound</u>	<u>Result (mg/kg)</u>	<u>Spike Level</u>	<u>% Recv.</u>	<u>RPD</u>
249	CMSD	TPH/Gas		NS		
	CMSD	MTBE	0.063	0.078	80.3	5.7
	CMSD	Benzene	0.063	0.078	80.3	30
	CMSD	Toluene	0.059	0.078	75.2	23
	CMSD	Ethyl Benzene	0.059	0.078	75.2	24
	CMSD	Xylenes	0.181	0.230	76.9	23

MB = Method Blank; LCS = Laboratory Control Sample; CMS = Client Matrix Spike; CMSD = Client Matrix Spike Duplicate
NS = Not Spiked; OR = Over Calibration Range

B+C GAS MINI MATS CHAIN-OF-CUSTODY-RECORD



Touchstone Developments
Environmental Management
684 30th Avenue
San Francisco, CA 94121
415-386-8791

Project Number 2008-F
Project Address 2008 FIRST ST.
LIVERMORE, CA.
Project Manager ROBERT C. MALLOTT
Phone (510) 658-6872 Fax (510) 658-6872

Laboratory ANALYTICAL SCIENCE

Samples Collected By ROBERT C. MALLOTT
Collection Date 7/18/96

Signature [Signature]

Sample ID	Lab Sample #	# of Containers	S=soil W=water	C=composite D=discrete G=grab	Time	Iced(yes or no)	TPH Gas + BTXE 8015 +8020	TPH Diesel 8015	Oil & Grease 5520	8010	8270	Metals Ca,Cr,Pb,Zn,Ni	Organic Lead	TOTAL Pb	MTBE	Remarks LAB #
T1-S-14.0	1	5	D	11:59	Y	X								X	X	240
T1-N-14.0	1	5	D	11:46	Y	X								X	X	241
T2-S-14.0	1	5	D	12:07	Y	X								X	X	242
T2-N-14.0	1	5	D	11:39	Y	X								X	X	243
T3-S-13.5	1	5	D	11:32	Y	X								X	X	244
T3-N-13.5	1	5	D	11:35	Y	X								X	X	245
P1-3.0	1	5	D	12:13	Y	X								X	X	246
P2-3.5	1	5	D	12:20	Y	X								X	X	247
P3-3.5	1	5	D	12:19	Y	X								X	X	248
P4-3.0	1	5	D	12:17	Y	X								X	X	249

Relinquished By <u>[Signature]</u>	Organization <u>TD</u>	Date/Time <u>7/18/96 18:49</u>	Received By	Organization	Date/Time	Turn Around Time 24 hour 48 hour 72 hour <u>5 day</u>
Relinquished By	Organization	Date/Time	Received By	Organization	Date/Time	
Relinquished By	Organization	Date/Time	Received for Laboratory By <u>[Signature]</u>		Date/Time <u>7/18/96 18:49</u>	

781 KINGSTON AVE.

B+C GAS MINI MARK

CHAIN-OF-CUSTODY-RECORD



OAKLAND, CA. 94611

**Touchstone
Developments**
Environmental Management

684 30th Avenue
San Francisco, CA 94121
415-386-8791

Project Number 2008-F
Project Address 2008 FIRST ST.
LIVERMORE, CA

Project Manager ROBERT C. MALLOY
Phone (510) 658-6872 Fax (510) 658-6870

Laboratory ANALYTICAL SCIENCES

Samples Collected By ROBERT C. MALLOY
Collection Date 7/18/96

Signature Robert C. Malloy

Sample ID	Lab Sample #	# of Containers	S=soil W=water	C=composite D=discrete G=grab	Time	Iced(yes or no)	TPH Gas + BTXE 8015 +8020	TPH Diesel 8015	Oil & Grease 5520	8010	8270	Metals Ca,Cr,Pb,Zn,Ni	Organic Lead	TOTAL Pb	LAB #	Remarks
SP-1 (A-D)		4	S	C	/	Y	X							X	250	SAVE SAMPLES
SP-2 (A-D)		4	S	C	/	Y	X							X	251	OF EACH
SP-3 (A-A)		4	S	C	/	Y	X							X	252	COMPOSITE,
SP-4 (A-D)		4	S	C	/	Y	X							X	253	MAY ANALYZE SEPARATELY

Relinquished By <u>Robert C. Malloy</u>	Organization <u>TD</u>	Date/Time <u>7/18/96 15:49</u>	Received By	Organization	Date/Time	Turn Around Time 24 hour 48 hour 72 hour <u>5 day</u>
Relinquished By	Organization	Date/Time	Received By	Organization	Date/Time	
Relinquished By	Organization	Date/Time	Received for Laboratory By <u>Mark A. Valentin</u>		Date/Time <u>7/18/96 18:49</u>	

July 29, 1996

Mr. Mark Valentini
Analytical Sciences
P.O. Box 750336
Petaluma, CA 94975

RE: PACE Project Number: 706173
Client Project ID: 2008-F

Dear Mr. Valentini:

Enclosed are the results of analyses for sample(s) received on July 26, 1996. If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Stephanie Matzo
Project Manager

Enclosures

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954
Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 1

Analytical Sciences
P.O. Box 750336
Petaluma, CA 94975

PACE Project Number: 706132
Client Project ID: 2008-F

Attn: Mr. Mark Valentini
Phone: (707)769-3128

PACE Sample No:	70667480	Date Collected:	07/18/96					
Client Sample ID:	T1-S-14.0-240	Date Received:	07/22/96					
Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	18.4	mg/kg	4.85	07/24/96	EPA 6010	BBF	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954
Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 2

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No:	70667498	Date Collected:	07/18/96					
Client Sample ID:	T1-N-14.0-241	Date Received:	07/22/96					
Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	29.7	mg/kg	4.35	07/24/96	EPA 6010	BBF	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954

Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 3

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No:	70667506	Date Collected:	07/18/96					
Client Sample ID:	T2-S-14.0-242	Date Received:	07/22/96					
Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	9.94	mg/kg	4.5	07/24/96	EPA 6010	BBF	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954
Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 4

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No: 70667514
Client Sample ID: T2-N-13.5-243

Date Collected: 07/18/96
Date Received: 07/22/96

Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	7.3	mg/kg	4.39	07/24/96	EPA 6010	BBF	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954

Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 5

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No:	70667522	Date Collected:	07/18/96					
Client Sample ID:	T3-S-13.5-244	Date Received:	07/22/96					
Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	6.49	mg/kg	4.13	07/24/96	EPA 6010	BBF	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954
Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 6

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No: 70667530
Client Sample ID: T3-N-13.5-245

Date Collected: 07/18/96
Date Received: 07/22/96

Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	7.24	mg/kg	4.59	07/25/96	EPA 6010	SMS	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954
Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 7

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No: 70667548
Client Sample ID: P-1-3.0-246

Date Collected: 07/18/96
Date Received: 07/22/96

Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	7.6	mg/kg	4.81	07/25/96	EPA 6010	SMS	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

DATE: 07/26/96
PAGE: 8

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No:	70667555	Date Collected:	07/18/96					
Client Sample ID:	P-2-3.5-247	Date Received:	07/22/96					
Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	9.63	mg/kg	4.1	07/25/96	EPA 6010	SMS	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954

Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 9

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No: 70667563
Client Sample ID: P-3-3.5-248

Date Collected: 07/18/96
Date Received: 07/22/96

Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	11.4	mg/kg	2.87	07/25/96	EPA 6010	SMS	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954

Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 10

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No: 70667571
Client Sample ID: P-4-3.0-249

Date Collected: 07/18/96
Date Received: 07/22/96

Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	176	mg/kg	4.95	07/25/96	EPA 6010	SMS	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954

Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 11

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No:	70667589	Date Collected:	07/18/96					
Client Sample ID:	SP-1(A-D)-250	Date Received:	07/22/96					
Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	28.6	mg/kg	3.55	07/25/96	EPA 6010	SMS	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954

Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 12

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No:	70667597	Date Collected:	07/18/96					
Client Sample ID:	SP-2(A-D)-251	Date Received:	07/22/96					
Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	22.4	mg/kg	4.5	07/25/96	EPA 6010	SMS	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954

Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 13

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No:	70667605	Date Collected:	07/18/96					
Client Sample ID:	SP-3(A-D)-252	Date Received:	07/22/96					
Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Metals								
Metals, ICP								
Lead	50	mg/kg	4.55	07/25/96	EPA 6010	SMS	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954

Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/26/96
PAGE: 14

PACE Project Number: 706132
Client Project ID: 2008-F

PACE Sample No:	70667613	Date Collected:	07/18/96					
Client Sample ID:	SP-4(A-D)-253	Date Received:	07/22/96					
Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
-----	-----	-----	-----	-----	-----	-----	-----	-----
Metals								
Metals, ICP								
Lead	60.8	mg/kg	3.45	07/25/96	EPA 6010	SMS	7439-92-1	
Date Digested				07/24/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

DATE: 07/26/96
PAGE: 15

PACE Project Number: 706132
Client Project ID: 2008-F

PARAMETER FOOTNOTES

ND Not Detected
NC Not Calculable
PRL PACE Reporting Limit

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954

Tel: 707-792-1865

Fax: 707-792-0342

QUALITY CONTROL DATA

DATE: 07/26/96

PAGE: 16

Analytical Sciences
P.O. Box 750336
Petaluma, CA 94975

PACE Project Number: 706132
Client Project ID: 2008-F

Attn: Mr. Mark Valentini
Phone: (707)769-3128

QC Batch ID: 16030
Analysis Method: EPA 6010
Associated PACE Samples:

QC Batch Method: EPA 3050
Analysis Description: Metals, ICP
70667480 70667498 70667506 70667514 70667522
70667530 70667548 70667555 70667563 70667571
70667589 70667597 70667605 70667613

Date of Batch: 07/23/96

METHOD BLANK: 70667886
Associated PACE Samples:

Parameter	Units	70667480	70667498	70667506	70667514	70667522	70667530	70667548
Lead	mg/kg	70667555	70667563	70667571	70667589	70667597	70667605	70667613
			Method Blank Result	PRL	Footnotes			
Lead	mg/kg		ND	5				

MATRIX SPIKE: 70669981

Parameter	Units	70663802	Spike Conc.	Matrix Spike Result	Spike % Rec	Footnotes
Lead	mg/kg	4.95	100	102	97	

LABORATORY CONTROL SAMPLE & LCSD: 70669965

Parameter	Units	70669973	Spike Conc.	LCS Result	Spike % Rec	LCSD Result	Spike Dup % Rec	RPD	Footnotes
Lead	mg/kg	100	102	102	100	101	1		

SAMPLE DUPLICATE: 70669999

Parameter	Units	70663802	Dup. Result	RPD	Footnotes
Lead	mg/kg	4.95	5.8	0	

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.



Analytical Sciences
 P.O. Box 750336
 Petaluma, CA 94975-0336
 (707) 769-3128
 Fax (707) 769-8093

Chain of Custody

70613.2

CLIENT INFORMATION

Company Name: Analytical Sciences
 Address: P.O. Box 750336
Petaluma, CA. 94975
 Contact: MARK VALENTINI
 Phone #: 707 769-3128
 Fax #: 707 769-8093

Lab Job Number: 6071801

Client's Project Name: 2008-F

TURNAROUND TIME (check)

Same Day _____ 24 Hours _____
 48 Hours _____ 72 Hours _____
 5 Days Normal _____

Cooler Temperature

Cool °C

COC

Page 1 of 2

ANALYSES

ITEM	CLIENT SAMPLE I.D.	DATE SAMPLED	# CONT.	PRESERVED YES / NO	TPH GAS/BTEX EPA 8015/8020	TPH DIESEL EPA 8015	EPA 8010	TOTAL Pb (6010)	COMMENTS	LAB SAMPLE #
1	T1-S-14.0-240	7/17/96	1					X	TOTAL Pb by EPA	667540 667480
2	T1-N-14.0-241	7/18	1					X	6010 - ICP.	667357 667498 66749
3	T2-S-14.0-242	7/18	1					X		667365 506 667504
4	T2-N-13.5-243	7/18	1					X		667373 514 667514
5	T3-S-13.5-244	7/18	1					X		667381 532 66752
6	T3-N-13.5-245	7/18	1					X		667399 530 66753
7	P-1-3.0-246	7/18	1					X		667416 7548 66754
8	P-2-3.5-247	7/18	1					X		667415 66755
9	P-3-3.5-248	7/18	1					X		667423 66756
10	P-4-3.0-249	7/18	1					X		667431 66757

SIGNATURES

Relinquished By:

Mark A. Valentini 7/22/96
 Signature Date/Time

Received By:

 Signature Date/Time

Received By Laboratory: PASI 7/22/96

Stephanie G. Matro 16:50
 Signature Date/Time



Analytical Sciences
 P.O. Box 750336
 Petaluma, CA 94975-0336
 (707) 769-3128
 Fax (707) 769-8093

Chain of Custody

706132

CLIENT INFORMATION

Company Name: Analytical Sciences

Address: P.O. Box 750336
Petaluma, CA. 94954

Contact: MARK VALENTINI

Phone #: 707 769-3128

Fax #: 707 769-8093

Lab Job Number: 6071801

Client's Project Name: 2008-F

TURNAROUND TIME (check)

Same Day _____ 24 Hours _____

48 Hours _____ 72 Hours _____

5 Days Normal _____

Cooler Temperature

cool °C

COC

Page 2 of 2

ANALYSES

ITEM	CLIENT SAMPLE I.D.	DATE SAMPLED	# CONT.	PRESERVED YES / NO	TPH GAS/TEX EPA 8015/8020	TPH DIESEL EPA 8015	EPA 8010	TOTAL Pb EPA 6000		COMMENTS	LAB SAMPLE #
1	SP-1(A-D)-250	7/18/96	1					X		4 point Composite ↓	667449
2	SP-2(A-D)-251	7/18	1				X				667450
3	SP-3(A-D)-252	7/18	1				X				667464
4	SP-4(A-D)-253	7/18	1				X				667472
5											
6											
7											
8											
9											
10											

66758
66759
66760
66761

SIGNATURES

Relinquished By: Mark A. Valentini 7/20/96
 Signature Date/Time

Received By: _____
 Signature Date/Time

Received By Laboratory: RASI 7/22/96
Stephanie A. Matro 16:50
 Signature Date/Time



Analytical Sciences

August 14, 1996

Mr. Robert Mallory
Touchstone Developments
781 Kingston Avenue
Oakland, CA 94611

Dear Robert,

Enclosed you will find Analytical Sciences final reports for your B&C Gas Mini Mart project (# 2008-F) and your 1309 Portola Avenue project in Livermore. Most, if not all, of this data has been transmitted to you by fax at an earlier date. To enable you to find things more easily, I have separated the three distinct portions of this mailing using colored sheets of paper. I made the correction to the date sampled for UT-W-20 on the COC as we discussed over the phone. The correct date of 7/26/96 was also written on the sampling container as well.

Invoices will be sent to Jeff at his Santa Rosa PO Box. Should you have any questions regarding this report don't hesitate to contact me. We appreciate you selecting Analytical Sciences for your project and look forward to working with you in the future.

Sincerely,

Analytical Sciences

Mark A. Valentini



Report Date: August 14, 1996

Touchstone Development
781 Kingston Avenue
Oakland, CA 94611
ATTN: Robert Mallory

Project Name: B & C Gas Mini Mart
Project Number: 2008 - F

Lab Project Number: 6073001
CA Lab Accreditation #: 2118

LABORATORY REPORT

<u>Lab #</u>	<u>Sample ID</u>	<u>Analysis</u>	<u>Result (mg/kg)</u>	<u>RDL (mg/kg)</u>
258	TOX-1-21.0	TPH/Gasoline	760	10
		MTBE	16	0.05
		Benzene	8.1	0.05
		Toluene	38	0.05
		Ethyl Benzene	9.9	0.05
		Xylenes	50	0.15

Date Sampled: <u>07/29/96</u>	Date Analyzed: <u>7/31/96</u>	QC Batch #: <u>145</u>
Date Received: <u>07/30/96</u>	Method: <u>EPA 5030/8015M/8020</u>	Chemist: <u>M. Valentini</u>
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		



Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
259	UT-W-7.0	TPH/Gasoline	ND	1.0
		MTBE	ND	0.005
		Benzene	ND	0.005
		Toluene	ND	0.005
		Ethyl Benzene	ND	0.005
		Xylenes	ND	0.015

Date Sampled: <u>7/26/96</u>	Date Analyzed: <u>8/06/96</u>	QC Batch #: <u>145</u>
Date Received: <u>7/30/96</u>	Method: <u>EPA 5030/8015M/8020</u>	Chemist: <u>M. Valentini</u>
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
259	UT-W-7.0	TPH/Diesel	ND	5.0

Date Sampled: <u>7/26/96</u>	Date Analyzed: <u>8/05/96</u>	QC Batch #: <u>147</u>
Date Received: <u>7/30/96</u>	Method: <u>EPA 3550/8015M</u>	Chemist: <u>M. Valentini</u>
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
259	UT-W-7.0	TRPH	ND	10

Date Sampled: <u>7/26/96</u>	Date Analyzed: <u>8/05/96</u>	QC Batch #: <u>148</u>
Date Received: <u>7/30/96</u>	Method: <u>EPA 418.1M</u>	Chemist: <u>M. Valentini</u>
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		




<u>Lab #</u>	<u>Sample ID</u>	<u>Compound Name</u>	<u>Result (µg/kg)</u>	<u>RDL (µg/kg)</u>
259	UT-W-7.0	dichlorodifluoromethane	ND	1.0
		chloromethane	ND	1.0
		vinyl chloride	ND	1.0
		bromomethane	ND	1.0
		chloroethane	ND	1.0
		trichlorofluoromethane	ND	1.0
		1,1-dichloroethene	ND	1.0
		methylene chloride	ND	1.0
		trans-1,2-dichloroethene	ND	1.0
		1,1-dichloroethane	ND	1.0
		2,2-dichloropropane	ND	1.0
		cis-1,2-dichloroethene	ND	1.0
		chloroform	ND	1.0
		bromochloromethane	ND	1.0
		1,1,1-trichloroethane	ND	1.0
		1,1-dichloropropene	ND	1.0
		carbon tetrachloride	ND	1.0
		1,2-dichloroethane	ND	1.0
		trichloroethene	ND	1.0
		1,2-dichloropropane	ND	1.0
		bromodichloromethane	ND	1.0
		dibromomethane	ND	1.0
		cis-1,3-dichloropropene	ND	1.0
		trans-1,3-dichloropropene	ND	1.0
		1,1,2-trichloroethane	ND	1.0
		1,3-dichloropropane	ND	1.0
		tetrachloroethene	ND	1.0
		dibromochloromethane	ND	1.0
		1,2-dibromoethane	ND	1.0
		chlorobenzene	ND	1.0
		1,1,1,2-tetrachloroethane	ND	1.0
		bromoform	ND	1.0
		1,1,2,2-tetrachloroethane	ND	1.0
		1,2,3-trichloropropane	ND	1.0
		bromobenzene	ND	1.0



Lab #	Sample ID	Compound Name	Result (µg/kg)	RDL (µg/kg)
259	UT-W-7.0 (cont'd)	2-chlorotoluene	ND	1.0
		4-chlorotoluene	ND	1.0
		1,3-dichlorobenzene	ND	1.0
		1,4-dichlorobenzene	ND	1.0
		1,2-dichlorobenzene	ND	1.0
		1,2-dibromo-3-chloropropane	ND	1.0
		1,2,4-trichlorobenzene	ND	1.0
		hexachlorobutadiene	ND	1.0
		1,2,3-trichlorobenzene	ND	1.0

Date Sampled: <u>7/26/96</u>	Date Analyzed: <u>8/07/96</u>	QC Batch #: <u>149</u>
Date Received: <u>7/30/96</u>	Method: <u>EPA 5030/8010</u>	Chemist: <u>M. Valentini</u>
Holding Time Met: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Approved for Release


Mark A. Valentini, Ph.D.
Laboratory Director



LABORATORY QA/QC REPORT

QC Batch #: 145

Lab Project #: 6073001

<u>Sample ID</u>	<u>Compound</u>	<u>Result (mg/kg)</u>
MB	TPH/Gas	ND
MB	Benzene	ND
MB	Toluene	ND
MB	Ethyl Benzene	ND
MB	Xylenes	ND

<u>Sample #</u>	<u>Sample ID</u>	<u>Compound</u>	<u>Result (mg/kg)</u>	<u>Spike Level</u>	<u>% Recv.</u>
227	CMS	TPH/Gas		NS	
	CMS	Benzene	0.0252	0.0345	73.0
	CMS	Toluene	0.0246	0.0345	71.3
	CMS	Ethyl Benzene	0.0242	0.0345	70.1
	CMS	Xylenes	0.0741	0.1035	71.6

<u>Sample #</u>	<u>Sample ID</u>	<u>Compound</u>	<u>Result (mg/kg)</u>	<u>Spike Level</u>	<u>% Recv.</u>	<u>RPD</u>
227	CMSD	TPH/Gas		NS		
	CMSD	Benzene	0.0225	0.0346	65.0	11.4
	CMSD	Toluene	0.0216	0.0346	62.4	13.0
	CMSD	Ethyl Benzene	0.0214	0.0346	61.8	12.3
	CMSD	Xylenes	0.0640	0.1038	61.6	14.6

MB = Method Blank; LCS = Laboratory Control Sample; CMS = Client Matrix Spike; CMSD = Client Matrix Spike Duplicate
NS = Not Spiked; OR = Over Calibration Range



QC Batch #: 147

Lab Project #: 6073001

<u>Sample ID</u>	<u>Compound</u>	<u>Result (mg/kg)</u>
MB	TPH/Diesel	ND

<u>Sample ID</u>	<u>Compound</u>	<u>Result (mg/kg)</u>	<u>Spike Level</u>	<u>% Recv.</u>
LCS	TPH/Diesel	228	198	115

<u>Sample ID</u>	<u>Compound</u>	<u>Result (mg/kg)</u>	<u>Spike Level</u>	<u>% Recv.</u>	<u>RPD</u>
LCSD	TPH/Diesel	185	198	93.4	20.8

MB = Method Blank; LCS = Laboratory Control Sample; CMS = Client Matrix Spike; CMSD = Client Matrix Spike Duplicate
NS = Not Spiked; OR = Over Calibration Range

QC Batch #: 148

Lab Project #: 6073001

<u>Sample ID</u>	<u>Compound</u>	<u>Result (mg/kg)</u>
MB	TRPH	ND

<u>Sample #</u>	<u>Sample ID</u>	<u>Compound</u>	<u>Result (mg/kg)</u>	<u>Spike Level</u>	<u>% Recv.</u>
259	CMS	TRPH	284	280	101

<u>Sample #</u>	<u>Sample ID</u>	<u>Compound</u>	<u>Result (mg/kg)</u>	<u>Spike Level</u>	<u>% Recv.</u>	<u>RPD</u>
259	CMSD	TRPH	309	308	100	2.0

MB = Method Blank; LCS = Laboratory Control Sample; CMS = Client Matrix Spike; CMSD = Client Matrix Spike Duplicate
NS = Not Spiked; OR = Over Calibration Range



QC Batch #: 149

Lab Project #: 6073001

<u>Sample ID</u>	<u>Compound Name</u>	<u>Result (µg/kg)</u>
MB	dichlorodifluoromethane	ND
	chloromethane	ND
	vinyl chloride	ND
	bromomethane	ND
	chloroethane	ND
	trichlorofluoromethane	ND
	1,1-dichloroethene	ND
	methylene chloride	ND
	trans-1,2-dichloroethene	ND
	1,1-dichloroethane	ND
	2,2-dichloropropane	ND
	cis-1,2-dichloroethene	ND
	chloroform	ND
	bromochloromethane	ND
	1,1,1-trichloroethane	ND
	1,1-dichloropropene	ND
	carbon tetrachloride	ND
	1,2-dichloroethane	ND
	trichloroethene	ND
	1,2-dichloropropane	ND
	bromodichloromethane	ND
	dibromomethane	ND
	cis-1,3-dichloropropene	ND
	trans-1,3-dichloropropene	ND
	1,1,2-trichloroethane	ND
	1,3-dichloropropane	ND
	tetrachloroethene	ND
	dibromochloromethane	ND
	1,2-dibromoethane	ND
	chlorobenzene	ND
	1,1,1,2-tetrachloroethane	ND
	bromoform	ND
	1,1,2,2-tetrachloroethane	ND



1,2,3-trichloropropane ND

<u>Sample ID</u>	<u>Compound Name</u>	<u>Result (µg/kg)</u>
MB (cont'd)	bromobenzene	ND
	2-chlorotoluene	ND
	4-chlorotoluene	ND
	1,3-dichlorobenzene	ND
	1,4-dichlorobenzene	ND
	1,2-dichlorobenzene	ND
	1,2-dibromo-3-chloropropane	ND
	1,2,4-trichlorobenzene	ND
	hexachlorobutadiene	ND
	1,2,3-trichlorobenzene	ND

<u>Sample</u>	<u>Sample ID</u>	<u>Compound Name</u>	<u>Result (µg/kg)</u>	<u>Spike Level</u>	<u>% Recv.</u>
	LCS	dichlorodifluoromethane	ND		
		chloromethane	ND		
		vinyl chloride	ND		
		bromomethane	ND		
		chloroethane	ND		
		trichlorofluoromethane	ND		
		1,1-dichloroethene	ND		
		methylene chloride	ND		
		trans-1,2-dichloroethene	ND		
		1,1-dichloroethane	ND		
		2,2-dichloropropane	ND		
		cis-1,2-dichloroethene	ND		



<u>Sample</u>	<u>Sample ID</u>	<u>Compound Name</u>	<u>Result (µg/kg)</u>	<u>Spike Level</u>	<u>% Recv.</u>
	LCS (cont'd)	chloroform	ND		
		bromochloromethane	ND		
		1,1,1-trichloroethane	ND		
		1,1-dichloropropene	ND		
		carbon tetrachloride	ND		
		1,2-dichloroethane	41.8	40	104
		trichloroethene	ND		
		1,2-dichloropropane	ND		
		bromodichloromethane	ND		
		dibromomethane	ND		
		cis-1,3-dichloropropene	ND		
		trans-1,3-dichloropropene	ND		
		1,1,2-trichloroethane	40.9	40	102
		1,3-dichloropropane	45.7	40	114
		tetrachloroethene	ND		
		dibromochloromethane	ND		
		1,2-dibromoethane	46.0	40	115
		chlorobenzene	ND		
		1,1,1,2-tetrachloroethane	ND		
		bromoform	ND		
		1,1,2,2-tetrachloroethane	45.2	40	113
		1,2,3-trichloropropane	ND		
		bromobenzene	ND		
		2-chlorotoluene	ND		
		4-chlorotoluene	ND		
		1,3-dichlorobenzene	ND		
		1,4-dichlorobenzene	ND		
		1,2-dichlorobenzene	ND		
		1,2-dibromo-3-chloropropane	ND		
		1,2,4-trichlorobenzene	ND		
		hexachlorobutadiene	46.4	40	116
		1,2,3-trichlorobenzene	ND		



<u>Sample</u>	<u>Sample ID</u>	<u>Compound Name</u>	<u>Result (µg/kg)</u>	<u>Spike Level</u>	<u>% Recv.</u>	<u>RPD</u>
	LCSD	dichlorodifluoromethane	ND			
		chloromethane	ND			
		vinyl chloride	ND			
		bromomethane	ND			
		chloroethane	ND			
		trichlorofluoromethane	ND			
		1,1-dichloroethene	ND			
		methylene chloride	ND			
		trans-1,2-dichloroethene	ND			
		1,1-dichloroethane	ND			
		2,2-dichloropropane	ND			
		cis-1,2-dichloroethene	ND			
		chloroform	ND			
		bromochloromethane	ND			
		1,1,1-trichloroethane	ND			
		1,1-dichloropropene	ND			
		carbon tetrachloride	ND			
		1,2-dichloroethane	45.5	40	114	8.5
		trichloroethene	ND			
		1,2-dichloropropane	ND			
		bromodichloromethane	ND			
		dibromomethane	ND			
		cis-1,3-dichloropropene	ND			
		trans-1,3-dichloropropene	ND			
		1,1,2-trichloroethane	41.0	40	102	0.2
		1,3-dichloropropane	41.4	40	103	9.9
		tetrachloroethene	ND			
		dibromochloromethane	ND			
		1,2-dibromoethane	ND			
		chlorobenzene	ND			
		1,1,1,2-tetrachloroethane	39.3	40	98.2	5.2
		bromoform	ND			
		1,1,2,2-tetrachloroethane	ND			
		1,2,3-trichloropropane	42.5	40	106	6.2
		bromobenzene	ND			
		2-chlorotoluene	ND			
		4-chlorotoluene	ND			
		1,3-dichlorobenzene	ND			



<u>Sample</u>	<u>Sample ID</u>	<u>Compound Name</u>	<u>Result (µg/kg)</u>	<u>Spike Level</u>	<u>% Recv.</u>	<u>RPD</u>
	LCSD (cont'd)	1,4-dichlorobenzene	ND			
		1,2-dichlorobenzene	ND			
		1,2-dibromo-3-chloropropane	ND			
		1,2,4-trichlorobenzene	ND			
		hexachlorobutadiene	40.4	40	101	14
		1,2,3-trichlorobenzene	ND			

REPORT TO: 781 KINGSTON AV3

B+C GAS MINI MART

CHAIN-OF-CUSTODY-RECORD



**Touchstone
Developments**
Environmental Management

684 30th Avenue
San Francisco, CA 94121
415-386-8791

OAKLAND, CA 94611
Project Number 2008 - F
Project Address 2008 FIRST ST.
LIVERMORE, CA.
Project Manager ROBERT MALLORY
Phone (510) 658-6872 Fax (510) 658-6872

Laboratory ANALYTICAL SCIENCE

Samples Collected By ROBERT C. MALLORY
Collection Date 7/29/96 7/26/96 RRM

Signature Robert C. Mallory

Sample ID	Lab Sample #	# of Containers	S=soil W=water	C=composite D=discrete G=grab	Time	Iced(yes or no)	TPH Gas + BTXE 8015 +8020	TPH Diesel 8015	Oil & Grease 5520	8010	8270	Metals Cd,Cr,Pb,Zn,Ni	Organic Lead	Remarks LAB #
LT-W-20		1	S	D	9:45	Y	X	X	X	X				259

Relinquished By R. Mallory

Organization T.D.
Date/Time 7/29/96 1300

Received By
Organization
Date/Time

Organization
Date/Time

Turn Around Time
24 hour
48 hour
72 hour
5 day

Relinquished By

Organization
Date/Time

Received for Laboratory By Mauro A. Valentini

Organization
Date/Time 7/30/96

CHAIN-OF-CUSTODY-RECORD

REPORT TO: 781 KINGSTON AVE.

B+C GAS MINI MART

OAKLAND, CA.

94611

Project Number 2008-F

Project Address 2008 FIRST ST.

LIVERMORE, CA.

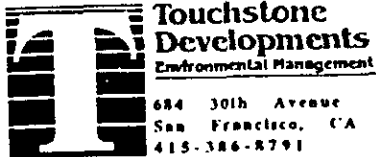
Project Manager ROBERT MALLOY

Phone (510) 658-6872 Fax (510) 658-6872

Laboratory ANALYTICAL SCIENCES

Samples Collected By ROBERT MALLOY
Collection Date 7/29/96

Signature Robert C. Malloy



Sample ID	Lab Sample #	# of Containers	S=soil W=water	C=composite D=discrete G=grab	Time	Iced (yes or no)	TPH Gas + BTXE 8015 +8020	TPH Diesel 8015	Oil & Grease 5520	8010	8270	Metals Ca, Cr, Pb, Zn, Ni	Organic Lead	Remarks
TOX-1-21	1	1	S	D	8:43	✓	X							258 LAB #

Relinquished By <u>R. Malloy</u>	Organization <u>TD</u>	Date/Time <u>7/30/96 1:35</u>	Received By	Organization	Date/Time	Turn Around Time 24 hour 48 hour 72 hour <u>5 day</u>
Relinquished By	Organization	Date/Time	Received By	Organization	Date/Time	
Relinquished By	Organization	Date/Time	Received by Laboratory	Organization	Date/Time <u>7/30/96</u>	

July 26, 1996

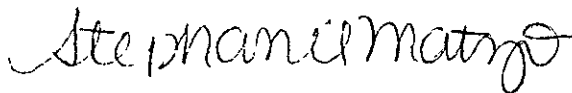
Mr. Mark Valentini
Analytical Sciences
P.O. Box 750336
Petaluma, CA 94975

RE: PACE Project Number: 706132
Client Project ID: 2008-F

Dear Mr. Valentini:

Enclosed are the results of analyses for sample(s) received on July 22, 1996. If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Stephanie Matzo
Project Manager

Enclosures

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

DATE: 07/29/96
PAGE: 2

PACE Project Number: 706173
Client Project ID: 2008-F

PACE Sample No:	70673207	Date Collected:	07/18/96					
Client Sample ID:	SP-4(A-D)-253	Date Received:	07/26/96					
Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes

Inorganics								
STLC Metals, ICP, STLC Leach.								
Date Digested								
07/29/96								
Metals								
STLC Metals, ICP, STLC Leach.								
Lead								
3510 ug/L 420								
Date Digested								
07/29/96 EPA 6010 SMS 7439-92-1								
07/29/96								

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954

Tel: 707-792-1865
Fax: 707-792-0342

DATE: 07/29/96
PAGE: 1

Analytical Sciences
P.O. Box 750336
Petaluma, CA 94975

PACE Project Number: 706173
Client Project ID: 2008-F

Attn: Mr. Mark Valentini
Phone: (707)769-3128

PACE Sample No:	70673199	Date Collected:	07/18/96					
Client Sample ID:	SP-3(A-D)-252	Date Received:	07/26/96					
Parameters	Results	Units	PRL	Analyzed	Method	Analyst	CAS#	Footnotes
Inorganics								
STLC Metals, ICP, STLC Leach.								
Date Digested				07/29/96				
Metals								
STLC Metals, ICP, STLC Leach.								
Lead	4920	ug/L	420	07/29/96	EPA 6010	SMS	7439-92-1	
Date Digested				07/29/96				

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

DATE: 07/29/96

PAGE: 3

PACE Project Number: 706173

Client Project ID: 2008-F

PARAMETER FOOTNOTES

ND Not Detected
NC Not Calculable
PRL PACE Reporting Limit

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

Pace Analytical

Pace Analytical Services, Inc.
1455 McDowell Blvd. North, Suite D
Petaluma, CA 94954

Tel: 707-792-1865
Fax: 707-792-0342

QUALITY CONTROL DATA

DATE: 07/29/96
PAGE: 4

Analytical Sciences
P.O. Box 750336
Petaluma, CA 94975

PACE Project Number: 706173
Client Project ID: 2008-F

Attn: Mr. Mark Valentini
Phone: (707)769-3128

QC Batch ID: 16157
Associated PACE Samples: 70673199

QC Batch Method: EPA 3010
70673207

Date of Batch: 07/29/96

METHOD BLANK: 70673843
Associated PACE Samples:

Parameter	Units	70673199	70673207 Method Blank Result	PRL	Footnotes
Lead	ug/L		ND	420	

MATRIX SPIKE: 70673850

Parameter	Units	70673199	Spike Conc.	Matrix Spike Result	Spike % Rec	Footnotes
Lead	ug/L	4920	20000	24900	100	

LABORATORY CONTROL SAMPLE & LCSD: 70673876

Parameter	Units	70673884 Spike Conc.	LCS Result	Spike % Rec	LCSD Result	Spike Dup % Rec	RPD	Footnotes
Lead	ug/L	20000	20500	103	20200	101	2	

SAMPLE DUPLICATE: 70673868

Parameter	Units	70673199	Dup. Result	RPD	Footnotes
Lead	ug/L	4920	4880	1	

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.

DATE: 07/29/96
PAGE: 5

PACE Project Number: 706173
Client Project ID: 2008-F

QUALITY CONTROL DATA PARAMETER FOOTNOTES

The Quality Control Sample Final Results listed above have been rounded to reflect an appropriate number of significant figures. Consistent with EPA guidelines unrounded concentrations have been used to calculate % Rec and RPD values.

ND	Not Detected
NC	Not Calculable
PRL	PACE Reporting Limit
RPD	Relative Percent Difference

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, Inc.



Analytical Sciences
 P.O. Box 750336
 Petaluma, CA 94975-0336
 (707) 769-3128
 Fax (707) 769-8093

Chain of Custody

706132
 706173

CLIENT INFORMATION

Company Name: Analytical Sciences

Address: P.O. Box 750336
Petaluma, CA. 94954

Contact: MARK VALENTINI

Phone #: 707 769-3128

Fax #: 707 769-8093

Lab Job Number: 6071801

Client's Project Name: 2008-F

TURNAROUND TIME (check)

Same Day _____ 24 Hours _____

48 Hours _____ 72 Hours _____

5 Days X Normal _____

Cooler Temperature

cool °C

COC

Page 2 of 2

ITEM	CLIENT SAMPLE I.D.	DATE SAMPLED	# CONT.	PRESERVED YES/NO	ANALYSES							COMMENTS	LAB SAMPLE #	
					TPH GAS/BTEX EPA 8015/8020	TPH DIESEL EPA 8015	EPA 8010	TOTAL Pb EPA 6010	STLCPb	BYEPA610	PERMAN			7/20/96 3:00 PM ②①② BASE
1	SP-1(A-D)-250	7/18/96	1						X			4 point Composite ↓	667449	66758
2	SP-2(A-D)-251	7/18	1						X				667450	66759
3	SP-3(A-D)-252	7/18	1	70673199					X	(X)			667464	66760
4	SP-4(A-D)-253	7/18	1	70673207					X	(X)			667472	66761
5														
6														
7														
8														
9														
10														

SIGNATURES

Relinquished By: Mark A. Valentini 7/20/96
 Signature Date/Time

Received By: _____
 Signature Date/Time

Received By Laboratory: ASTI 7/22/96
Stephanie A. Matro 16:50
 Signature Date/Time