SITE CLOSURE REPORT

VA MEDICAL CENTER FIRE STATION 4951 ARROYO ROAD LIVERMORE, CA 94550

SUBMITTED BY

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INTRODUCTION

Two 12,000 gallon underground storage tanks were excavated and removed from the VA Medical Center Fire Station, located at 4951 Arroyo Road, Livermore, California in November 1990. The tanks stored No. 5 fuel oil and had not been used since 1965. During tank removal, conducted by Augeas Corporation, contamination of subsurface soils and groundwater beneath the site was identified.

In November and December 1990, approximately 4,000 cubic yards of soil were excavated and stockpiled on-site. Soil samples collected during excavation revealed levels of contamination at 9,000 mg/kg Oil and Grease (O+G) and 3,700 mg/kg of Total Petroleum Hydrocarbons as Diesel (TPH-D) in the excavated soil. A small lens of contaminated soil (initially measured at 6,500 mg/kg TPH-Diesel) remains under the VA Medical Center Fire Station. Contaminated soil was stockpiled and aerated on-site. When contaminant levels had been reduced to acceptable levels, the soil was transferred to a Class III Landfill.

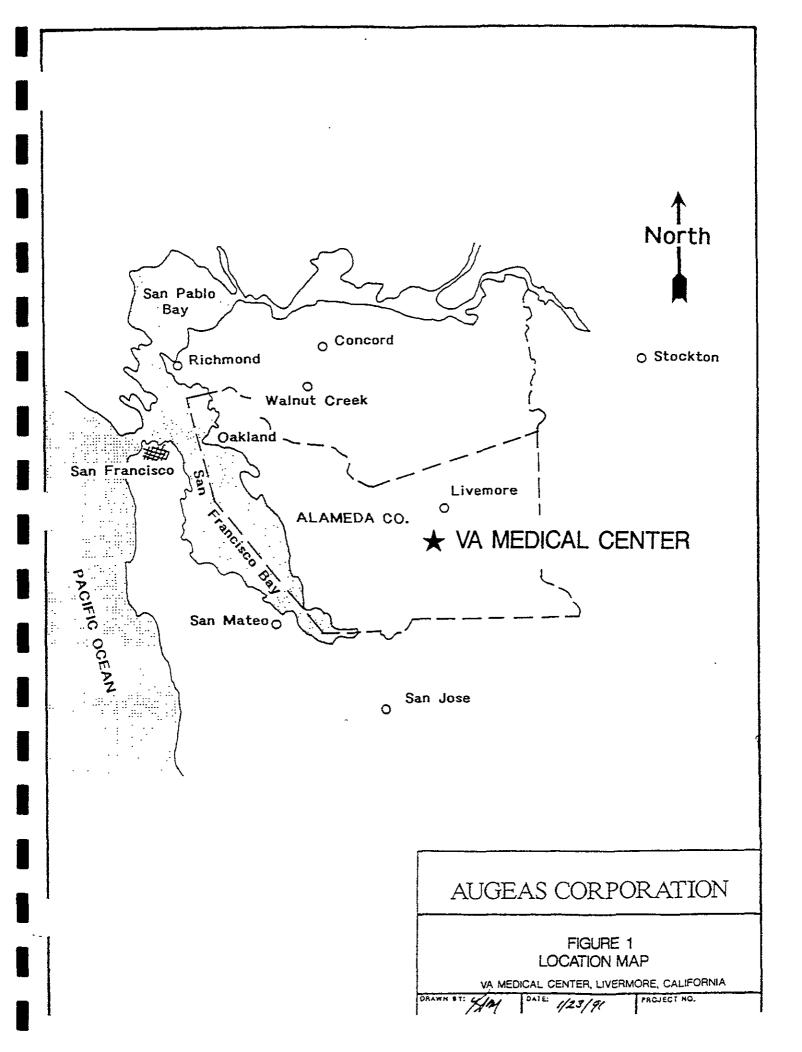
During excavation, dewatering activities removed approximately 20,000 gallons of groundwater, including removal of visible free floating product. Initial concentration of TPH-D in water removed from the excavation pit was 0.28 mg/L. After being stored and bioremediated on-site, the contained water was subsequently used in the backfilling and compaction processes. Three groundwater monitoring wells were installed for further hydrogeologic study.

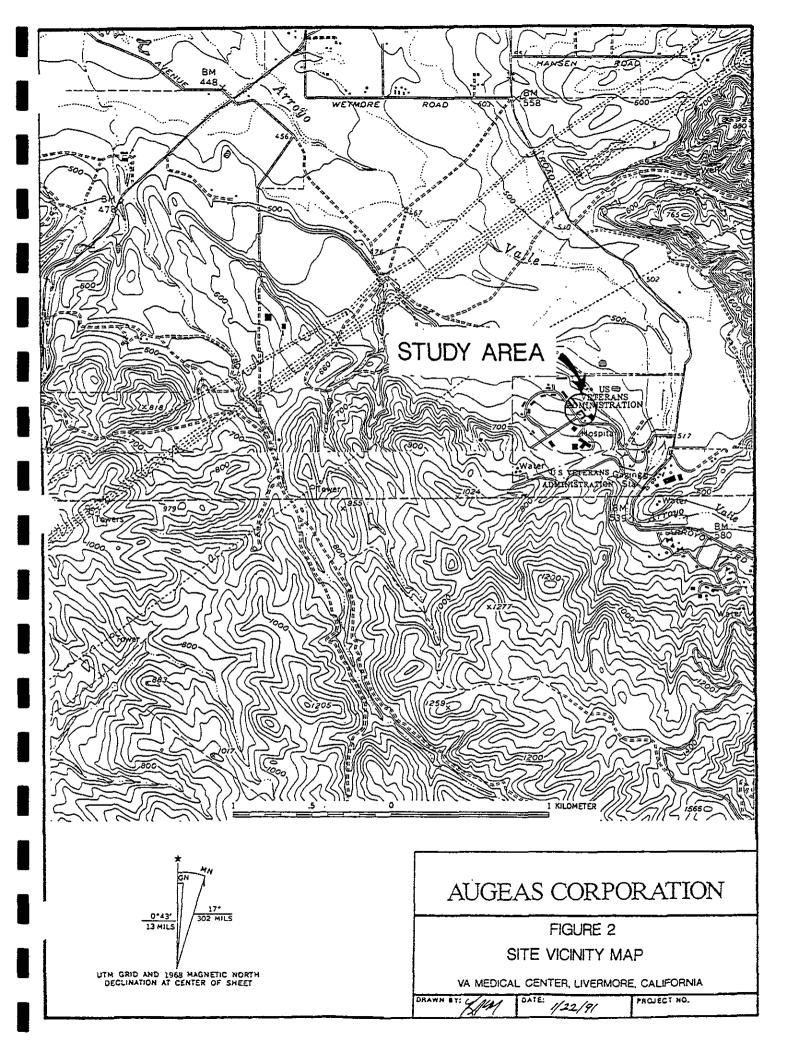
Quarterly groundwater monitoring sampling was performed at the VA Medical Center by Certified Environmental Consulting, Inc. (CEC). All three monitoring wells tested ND (None Detected) for the last three consecutive quarters for BTEX, TPH-Diesel and Oil & Grease.

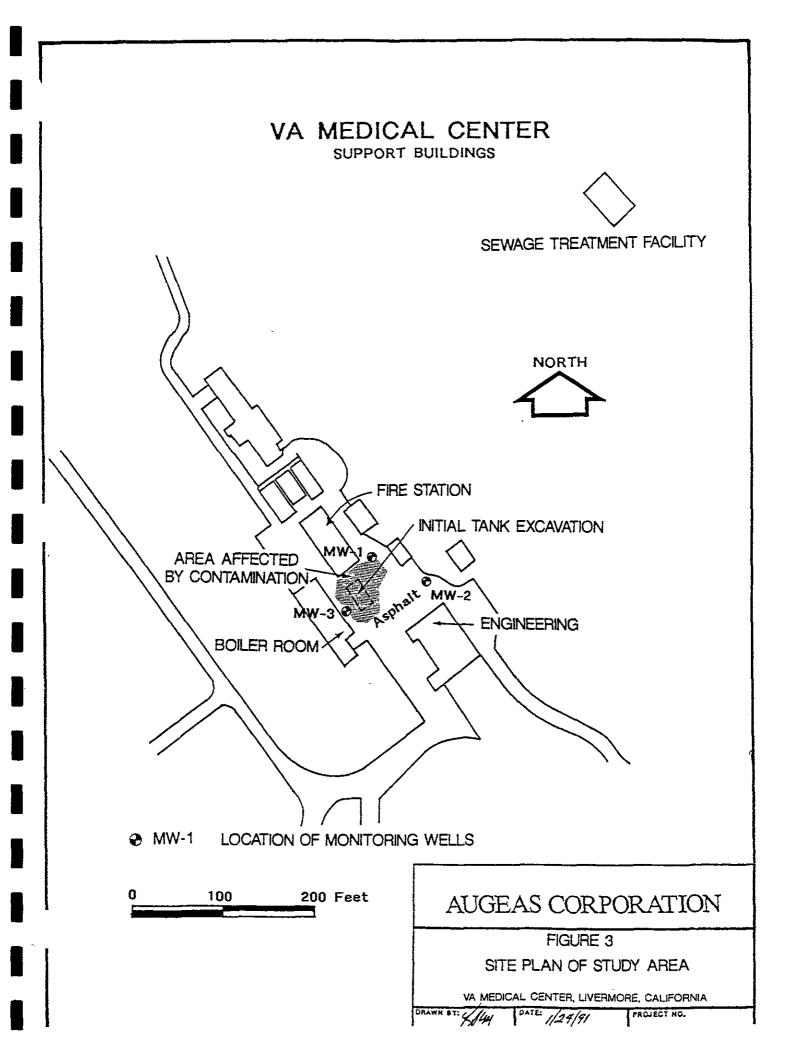
SITE DESCRIPTION

The VA Medical Center consists of approximately 118 acres in Township 3 and 4 South, Range 2 East, located in the eastern part of Alameda County. The facility was originally built in 1923 and is currently owned by the United States Federal Government, Department of Veterans Affairs. Figure 1 is a Location Map of the facility. The Medical Center is approximately 5 miles south of the central business district of Livermore. Figure 2 is a Topographic Map of the site vicinity showing the relationship of the Medical Center to the foothills south and east of the facility, and the Arroyo Valle, the major local drainage located one mile to the east. Figure 3 is a Plot Plan of the facility which shows the location of ancillary buildings, asphalt or concrete cover, and the location of former underground fuel storage tanks.

The subject property is on a moderate incline which slopes gently east towards Arroyo Del Valle Creek. Surface drainage on the property generally toward the creek. Most of the present day buildings have been constructed on cut slopes with substantial amounts of fill material used to form level building sites. Los Banos Creek lies approximately 5 miles east of the facility. The near surface soils are a sandy, gravelly loam formed from the weathering of the Tertiary marine sandstones, shales and minor conglomerates which comprise the hills to the south and east of the facility. These consolidated sedimentary units above the VA Medical Center have been mapped as the Cierbo Sandstone, a marine unit with a dip of 35 to 45 degrees to the northwest. Eastward across Arroyo Del Valle, the Livermore Formation, a non-marine unit consisting mostly of conglomerates with some claystones and minor sandstones, unconformably overlies the Cierbo Sandstone.







PREVIOUS WORK

In November of 1990, two underground storage tanks were removed from the VA Medical Center property, located at 4951 Arroyo Road in Livermore, California. The tanks were removed by SEMCO under the supervision of Augeas Corporation. According to the facility's records, the tanks were used to store No. 5 fuel oil. Although Department records indicate that the tanks have not been used since approximately 1965, upon visual inspection of both the tanks and soil, it was evident that the tanks had leaked at some time and that soil and groundwater had been affected. No inventory records were available for review to determine the approximate volume of materials which had leaked.

Sixteen soil borings were drilled to determine the lateral and vertical extent of soil contamination. Based on the data obtained from the borings, approximately 4,000 yd³ of diesel contaminated soil were removed and stockpiled on-site. The excavation pit was backfilled with uncontaminated overburden and clean fill. The soil was spread out on-site in an effort to remediate the soil through aeration. After sampling the stockpiles, the excavated soils were disposed of at a Class III Landfill (BFI Waste Systems, Livermore, California). The excavation was located between the fire station, boiler room and engineering buildings.

Approximately 20,000 gallons of water were removed for dewatering purposes during excavation. Floating product was also removed from the excavation during dewatering. When tested, these waters showed diesel fuel levels of 0.28 mg/L. After on-site biological treatment had decreased contamination to acceptable levels, approximately 10,000 gallons of the treated water was used in the backfilling and compaction processes. In 1991, an additional structure was built on the south side of the fire station to house a fire engine. The new structure is located on the fill used in the excavation pit.

Three monitoring wells were installed on-site for hydrogeologic study and to determine the potential impact to groundwater. Certified Environmental Consulting Inc., (CEC) collected groundwater samples from three wells on a quarterly schedule. The last three quarters of sampling showed non-detectable levels of BTEX, TPH-Diesel and Oil & Grease.

INVESTIGATIVEMETHODS

A. DRILLING AND SOIL BORINGS

Sixteen exploratory soil borings were drilled at the site in November 1990 to assess the vertical and areal extent of soil contamination prior to excavation. All of the borings were drilled to a depth of approximately 20 feet. The location of the 16 borings is shown in Figure 4. A map of the final excavation is shown in Figure 5. Actual field lithologic logs are presented in Appendix A.

Borehole drilling and sampling operations were accomplished using a truck mounted hollow stem auger drill rig. The 16 borings were continuously logged for the purpose of describing the vertical variations in the soil profile encountered. Soil samples were collected at 5 foot intervals and screened in the field both visually and with a PID. Samples with the highest readings were submitted for chemical analysis for verification purposes prior to excavation.

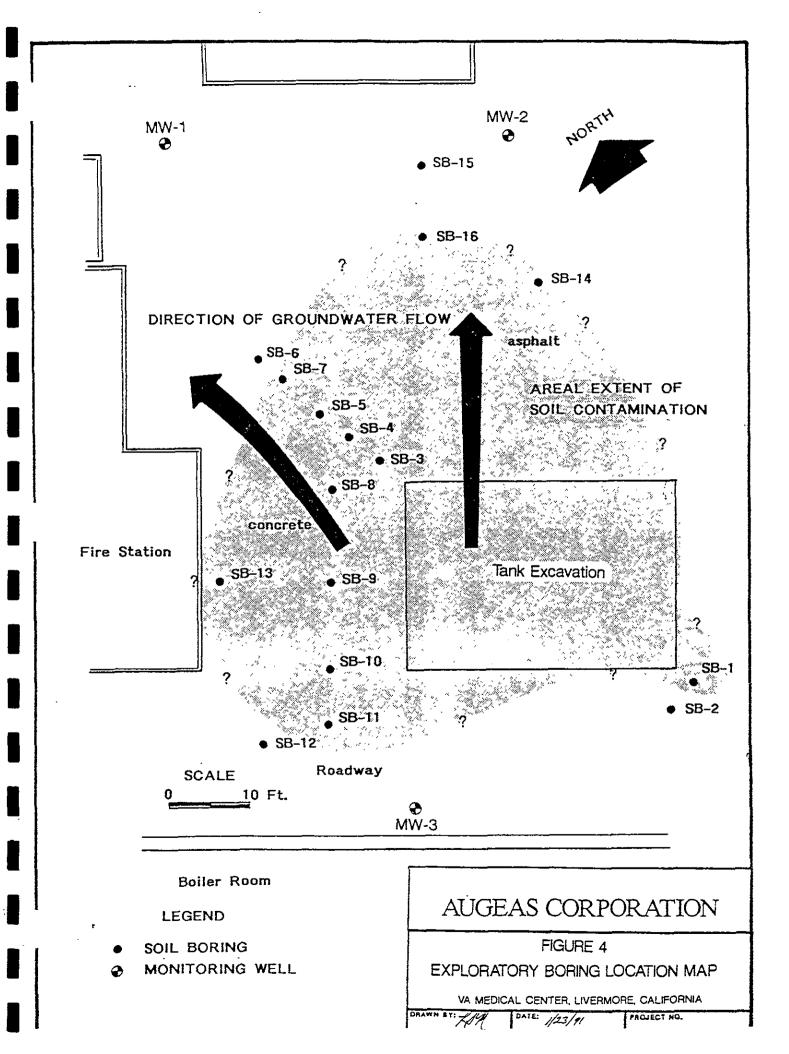
In accordance with Regional Water Quality Control Board (RWQCB) practices, all soil cuttings generated by the borehole drilling and sampling operations were contained and stored on-site. The cuttings were combined with the contaminated soil derived from the excavation and were also stockpiled on-site.

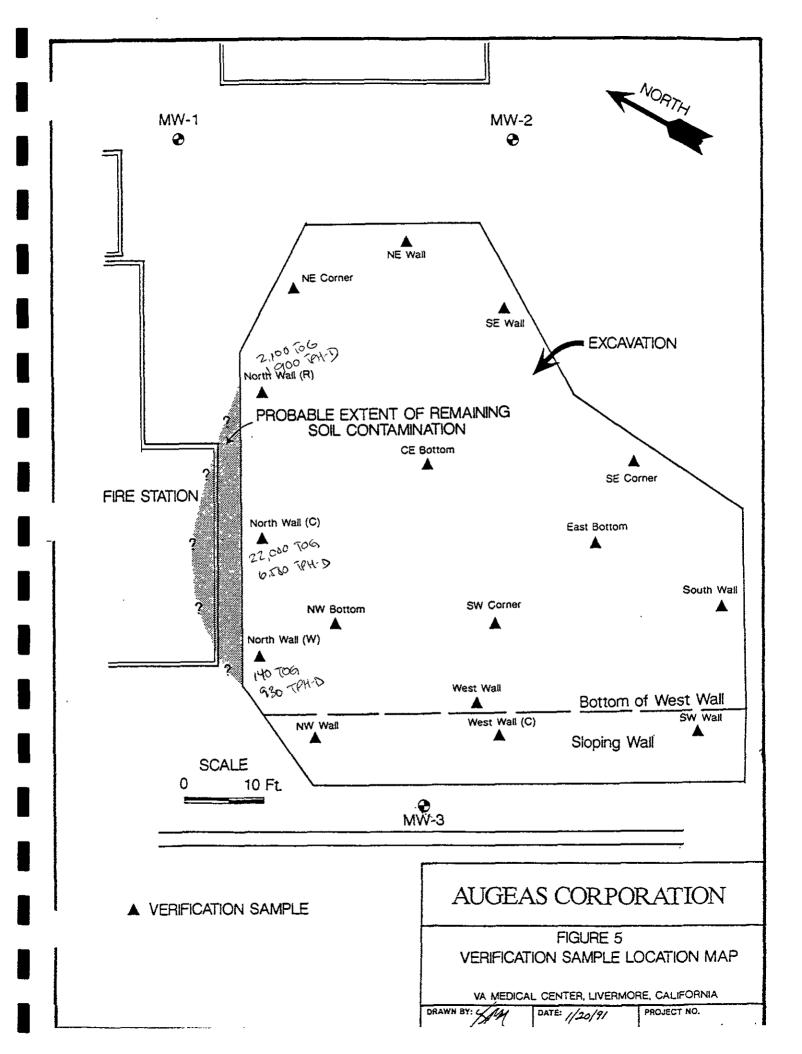
B. SOIL SAMPLING

During the course of soil removal, Augeas personnel under the supervision of a California Registered Geologist collected soil samples from the walls and floor of the excavation. Samples were collected on a 15-foot interval by driving brass tubes into the wall or floor and collecting a semi-disturbed sample suitable for detecting aromatic volatile organic compounds. Once collected, each sample tube was sealed with plastic end caps, wrapped in duct tape, labeled and placed in a refrigerator until transported to a certified analytical laboratory under chain of custody.

C. CONSTRUCTION OF MONITORING WELLS

In addition to the 16 soil borings, three groundwater wells were installed to determine the lateral extent of groundwater contamination and for determining groundwater flow direction. The wells were constructed using 2" Sch 40 PVC with 0.020" slot size. The screened interval was different for all three wells: MW-1 10'-20', MW-2 8'-18' and MW-3 5'-20'. The filter pack was comprised of #3 sand and extended a minimum of 2 feet above the screened interval in each well. A 2 foot bentonite seal was placed on top of the filter pack then the remaining borehole was filled with neat cement. Traffic rated christy boxes were placed over the completed wells, cemented in place and locking caps were installed on the well heads to prevent unauthorized access.





D. WELL DEVELOPMENT

All three monitoring wells were developed prior to the first sampling round performed by Certified Environmental Consulting, Inc. in November 1991. The wells were developed by surging and pumping methods. Well development generally suppresses damage to the formation by drilling operations, restores natural hydraulic properties to the adjacent soils and improves hydraulic properties near the borehole so the water flows more freely in the well. Wells were developed by removing the finer material from the formation and filter pack surrounding the wells. Well development continued until the well was thoroughly developed and as free of sand, silt and turbidity as possible.

During development, Ph, specific conductance, temperature and turbidity of the return water was measured. Well development proceeded until these field water quality parameters stabilized and the water is was at its maximum possible clarity.

E. GROUNDWATER SAMPLING

Purging

During each round of sampling, static water level was measured prior to purging using an electronic sounder. All water-level measurements were recorded to the nearest 0.01 foot with respect to mean sea level.

Three bore volumes were purged from the well prior to sampling. To ensure that water in the well had been exchanged, pumping or bailing was performed at the top and worked downward. The well was allowed to return to 80 percent of the original water level before sampling.

Temperature, pH, specific conductance, and turbidity were measured for each bore volume pumped. Purging continued until these field-measured water quality parameters stabilized and the water was representative of water in the aquifer. Data obtained from field water quality measurements were recorded in the field on data sheets. A separate aliquot of groundwater collected from the purge water outlet stream will be used for field measurements.

Water temperature was measured with an electronic thermistor.

Acidity/alkalinity (pH) was measured by dipping the pH probe in the sample; pH was measured as soon as possible after collection of the sample.

Conductivity was measured by dipping the conductivity probe in the water source or sample. The temperature of the sample was used to calculate specific conductance from the conductivity measurement. Measurements are reported in units of microhms per centimeter at 25 degrees Centigrade.

Turbidity was measured using a vial of development/purge water and a turbidity meter. The instrument was calibrated to read between 1 and 400 Nephelometric turbidity units (NTUs). This is a measure of the amount of light scattered at right angles to the path of light passing through the water. The greater the NTU reading, the greater the amount of light scattered by practices in the water, therefore, the greater the turbidity.

Sample Collection

Wells were sampled using a new, clean, disposable Teflon bailer attached to new, clean string. Sample vials and bottles were filled to overflowing and sealed so that no air was trapped in the vial or bottle. Once filled, samples were inverted and tapped to test for air bubbles. Samples were contained in vials and bottles approved by the U.S. EPA and the Regional Water Quality Control Board, San Francisco Bay Region.

Water samples intended for volatile hydrocarbon analysis were contained in 40 ml VOA vials prepared according to EPA SW 849 and capped with Teflon-lined septa caps. Samples intended for analysis by EPA 602 contained a small amount of preservative (HCl). Samples intended for EPA 601 and EPA 624 GCMS procedures were not preserved. Water samples intended for low level diesel analysis were stored in dark glass 1-liter bottles to reduce degradation by sunlight.

Sample containers were labelled with self-adhesive, pre-printed tags, containing the following information in waterproof ink:

- 1. Project Number (or name)
- 2. Sample Number (or name)
- 3. Sample Location (well number, etc.)
- 4. Date and time samples were obtained
- 5. Treatment (preservative added, filtered, etc.)
- 6. Name of Sample Collector

All purged water was stored on site in steel DOT approved drums. Drums were labeled as to contents, suspected contaminants, date container filled, expected removal date, company name, contact and phone number, sealed and left on-site for subsequent disposal pending analytical results.

Documentation

Specially formatted field data sheets were used to record the information collected during water quality sampling. The data sheets can be found in the project file.

Field Equipment Decontamination Procedures

Bailers and string were properly disposed of off-site. All other sampling equipment, such as buckets and stands, was decontaminated after each use by washing in an Alconox solution.

All rinseate used in the decontamination process was stored on site in labeled, steel DOT approved drums.

F. ANALYTICAL METHODS

Soil Samples

Soil samples were collected by Augeas Corporation and analyzed at Superior Precision Analytical, Inc. using the following EPA methods:

<u>Test</u>	Method
Lead	Calif. Admin. Code Title 22, Paragraph 66700
Oil + Grease (O+G)	Standard Method 5520F
Benzene	EPA SW-846 Methods 5030 and 8020
Toluene	Ħ
Ethyl-benzene	tt
Xylenes	n
TPH-Diesel	EPA SW-846 Method 8015

Groundwater Samples

During excavation, groundwater samples were collected by Augeas Corporation and analyzed by Superior Analytical Laboratories, Inc. Samples were analyzed for TPH-D, O+G and BTEX using the same methods as listed above for soil.

Quarterly groundwater samples were collected by Certified Environmental Consulting and analyzed by McCampbell Analytical using the following methods:

<u>Test</u>	Method
Oil + Grease (O+G) Benzene	EPA Method 418.1 EPA SW-846 Methods 5030, Modified 8015 and 8020 or 602
Toluene	Ħ
Ethyl-benzene	tt
Xylenes	ti
TPH-Diesel	EPA Methods Modified 8015, and 3550 or 3510

EXTENT OF HYDROCARBON PRESENCE IN SOIL AND GROUNDWATER

A. HYDROCARBONS IN SOIL

Analytical results show that only the soil samples collected from the north wall of the excavation still contained significant levels of petroleum products including diesel fuel, oil and grease and minor aromatic compounds (Table 1). As a result, the perimeter of the excavation defined a clean zone around the former underground tanks on three of the four sides. Virtually all of the samples collected showed non-detectable levels of TPH, oil and grease, and BTXE. The soil contamination remaining in the north wall of the excavation is confined to a thin zone which projects beneath the existing fire station. The north wall of the excavation was extended to within 2 feet of the fire station in an attempt to remove as much contaminated soil as possible. Further excavation, however, would require removal of the existing structure. Based on the results of the excavation and mapping of the contaminated zone within the wall of the excavation, it is believed that the 2 foot layer of petroleum hydrocarbon contamination thins to the north and extends an additional 4 to 5 feet beneath the fire station. The contamination is restricted to a layer of sand and gravel at a depth of approximately 17 feet beneath the surface. Beneath the sand and gravel is a thick sequence of low-permeability clay that has prevented the downward migration of the fuel oil. A soil particle analysis of the clay unit shows this material to be a silty clay and of low transmissivity (Appendix A). Since the contaminated zone is periodically located above the water table, it is subjected to oxidizing conditions conducive to the slow methodical breakdown of the long-chain hydrocarbon molecules characteristic of fuel oil by natural biodegradation. The surface area surrounding the former tanks was covered with asphalt, rendering the surface essentially impermeable to the downward migration of meteoric water. Analytical results and chain of custodies for samples collected from the bottom and side walls of the excavation are in Appendix B. It is therefore expected that the small amount of contamination left in the soil will not represent a serious threat to public health or adversely impact water quality. CEC has performed all quarterly monitoring, results of which are discussed below.

TABLE 1

ANALYTICAL RESULTS - SOIL SAMPLES

		CON	STITUENTS	 S		<u> </u>
Sample ID	Benzene ug/kg	Toluene ug/kg	Ethyl Benzene ug/kg	Xylenes ug/kg	Mg/kg Diesel #2 ug/kg	Mg/kg Oil & Grease ug/kg
SE Comer	ND	ND	ND	ND	ND	ND
NE Corner	ND	ND	ND	4	ND	ND
CE Bottom	ND	ND	ND	ND	ND	ND
NW Bottom	ND	ND	ND	ND	ND	ND
West Wall	ND	ND	ND	ND	ND	ND
SW Corner	ND	ND	ND	ND	ND	ND
North Wall (R)	ND	ND	ND	ND	1,900	2,100
North Wall (C)	ND	ND	280	440	6,500	22,000
North Wall (W)	ND	ND	96	310	930	140
SE Wall	ND	ND	ND	6	ND	ND
NE Wall	ND	ND	ND	4	ND	ND
NW Wall	ND	ND	ND	ND	ND	ND
West Wall (C)	ND	ND	ND	ND	ND	ND
SW Wall	ND	ND	ND	4	ND	ND
South Wall	ND	ND	ND	ND	ND	ND
East Bottom	ND	ND	ND	ND	ND	ND

ND = NON-DETECT

Excavated soil was stored on VA Livermore Medical Center property in 12 separate stock piles. In August of 1991, stock pile soils were sampled with the following results:

Sample Results From Spoil Piles Number 1-12 August 15, 1991

Sample	Lead ppm	O+G ppm	Benzene ppb	Toluene ppb	Ethyl- Benzene ppb	Xylenes ppb	TPH-D ppm
1	-	1900	3	6	8	25	4100
2	-	550	ND	ND	4	13	1400
3	ND	760	ND	ND	ND	8	2300
4	. .	320	ND	ND	ND	4	1600
5	-	690	ND	ND	4	15	2300
6	-	420	ND	ND	ND	8	790
7	-	240	ND	ND	ND	ND	1100
- 8	-	190	ND	ND	ND	ND	550
9	~	210	ND	ND	ND	4	160
10	-	160	ND	ND	ND	ND	260
11	-	_	ND	ND	ND	ND	260
12	<u>-</u>		ND	ND	ND	ND	440

ND = NON-DETECT

Soil Samples From Aeration Stockpiles

Stock- Pile Number	Date	Benzene ppb	Toluene ppb	Ethyl Benzene ppb	Total Xylene ppb	Kerosene ppm	Diesel ppm	Oil ppm
11	02/20/92	ND	ND	ND	ND	NA	NA	NA
1	02/04/92	NA	NA	NA	NA	ND	ND	720
33	11/21/91	NA	NA	NA	NA	ND	ND	1100
34	11/21/91	NA	NA	NA	NA	ND	ND	940
24	10/16/91	NA	NA	NA	NA	ND	ND	620
25	10/16/91	NA	NA	NA	NA	ND	ND	930
23	10/16/91	NA	NA	NA	NA	ND	ND	1200
_ 22	10/16/91	NA	NA	NA	NA	ND	ND	3600
21	10/16/91	NA	NA	NA	NA	ND	ND	3000
19	10/07/91	NA	NA	NA	NA	ND	ND	1200
20	10/07/91	NA	NA	NA	NA	ND	ND	800
13	09/27/91	NA	NA	NA	NA	ND	ND	1500
14	09/27/91	NA	NA	NA	NA	ND	ND	1500
15	09/27/91	NA	NA	NA	NA.	ND	ND	2000
16	09/27/91	NA	NA	NA	NA	ND	ND	2200
17-1-A TO 17-1-H	09/18/91	ND	ND	ND	ND	ND	ND	1300
17-2-A TO 17-2-H	09/18/91	ND	ND	ND	ND	ND	ND	1900
17	09/27/91	NA	NA	NA	NA	ND	ND	830
18	09/27/91	NA	NA	NA	NA	ND	ND	880

ND = NON-DETECT NA = NOT ANALYZED

B. HYDROCARBONS IN GROUNDWATER

Floating Product

Leakage of oil from the underground fuel tanks reached the water table, resulting in visible free floating product in the excavation pit. The visible free-floating product was removed during the excavation dewatering activities. The groundwater was removed from the excavation using a single 20-foot section of 18-inch diameter, Schedule 80 PVC pipe.

Dissolved Hydrocarbons

Two water samples were collected directly from the groundwater of the excavation during the construction dewatering activities. A summary of the analytical results is presented in Table 2. Detailed analytical reports can be found in Appendix B. Both analyses (samples VA Exc. and Bottom) indicate a low aqueous solubility of the fuel oil. Two additional water samples (samples L. Water and U. Water) were collected from the two 10,000 gallon holding tanks used for the collection of groundwater during the dewatering activities. All four of these samples were analyzed for Total Petroleum Hydrocarbon products as well as aromatic constituents. Virtually no dissolved aromatic constituents were found in any of the samples collected.

TABLE 2

ANALYTICAL RESULTS - WATER SAMPLES

Sample ID	Benzene ug/l	Toluene ug/l	Ethyl-Benzene ug/l	Xylene ug/l	TPH-D mg/l
VA Exc.	ND	ND	ND	ND	0.3
Bottom	ND	ND	0.3	ND	0.28
L. Water	ND	ND	ND	ND	0.68
U. Water	ND	ND	ND	ND	0.27

Quarterly monitoring has also shown that no constituents have been detected in the groundwater for three quarters. Table 3 is a summary of the quarterly groundwater monitoring sample results.

TABLE 3

QUARTERLY GROUNDWATER MONITORING RESULTS

Well Number	Sample Date	TPH-D ppm	Benzene ppb	Toluene ppb	Ethyl- Benzene ppb	Xylene ppb	O+G ppm
MW-1	11/06/91 03/03/92 07/31/92 01/08/93	ND ND ND ND	15 ND ND ND	0.8 ND ND ND	4 ND ND ND	76 ND ND ND	- ND ND
MW-2	11/06/91 03/03/92 07/31/92 01/08/93	ND ND ND ND	ND ND ND ND	ND ND ND ND	ND ND ND ND	ND ND ND ND	- ND ND
MW-3	11/06/91 03/03/92 07/31/92 01/08/93	ND ND ND ND	ND ND ND ND	ND ND ND ND	ND ND ND ND	ND ND ND ND	- ND ND

HYDROLOGY

A. REGIONAL HYDROLOGY

The site is located in the southeastern most portion of the Amador Subbasin. In the center and southeastern portions of the Amador Subbasin, the effects of gravel mining are evident. In the southeastern part of the Amador Subbasin, the upper aquifer gradient is generally to the west and north towards the depression caused by mining dewatering. In the central portion of the Amador Subbasin, gravel mining activities at Kaiser have essentially removed the upper aquifer to the elevation of 220 feet or below. The subject site is at least five miles from the nearest mining operation. Groundwater beneath the site does not lie within the cone of influence associated with mining dewatering to the northwest.

B. LOCAL HYDROLOGY

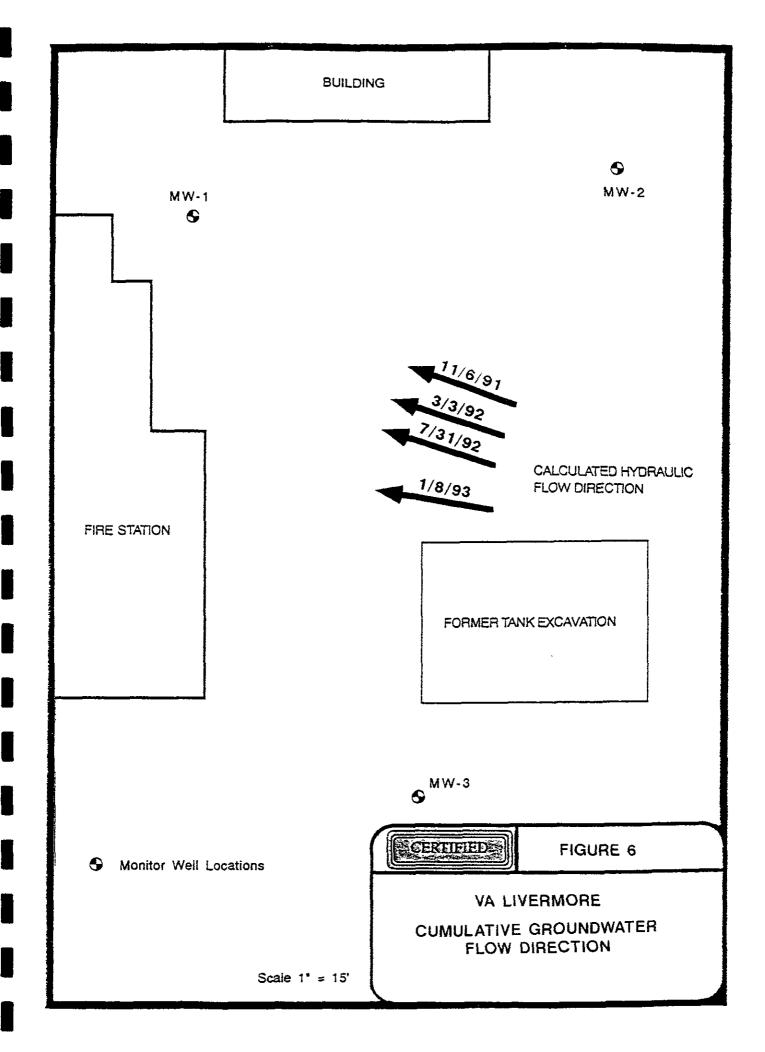
Water levels in the observation wells at the site were used to provide a more detailed picture of flow patterns in the vicinity of the former underground tanks. A major uncertainty in the groundwater regime is the influx of water from the sedimentary units below. A deep fault could allow water to move vertically upward into the overlying terrace deposits. In addition, the existence of pressure at a sufficient depth to force deeper water to the surface has been indicated by an old well at the Wente Winery, about 2,000 feet southeast of the sewage system's well field, which flows 100 gpm at the surface under artesian conditions.

C. GROUNDWATER GRADIENT

Groundwater gradients were calculated during quarterly groundwater monitoring and did not exhibit any significant fluctuation in groundwater flow direction. The groundwater flow direction trends west-northwest parallel to Arroyo Del Valle. Cumulative gradient flow directions can be found in Figure 6.

D. SEASONAL VARIATIONS OF GROUNDWATER

The water table at the site has fluctuated extensively from approximately 13 to 18 feet below ground surface, but is primarily confined to a coarse sand and gravel zone located between those depths. A thick clay sequence underlies the sand and gravel zone and apparently serves as an impermeable barrier to the downward migration of groundwater in the immediate vicinity of the excavation.



E. AQUIFER CHARACTERISTICS

The near surface soils are a sandy, gravelly loam formed from the weathering of the Tertiary marine sandstones, shales and minor conglomerates which comprise the hills to the south and east of the facility. Terraces underlying the VA Medical Center property are Quaternary alluvial formations. These deposits overly the consolidated sedimentary units and are characterized as moderate to highly permeable on soil survey maps. The saturated thickness of the terrace deposits underlying the VA Medical Center Sewage Treatment Facilities, located north of the tank of the excavation, varies between zero along the edges of the terrace, to an average of about 12 feet at the center of the well field.

BENEFICIAL USES OF GROUNDWATER

A. WELL INVENTORY

There are 12 identified wells within a 1/2 mile radius of the UST tank excavation site. Three of the 12 wells are groundwater monitoring wells in the immediate vicinity of the UST excavation. The remaining 9 wells are all located on VA Medical Center property. The wells are relatively shallow in depth with the deepest well documented at 30 feet. The majority of the wells are located approximately within a 500 foot radius of the VA Sewage Treatment Plant and Percolation Pond.

B. CONTAMINANT FATE TRANSPORT

Initial hydrocarbon concentrations in the soil following tank removal included 9,000 mg/kg oil and grease, and 3,700 mg/kg of diesel. Complex site geology and the clayrich nature of the soil at a depth of 25 feet precluded deeper migration of the fuel oil despite periodic lowering of the water table during dry years. The relatively high viscosity of the fuel also prevented the contamination from spreading away from the actual tank excavation area. In addition, the nature of the fuel, i.e., the high molecular weight of the respective hydrocarbon compounds present, also prevented large-scale dissolution of the oil once it came into contact with the water table. The limited areal extent of contamination, caused by the adsorption tendency of the fuel, enabled the soil to be readily excavated and removed.

C. SOURCES OF DRINKING WATER POLICY DETERMINATION

The groundwater located in the immediate vicinity of the former tank excavation occurs in a shallow laterally discontinuous sand and gravel zone. During groundwater sampling, all three wells were pumped dry at an approximate rate of 2 gpm suggesting that the aquifer does not yield appreciable quantities of water. Groundwater samples collected during the last three monitoring rounds were below detectable levels for BTXE, TPH-D and Oil & Grease. The samples are all below the primary maximum contaminant levels (MCL's) for California and Federal drinking water standards.

REMEDIATION ACTIVITIES AND EFFECTIVENESS

A. SOIL REMEDIATION

All excavated soil (approximately 4,000 yd³) was stockpiled on VA Medical Center property in at least 5 separate piles. After aeration, all soil was transported to a Class III Landfill (BFI Waste Systems) by Rich Hamilton Trucking. Non-Hazardous Special Waste Manifests associated with the soil disposal can be found in Appendix C.

To facilitate the removal of contaminated soil below the fluctuating water table, SEMCO installed a temporary groundwater extraction sump to dewater the floor of the excavation. The well casing was constructed of a single 20-foot section of 18-inch diameter, Schedule 80 PVC pipe. Vertical slots were cut in the lower 10-feet of the casing and staggered to allow maximum flow. A 10-foot deep hole was opened in the floor of the excavation and the casing installed by backfilling the hole and placing pea-gravel around the base and sides of the slotted part of the casing. A submersible pump was used to lift the water to the top of the casing and a centrifugal pump was used to push the water approximately 50 feet upward from the floor of the excavation to two 10,000 gallon holding tanks located at the surface, adjacent to the excavation. The combined system was able to pump approximately 100 gallons per minute, but could only pump for 20 minutes before cavitating. Over a three week period, however, approximately 20,000 gallons of water were removed from the excavation, lowering the water table about 7 feet.

B. GROUNDWATER REMEDIATION

Four water samples were collected during the excavation dewatering activities. Two of the samples were collected directly from the excavation. During the dewatering activities, the samples were collected from the first 10,000 gallons of water extracted. All samples were collected using disposable polyurethane bailers. Two one-liter glass jars and two 40 mil VOA vials were filled for each water sample collected. Care was taken to ensure that no headspace was incorporated in the 40 mil vials. All samples were placed into separate chilled ice chests to avoid the potential for cross contamination. The samples were transported under chain-of-custody to a California certified analytical laboratory within 24 hours of collection.

The initial concentration of free floating hydrocarbon constituents in the groundwater (0.28 mg/l) declined to non-detectable levels (in the excavation) once the contaminated soil had been removed. Only minor aromatic constituents were detected in any of the water samples collected either during dewatering activities or following source removal. Analytical results can be found in Table 2. Quarterly monitoring has also shown that no constituents have been detected in the groundwater for at least the two quarters. Table 3 is a summary of the quarterly groundwater monitoring sample results.

TABLE 2

ANALYTICAL RESULTS - WATER SAMPLES

Sample ID	Benzene ug/l	Toluene ug/l	Ethyl- benzene ug/l	Xylene ug/l	TPH-D mg/l
VA Exc.	ND	ND	ND	ND	0.3
Bottom	ND	ND	0.3	ND	0.28
L. Water	ND	ND	ND	ND	0.68
U. Water	ND	ND	ND	ND	0.27

TABLE 3

QUARTERLY GROUNDWATER MONITORING RESULTS

Well Number	Sample Date	TPH-D ppm	Benzene ppb	Toluene ppb	Ethyl- benzene ppb	Xylene ppb	O+G ppm
MW-1	11/06/91	ND	15	0.8	4	76	-
	03/03/92	ND	ND	ND	ND	ND	~
	07/31/92	ND	ND	ND	ND	ND	ND
	01/08/93	ND	ND	ND	ND	ND	ND
MW-2	11/06/91	ND	ND	ND	ND	, ND	-
	03/03/92	ND	ND	ND	ND	ND	-
	07/31/92	ND	ND	ND	ND	ND	ND
	01/08/93	ND	ND	ND	ND	ND	ND
MW-3	11/06/91	ND	ND	ND	ND	ND	-
	03/03/92	ND	ND	ND	ND	ND	-
	07/31/92	ND	ND	ND	ND	ND	ND
	01/08/93	ND	ND	ND	ND	ND	ND

C. IMPACT OF RESIDUAL HYDROCARBONS ON BENEFICIAL USES

Free-floating product in groundwater was removed from the site during the day of excavation. Quarterly groundwater monitoring of the three on-site wells has shown that the groundwater is no longer affected by the release of hydrocarbons that occurred at this site (see Table 3).

SUMMARY AND CONCLUSIONS

A release of No. 5 fuel oil was detected at the VA Medical Center Fire Station when two underground tanks were removed in November of 1990. Free floating product was observed in the groundwater of the excavation pit. The initial concentration of free floating hydrocarbon constituents in the water (0.28 mg/l) declined to non-detectable levels (in the excavation) once the contaminated soil had been removed. Quarterly groundwater monitoring results presented in Table 3 support this fact.

Approximately 4,000 yd³ of contaminated soil were removed from the excavation. This soil was stockpiled on-site, aerated and disposed of at BFI Waste Systems (Class III Landfill) as non-hazardous waste (see manifests, Appendix C). Clean soil was used as backfill for the excavation.

At the time of excavation, all contaminated soil was removed and stockpiled, except for a portion of hydrocarbons which had leaked under the fire station building. Due to the local geology and the properties of No. 5 fuel oil, it appears that the small amount of contamination remaining under the fire station does not present a significant risk to groundwater quality.

RECOMMENDATIONS

Based on our review of an investigation conducted by Augeas Corporation and quarterly monitoring results performed by Certified Environmental Consulting, Inc., it appears that contaminated soil and groundwater at the VA Medical Center Fire Station site have been successfully remediated. Although some soil contamination is still present beneath the fire station, it does not appear to be a threat to groundwater. Case closure is recommended for this facility.

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BORING MW-3 Sheet / of/ Project VA Hospital Job No. 11/30 ata Started_11/29 Surface Elevation Completed_ Ication Livema otal Depth 25 Drilled By Engler Logged By Remarks URAPHHO THUTH THUTH RANGE DEPTH PER ET HAPPE REUVRY HERKUK SAMPLE DESCRIPTION INSTALLE 2'4 pour moste/ocerall fit cer (cc) moderate exclinimit's bear 10 YES/4 m. oder, cla 2'of best. block early 55 C 15/2 /pc 0.02" seven 77/34 Gravel and clay (60) clarts subsounder 10 allewish crisps, clay (Cl) moderate yellowski brown, no ods. Crowd 1 Emseri of meta. with programy, most greenstone (3) 32/36/59 Grand at hand by mine day (65) leavel nearly some - w/n fluction and take 26/ 20-20 4 20 subrounder to subang, meta such fragments mostly genstone SP (6) (5) 25-26-6-6 Teminte bong at 25'

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Table 1.

Sample No.	Sample Description	Specific Gravity
‡1	Silty Clay	2,65

Table 2.

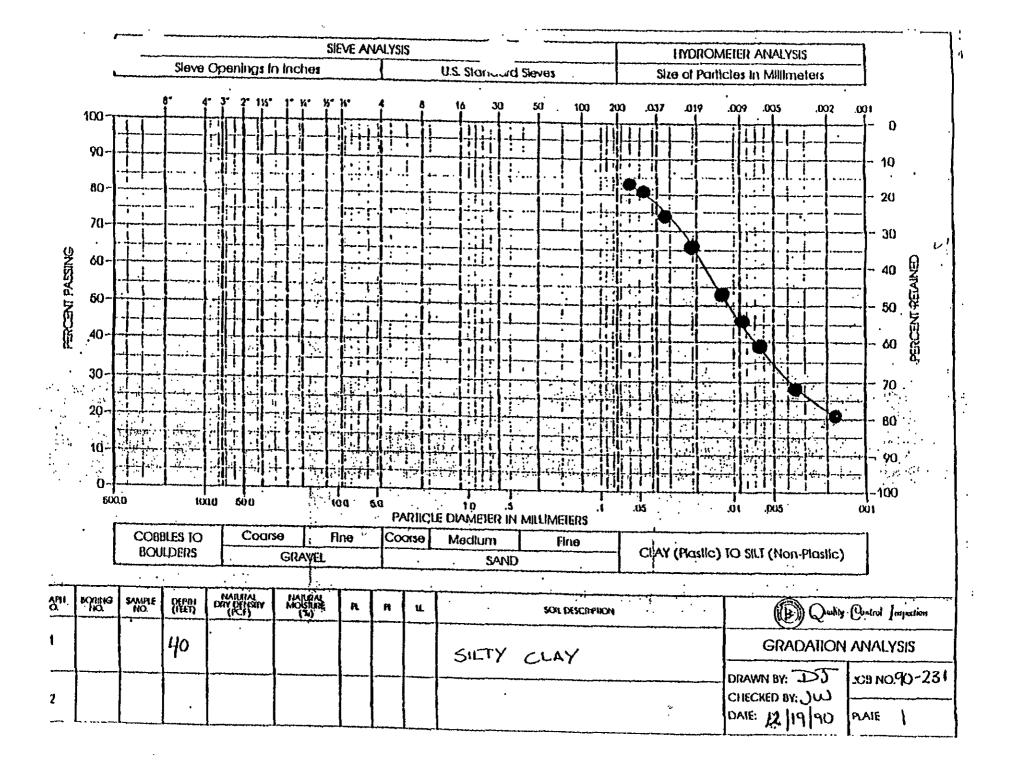
Hydrometer analysis

Sample #1		· · · ·		
Particle Diame	ter (mm)	•	Percentage Finer	By Weight
0.0580		•	83.0	
0.0427	_		80.9	•
0.0309	•	•	74.7	•
0.0203	•		65.4	•
0.0121			53.9	
0.0088		٠.	45.6	•
0.0063	•	•	39.4	·. ·
0.0032			29.0	
0.0014			20.7	

Table 3.

Sample No. 1

Sieve Size	•	Mass (gm) Cumulative	Retained \$ Sieve Cumulative	Passing %
# 16	0.1	0.1	0.2	99.8
∄ 30	0.2	0,3	0.2	99.6
# 50	0.5	0.8	1.0	99.0
∄ 100	1.3	2.1	1.7	97.3
# 200	3.2	5.3	4.9 6.6	93.2



825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82230

CLIENT: AUGEAS CORP

CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/07/91

DATE REPORTED: 01/14/91

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS by Modified EPA SW-846 Method 8015

LAB # 	Sample Identification	Concentration (ug/L) Diesel Range

VA EXCAVATION

.0.3

- parts per billion (ppb)

Method Detection Limit for Diesel in Water: 0.05 mg/L

JAQC Summary:

Daily Standard run at 200mg/L: RPD Diesel = 14

MS/MSD Average Recovery = 110%: Duplicate RPD = 2

Richard Srna, Ph.D.

825 ARNOLD, STE. 114 . MARTINEZ, CALIFORNIA 94553 . (415) 229-1512

DOHS #319 DOHS #220

à.

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82230

CLIENT: AUGEAS CORP

CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/07/91

DATE REPORTED: 01/14/91

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES by EPA SW-846 Methods 5030 and 8020

			Concentra	ation(ug/ Ethyl	L)
LAB # 	Sample Identification	Benzene	Toluene		Xylenes
1	VA EXCAVATION	ND<0.3	ND<0.3	ND<0.3	ND<0.3

ug/L - parts per billion (ppb)

Method Detection Limit in Water: 0.3 ug/L

QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15% ... MS/MSD Average Recovery = 117%: Duplicate RPD = <12%

Richard Srna, Ph.D.

Section I a ation	i For Lal	<u> </u>	luge	as Cor	porati	ion Cl	nain c	Andreas .	ر and رع <u>د</u>	Analy	sis R	eques	st Fo	rm	85	230)		
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mple Identification	A=Air S=Soil W=H ₂ 0 Matrix		G	BTXE	O&G	8010	8240	Metals	Subject to Sub- contracting Others				Date	Time		P r c s c r v		Rema	
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825 ARNOLD, STE. 114 · MARTINEZ, CALIFORNIA 94553 · (415) 229-1512

DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 81978

CLIENT: AUGEAS CORP

CLIENT JOB NO .: V.A. HOSPITAL

DATE RECEIVED:11/26/90

DATE REPORTED:12/03/90

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES by EPA SW-846 Methods 5030 and 8020

LAB			Concentra	etion(ug/ Ethyl	ъ)
#	Sample Identification	Benzene	Toluene	Benzene	Xylenes
1	Lower water level	ND<0.3	ND<0.3	ND<0.3	ND<0.3
2	Upper water level	ND<0.3	ND<0.3	ND<0.3	ND<0.3

ug/L - parts per million (ppm)

Method Detection Limit in Water: 0.3 ug/L

QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15%

MS/MSD Average Recovery = 81%: Duplicate RPD = <?

Richard Srna, Ph.D.

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Home D.W.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 81978

DATE RECEIVED: 11/26/90 DATE REPORTED: 12/03/90

CLIENT: AUGEAS CORP

CLIENT JOB NO.: V.A.HOSPITAL

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS by Modified EPA SW-846 Method 8015

LAB #	Sample Identification	Concentration (mg/L) Diesel Range
1	Lower water level	0.68
2	Upper water level	0.27

mg/L - parts per million (ppm)

Method Detection Limit for Diesel in Water: 0.05 mg/L

QAQC Summary:

Daily Standard run at 200mg/L: RPD Gasoline = NA

RPD Diesel = 6

MS/MSD Average Recovery = 131%: Duplicate RPD = 0.3

Richard Srna, Ph.D.

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DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 81978

DATE RECEIVED:11/26/90

CLIENT: AUGEAS CORP

DATE REPORTED: 12/03/90

CLIENT JOB NO .: V.A.HOSPITAL

ANALYSIS FOR TOTAL OIL AND GREASE by Standard Method 5520F

LAB #	Sample Identification	Concentration(mg/L) Oil & Grease
1	Lower water level	62
2	Upper water level	ND<5

mg/L - parts per million (ppm)

Method Detection Limit for Oil and Grease in Water: 5mg/L

QAQC Summary: Duplicate RPD: 9

Richard Srna, Ph.D.

Chain of Custra, Record

Project No. Project Name V.A. HOSPITAL Samplers DON Light P.O. No. AUGE ASO CORP.								Superior Analytical Laboratory 825 Arnold Dr. Bay 2 Martinez, CA 94553 (415) 229-1512										·
		Time				Matríx	Number of Containers	Sample Preservation	TPH as Gasoline	втхЕ	TPH as Diesel	Oil & Grease	8010	8240				
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825 ARNOLD, STE. 114 . MARTINEZ, CALIFORNIA 94553 . (415) 229-1512

DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82208

CLIENT: BEMCO

CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/03/91

DATE REPORTED: 01/04/91

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES by EPA SW-845 Methods 5030 and 8020

IAR	# Sample Identification	Concentration(ug/L)								
		_	Toluene	Ethyl Benzene	,					
1	Bottom of pit	ND<0.3	ND<0.3	0.3	ND(0.3					

ug/L - parts per billion (ppb)

Method Detection Limit in Water: 0.3 ug/L

QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15% MS/MSD Average Recovery = 107%: Duplicate RPD = 1

Richard Srna, Ph.D.

01/07/1991 09:45 FROM SEMCO SAN MATEO CA. DIV. TO 19092471958

P.02

SUPERIOR ANALYTICAL LABORATORIES, INC.

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DOHS #318 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82206

CLIENT: SEMCO

CLIENT JOB NO.: YA HOSPITAL

DATE RECEIVED: 01/03/91 DATE REPORTED: 01/04/81

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS by Modified EPA SW-848 Method 8015

LAB		Composé notice de la composé
#	Sample Identification	Concentration (mg/1) Diesel Range
		P. POP! WANAG

Bottom of pit

0.28

mg/L - parts per million (ppm)

Method Detection Limit for Diesel in Water: 0.05 mg/L QAQC Summary:

- Daily Standard run at 200mg/L: RPD Gasoline = 0 RPD Dissel = 8 MS/MSD Average Recovery = 111%: Duplicate RPD = 3

Richard Srna, Ph.D.

SEMMO

JAMES C. BATEMAN PETROLEUM SERVICES, INC.

431 W. Fratch Ro. Modesto, Cavil, 95351 General & Engineering Contractors (800) 533-9290 FAX (205) 524-0503

JAMES C. BATEMAN PETRUETH SERVICES, INC.

1741 Leslie St. San leo, Calif. 94402 General & Engineer Contractors (415) 57233 FAX (415) 57754

CHAIN OFWSTODY RECORD

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DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82185

DATE RECEIVED: 12/28/90 DATE REPORTED: 12/28/90

CLIENT: AUGEAS CORP

CLIENT JOB NO.: VA HOSPITAL

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS by Modified EPA SW-846 Method 8015

LAB ≑	Sample Identification	Concentration (mg/kg) Diesel Range
1 /	S.E.Corner #1	ND<10
$\overline{\underline{2}}$	N.E.Corner #2	ND<10
3	C.E.Bottom #3	ND<10
ა	•	ND<10
1	N.W.Bottom #4	
5	West Wall #5	ND<10
6	S.W.Corner #6	ND<10

mg/kg - parts per million (ppm)

Method Detection Limit for Gasoline and Diesel in Soil: 10 mg/Kg

QAQC Summary:

Daily Standard run at 200mg/L: RPD Gasoline =NA ... RPD Diesel = 8

MS/MSD Average Recovery =128 %: Duplicate RPD =3

Richard Stna, Fh.D.

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DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82185

CLIENT: AUGEAS CORP

CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 12/28/90

DATE REPORTED: 01/03/91

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS by EPA METHOD 418.1

LAB # 	Sample Identification	Concentration (mg/Kg) Oil & Grease
1	S.E.Corner #1	ND<20
2	N.E.Corner #2	ND<20
3	C.E.Bottom #3	ND<20
4	N.W.Bottom #4	ND<20
5	West Wall #5	ND<20
6	S.W.Corner #6	ND<20

mg/Kg - parts per million (ppm)

Method Detection Limit for Oil and Grease in Soil: 20mg/Kg

QAQC Summary: Duplicate RPD: 0

Richard Srna, Ph.D.

Laboratory DIrector

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DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82185

DATE RECEIVED:12/28/90

CLIENT: AUGEAS CORP

DATE REPORTED:12/28/90

CLIENT JOB NO.: VA HOSPITAL

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES by EPA SW-846 Methods 5030 and 8020

			Concentration(ug/Kg)					
LAB #	Sample Identification	Benzene	Toluene	Ethyl Benzene	Xylenes			
1	S.E.Corner #1	ND<3	ND<3	ND<3	ND<3			
2	N.E.Corner #2	ND<3	ND<3	ND<3	4			
3	C.E.Bottom #3	ND<3	ND<3	ND<3	ND<3			
4	N.W.Bottom #4	ND<3	ND<3	ND<3	ND<3			
5	West Wall #5	ND<3	ND<3	ND<3	ND<3			
6	S.W.Corner #6	ND<3	ND<3	ND<3	ND<3			

ug/kg - parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/Kg 5

QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15% MS/MSD Average Recovery =114 %: Duplicate RPD =<3

Richard Sinc, Ph.D.

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DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82197

DATE RECEIVED:01/02/91

CLIENT: AUGEAS CORP

DATE REPORTED:12/29/90

CLIENT JOB NO.: VA HOSPITAL

ANALYSIS FOR TOTAL OIL AND GREASE by Standard Method 5520F

LAB # 	Sample Identification	Concentration(mg/Kg) Oil & Grease
1 2 3 ÷ 5 6 7	S,E,WALL N,E,WALL North Wall Right North Wall Center North West Wall West Wall Center South West Wall	2300 4000 2500 13000 820 3500 2000

mg/kg - parts per million (ppm)

Method Detection Limit for Oil and Grease in Soil: 50mg/Kg

QAQC Summary: Duplicate RPD: 17

Richard Srna, Ph.D.

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431 W. Hatch Rd. Modesto, Calif. 95351 General & Engineering Contractors (800) 533-9293 FAX (209) 524 0503



SEMCO

JAMES C. BATEMAN PETROLEUM SERVICES, INC.

1741 Loslie St. San Mateo, Calif. 94402 Grineral & Engineering Contractors (415) 572-8033 FAX (415) 572-9734

CHAIN OF CUSTODY RECORD

		01 0051							
V.A. HOSPITAL	1751 ARROYD ROAD LIVERMORE, CA.		A Anslysis			7			
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825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82197

DATE RECEIVED: 01/02/91 DATE REPORTED: 12/29/90

CLIENT: AUGEAS CORP

CLIENT JOB NO.: VA HOSPITAL

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS by Modified EPA SW-846 Method 8015

LAB	Sample Identification	Concentration (mg/kg) Diesel Range
1 2 3 4 5 6	S,E,WALL N,E,WALL North Wall Right North Wall Center North West Wall West Wall Center South West Wall	1300 1500 1900 6500 930 490 770

Method Detection Limit for Gasoline and Diesel in Soil: 10 mg/Kg QAQC Summary:

Daily Standard run at 200mg/L: RPD Gasoline = NA RPD Diesel = 2
MS/MSD Average Recovery = 128 %: Duplicate RPD = 3

Richard Srna, Ph.D.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82197

DATE RECEIVED:01/02/91 DATE REPORTED:01/02/91

CLIENT: AUGEAS CORP

CLIENT JOB NO.: VA HOSPITAL

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES by EPA SW-846 Methods 5030 and 8020

			Concentration(ug/Kg)						
LAB #	Sample Identification	Benzene	Toluene	Ethyl Benzene	Xylenes				
1 2 3 4 5 6	S,E,WALL N,E,WALL North Wall Right North Wall Center North West Wall West Wall Center South West Wall	ND<150 ND<150 ND<150 ND<150 ND<30 ND<150 ND<15	420 ND<150 ND<150 ND<150 ND<30 ND<150	810 ND<150 ND<150 280 96 ND<150 150	2100 ND<150 ND<150 440 310 ND<150 370				

ug/kg - parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/Kg

QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15% MS/MSD Average Recovery =106%: Duplicate RPD = <6

Richard Sena, Ph.D.

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DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 32197

DATE RECEIVED: 01/02/91

CLIENT: AUGEAS CORP

DATE REPORTED: 01/02/91

CLIENT JOB NO.: VA HOSPITAL

ANALYSIS FOR PETROLEUM HYDROCARBONS, TOTAL RECOVERABLE by Method 418.1

# #	Sample Identification	Concentration (mg/Kg Oil & Grease				
:	S,E,WALL	1300				
: 3	N,E,WALL	1530				
ა <u>•</u>	North Wall Right North Wall Center	2100 22000				
5	North West Wall	140				
E	West Wall Center	2500				
7	South West Wall	71				

mg/kg - parts per million (ppm)

Method Detection Limit for Oil and Grease in Scil: 20mg/Kg

GAGC Summary: Duplicate RPD : 21

Richard Srna. Ph.D.

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Laboratory DIrector

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DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82197

DATE RECEIVED:01/02/91

CLIENT: AUGEAS CORP

DATE REPORTED:12/29/90

CLIENT JOB NO.: VA HOSPITAL

ANALYSIS FOR TOTAL OIL AND GREASE by Standard Method 5520F

LAB # 	Sample Identification	Concentration(mg/Kg) Oil & Grease
1 2 3 4 5 6 7	S,E,WALL N,E,WALL North Wall Right North Wall Center North West Wall West Wall Center South West Wall	2300 4000 2500 13000 820 3500 2000

mg/kg - parts per million (ppm)

Method Detection Limit for Oil and Grease in Soil: 50mg/Eg

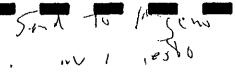
QAQC Summary: Duplicate RPD: 17

Richard Srna, Ph.E.

JA

, BATEMAN PETRO (EUM SERVICES, INC.

431 W. Haich Rd. Modeato Calif 95351 General & Engineering Contractors (800) 533 9293 FAX (209) 524 0503



JAMES C. BATEMAN PERMOLEUM SERVICES

1741 Leelle 8f. San Meteo, Calli. 94402 General & Engineering Contractora (415) 572-8033 FAX (415) 572-9734

CHAIN OF CUSTODY RECORD

82197

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825 ARNOLD, STE. 114 . MARTINEZ, CALIFORNIA 94553 . (415) 229-1512

DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82244

D

CLIENT: SEMCO

CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/09/91 DATE REPORTED: 01/16/91

ANALYSIS FOR TOTAL PETROLEUM HYDROCARBONS by Modified EPA SW-846 Method 8015

LAB #	Sample Identification	Concentration (mg/Kg) Diesel Range				
1	S.E, WALL	ND<10				
2	N.E, WALL	ND<10				
3	N.W.WALL	ND<10				
4	W.WALL, CENTER	ND<10				
5	S.W, WALL	ND<10				
6	South WALL	ND<10				
7	EAST BOTTOM	ND<10-				

Method Detection Limit for Diesel in Soil: 10 mg/Kg

QAQC Summary:

Daily Standard run at 200mg/L: RPD Diesel = 13 MS/MSD Average Recovery = 102%: Duplicate RPD = 3

Richard Srna, Ph.D.

SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 . MARTINEZ, CALIFORNIA 94553 . (415) 229-1512

DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82244

CLIENT: SEMCO

CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED: 01/09/91

DATE REPORTED: 01/16/91

ANALYSIS FOR BENZENE, TOLUENE, ETHYL BENZENE & XYLENES by EPA SW-846 Methods 5030 and 8020

LAB			Concentr	ation(ug/ Ethyl	Kg)
#	Sample Identification	Benzene	Toluene	Benzene	Xylenes
• 1	S.E,WALL	ND<3	ND < 3	ND<3	6
2	N.E.WALL	ND<3	ND < 3	ND<3	4
3	N.W, WALL	ND<3	ND<3	ND<3	ND<3
_ 4	W.WALL, CENTER	ND<3	ND<3	ND<3	ND<3
5	S.W, WALL	ND<3	ND<3	ND<3	4
8	South WALL	ND<3	ND<3	ND<3	ND<3
7	EAST BOTTOM	ND<3	NDK3 📑	ND<3	ND<3

ug/kg - parts per billion (ppb)

Method Detection Limit in Soil: 3 ug/Kg

QAQC Summary:

Daily Standard run at 20ug/L: RPD = <15% MS/MSD Average Recovery = 102%: Duplicate RPD = <6

Richard Srna, Ph.D.

SUPERIOR ANALYTICAL LABORATORIES, INC.

825 ARNOLD, STE. 114 • MARTINEZ, CALIFORNIA 94553 • (415) 229-1512

DOHS #319 DOHS #220

CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82244

CLIENT: SEMCO

CLIENT JOB NO.: VA HOSPITAL

DATE RECEIVED:01/09/91 DATE REPORTED: 01/16/91

ANALYSIS FOR PETROLEUM HYDROCARBONS by Method 9071/418.1

LAB #	Sample Identification	Concentration(mg/Kg) Petroleum Hydrocarbons
		سر حر بين مي بي جي جي جي جي جي جي هي هي هي هي الله بلك فلك للله للله الله الله الله الله الله ال
1	S.E.WALL	ND<20
2	N.E.WALL	ND<20
3	N.W,WALL	ND<20
4	W.WALL, CENTER	ND< SO
5	8.W, WALL	ND<20
6	South WALL	ND<20
7	EAST BOTTOM	ND<20

g/kg - parts per million (ppm)

Method Detection Limit for Petroleum Hydrocarbons in Soil: 20 mg/Kg

QAQC Summary:

MS/MSD Average Recovery = 101%: Duplicate RPD = 2

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CERTIFICATE OF ANALYSIS

LABORATORY NO.: 82244

DATE RECEIVED:01/09/91 DATE REPORTED:01/16/91

CLIENT: SEMCO

CLIENT JOB NO.: VA HOSPITAL

ANALYSIS FOR TOTAL OIL AND GREASE by Standard Method 5520F

LAB #	Sample Identification	Concentration(mg/Kg) Oil & Grease
		
1	S.E.WALL	ND<50
2	N.E, WALL	ND<50
3	N.W.WALL	ND<50
4	W.WALL.CENTER	ND<50
5	S.W,WALL	ND<50
6	South WALL	ND<50
7	EAST BOTTOM	ND<50
-		

j/kg - parts per million (ppm)

Method Detection Limit for Oil and Grease in Soil: 50mg/Kg

QAQC Summary: Duplicate RPD: 7

Richard Srna, Ph.D.

SEMCO

JAMES C. BATEMAN PETROLEUM SERVICES, INC.

431 W, Match Pd. Modesto, Calif. 95251 General & Engineering Contractors (800) 533-939 FAX (209) 524-0500

SEMC

JAMES C. BATEMAN PETROLEUM SERVICES, INC.

7741 Leslie St. San Mated. Calif. 94402 General & Engineering Contractors (415) 572-8033 #AX (415) 572-9734

CHAIN OF CUSTODY RECORD

PROJECT NAME: V. A. HOSPITAL LIVERCHORE 4951 ARPGYO ROAD EA; SAMPLERS (signature): BON LIBET					Number of	Jest Salle						7		REN	ARKS			
Station Number	Date	1	JUN .	T-	Station L	ocation	Con- tainers											
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 	1	017	K	X	WIWALL	CENTER		X	X	X	X		-		<i>3</i> 0		 	
		1030		·	S.W. WA			X	X	X	M			_	31"			
	1	1940	1	(:t	South W			X	X	X	N N				33"	~		
	9.			X	EAST BOT		1	X	X	$\downarrow \times$	X	<u>. </u>	}		0"		خطا د	
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,						.,	<u> </u>		<u>L</u>	<u> </u>				1	4168	Dauling	hy leion	nature):
Relinquished by (signature): Date / Time Received by (signature): 17 To Company or Agency: 1991 Company or Agency 6x y has two company or Agency 6x y has t			and and	1			l by(s lgency		ure):		e / Time	Company (m Agency	/: 				
Relinquished by(signature): Date / Time Received by (signature) Company or Agency: Company or Agency				1	•		i by: Agency	r:		Da	te / Time	Received Company						
Relinquished by(signature): Date / Time Received for Late (signature)				: Dat	te /	' Tim	e i	Renar	ks/Sh	l ippi	ng Informat	lon						



GENE	RATOR
Generator Name ICA Medical Center	Generating Location VA Medical Center
Address 4/95/ Arrogo RD	Λ
Livermore CA 94550	Livermore CA 945SL
Phone No. 415-4472650	Phone No. 415-4472650
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
Dur. Horzardous Dirt	Quantity Units No. Type C - Carton B - Bag T - Truck
	P - Pounds Y - Yards
	O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DVA, MED ATR, Signature	Shipment Date
	PORTER
Truck No. 950	Phone No. 309-578-41100
Transporter Name ICH Hamilton Trucking	Driver Name (Print) STZUE IZA VOCURA
	Vehicle License No./State CA 366518
maresto CA	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Oriver Signature Shipment Date	Driver Signature Delivery Date
DESTI	VATION
Site Name BFI Waste SISTEMS	Phone No. 415-4470491
Address 400 1 10. VOSCO Rd. LIVED	
hereby certify that the above named material has been accepted a	
	090191
M Authorized Agent Signature	Receipt Dafe
10/88	PASS CODE BFI260-720



GENE	ERATOR
Generator Name VA Medical Cerder	Generating Location VA Medical Certier
Address 4951 F111040 RD	Address 4957 Arroyo RD
Livermoie (A 94550	#1 Livermore (A 945EC
Phone No. 415-4472560	Phone No. 4 / 5 - 4 4 7 2 5 6 C
BFI Waste Code Description of Waste	Containers Type Oughtity Units No. Type D - Drum
I'VI') HOTOTOWO Dit+	Quantity Units No. Type C - Carton B - Bag T - Truck
	P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pathological classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature Signature	
	Shipment Date PORTER
Truck No. 960 · 1:	Phone No. 269-578-41100
Transporter Name Kich Fhmilton Truckin	- 6//
Address 1330 1000 1908 FILE	Vehicle License No./State <u>CA 4/05/156</u>
DVOIGHT CH	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Rain Kelles 92 791	Kedin Kelle 227911
Onver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name 13. F. I WOSTE SUBTEN 15	Phone No. 415-417646/
Address 41001 No NO KOL LIVE	more CH
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
of Authorized Agent Signature	Receipt Date
10/86 C	PASS CODE



GENE	RATOR
Generator Name VA Medical Center	Generating Location VA Medical Center
Address 4951 Arrogo RD	Address 4951 A160 yo RD
Livermore CA 94550	Livermore CA 94550
Phone No. 4/5 -4472560	Phone No. 415-4472566
BFI Waste Code	Containers Type Overtity Unite No Type D - Drum
Description of Waste OON HC: 2010US D11+	Quantity Units No. Type C - Carton B - Bag
	T - Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Paranagement of transport classified and packaged, and is in proper condition for transport	in free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature	Shipment Date
	PORTER
Truck No.	Phone No. 309-578-41100
Transporter Name Rich Hamilton Trucking	Driver Name (Print)
127/ 0- 1-2 12	Vehicle License No./State
modesto CA	Vehicle Certification <u> </u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name B.F.I Waste Sustems	Phone No. 415-4470491
Address 4001 no. Va. Sco Ra. Li	vernore ct
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
N of Author ed Agent Signature	MM 52 49 Receipt Date
10/86	PASS CODE

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GENE	RATOR
Generator Name VA MeDICAL Center	Generating Location VA Medical Center
Address 4951 Annogo RD	Address 4951 ARROYO RD
Livermore en 94550	Livermore CA 94550
Phone No. 4 15 4 4 7 2 5 6 0	Phone No. 4/5-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
Nun +broanar Dint	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition to transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No. #950	Phone No. 309-578-4/100
Transporter Name Fich Howithon Trucks	Driver Name (Print) STEUC RAYBOURY
Address 1330 Pouline Ave	Vehicle License No./State 3 C 6518 C F
ministo CH	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	VATION
Site Name 13. F.I LUNCTE SISTENS	Phone No. 415-4470491
Address 41001 100 VOSCO ROLLIVETT	MORE CH 72.3%
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
h Authorized Agent Signature	May 5 69/ Receipt Date
	PASS CODE
10/86	BF1280-720

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No. 535023 V

NDUSTRIES

GENERATOR	
VA Medical Center Generating Locati	on VA Medical Center
	51 Arroyo RD
vermore CA 94550 Li	vermore CA 94550
5-4472650 Phone No. 241	5-4472650
Description of Waste	Containers Type Jantity Units No. Type D - Drum
	Jantity Units No. Type C - Carton B - Bag
lazardais Dirt	T • Truck
	Y - Yárds O - Other
that the above named material does not contain free liquid as define	ned by 40 CFR Part 260.10 or any applicable
t a hazardous waste as defined by 40 CFR Part 261 or any application according to a ackaged, and is in proper condition for transportation according to a	able state law, has been properly described.
ed Cite States	
nt Name Signature TRANSPORTER	Shipment Date
700	0 570 (1111)
	Sieve Rux bourns
Onvo Name (1 mm	ostate 366514 (A.
-ch ch	からっ
the above named material was picked up I hereby certify that	at the above named material was delivered with-
	destination listed below.
Shipment Date Driver Signature	09 26 9 // Delivery Date
DESTINATION	
I Whate SLETENTS Phone N	415-4470491
no vosco Rd. Livermore CF	}
the above named material has been accepted and to the best of my	knowledge the feregoing is true and accurate.
	LOGOVAV
Signature	Receipt Date
	PASS CODE :



GENERATOR
Benerator Name VA Medical Center Generating Location VA Medical Center
Address 4951 ARROYO RD Address 4951 ORROYO ED
Livermore CA 94550 Livermore Ca 94550
Phone No. 415-4472560 Phone No. 415-4472650
3FI Waste Code Description of Waste Quantity Units No. Type D - Drum
NON-Hazardoos Dirt 14 Y O 7 C-Carton B-Bag T-Truck P-Pounds Y-Yards O-Other
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. Supature Shipment Date
TRANSPORTER
Truck No. 900 Phone No. 209 - 578 - 4100
Transporter Name Rich Hamilton Trucking Driver Name (Print)
Address 1336 Pauline Auc. Vehicle License No./State NO HO192 CA
Wodesto ca 95351 - Vehicle Certification 2753
thereby certify that the above named material was picked up. I hereby certify that the above named material was delivered withat the generator site listed above.
Driver Signature Delivery Date
DESTINATION
Site Name BFI WASIE Systems Phone No. 415-4470491
Address -4001 V. Vasco RD Livermore
hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
Signature Signature Receipt Date
Organization report of the control o
PASS CODE



GENE	RATOR
Generator Name 1/4. 114 JICCA CALLEY	Generating Location
Address 1951 AVIONO ROLL	Address 4951 ATTONG ROLL
Liverine (6 44550	LIVERNOYE, ICA 94550
Phone No. 4 15 - 4402560	Phone No. 4/5 - 4472563
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NoN HAZIARDOUS STAT	C · Carton B · Bag T · Truck P · Pounds Y · Yards O · Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, rtation according to applicable regulations.
Serco Takel	08624/
rator Authorized Agent Name Signature TRANS	Shipment Date SPORTER
Truck No. 960 950	Phone No. 209-578-4100
Transporter Name RICH HIGH CIOL TELL	$\Delta A + 1$
Address 336 PAULLE AUF.	Vehicle License No./State No.#8195 CALF.
Address COUNTY SUF.	75 CZ
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
0/-/08/18/91/	SEALL DISTESSIFIT
Oriver Signature Shipment Date	Oriver Signature Delivery Date
DESTI	NATION
Site Name SFI WASTE SUSTEN	S Phone No. 7 / 5 - 4 7 7 0 8 9 -
Address 4001 No. VASCO RD LIDER	MOZE CIA 97550
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
	PASS CODE
10/86	FASS CODE



GEN	ERATOR
Generator Name V.A. Medical Cente	Generating Location Va Medical Center
Address 4951 ARROYO RD	Address 4951 Acroys Ru
Livermore 94550	Livermore 94550
Phone No. 415-4472560	Phone No. 415-4472560
3FI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NOW Hazardous Dirt	C - Carton B - Bag
	T- Truck P · Pounds Y · Yards
	O - Other
	ain free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described, of tation according to applicable regulations.
DUA Med Cute. Signature Signature	D8Z39/
TRAN	SPORTER
Truck No. 960-9501	Phone No. 209 578-4100
Transporter Name Rich Hamilton	Driver Name (Print) Work Keson
Address 1336 Pauline Ave	Vehicle License No./State No.48192 CA
Modesto CA 95351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
C 6 2 2 2 3 7 7	1 July DROPHI
Driver Signature Shipment Date	Driver Signature Delivery Date
DEST	INATION
Site Name BFT WASTE SYSTEM Address 4001 N. Vasco RD	5 Phone No. 415-4470491
Address 4001 N. Vasco RD	1, vermore
I hereby certify that the above named material has been accepted	and to the best of my knowledge the foregoing is true and accurate.
	- COM CATABATI
Name of Authorized Agent Signature	Receipt Date !
_	PASS CODE
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GENE	RATOR
Generator Name	Generating Location 1914 1915 1915
Address	Address
julius en	
Phone No.	Phone No. 5 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
Discourse to the state of the	C - Carton B - Bag
	P - Pounds Y - Yards
	O · Other
	in free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, rtarion according to applicable regulations.
DIA MED, CNR Signature	08239/ Shipment Date
TRANS	SPORTER
	•
•	Phone No.
Transporter Name Fire Files Circle Trace A	
Address 1336 Inchine Auc	
- Modern C+ 98381	Vehicle Certification 275 3
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Oriver Signature Shipment Date	Driver Signature Delivery Date
DEST	NATION
Site Name FEI white Systems	Phone No. 4 / 5 - 4 -: 7 5 4 9 1
Address FOR N. VOSCO KD. L.	cimere
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
10/86	PASS CODE

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GENE	RATOR
Generator Name VA Medical Courter	Generating Location 1/4 - 1/4
Address 4951 firroye RD	Address 4957 May Cos Fr
Livernore CA 94550	Livermore 50 94554
Phone No. 415-4472560	Phone No. 9/5 - 9/475 = 60
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NOW HERRICHOUS DINA	C - Carton B - Bag
	T- Truck P - Pounds
	Y · Yards O · Other
I hereby certify that the above named material does not contain	n free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transpo	t 261 or any applicable state law, has been properly described, rtation according to applicable regulations.
rator Authorized Agent Name Signature	Shipment Date
TRANS	SPORTER
Truck No. 970	Phone No. 209 278-4100
Transporter Name Rich Hamilton Trucking	t 12 · 1
Address 1936 PROTNE FOR	Vehicle License No./State 15954670 =
Modusto CP 45351	Vehicle Certification
hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
ARA ARIEF 08239	Ann Anisaer 0903911 Driver Signature Delivery Date
DEST	NATION
	" Wile City
Site Name BFJ Waste Systems .	Phone No. 4/1/5 - 4/4/7
Address 4001 N. Vasco RD	LIVELAGE
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	*Receipt Date
	PASS CODE



GENE	RATOR
Generator Name VA = The Acad Center	Generating Location VA Medica / Center
	Address 4951 Arroyo RD
,	
Phone No. 915-4472560	Phone No. 415-447556
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
	C - Carton B - Bag
NON Hayardous	T- Truck P - Pounds
	Y · Yards
	in free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, or according to applicable regulations.
JA MECI CNTA Signature Signature	08239/ Shipment Date
TRAN	SPORTER
Truck No 976	Phone No. 2.09 572-4100
Transporter Name Rich Hamilton	Driver Name (Print) ADO ADO TABOLISTA
Address 1336 faul, we fluc	Vehicle License No./State 1595467 C H
Modesta	Vehicle Certification 3753
I hereby certify that the above named material was picked up	I hereby certify that the above named material was delivered with-
at the generator site listed above.	out incident to the destination listed below.
Driver Signature Shipment Date	dAM2 14 12/15/1
·	Driver Signature Delivery Date
	INATION
Site Name BFI Waste System Address 4001 N. Vasco RN	
Address 4001 N. Vasco RA	Livermore
hereby certify that the above named material has been accepted	and to the best of my knowledge the foregoing is true and accurate.
	14/60 082381
N if Authorized Agent Signature	Receipt Date /
	PASS CODE
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GEN	ERATOR
Generator Name VA Medical Cente	Generating Location VA Medical Confin
Address 4951 Arroyo RD	Address 4951. Arroyo RD
Livermore CA 9455	· _
Phone No. 4/5-4972560	Phone No. 4/5-4972560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON MAZARDOUS Dirt.	Quantity Units No. Type C - Carton B - Bag
	T- Truck P · Pounds
-	Y · Yards O · Other
I hereby certify that the above named material does not conta state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transportation for formatting for the formatting for the formatting formatting for the formatting for the formatting for the formatting for the formatting formatting for the formatting f	in free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described, pritation according to applicable regulations.
	SPORTER
×	
Truck No.	Phone No.
Transporter Name Rich Hamilton Trucking	Oriver Name (Print)
Address 1336 Pauline Ave	Vehicle License No./StateCA
Modesto CA 95351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DEST	NATION
Site Name BFT WASE SUSTEMS	Phone No. 4/5-447049/
Address Honi Fire N Vasco	ED Livermare
reby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
10/86	PASS CODE



GENE	RATOR
Generator Name V.A. Medic Al Center	Generating Location VA. Medical Control
Address 4951 Arroyo RD.	Address 4951 Arraya Ro
LIVERMORE CA 94550	Lixemore CA 94550
Phone No. 4 15 - 4472565	Phone No. 7/5-4/472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON MAZARDOUS DIC	C - Carton B - Bag
	T- Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transpor	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, tation according to applicable regulations.
rator Authorized Agent Name Signature	Shipment Date
	PORTER
	306.578-11100
	Phone No. <u>209-578-4/00</u>
Transporter Name Rich HAMILTON Trucking	
Address 1336 Fashine Five	Vehicle License No./State
_ Nimesta CA 95351	Vehicle Certification 2753
hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination-listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	NATION
Site Name_BFI WHISTE SUSTEMS	
Address 4001 NO. VASCO RD	Liurimore
hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	The Harm
Name of Authorized Agent Signature	PASS CODE
,	

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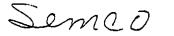
BFI260-720

BF1260-720



GENERATOR
Generator Name VA Medical Center Generating Location VA Medical Center
Address 4951 Arroyo RD Address 4951 Arroyo RS
Livermore CA 94550 Livermore CA 94550
Phone No. 415-4772560 Phone No. 415-4776560
BFI Waste Code Containers Type Description of Waste Quantity Units No. Type D - Drum
NON HAZARDOUS DICH TIME Y DITT C. Carton B. Bag
T- Truck P - Pounds Y - Yards
O - Other
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.
rator Authorized Agent Name Signature Shipment Date
TRANSPORTER
·
Truck No Phone No
Transporter Name Kich Hamilton Trucking Driver Name (Print)
Truck NoPhone No Transporter Name Rich Hamilton Trucking Driver Name (Print) Address 1336 Pauline Ave Vehicle License No./State CA
Transporter Name Kich Hamilton Trucking Driver Name (Print)
Address 1336 Pauline Ave Vehicle License No./State CA
Transporter Name Kich HAMITTON Trucking Driver Name (Print) Address 1336 Pauline Ave Vehicle License No./State CA Vehicle Certification 2.753 I hereby certify that the above named material was picked up: I hereby certify that the above named material was delivered with-
Transporter Name Kich HAMIITON Trucking Driver Name (Print) Address 1336 Pauline Ave Vehicle License No./State CA Vehicle Certification 2753 I hereby certify that the above named material was picked up: I hereby certify that the above named material was picked up: I hereby certify that the above named material was delivered without incident to the destination listed below.
Transporter Name <u>Sich Hamilton Trucking</u> Driver Name (Print) Address 1336 Pauline Ave Vehicle License No./State <u>CA</u> Vehicle Certification 2753 I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was picked up out incident to the destination listed below.
Transporter Name Sich Hamilton Trucking Driver Name (Print) Address 1336 Pauline Aue Vehicle License No./State CA Vehicle Certification 2.753 I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was picked up at the generator site listed above. Shipment Date Driver Signature Delivery Date
Transporter Name (ICh HAMITON Trucking Driver Name (Print) Address 1336 Pauline Ave Vehicle License No./State CA Vehicle Certification 2753 I hereby certify that the above named material was picked up at the generator site listed above. Oriver Signature Shipment Oate Driver Signature Delivery Date DESTINATION
Transporter Name Ch Hamilton Trucking Driver Name (Print) Address 1336 Pauline Ade Vehicle License No./State CA Vehicle Certification 2.753 I hereby certify that the above named material was picked up I hereby certify that the above named material was delivered without incident to the destination listed below. I hereby certify that the above named material was delivered without incident to the destination listed below. I hereby certify that the above named material was delivered without incident to the destination listed below. Driver Signature Delivery Date
Transporter Name Kich Hamilton Trucking Driver Name (Print) Address 1336 Pauline Ave Vehicle License No./State CA Webicle Certification 2753 I hereby certify that the above named material was picked up at the generator site listed above. Driver Signature Shipment Date Driver Signature Delivery Date DESTINATION Site Name BFI WASC SYSTEMS Phone No. 475-4470491 Address 4001 N. VASCO RD LIVECTORSIC CA I hereby certify that the above named material has been accepted and to the best-of-my knowledge the foregoing is true and accurate.
Transporter Name Kich Hamilton Trucking Driver Name (Print) Address 1336 Pauline Ave Vehicle License No./State CA Modesto CA 95351 Vehicle Certification 2753 I hereby certify that the above named material was picked up at the generator site listed above. Driver Signature DESTINATION Site Name FI WASE Systems Phone No. 4/55-4/47049/ Address 4/001 N. VASCO RD Liver Mare CA
Transporter Name Kich Hamilton Trucking Driver Name (Print) Address 1336 Pauline Ave Vehicle License No./State CA Webicle Certification 2753 I hereby certify that the above named material was picked up at the generator site listed above. Driver Signature Shipment Date Driver Signature Delivery Date DESTINATION Site Name BFI WASC SYSTEMS Phone No. 475-4470491 Address 4001 N. VASCO RD LIVECTORSIC CA I hereby certify that the above named material has been accepted and to the best-of-my knowledge the foregoing is true and accurate.





No. 8350111

GENE	RATOR
Generator Name VA Medical (CP, 6766)	Generating Location VA Medical Center
Address 4951 + 1croyo RD	Address 4951 Acroyc RE
Livermore CA 94550	Livermore (A 94550
Phone No. 415-4472560	Phone No. 415-4472540
BFI Waste Code Description of Waste	Containers Type Quantity Units No. Type D - Drum
non Huzardous	C - Carton B - Bag
DICT	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transper	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
D.J.A. M. Ed. Cate Afts	091991
Grator Authorged Agent Name Signature TRANS	Shipment Date PORTER
Truck No.	Phone No. 209-578-#100
	bliver Name (Print) AARY FAMIESE
Address 1330 Pauline HVE	Vehicle License No./State 795467 C p.
modesto CH	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature FARRIETH 09/79/19	Driver Signature Driver Signature Delivery Date
DESTI	VATION
Site Name B.F.I Waste Sustens	5Phone No. 415-4470491
Address 4001 NO. VOSCO Rd. Live	ermore ca
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
Name of Authorized Agent Signature	Receipt Date
10/86	PASS CODE



GENE	RATOR
Generator Name VAL Medical Certer	Generating Location VA Medical Center
Address 4951 Arroyo RD	Address 4951 Arroyo RD
Livermore CA 94533	Livermore CA 94533
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Containers Type Quantity Units No. Type D - Drum
non Hazardious Dirt	- C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
state law, is not a hazardous waste as defined by 40 CFR Par	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described,
classified and packaged, and is in proper condition for transport	ation according to applicable regulations.
DVA MEd. Cuta, 15	0911991
G ator Authorized Agent Name Signature Signature	Shipment Date
TRANS	PORTER
Truck No970	Phone No. 309-578-4100 1
Transporter Name Rich Hamilton Truck	
Address 1336 Philline HVE	Vehicle License No./State CA 1795U67
modesto CA	Vehicle Certification <u>27 5 3</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
AADRIA HARTIELTE. 0917991 Oriver Signature Shipment Date	ANCO TANIECTO 09 18 9 7 Driver Signature Delivery Date
DESTIN	IATION
0 30 -+ 0	ATION
Site Name B.F. L WUSTE SUSTENIS	Phone No. 415-44704611
Address 4001 NO. VOSCO Kd.	LIVERDORE CH
I hereby certify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
	09/89/
Name of Authorized Agent Signature	Receipt Date
	We Hart
10/98	PASS CODE



No. _________

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENE	RATOR
Generator Name	Generating Location
· · · · · · · · · · · · · · · · · · ·	Address Address
Phone No.	Phone No.
BFI Waste Code Description of Waste	Containers Type Quantity Units No. Type D - Drum
	C - Carton B - Bag T - Truck
	P - Pounds Y - Yards
	O - Other
state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
1 4 11 1 1 1 1 1 1 1 1 1	
dor Authorized Agent Name Signature.	Shipment Date
TRANS	PORTER
Truck No970	Phone No
Transporter Name	Driver Name (Print)
·	Vehicle License No./State 13000/12
	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	IATION
Site Name	Phone No.
Address	- Friorie No. Carlottal Ca
I hereby certify that the above named material has been accepted an	ed to the best of my knowledge the foregoing is true and accurate
of Authorized Agent Signature	Receipt Date
10/86	PASS CODE

GENERATOR RETAIN



OWNING-FERRIS INDUSTRIES

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENE	RATOR	
Generator Name VA Medical Center	Generating Location VA Medical Center	
Address 4951 ARROYO RD	Address 4951 ALLOYO KD	
Livermore CA 94550	Liucimore CA 94550	
Phone No. 415-4472566	Phone No. 4/5-4/70560	
3FI Waste Code Description of Waste	Quantity Units No. Type D - Drum	
nan Hazardaus Dirt	C - Carton B - Bag T - Truck	
	P - Pounds Y - Yards O - Other	
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.		
DVA, MEd, CNTR. Signature		
	Shipment Date PORTER	
	Phone No. 309-576-9760	
ransporter Name King Hamitan Trucking	Driver Name (Print)	
Iddress 1334 Ituline the	Vehicle License No./State	
n ratofo CH	Vehicle Certification	
hereby certify that the above named material was picked up the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.	
ADRIP FAMILESTS 091991	LADDE FAMILY, 091991	
nver Signature Shipment Date	Driver Signature Delivery Date	
DESTIN	ATION	
lite Name 15 I WOISTP SUSTENDS	Phone No. 415 447049/	
ddress 4001 no Vasco Rain Livery	6.00 Y.C.C.CH	
hereby certify that the above named material has been accepted an	d to the best of my knowledge the foregoing is true and accurate.	
ame of Authorized Agent Signature	OG / GY V	
Jognadio	/ Receiot Date /	
<i>1</i> /86	PASS CODEBFI260-720	
	DF(200-720	

LUNLOADING AREA COPY



and the second s	707000
GENER	RATOR
Generator Name VA Medical Conter	Generating Location V.A. Medical Center
Address 4951 Arroyo Kd.	Address 4951 ACTOYO-Rd.
Livernore, Ca 94550	Livermore, Ca 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code	Containers Type Ouantity Unite No Type D - Drum
Non Hazardous dict	Quantity Units No. Type C - Carton B - Bag T- Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Part classified and packaged, and is in proper condition for transport	261 or any applicable state law, has been properly described.
erator Authorized Agent Name Signature	Shipment Date
TRANSF	
the second of th	•
Truck No.	Phone No. 209-518-4100
	Driver Name (Print) STEPHEN RAYBOURK!
Address 1336 tailine All.	Vehicle License No./State 38 66518 Ca
Moclesto Ca 95351	Vehicle Certification 2153
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment-Date	Driver Signature Delivery Date
DESTIN	
site Name BF.I. Waste Systems	Phone No. 4 15 44 400 49 1
Address 4001 No. Vasco Rd. Civernia	
I haveby certify that the above named material has been accepted and	to the best of my knowledge the foregoing is true and accurate.
	W/W 12351
N. of Authorized Agent Signature	Receipt Date
	PASS CODE

TRANSPORTER RETAIN

BFI260-720



GENEF	
nerator Name	Generating Location
dress 440 5 7 - 100 - 200 200 200 200 - 20	Address
Tress	LOW LAND THE STATE
one No. 1/ 5 1/ 1/ 7/ 1 - 1	Phone No
Waste Code	Containers Type D - Drum
Description of Waste	Quantity Units No. Type C - Carton B - Bag T- Truck
	P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transpo	n free liquid as defined by 40 CFR Part 260.10 or any applicable to 261 or any applicable state law, has been properly described, rtation according to applicable regulations.
•	Shipment Date
vator Authorized Agent Name Signature	
	SPORTER
Tuck No. 950	Phone No
ransporter Name <u># 17 Selementors Treservinge</u>	Driver Name (Print)
ddress/SE	Vehicle License No./State Skide 3 13
ddress	
hereby certify that the above named material was picked up the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
river Signature Shipment Date	Driver Signature Delivery Date
DEST	INATION
ite Name ETT which you you have	Phone No. 9 / 5 - 14 / 7 / 4 / 1
Address 4501 130 40300 (2)	2014
	and to the best of my knowledge the foregoing is true and accurate
	000091
Name of Authorized Agent Signature	Receipt Date /
	PASS CODE
10/86	8F1260-7

CATONOLIS NEED DOEA

SF1260-720



GENE	RATOR
Generator Name VA Medical ConTer	Generating Location UA medical CCNTCH
Address 4951 ARROYORD	Address 4951 ARROVO RD-
Phone No. 4 15 - 4472560	Phone No. 4/5-4472560
SFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HazarDous wasTE	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
	free liquid as defined by 40 CFR Part 260.10 or any applicable 261 or any applicable state law, has been properly described, station according to applicable regulations.
erator Authorized Agent Name	7 082591 Shipment Date
TRANS	PORTER
Truck No. 950	Phone No. 204-578-4/50
Transporter Name RICH Hamilton Trucking	Driver Name (Print) Steak Keybooki
Address 1336 Phuline ave	Vehicle License No./State 38665 : CH
	Vehicle Certification 2753
hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Driver Signature Shipment Date	St Cal DECTE
	Driver Signature Delivery Date
	ATION
Site Name	Phone No.
Address	
I hereby certify that the above named material has been accepted as	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Ggiatute	neceipt Date /
l	PASS CODE



GENERATOR
enerator Name VII Med. CAL CENTER Generating Location VA Medical Center
1951 GUDDIA RA 4951 Arroun Kd
Livermore Ca 94550 Livermore Ca 94550
1
none No. 7/7/7/7/2/3/2/3/3/Phone No. 7/7/3/3/2/3/2/3/2/3/2/3/2/3/2/3/2/3/2/3/
Pl Waste Code Quantity Units No. Type C - Carton
P-Pounds
Y-Yards O-Other
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described,
classified and packaged, and is in proper condition for trapsportation according to applicable regulations.
DUA, MEd. Cote. 1825 082391
Perator Authorized Agent Name Signature Shipment Date TRANSPORTER
Truck No. 309 578-4/03
Transporter Name Rich Hamilton Trucky Offiver Name (Print) Struck Range (Print)
Address 1336 Pauline AUC Vehicle License No./State 5866518 CA
Modesto Ca 95351 Vehicle Certification 2753
hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.
SZKY DRIZIPI SXKY DBIZINI
Oriver Signature Shipment Date Driver Signature Delivery Date
DESTINATION
Site Name BFI Waste Systems Phone No. 415-4470491
Address 4001 N. Vasco RD I Vermore
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
MER OBER 17
Name of Authorized Agent Signature Receipt Date
PASS CODE
10/86 BFI260-720

tiktokoma (Pak dom



GENE	RATOR
Generator Name V A MEDICAL CELTER	Generating Location V A MEMBY CELLER
Address 751 ARROAD RD	Address 451 ARROAN RO
LIDERMORE CA 94550	<u>Liverius 25 . 04 74550</u>
Phone No. 4/5-7972560	Phone No. 4/5-4/72560
BFI Waste Code	Containers Type D - Drum
NoN HAZIARDOS DIRT	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Paracles and the proper condition for transpoor.	in free liquid as defined by 40 CFR Part 260.10 or any applicable it 261 or any applicable state law, has been properly described, fation according to applicable regulations.
DIA MECI. Cuta, Signature	ORZ39/
	SPORTER
Truck No	Phone No. 209-5)8 4/004.
Transporter Name RICH HAMLTON TRUCKING	Driver Name (Print)
Address 1336 PAULINE AUE.	Vehicle License No./State C
MODESTO CA 9535/	Vehicle Certification 253
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
· Change Change	
Driver Signature Shipment Date	Driver Signature Delivery Date NATION
RET WALLE STEET	
Site Marile 1	45 Phone No. 4/5-4/509//
	24072E
	and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
	2100 0005
10/86	PASS CODEBFI260-720



	GENE	RATOR				
Generator Name VA Medical	Center	Generating Lo	cation V-H	. Medico	1/ 6	سر عباس
Address 4951 ARROYO R						
Livermore Ca 9	4550		LIVE	rmore	CAG	74550
Phone No. 415-477265	0	Phone No.	115-	4772	650	
BFI Waste Code Description of Waste			Quantity	Contai Units No.		Type) - Drum
NON HAzardous.	Dirt		1 4	Y V OI		- Carton - Bag
					P	- Truck - Pounds
					1 .	' - Yards) - Other
I hereby certify that the above named material de state law, is not a hazardous waste as defined to		•	-			
classified and packaged, and is in proper condition	•				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
erator Authorized Agent Name Signatur	1/1/2/	12	0	Shipment Date		
Silver Manufactor Agains (Mario		PORTER		Silphone Bets		
•					•	
Truck No * Transporter Name Rich Hamilton	Truckin	Phone No				
Address 1334 Pauline A		•			· A	
Modestoca a			se No./State ication			
I hereby certify that the above named material was part the generator site listed above.	icked up	I hereby certif		e named material	was delive	ered with-
Driver Signature Ships	nent Date	Driver Signature			Delivery i	Date
	DESTI	NOITAN				:
Site Name BFT WASTE SY Address 4601 No Vasco RI	stem S	Ph	one No. 4 /	5-44	704	191
Address 4601 No Vasco RI	XIL	ermort	<u>e</u>			
I hereby certify that the above named material has be	en accepted a	nd to the best⊲	of my knowledg	e the foregoing is	true.and	accurate.
	_	(_			SPL	77/
Name of Authorized Agent	Signature	//	/ //		Receipt 0	ate /
			PASS CODE			
40						DEIGER 700



GENE	RATOR
Generator Name VA Medic Al Center	Generating Location V.a. Medical Center
Address 4951 Arroyo RD	Address 4951 Arroyo RD
Livermore CA 94558	Livermore CA 94550
Phone No.	Phone No.
BFI Waste Code	Containers Type D - Drum
NON- Hazardous Dirt	C-Carton
	in free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, rtation according to applicable regulations.
DIVA, MED LINTR, Signature	0 8 2.5 9 / · · · ·
	SPORTER
Truck No. 950	Phone No. 209 578-4180 -
Transporter Name Kich Hamilton	Driver Name (Print)
Address 1336 Pauline AVC.	Vehicle License No./State 386532 A
Modesto CA	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
O 8 2 P P P Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name BFI WASTE System Address 4001 N. Vasca Road	5 Phone No. 415-4470491
Address 4001 N. Vasca RoA	D Livermore
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
	PASS CODE



GENER	RATOR
Generator Name V k Medical ConTer	Generating Location U.A. medical conter
Address 495/ ARROVO RD	Address 4951 ARROYO KD
Livermore CA 94550	Livermore Ch 94550
Phone No. 415-4473560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON Hazardous DIRT	C - Carton B - Bag T- Truck
	P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain	n free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Part classified and packaged, and is in proper condition for transport	t 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DIA. MEd. CNTK, Signature Stgnature	OBZ39/ Shipment Date
TRANS	PORTER
Truck No.	Phone No. 209-578-4/00
Transporter Name Rich Harri Tron True	
Address	Vehicle License No./State
	Vehicle Certification 2:75 3
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
	NATION
Site Name 8 F I W45TE SYSTEMS	Phone No. 415-4470491
Address 4001 N UGSCO RD. LIVE	or more
hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date !
19/86	PASS CODEBFI260-720

BFI260-720



10/86

GENE	RATOR
Generator Name VA Medical Center	Generating Location V-A- Wed. Cel Celter 1/9 C 4 Pr
Address 4951 ARROYO KD	Address 4951 ARROYO RD
Livermore CA 94550	Livermore CA 94550
Phone No. 4/5-4472560	Phone No. 4/5-4473500
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON Hazardous Dirt	C - Carton B - Bag T- Truck
	P - Pounds Y - Yards O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, retation according to applicable regulations.
DUA, MEA, CNR, Signature	OBZS91
	PORTER
Truck No. 970	Phone No. 309-578-4/30 \.
Transporter Name Rich HamilTon Trucking	Driver Name (Print) APR TAME I FITZ
Address 1336 PAUlineque	Vehicle License No./State CA- 1795467
hodesto CA 45351	Vehicle Certification 2-753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
AAMO TAMIEST. 082391 Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	NATION
Site Name BFI WGSTC SYSTEMS	Phone No. 415-9470491
Address 4001 N. UGSCO RD- LIV	ier more
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	MAP 002397
Signature	Receipt Date

BFI260-720



10/86

GENER	RATOR
Generator Name VA Medical Conter	Generating Location V.A. Medical Enter
Address 4951 ACTOYN Rd.	Address 4051 HWOYO Rd.
METRINE Ch 94550	Livernove, la 94550
Phone No. 4/5-44/2560	Phone No. 4/5-4475 = 560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
Tion. Huzardons Waste Dir	C - Carton B - Bag T - Truck P - Pounds
	Y-Yards O-Other
	ree liquid as defined by 40 CFR Part 260.10 or any applicable 261 or any applicable state law, has been properly described, tation according to applicable regulations.
yator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No. 970 Transporter Name RICK Hamilton Trucking	Phone No. 209-598-4100 \ Driver Name (Print) LAREY FAIRLIEST.
1-221 Dr. 1 2 A. 6.	
170650 (4 9535)	Vehicle License No./State 1595467 Cu Vehicle Certification 2753 4
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
ADEN TARRIET 08279/ Driver Signature Shipment Date	Driver Signature O8279/
DESTIN	IATION
site Name BFI. Woote Sistems	Phone No. 415-4470491
Address 4001 No. Vasco Fd. Livers	nore (a 94550
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
	MH 08-391
Name of Authorized Agent Signature	Receipt Date
	PASS CODE.



GENERAT	OR
Generator Name VA Medical Conter Gen	nerating Location U. H. Medical Conter
Address 4951 ARROYO RD Add	dress 4951 AKROVO SERO
Livermore CA 94550	Livermore C+ 945550
Phone No. 415-4472565 Pho	one Na. 4 V 5 - 4 4 7 2 5 6 0
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
IVON Hazardous bourste	C - Carton B - Bag
DixT	T- Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain free	e liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Part 261 classified and packaged, and is in proper condition for transportation	or any applicable state law, has been properly described,
DUA, MEC, CATR, Sofiature	OSZJJJ.
TRANSPOR	RTER
Truck No. 960-9501 Pho	one No. 209- 578-4100
Transporter Name Rich HamiTon Trucking Driv	
1824 Pauline Cula	nicle License No./State NOV1892 4
landout CN CC 2001	nicle Certification 2753
I hereby certify that the above named material was picked up	preby certify that the above named material was delivered with-
at the generally size is above.	incident to the destination listed below.
Oriver Signature Shipment Date Orive	er Signature Delivery Date
DESTINAT	ION
Site Name BFI W9STE SYSTEMS	Phone No. 915-4470491
Site Name BFI W9STE SYSTEMS Address 400/ N. V9SCO RD Liver	more
! hereby certify that the above named material has been accepted and to	
Name of Authorized Agent Signature	Receipt Date
10/86	PASS CODE

BF1260-720



10/86

GENE	RATOR
Generator Name VA Mpdical Center	Generating Location VA Medical Center
Address 4951 Arroyo RDI	Address 4951 Accoyo RD
•	Livermore CA 94550
Phone No. 415-4472560	Phone No. 4 15 -4472520
3FI Waste Code	Containers Type D - Drum
Description of Waste NON HAZARDOUS DIRT	Quantity Units No. Type C - Carton B - Bag
	T- Truck
	P - Pounds Y - Yards
	O - Other
	in free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, properly described, properly described according to applicable regulations.
AVA MEdi Cuto. 1/2/2	
rator Authorized Agent Name Signature	Shipment Date
TRANS	SPORTER
· _	Phone No.
Transporter Name Rich Hamilton Truckin	
Address 1336 PAULINE AVE	Vehicle License No./State
Modesto CA. 95351	Vehicle Certification 2753
hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Triver Signature Shipment Date	Meke H IIII
	Driver Signature Delivery Date
	NATION
Site Name BFI WASTE System	5 Phone No. 415-4470419
Address 4001 NO. VASCO RD	L'uermore
eby certify that the above named material has been accepted	and to the best of my knowledge the foregoing is true and accurate.
	V. AN // ON AN
Name of Authorized Agent Signature	Receipt Bate
	PASS CODE

BFI260-720



10/86

GENE	RATOR
Generator Name U.A - Wedical CeviTer	Generating Location UA - Mischiege Courts.
Address 4951 ARROVO RI)	Address 4951 ARROYD XB.
Livermore CA - 94550	Livermore CA 94550
Phone No. 4/5-4472560	Phone No. 9/5-4472560
BFI Waste Code	Containers Type D - Drum
NON Hazardous Dirt	Quantity Units No. Type C - Carton
10 011 (14 247 0043 01)	T- Truck
	Y - Yards
	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, reation according to applicable regulations.
DUA. MEd. Cote: . Ita	
C Stor Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No 970 .	Phone No. 578-4/370
Transporter Name Rich Hamilton Truckin	SDriver Name (Print) APRO TARRETTI
Address 1336 Rauline ave	Vehicle License No./State 1395467 CF
MSd25TO CA 95351	Vehicle Certification 2755
I hereby certify that the above named material was picked up at the generator size listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
MARIS JAMIES 7 08249V Driver Signature Shipment Date	Driver Signature Driver Signature Delivery Date
DEST	NATION
DET WESTE SUSTE	
(1-1) (1)	75 Phone No. 11 3 - 7 4 1 6 7 7 1
Address 7501 N. 09500 KD- 00	Dermore
I-hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
	AM DERHIV
Name of Authorized Agent Signature	Receipt Date /
	PASS CODE



GENERATOR
Generator Name VA Medical Center Generating Location VA Medical Center
Address 4951 A11040 RD Address 4951 A11040 RD
Alod Livermore CA 94550 Livermore (A 94550
Phone No. 4/5-4472560 Phone No. 4/5-4472548
BFI Waste Code Description of Waste Quantity Units No. Type D - Drum
NON HAZARDOUS DIT C-Carto B-Bag T-Truck P-Pound Y-Yards
0 - Other
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.
rator Authorized Agent Name Signature Shipment Date
TRANSPORTER
Truck No. 970 Phone No. 209 578 4/190
Transporter Name Rich Hamilton Truckir Driver Name (Print) dans Literation
Address 1336 Pauline Ave Vehicle License No./State 15954GCA
Modesto CA 94550 Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered with out incident to the destination listed below.
Driver Signature Shipment Date Driver Signature Delivery Date
DESTINATION
Site Name BFI- WASIR SUSTEMS Phone No. 415-4470491 Address 4001 N. VASCO RD /ive (More
Address 4001 N. VASCO RD live(More
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate
Name of Authorized Agent Signature Receipt Date
10/86 PASS CODE



10/86

GENERATOR
Generator Name V. A. medical Center Generating Location VA Medical Center
Address 4951 Arroyo Address 4951 Arroyo RD
Livermore CA 94550 Livermore CA 94550
Phone No. 4/5-4472560 Phone No. 4/5-4472560
BFI Waste Code Description of Waste Quantity Units No. Type D - Drum
MAN MAZARCIANS Dict THY YOUT B-Bag
T- Truck P - Pounds Y - Yards
O - Other
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.
D.V.A., M.Ec.l., Crutz, J.A. D. 82391 Brator Authorized Agent Name Shomeout Date
prator Authorized Agent Name Slopeture : Shipment Date TRANSPORTER
Truck No. Phone No.
Truck NoPhone NoPhone No Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Transporter Name Rich Hamilton Trucking priver Name (Print) 57500 KALLEDRAGE Trucking Priver Name Rich Hamilton Trucking Priver Name (Print) 57500 KALLEDRAGE Trucking Priver Name Rich Hamilton Trucking Priver Name (Print) 57500 KALLEDRAGE Trucking Priver Name Rich Hamilton Trucking Pr
Address B34 Pauline Ave Vehicle License No./State SREEDISCA
Modesto CA 9535/ Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date Driver Signature Delivery Date
DESTINATION
Site Name BFI WASTE Systems Phone No. 4/5-447047
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
JEGHI
Name of Authorized Agent Signature Receipt Dafe /
PASS CODE



10/86

GENE	RATOR
Generator Name VA Medical Center	Generating Location 1/A medical Centre
Address 4951 AKKOVO RD	Address 4951 ARROYO KIL
LIVERMORE CA 94550	Livermore CA 94550
Phone No. 4 15 - 2/473540	Phone No. 415-4472560
BFI Waste Code	Containers Type D - Drum
Non Hazardous DIKT	Quantity Units No. Type C · Carton B · Bag T · Truck P · Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transpor	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, tation according to applicable regulations.
vator Authorized Agent Name Signature	Shipment Date
	PORTER
Truck No. 960	Phone No. 309-578-4/09
Transporter Name Rich Hamilton Trucking	Driver Name (Print) 33.11 TR: Ar
Address 15336 Youline ave	Vehicle License No./State 4D5) 1.50 CH
modesto ch 95351	Véhicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Bright Shipment Date Shipment Date	Driver Signature Driver Signature Delivery Date
DESTI	NATION
Site Name RFI WQ5TE SYSTEMS Address 4001 V45CO RO LIVE	Phone No. 7 5 47 7 6 4 9 1
Address 4001 V45CO RO LIVE	1 more
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
	MA 1921-1
Name of Authorized Agent Signature	Receipt Date
	PASS CODE



GENE	RATOR
Generator Name 11.A. medical center	Generating Location VA medical Center
Address 4951 ARROVO KD	Address 4951 4 KROUD KI)
Livermore CA 94550	Livermore CA 90550
Phone No. 415-4472560	Phone No. 4/15-4472560
BFI Waste Code Description of Waste	Containers Type D - Drum
NON Hazardous DIRT	Quantity Units No. Type C - Carton B - Bag
	T- Truck P - Pounds
	Y · Yards O · Other
I hereby certify that the above named material does not contain	in free liquid as defined by 40 CFR Part 260.10 or any applicable
	rt 261 or any applicable state law, has been properly described,
QVA, Wed. Inte. Who	
grator Authorized Agent Name Signature	Shipment Date SPORTER
TRAIN	
Truck No.	Phone No. 209- 578-418'8
Transporter Name Rich Hamilton Truckin	5 Driver Name (Print) 3111 14 19-7
Address/336 Pauline ave	Vehicle License No./State 4057150 CH
modesto CA 95351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature 082471 Shipment Date	Bullian 0824911 Driver Signature Delivery Date
DEST	NATION
Site Name BFI WASTE SYSTE	75 Phone No. 415-4470491
	Vermore
hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
	1
10/86	PASS CODEBF1260-720



GENERATOR
Generator Name 1/A. Madical center Generating Location VA medica (Center)
Address 4951 ARROVO RD. Address 4951 ARROVO RD.
Liver more CA 94550 Livermore CA 94550
Phone No. 415-4472560 Phone No. 415-4472560
BFI Waste Code Containers Type D - Drum
Description of Waste Ouantity Units No. Type C - Carton B - Bag
T- Truck P - Pounds
Y - Yards O - Other
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for frapsportation according to applicable regulations.
ZVA Bled, Crtn Chitz
rator Authorized Agent Name Signature Shipment Date TRANSPORTER
Truck No. 960 Phone No. 509 - 578-4/50
Transporter Name KICH Hami Ton Trucking Driver Name (Print) Bill IriART
Address 336 Fauline ave Vehicle License No./State 405) 150 (F.
W. Dile STO CH 95351 Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.
BCL Lucat 082K91 Bill Sunat 082 491 Driver Signature Driver Signature Delivery Date
DESTINATION
Site Name BFI Waste systems Phone No. 415-9970491
Address 4001 N. Vasco RD Livermore
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
Name of Authors Agent
Name of Authorized Agent Signature Receipt Date /
PASS CODE
10/86 BFI260-720



GENE	RATOR
Generator Name VA Medical CENTER	Generating Location UA - Medical Courter
Address 4951 ARROYO RD	Address 4951 ARROVO RD
Livermore CH 94550	Liver more CA 04550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Containers Type Quantity Units No. Type D - Drum
NON Hazardous Dirt	Quantity Units No. Type C - Carton B - Bag
	T- Truck P - Pounds
	Y - Yards
I hereby certify that the above named material does not contain	n free liquid as defined by 40 CFR Part 260.10 or any applicable
	t 261 or any applicable state law, has been properly described,
DIA W. C.t.	
rator Authorized Agent Name TRANS	Shipment Date
Truck No. 960	Phone No. 209 578-4/50
Transporter Name Kich Hamilton Trucking	
Address 1336 Pauline ave	Vehicle License No./State 4DS) (50 CA
modesto (A 95351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Blb Land 082 × 91 Driver Signature Shipment Date	Bill Juant 08247! Driver Signature Delivery Date
DESTI	NATION
Site Name BFI Waste Systems	Phone No. 4/5-947049/
	vermore
hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
	WHO DE THE
Name of Authorized Agent Signature	Receipt Date
	PASS CODE



GENE	RATOR
Generator Name 11. Medical Center	Generating Location <u>UA nicelica</u> (Conter
Address 4951 ARROVO KD	Address 4951 ARRONO RD.
Livermore CA 94550	Livermore CA 94550
Phone No. 415-4472540	Phone No. 4/5-4473565
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON Hazardous DirT	C - Carton B - Bag
	T- Truck P - Pounds
	Y - Yards O - Other
	in free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described,
classified and packaged, and is in proper condition for transpo	rtation according to applicable regulations.
Stor Authorized Agent Name	Shipment Date
TRANS	SPORTER
Truck No. = 4950	Phone No. 209 - 578-4/50 4
Transporter Name Rich HamilTon Trucking	Driver Name (Print) Struc Res-bourn
Address 336 Buline ave	Vehicle License No./State 3R(d518 CH
WoodeSTO CA 85351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with-
Style DIEIZIVIE	BISELVIAIN
Driver Signature Shipment Date.	Driver Signature Delivery Date
DESTI	NATION
Site Name BFI Waste Systems	Phone No. 415-4470441
Address 4001 N Vagco RD Live	rmore
I hereby certify that the above named material has been accepted :	and to the best of my knowledge the foregoing is true and accurate.
3	11/1/1002/19/7
Name of Authorized Agent Signature	Receipt Date
	PASS CODE
10/86	8Fi260-720



10/86

GENE	RATOR
Generator Name 17 A President Center	Generating Location VA Predical Certain
Address 4951 A KKOVO RD	Address 4951 HKROVO RIL
Civermore CA 94550	Livermore CH 44550
Phone No. 415-4472565	Phone No. 415-4472565
BFI Waste Code Description of Waste	Containers Type Quantity Units No. Type D - Drum
NON HAZAIMOUS BIRT	Quantity Units No. Type C - Carton B - Bag T- Truck P - Pounds Y - Yards O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described,
rator Authorized Agent Name Signature	
	SPORTER
Truck No	Phone No. 109 578-4700
Transporter Name Kirt HamilTon Trucking	
Address 1336 Pauline Que	Vehicle License No./State 3 K 665 8 CH
modesto CA 95351	Vehicle Certification <u>3</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name BFI Waste Systems	Phone No. 415-4470491
Address 4001 N V45CO RD. Liv	ermore
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
<u> </u>	11/19 082198
Name of Authorized Agent Signature	Receipt Date
	. PASS CODE



10/86

GENER	ATOR
Generator Name V-A. medical carter	Generating Location WA MEDICE 1 CENTER
Address 4951 ARROVO RD	Address 4951 AKKONO KD
Livermore (A 94550	Liverinore CA GUEST
Phone No. 415-4472560	Phone No. 415-4470-65
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON Hazardous DiRT	C · Carton B · Bag
	T- Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain	free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Part classified and packaged, and is in proper condition for transport	261 or any applicable state law, has been properly described, ation according to applicable regulations.
DVA. MEd. (ATR. Stope	
ator Authorized Agent Name Signature TRANS	Shipment Date :* PORTER
Truck No. 970	Phone No. 209 5.78-4/2013
0	Driver Name (Print) LARCO TAREST.
1276 Perling 110	Vehicle License No./State 1395467 5 14
socialty CA OCTOI	Vehicle Certification 2753
I hereby certify that the above named material was picked up	I hereby certify that the above named material was delivered without incident to the destination listed below.
tone Housen 682491	LARENTAMIES IN DERIVIES
Driver Signature/ Shipment Date	Driver Signature Delivery Date
DESTIN	
Site Name 15t 1 Weste System	25 Phone No. 4 75 - 4 4 7 5 4 7 1
Address 4001 V9506 RD C	IV EIMOILE
hereby certify that the above named material has been accepted an	d to the best of my knowledge the foregoing is true and accurate.
	MA DELLE
Name of Authorized Agent Signature	Receipt Date
	PASS CODE



GENE	RATOR
Generator Name V.A. Medical Center	Generating Location UH Madical Care
Address 4951 ARROYO RD-	Address 4951 ARROYO R.D.
LIVERMORD CX 94550	Livermore 1 As 94550
Phone No. 4/5-4/47 2560	Phone No. 415-4473565
2FI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON Hazardous DIRT	C - Carton B - Bag T- Truck
	P - Pounds Y - Yards
	O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DVA. MEd. Cote, Stop	
ator Authorized Agent Name Signature TRANS	PORTER
Truck No	Phone No. 209-5-3-9/00
Transporter Name Aich HamilTon Trucking	P Driver Name (Print) STOIC RAVECTES
Address 1336 Pauline ave	Vehicle License No./State 366515 CA
Mode STO C# 95 25/	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name BFI WasTe SYSTEMS	Phone No. 9/5-997099
Site Name BFI WASTE SYSTEMS Address 4001 N UGSCO RD. LIVE.	rmole
I hereby certify that the above named material has been accepted a	
	DRIGHT
Name of Authorized Agent Signature	Receipt Date
	. PASS CODE



GENERATOR
Generator Name VA Modical Center Generating Location VA Mindical Center
Address 4951 Arroyo RD Address 4951 Acroyo RD
Livermore CA 94550 Livermore CA 94550
Phone No. 415-4472560 Phone No. 415-4472560
BFI Waste Code Containers Type Description of Waste Quantity Units No. Type D - Drum
NON HAZARDOUS DICT 1/4 Y O / T B-Bag
T- Truck P - Pounds
Y - Yards
O - Other
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.
*VIA. Med Cate III-th
Centerator Authorized Agent Name Signature Shipment Date
TRANSPORTER
Truck No. 970 Phone No. 209. 578-51100
Transporter Name Rich Hamilton Trucki Giver Name (Print) LASRIO HARLECT
Address 1386 PAULINE AVE Vehicle License No./State 1585467 CA
Modesto CA 95351 Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.
LARRY HARIEST 082881 JAMES JAMESTO 082891
Driver Signature Shipment Date Oriver Signature Delivery Date
DESTINATION
Site Name BFI WASTE SYSTEMS Phone No. 415-4470491 Address 4001 NO. VASCO RD Livermore
Address 4001 NO. VASCO RD Livermore
reby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
a of Authorized Agent Signature Receipt Oate
necessit data
PASS CODE
10/86 BF1260-72:



GENE	RATOR
Generator Name VA Medical Cente	Generating Location VA Medical Center
Address 4951 Arroyo RD	Address 4951 Arroyc RD
Livermore CA 94550	Livermore (A 94550
Phone No. 4/5-4472566	Phone No. 4/5-4472560
BFI Waste Code Description of Waste	Containers Type D - Drum
NON - HAZAKDOUS Dir.	Guarity Onto No. Type
	T- Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain	in free liquid as defined by 40 CFR Part 260.10 or any applicable
	rt 261 or any applicable state law, has been properly described,
AVA, MEd. Cote. Inte	7_
erator Authorized Agent Name Signature	Shipment Date SPORTER
	SFORTER
	Phone No.
Transporter Name Rich HAMI HOW Truck	Priver Name (Print) Keula Kelley
Address 1336 Pauline A-ve	Vehicle License No./State 405.7150 Cfl
MODESTO CA 95351 .	Vehicle Certification <u>6753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Rein Kelley 082891	Reinkelly 082891
Oriver Signature U Shipment Date	Oriver Signature Delivery Date
DESTI	NATION
Site Name BFT WASIC SYSTEMS Address 4001 N. VASCO RD LI	Phone No. 4/5-447049/
Address 4001 N. VASCO RD LA	vermore
eby certify that the above named material has been accepted a	and to the best of my knewledge the foregoing is true and accurate.
	19 . 092891
Name of Authorized Agent Signature	Receipt Date
	PASS CODE
10/86	BF1260-720



GENE	RATOR
Generator Name VA Mudical Center	Generating Location VA Medical Center
Address 4951 Arroyo RD	Address 4951 Acroso RD
Livermore cA 94550	Livermore CA 94550
Phone No. 415-4472500	Phone No. 475-4472560
BFI Waste Code	Containers Type D - Drum
NON HAZACOUS DICT	Quantity Units No. Type C - Carton B - Bag
	T- Truck
	P - Pounds Y - Yards
	O - Other
	in free liquid as defined by 40 CFR Part 260.10 or any applicable it 261 or any applicable state law, has been properly described,
classified and packaged, and is in proper condition for transport	rtation according to applicable regulations.
VIH, MEC. CNTR. SPER	
erator Authorized Agent Name Signature	SPORTER Shipment Date
INANG	FORMER
Truck No	Phone No.
Transporter Name Rich HAMILTON Trucking	Driver Name (Print)
Address 1336 Pauline Ave	Vehicle License No./State
MODESTO CA 95357	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Mike &	mile of TITT
Driver Signature Shipment Date	Driver Signature Delivery Date
	NATION
Site Name BFI WASTE Sys-lems	Phone No. 4 / 5 - 4 4 7 0 4 9 /
	iver more
yeby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
	- 0808911
Name of Authorized Agent Signature	Receipt Date
1	
	. •



GENE	RATOR
	Generating Location VA Medical Centro
	Address 4951 Arrayo RD
Livermore CA 94550	Livermore CA 94550
Phone No. 415-447250	Phone No. 4/5-4472560
BFI Waste Code	Containers Type D - Drum
Description of Waste #10N - HAZARDOS Dia+	Gdantity diffis No. Type C - Carton
7000	B · Bag
	P · Pounds Y · Yards O · Other
	J J J J J J J J J J J J J J J J J
	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, tration according to applicable regulations.
PULL M-1 Cita	[•] [•] [•] [•] [•] [•] [•] [•] [•] [•]
merator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No. 970	Phone No. 209: 578-4190 1
Transporter Name Rich Hamilton Trucking	Driver Name (Print) LAMO TAME IES
Address 1336 Pauline Ave	Vehicle License No./State 1595467 CA
Modesto CA 95351	
	Vollidio Gottillodilott
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
1289 JAMIETA 08289C	LARES FARICITE 082891
Driver Signature Shipment Date	Driver Signature Delivery Date
	NATION
Site Name BFI WASIC SYSTEMS Address 4001 N. VASCO RD	Phone No. 4/5-4470491
Address 4001 N. VASCO RD	Livermore
reby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
	1 09009V
	Receipt Date/ /
	PASS CODE
10/86	BFi260-720



GENERATO	DR .
Generator Name VA Medical Center Gene	erating Location VA MESICAL CENTER
1. Parity is A	ress 4957 Arroyo. RD.
Livermore CA: 94550	Livermore CA 94550
Phone No. 415-4472560 Phone	ne No. 4/5-4472566
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZARDOUS DICH	C - Carton B - Bag
	T- Truck P · Pounds
·	Y - Yards O - Other
I hereby certify that the above named material does not contain free	
state law, is not a hazardous waste as defined by 40 CFR Part 261 of classified and packaged, and is in proper condition for transportation	
NA. Med. Cota, States	
drator Authorized Agent Name Signature TRANSPORT	Shipment Date
Truck No. 970 Rhon	ne No. 204-578-4100 \
A final Filoto	er Name (Print) ARY NAMIES
	icle License No./State_15954676A
Maderia on next	icle Certification 2753
	reby certify that the above named material was delivered with-
	incident to the destination listed below.
TADEM JAPE IEST 082871 JA Driver Signature Shipment Date Driver	POEN TAPRIES DO 8 8 9 V r Signature Delivery Date
DESTINATION	ON
Site Name_BFI WASIE Systems	Phone No. 47 5 - 44 7 6 49 /
Address 4001 No. VASO RD L	ivermore-
yeby certify that the above named material has been accepted and to-	the best of my knowledge the foregoing is true and accurate.
	2 7 FARIARIA
Name of Authorized Agent Signature	Receipt Date
	PASS CODE

No. 642985√

BF1260-720

Waste Systems

AROWNING-FERRIS INDUSTRIES

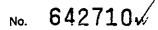
GENE	RATOR
Generator Name VA MedicAC Center	Generating Location VA Medical Center
Address 4951 Arroyo RD	Address 4951 Arroyo RD
Livermore CA 94550	
Phone No. 415-4472500	Phone No. 415-4472560
BFI Waste Code	Containers Type Ougatity Unite No Type D • Drum
NON HAZARDOUS Dir+	C - Carton B - Bag
	T- Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transpo	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DUA, MECLENTA, Signature	082891
	Shipment Date PORTER
Truck No970	200 570 (110)
	Phone No. 209 - 578 - 4100
Transporter Name Kich Hamilbu	Driver Name (Print) ARY TAME 11-81R
Address 1336 DAULINE AVE	Vehicle License No./State CA 1595467
MIODESTO CA 95357	Vehicle Certification <u>075 3</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
14 Men 14 Men 0828911	DARIO MARIEN 0828911
Driver Signature Shipment Date	Driver Signature Delivery Date
Driver Signature Shipment Date DESTI	Delivery Date NATION
Driver Signature Shipment Date	Driver Signature Delivery Date
Driver Signature Shipment Date DESTI	Driver Signature Delivery Date NATION A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Site Name BFI Wase Systems Address 4001 N, VASCO AD	Driver Signature Delivery Date NATION Phone No. 4/5-447049/
Shipment Date DESTIL Site Name BFI WASE Systems Address 4001 N, VASCO MD Teby certify that the above named material has been accepted a	Phone No. 4/5-447049/
Site Name BFI Wase Systems Address 4001 N, VASCO AD	Phone No. 4/5-447049/

8Fi260-720



10/86

GENE	RATOR
Generator Name VA Medical Center	Generating Location VA Medical Center
Address 4951 Arroyo RD	
Livermore CA 94550	Livermore CA 94550
Phone No. 4/5-4472540	Phone No. 415-4472540
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
WON HAZArcious Di	
	in free liquid as defined by 40 CFR Part 260.10 or any applicable it 261 or any applicable state law, has been properly described,
classified and packaged, and is in proper condition for transpo	
	SPORTER
Truck No. 960	Phone No.
Transporter Name Rich HAMIHOUR Truction	Foriver Name (Print) Keuln Kelley
Address 1336 Pauline Ave	Vehicle License No./State 4057 150 CA
Modesto (* 95351	Vehicle Certification <u>9753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Keuri Keiley 0828911 Driver Signature Shipment Date	Driver Signature Reum Relley O8 4 5 9 1 Delivery Date
	NATION
Site Name BFI WASIC SYSTEMS Address 4001 NO. VASIO RD	
Address 4001 NO. VASIO RD	Livermore
reby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date ⁴





PASS CODE_

GENE	nAiUn
Generator Name NA MediCAL Center	Generating Location V.A. Medical Center
Address 4951 ARROYO RD	Address 4951 FARROYO PD
Livermore: CA: 94550	Livermore ca. 94550
Phone No. 415-4473560	Phone No. 415-4472560
3FI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZARDOUS BITT	1 4 Y O 1 T C - Carton B - Bag
	T- Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described,
classified and packaged, and is in proper condition for transpo	rtation according to applicable regulations.
ator Authorized Agent Name	• • •
	Shipment Date
Inanc	FUNIER
, , , , , , , , , , , , , , , , , , ,	
Truck No 960	Phone No. 209-578-4/00
	Phone No. 309-578-4/00. Spriver Name (Print) Keuin Relley
Transporter Name Rich Hamilton Truckin	Spriver Name (Print) Keuin Relley
Transporter Name Rich Framilton Trucky Address 1336 Pauline Ave Modesto Ca 95351 1 hereby certify that the above named material was picked up at the generator site listed above.	Vehicle License No./State 4067/50cA Vehicle Certification 0753 I hereby certify that the above named material was delivered without incident to the destination listed below.
Transporter Name Rich Framilton Truction Address 1336 Pauline Ave Modesto Ca 95351 Thereby certify that the above named material was picked up	Vehicle License No./State 4067/50ch Vehicle Certification 6753 I hereby certify that the above named material was delivered without incident to the destination listed below.
Transporter Name Rich Framilton Trucky Address 1336 Pauline Ave Modesto Ca 95351 1 hereby certify that the above named material was picked up at the generator site listed above.	Vehicle License No./State 4057/500A Vehicle Certification 0753 I hereby certify that the above named material was delivered without incident to the destination listed below.
Transporter Name Rich Framilton Truces Address 1336 Pauline Ave Modesto Ca 95351 1 hereby certify that the above named material was picked up at the generator site listed above. Limikally 082891 Driver Signature DESTI	Vehicle License No./State 4067/500A Vehicle Certification 0753 I hereby certify that the above named material was delivered without incident to the destination listed below. Kernek Lly 082891
Transporter Name Rich Framilton Truces Address 1336 Pauline Ave Modesto Ca 95351 1 hereby certify that the above named material was picked up at the generator site listed above. Limikally 082891 Driver Signature DESTI	Vehicle License No./State 4057/500A Vehicle Certification 0753 I hereby certify that the above named material was delivered without incident to the destination listed below. Kernkelly 082891 Driver Signature Delivery Date
Transporter Name Rich Framilton Trucks Address 1336 Pauline Ave Modesto Ca 95351 1 hereby certify that the above named material was picked up at the generator site listed above. Laure Roy 082891 Driver Signature DESTI	Vehicle License No./State 4057/50CA Vehicle Certification 5753 I hereby certify that the above named material was delivered without incident to the destination listed below. Kerunkelly 582891 Driver Signature Delivery Date
Transporter Name Rich Framilton Trucks Address 1336 Pauline Auc Madesto Ca 95351 Thereby certify that the above named material was picked up at the generator site listed above. Limitally 082891 Driver Signature Shipment Date DESTI Site Name RFT WASTE SYSTEMS Address 4001 No. VASCO RO	Vehicle License No./State 4067/500A Vehicle Certification 0753 I hereby certify that the above named material was delivered without incident to the destination listed below. Kerrik Lly 083891 Driver Signature Delivery Date
Transporter Name Rich Framiliton Trucks Address 1336 Pauline Ave Modesto Ca 95351 I hereby certify that the above named material was picked up at the generator site listed above. Limitally 082891 Driver Signature Shipment Date DESTI Site Name RFT WASTE SYSTEMS Address 4001 No. VASCO RO I bareby certify that the above named material has been accepted a	Vehicle License No./State 4057/50CA Vehicle Certification 0753 I hereby certify that the above named material was delivered without incident to the destination listed below. Kerrik Lly 082891 Driver Signature Delivery Date VATION Phone No. 2/15 - 4470491
Transporter Name Rich Framilton Trucks Address 1336 Pauline Auc Madesto Ca 95351 Thereby certify that the above named material was picked up at the generator site listed above. Limitally 082891 Driver Signature Shipment Date DESTI Site Name RFT WASTE SYSTEMS Address 4001 No. VASCO RO	Vehicle License No./State 4057/50CA Vehicle Certification 0753 I hereby certify that the above named material was delivered without incident to the destination listed below. Kerrik Lly 082891 Driver Signature Delivery Date VATION Phone No. 2/15 - 4470491



NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENE	RATOR
Generator Name VA Medical Center	Generating Location VA Medical Center
Address 4951 ARROYO Rd-	Address 4951 ARROVO Rd.
LIVERPIORE CA 94550	LIVERMORE CA 94650
Phone No. 415-4472560	Phone No. 4/5-4/72560
BFI Waste Code	Containers Type D - Drum
Description of Waste On Hozordus Dirt	Quantity Units No. Type C - Carton B - Bag
	T - Truck
	Y · Yards O · Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DVA. Med Cute States	
Generator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No.	Phone No. 309-578-4100
Transporter Name RICH Hanilte 1, Truck	Driver Name (Print) STEUZ (PAY 600 //
Address 1334 POULINE FIVE	Vehicle License No./State <u>CA 3166518</u>
11 COKETC CH	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator-site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name 1915 I CCETE EXETENTS	Phone No. 416-447041
Address / LI NO. VOC.OO KOLLIVET	nicle CH
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
of Authorized Agent Signature	Receipt Date
Signature	Vecally page
,	PASS CODE

URLDADING AREA COFF



GEN	ERATOR
Generator Name VA Medica/Center	Generating Location <u>VA Medica / Center</u>
Address 4951 Arroyo Rd.	Address 4951 Arroyo Rd-
Livermore CA 94550	LIVERMORE CA 94550
Phone No. 4/5-4470560	Phone No. 4/5-4472540
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
non Hazardous Dirt	C - Carton B - Bag
	T - Truck P - Pounds
·	Y - Yards O - Other
	tin free liquid as defined by 40 CFR Part 260.10 or any applicable
classified and packaged, and is in proper condition for transport	art 261 or any applicable state law, has been properly described, retation according to applicable regulations.
Generator Authorized Agent Name Signature	7 Stripment Date
	SPORTER
Truck No. <u></u>	Phone No. 300-576-41/00
Transporter Name Kich Hamilton Tituck	
Address 1336 Pauline HVE	_ Vehicle License No./State CA 3K66515
nodesto CA	_ Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
STREET ORPGBI	NEDGEN LA
Driver Signature Shipment Date	Driver Signature Delivery Date
DEST	INATION
Site Name 13. F. F. LUCSTP SUSTENS	Phone No. 415-4470491
Address 4001 NO. VOSCO ROLLIVER	nove ch
I hereby certify that the above named material has been accepted	and to the best of my knowledge the foregoing is true and accurate.
N. of Authorized Agent Signature	Receipt Date
3 Siduante Siduante	(Hadaist Maid)
* / *	PASS CODE



GENE	RATOR
Generator Name VA Medical Center	Generating Location VA Medical Center
Address 4951 Arroyo RD	Address 4951 Arroyo RD
Livermore CA 94558	Livermore CA
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
I'Un Hazardus Dit	C - Carton B - Bag T - Truck P - Pounds Y - Yards
	0 - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DVA Med Cota, Story	082687
Generator Authorizéed Agent Name Signature	Shipment Date
990	
Truck No.	Phone No. 309-578-4100
Transporter Name LICE HOOTHER STRUCK	Drives Name (Print)
Address 17.301 1700 III P HVE	Vehicle License No./State
ny aesto ca	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
112 de 7 092691 Driver Signature Shipment Date	112hext 092691
	Delivery Date VATION
	VATION .
Site Name LIFT WOSTE SUPPLIE	Phone No. 411 5 -414704 911
Address HCC1 IC. VOCC IN. LI	Prince CA
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
of Authorized Agent Signature	Receipt Date
- Jyriaure	Neverth Pare 1
·	PASS CODE
dama.	



053	
GEN	ERATOR
Generator Name VA Medical Center	Generating Location VA Medical Center
Address 4957 Arroyo RD	Address 4957 Arrogo RD
Livermore CA 94550	Livermore CA 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Containers Type D - Drum
non Hazardous Dirt	Quantity Units No. Type C - Carton B - Bag
	T - Truck P - Pounds
·	Y - Yards O - Other
I hereby certify that the above named material does not contain	in free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transport	art 261 or any applicable state law, has been properly described.
DVA. Med. Cote States	The state of the s
Generator Authorized Agent Name Signature	Shipment Date
TRANS	SPORTER
· ·	Phone No. 209-578-41100
Transporter Name Kich Hamilton Truckin	Driver Name (Print) MKEX
Address 1336 Paciline HVE	Vehicle License No./State
Modesto CH	Vehicle Certification 3753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
	NATION
Site Name B.F.I Waste Sustems	Phone No. 415-4470491
Address 4001 NO. VOISCO RCI. LIVE	MOVE CH
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
· · · · · · · · · · · · · · · · · · ·	0926917
M Authorized Agent Signature	Receipt Date
	PASS CODE



GENE	RATOR
Generator Name VA Medical Center	Generating Location UA Medical Center
Address 4951 Arroyo Rd	Address 4951 Arroyo Rd
LIVERMORE CA 94550	LIVERMORE CA 94550
Phone No. 4/5-4472560	Phone No. 4/5-4472560
BFI Waste Code Description of Waste	Containers Type Ouantity Units No Type D - Drum
non Hazardous virt	Quantity Units No. Type C - Carton B - Bag
-	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain	r free liquid as defined by 40 CFR Part 260.10 or any applicable
classified and packaged, and is in proper condition for transport	t 261 or any applicable state law, has been properly described, ration according to applicable regulations.
Dolf. Med Cita, Stiffen	077697
Generator Authorized Agent Name Signature	Shipment Date
IHANSI	PORTER
Truck No. <u>990</u>	Phone No. 309-578-4100
Transporter NameKICH HamiltanTrucking	Driver Name (Print) MIKE X
Address 1336 Muline CWE	Vehicle License No./State
n)udifsto (A	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Mile I III	Met III
Oriver Signature Shipment Date	Oriver Signature Delivery Date
DESTIN	ATION
Site Name D. F. I Waste, Susterns	Phone No. 415-4170491
Address 4001 no. Va.500 Rd., L	ivermore CA
I hereby certify that the above named material has been accepted an	nd to the best of my knowledge the foregoing is true and accurate.
af Authorized Agent Signature	MRD 092691
Signature	Receipt Date
	PASS CODE
10/86	BFI260-720



GENE	RATOR
Generator Name VA Medical Center	Generating Location VA Medical Center
Address 4957 Arrayo RD	Address 4957 Actogo RD
Livermore CA 94550	Livermore CA 94560
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Containers Type
non Hazardous Dirt	C - Carton B - Bag
·	T - Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	r free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DVA, Med. Coto, States	PPRBPI
Generator Authorized Agent Name Signature	Shipment Date
COG	PORTER
Truck No. 790	Phone No. 309-578-41100
Transporter Name RICH HCM 11 TUNTILICK	Portver Name (Print) MIKE 16
Address 1334 Pauline Hve	Vehicle License No./State C #
nrdesto ca	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Mile # 092691	mile H OPREGY
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	NATION
Site Name BFI WOSTE SISTENIS	Phone No. 415 -4470491
Address 4001 NO. VOSCO KCI. LI	IEITINGE CH
I hereby certify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
; /of Authorized Agent Signature	1092691
Zof Authonzed Agent Signature	Receipt Daté /
	PASS CODE



GENE	RATOR
Generator Name DA MEGICULO CETCE	Generating Location C'F Mcd Ga C Ga +
Address 1-401 Proced Rd	Address <u>5957 670.00</u> 80
Liver hower is a section	Liverail OF
Phone No. 4 15 - 4 4 7 2 6 5 6	Phone No. 4/5-4-7-64-50
9F1 Waste Code Description of Waste	Quantity Units No. Type D - Drum
non-nozardous Dirt	C - Carton B - Bag
	T- Truck P - Pounds
	Y - Yards O - Other
state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	
Generator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No. 950	Phone No. (509) 508-4100
Transporter Name Rich Italian Trucking	•
Address 1336 Factive five	Vehicle License No./State C = Security
Modesto (4	Vehicle Certification 3053
i hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name DET Useste SustemS	Phone No. 415-4470491
Address Licul A Waseo Rd C.u	ermore EA
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
	(Exy) TADDDPP
Nr of Authorized Agent Signature	Receipt Date
₹	
10/86	PASS CODEBF1260-720



GENE	RATOR
Generator Name UA Medical Center.	Generating Location UP TOROLOGIC CENTER
Address 4451 Accoupt Rd	Address 4991 Acrosso 80
Livermore CA 94550	LIVERTHUTE OF \$ 94-50
Phone No. 41.5-4472650	Phone No. 4 15 - 4 17 2 6 5 0
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
mun-huzardous Dirt	C - Carton B - Bag
	T- Truck P - Pounds
	Y - Yards O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable
classified and packaged, and is in proper condition for transpor	t 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature Signature	2
	Shipment Date PORTER
Truck No	Phone No. (209) 578-4460
Transporter Name Rich Hamilton Trucking	
Address 1336 Pauline Ave	Vehicle License No./State
mudesto CA	Vehicle Certification <u>8953</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
19EDOD COCTE	SAIG TEETEN
	Driver Signature Delivery Date VATION
Site Name BFI waste Systems	Phone No. (4) 15 - (4) 10 4 - 11
Address Gool M. Casco Rd Li	verticit (A
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
NI f Authorized Agent Signature	Receipt Date
. سر	PASS CODE



GENERATOR		
Generator Name OA Medical Cerre	Generating Location UP Theoretic Caree	
Address Logy Acces Ra	Address 4401 Ancho Rd	
Livermore CA 94550	Livermore CA 94550	
Phone No. 415-4472450	Phone No.	
BFI Waste Code Description of Waste	Cuantity Units No Type D - Drum	
= non-neradous : with	Quantity Units No. Type C - Carton B - Bag	
	P - Pounds Y · Yards	
	0 - Other	
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transpor	261 or any applicable state law, has been properly described.	
Generator Authorized Agent Name Signature		
	PORTER	
Truck No. 950	Phone No. (209) 558-400	
Transporter Name Pich Ham Hon Trucking		
	Vehicle License No./State	
	Vehicle Certification 3253	
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.	
19 1007 PM	SXIS TUTINITY	
Driver Signature Shipment Date	Driver Signature / Delivery Date	
	NATION	
Site Name BFI waste Sistems	Phone No. 4 1 5 - 4 4 7 0 4 9 1	
Address 4001 n Dasco Ra Livermore		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
Name of Authorized Agent Signature	18031	
Signature	Receipt Date'	
10/86 -	PASS CODE	



GENE	RATOR
Generator Name VA Medical Center	Generating Location VAMedical CeriteR
Address 495/ ARROYO Rd	Address 4951 HRROYD Rd.
LIVERMORE CA 94550	Livermore CA 94550
Phone No. 4/15-4472650	Phone No. 4/16-4472650
BFI Waste Code Description of Waste-	Quantity Units No. Type D - Drum
non Hazardaus Dirt	C - Carton B - Bag
	T - Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
DVA. MEd. CNTR. Stehn	
Generator Authorized Agent Name Signature	Shipment Date
TRANSI	PORTER
Truck No. 950	Phone No. <u>209-578-4100</u>
Transporter Name Kich HamiltonTruck	Griver Name (Print) Steve Ray bours
Address 1336 rauline HVE	Vehicle License No./State CA 3R66518
nudresto CH	Vehicle Certification
hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	
2 1	
Site Name 13 FI LOGSTE SUSTEMS	Phone No. 41173-41764171
Address 400110060 KCI LIVERNOR	PCH
hereby certify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
Signature Signature	Receipt Date
0/86	PASS CODE

UNLOADING AREA COPY



GENE	RATOR
Generator Name VA HOSDIANI	Generating Location VA HOSUTAI
Address 4951 \$111040 RD	Address 4951 Hridyo RD
Livermore CA	Livermore CA
Phone No. 4/5-4472650	Phone No. 415-4472650
BFI Waste Code Description of Waste	Containers Type Ougantiby Units No. Type D - Drum
NON - HAZARDOUS DIRT	Quantity Units No. Type C - Carton B - Bag T - Truck
	P - Pounds Y - Yards
	O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, fation according to applicable regulations.
DUA MED CNTA Stignature	Shipment Date
	PORTER
Truck No	Phone No. (408) 297-8866
Transporter Name Sufall Trucking	Driver Name (Print) Eric Hakins
Address 1000 3rd Saylose	Vehicle License No./State/590654/
CA.	Vehicle Certification <u>27.53</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Oriver Signature Crue Nauka 10 7 91 Shipment Date	Driver Signature The property Date Delivery Date
DESTI	NATION
Site Name BFI WASTE SYSTEMS	Phone No. 415-4470491
Address 4001 N. VASCO Live	imore CA
I hereby certify that the above named material has been accepted and to the best of my knewledge the foregoing is true and accurate.	
Name / horized Agent Signature	Receipt Date
10/98	PASS CODE

RMTOYDIMS () COS..



GE	NERATOR
	Generating Location VA MediCA/ Center
Address 4957 Arroyo PD	Address 4951 Acrogo RD
Livermoré CA	Livermore CA
Phone No. 415-4472650	Phone No. 415-4472650
BFI Waste Code	Containers Type Ougstite No. T. D - Drum
Now HAZARDOUS Dirt	Quantity Units No. Type C - Carton B - Bag
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T - Truck P - Pounds
	Y - Yards
	0 - Other
I hereby certify that the above named material does not con- state law, is not a hazardous waste as defined by 40 CFR classified and packaged, and is in proper condition for transp	tain free liquid as defined by 40 CFR Part 260.10 or any applicable Part 261 or any applicable state law, has been properly described, partation according to applicable regulations.
D.V.A. MedaCrta Akin	
Generator Authorized Agent Name Signature	Shipment Date
TRAN	ISPORTER
Truck No.	Phone No
Transporter Name	Driver Name (Print)
Address	Vehicle License No./State
· · · · · · · · · · · · · · · · · · ·	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DES	TINATION
Site Name BFT WASTE Systems	Phone No. 415-4470491
Site Name BFT IN ASTE Systems Address 4001 N. VASTO RD &	ivermore CA.
·	and to the best of my knowledge the foregoing is true and accurate.
N of Authorized Agent Signature	Receipt Date
10/86	PASS CODE



*	
Waste Systems	No. 642725√
BROWNING-FERRIS INDUSTRIES NON-HAZARD	OUS SPECIAL WASTE MANIFEST
GENE	RATOR
Generator Name VA Medical Center	Generating Location VA AFAICH CE-TE-
Address 4951 Arroyo RD	Address 4951 Arroup FD
Livemore EA 94550	Livermore (A 9465)
Phone No. 415-4472650	Phone No. 415-4472450
BFI Waste Code Description of Waste	Quantity Units No. Type D · Drum
NON-HAZARDOUS DICT	C - Carton B - Bag T- Truck
	P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not conta state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transpo	in free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261, or any applicable state law, has been properly described,
DVA. M=d. Crta, LV	Shipment Date
	SPORTER
Truck No. = 750	Phone No. 709. STS 7.50
Transporter Name Rich Hamilton Trucking	Driver Name (Print)
Address 1536 fauling Ave	Vehicle License No./State CA Shipter
<u> </u>	Vehicle Certification <u>27.53</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
文 6× CF121791	
Driver Signature Shipment Date	Driver Signature Delivery Date
DEST	NATION
site Name OFT WASTR-SYSTEMS	Phone No. 2115-4470491
Address 4001 W. VASCO RD K	ivermore CA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
· .	7500 3 09FVV
of Authorized Agent Signature	
	Receipt Date /
10,	



OF VI	DATOR
GENE	RATOR
Generator Name VA MEdicHl (enter	Generating Location VA III Edical Centre
Address 4951 Accoup RD	Address Has Fires 20
Livermore CA 94550	Liwermore CA 94550
Phone No. 4115-4472560	Phone No. 4155-4472560
BFI Waste Code	Containers Type D - Drum
Description of Waste NUN +KIZCHOLLS Dir+	Cuantaly Onits No. Type C - Carton
I hereby certify that the above named material door not centain	trac liquid on defined by 40 CSR Red 200 40 and an arrationally
state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	ree liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
DVA. Med Crite, Italy	,
Generator Authorized Agent Name Signature	Shipment Date
TRANSI	PORTER
Truck No. 970	Phone No. 200-578-4180
Transporter Name Kich Hamilton Trucking	Driver Name (Print) LASS JAMIESTA
	Vehicle License No./State CA 1395467
Tixaresto (H	Vehicle Certification2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Ane Another Dry Shipment Date	Driver Signature Delivery Date
DESTIN	IATION
Site Name PFI LUCETE SUFTENE	Phone No. 415-4470401
Address 41001 10 VOGC ROLLIVEIN	
I hereby certify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
	- 10921AI
bf Authorszed Agent Signature	Receipt Date /
·	PASS CODE



bhowletter this lebogrates	
	RATOR
Generator Name UA Medica/Center	Generating Location VA Medical Center
Address 495/ ARROYO Rd	Address 495/ MRRCYO AN
Livermore CA 94550	LIVERMORE CA 74550
Phone No. 4/5-44/72650	Phone No. 4/5-4472650
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
non Hazardous Dirt	C - Carton B - Bag T - Truck
·	P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	r free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
DVA, Med, Critic, Signature Generator Authorized Agent Name Signature	Shipment Date
	PORTER
Truck No	Phone No. 307 - 538-4100
Transporter Name KICH Hamilton Truckin	Orlver Name (Print) STEJE Roybe-2211
Address 1336 Paulme Ave	Vehicle License No./State CH 3/6/5/8
maresto CH	Vehicle Certification <u>27.53</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name B.F.I Waste Suptem 5	Phone No. 415-4470491
Address 4/001 NO VOGCO ROL LIVE	emore ct
I hereby certify that the above named material has been accepted as	nd to the best of my knowledge the foregoing is true and accurate.
i and Authorized Agent Signature	09 219/
Signature - Signature -	Receipt Date
· · · · · · · · · · · · · · · · · · ·	PASS CODE

Waste Systems Market Systems Market Systems Market Systems Market State State Systems Market State St

BIDWHING FERRIS INDUSTRIES 34011 (1) (2) (1) (2)	COC OI LOIAL WATER WATER COT
GENE	RATOR
Generator Name VA MEDICHI CINET	Generating Location VA WEST TO THE CONTROL OF THE SECOND S
Address -1051 11.000 0 100	Address 4951 Hright O. 100
- ivermore CA 94550	Limiting CA 94550
Phone No. 15 15 15 15 15 15 15 15 15 15 15 15 15	Phone No. 7/ 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZAIDOUE NIL+	C - Carton B - Bag
	T- Truck P - Pounds
	Y-Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Parclassified and packaged, and is in proper condition for transposition.	in free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, rtation according to applicable regulations.
Generator Authorized Agent Name Signature	Shipment Date
TRANS	SPORTER
Truck No. 960	Phone No. 209-575-4100
Transporter Name Rich + Kimilton Tructing	GDriver Name (Print) Kouin Kelley
Address 13310 Pauline Ave	Vehicle License No./State C + 4057150
Mirriosto (p	Vehicle Certification 3753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Kein Keller [437]911	Kami Kally 192791
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name BFI WASTE SYSTEMS	Phone No. 415-4470471
Address HOAL NO VASCO PD Li	Sermore CA.
	and to the best of my knowfedge the foregoing is true and accurate.
	670191
obAuthorized Agent Signature	Receipt Date
· · x	
10/96	PASS CODE

GENE	RATOR
edical Cealer	Generating Location VA Medical Center
11040 RD	Address 4951 Arroyc FD
sie CA	Livermore CA
772650	Phone No. 415-4470650
	Containers Type D - Drum
Ition of Waste	Quantity Units No. Type C Carton
	T- Truck P - Pounds
	Y · Yards O · Other
waste as defined by 40 CFR Par	n free liquid as defined by 40 CFR Part 260.10 or any applicable 261 or any applicable state law, has been properly described,
is in proper condition for transpor	rtation according to applicable regulations.
V/R, Signapore	Shipment Date
	SPORTER
	Phone No. 309 -578-4180
"How Tracking	Driver Name (Print) STOUZ RAY COURT
ne Ave	Vehicle License No./State CA 3/2665 3
<u>CA</u>	Vehicle Certification
ned material was picked up	I hereby certify that the above named material was delivered without incident to the destination listed below.
- CF 279/	St Van CFITT
Shipment Date	Driver Signature / Delivery Date
	NATION
ste Systems	Phone No. 4 / 5 - 4 4 7 0 4 9 /
VASCO RD. A	Phone No. 415-447049/
	and to the best of my knowledge the foregoing is true and accurate.
	1900 5 07777V
Signature	Receipt Date
i a	PASS CODE



BROWNING-FERRIS INDUSTRIES 14014 17 (22) 11 10	CCC C. LCD IE TO TOTE WATER LOT
	RATOR
Generator Name VA Medical Center	Generating Location VA Medica H. Center
Address -1951 ACTO40 PD	Address 4957 Acrono PD
Livermone CA 94550	Livermore CA 94550
Phone No. 415-4472650	Phone No. 415 - 4472650
BFI Waste Code	Containers Type
Description of Waste	Quantity Units No. Type D - Drum C - Carton
MOINTHIN ZAKOCO - JAN	B - Bag T- Truck
	P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain	n free liquid as defined by 40 CFR Part 260.10 or any applicable \$261 or any applicable state law, has been properly described,
classified and packaged, and is in proper condition for transpor	
DUH. MEd CWTR, APTI	
Generator Authorized Agent Name Signature TPANS	Shipment Date
Truck No. 970	Phone No. 209 578-9100
	Driver Name (Print) LARRY FARIES
Address 1336 tholine five	Vehicle License No./State CA 1395467
Modesto CA	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Lare 74 melson 192791	LARRY LANGERS 1092791
Driver Signature . Shipment Date	Driver Signature / Delivery Date
DESTI	NATION
Site Name BFI WHSTE SYSTEMS	Phone No. 415-4470491
Address 400 N. VASCO RD	Livermoie CA
I hereby certify that the above named material has been accepted and to the best of my knowledge, the foregoing is true and accurate.	
of Authorized Agent Signature	Til Gay
Gignature	neceipt date
4	PASS CODE
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GENE	RATOR
Generator Name VA Medical Center	Generating Location VA Medical Center
Address 4951 Acroyo ED	Address 4951 Acrosc Rb
Livermore CA	Livermore CH
Phone No. 415-4472650	Phone No. 415-4472 650
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZARDOUS DIE	
	P - Pounds Y - Yards
	O · Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Particles and packaged, and is in proper condition for transpo	in free liquid as defined by 40 CFR Part 260.10 or any applicable 1,261 or any applicable state law, has been properly described, tration according to applicable regulations.
DUA. MEd. Crite. MA	
Generator Authorized Agent Name Signature	Shipment Date
TRAINS	SPORTER (200)
Truck No. 970	Phone No. 578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) ARE TARKET
Address 1336 Fastine Ave	Vehicle License No./State CA (595467
Modesto CA	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Oriver Signature OF2751 Shipment Date	Ana Analista 0727911 Driver Signature Delivery Date
DESTI	NATION
Site Name BFI WASTE SYSTEM Address 4001 N. VASCO RD	Phone No. 4/5-4478491
Address 4001 N. VASCO RD	
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
of Authorized Access	1600 1 972 191
of Authorized Agent Signature	Receipt Date
1000c	PASS CODE

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Showfulled Elinia introduction	
GENE	RATOR
Generator Name VA Medical Center	
Address 4951 ArroyD RD	Address 4951 Arroya RD
Livermore CA 94550	Livermore CA 94550
Phone No. 415-4472650	Phone No. 415-4472650
BFI Waste Code Description of Waste	Containers Type
DUD HOROLOUS THE	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a nazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	r free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
D.V.A. MEd. Cote.	
Generator Authorized Agent Name Signature	Shipment Date
C20	
2	Phone No. <u>909-578-4600</u>
Transporter Name KICh HOADIHUD Trucking	·
	Vehicle License No./State 1795467
1 IN JUCKESTO CA	Vehicle Certification <u>2753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
ACC ACCICATO 92751 Driver Signature Shipment Date	ARS ARRIED Delivery Date
DESTIN	VATION
Site Name B. F. I Wist Sustens	Phone No. 415-4470461
Address 4001 no Vasao Ka Liver	TITURE CH.
I hereby certify that the above named material has been accepted as	nd to the best of my knowledge the foregoing is true and accurate.
of Authorized Agent Signature	Recaipt Date
10/86	PASS CODE



GENE	RATOR
Generator Name VA Modical Center	Generating Location VA Medical Genter
Address 4957 Arroyo RD	Address 4951 Acroyc RD
Litermoie CA	Livermore CA
Phone No. 415 4472650	Phone No. 415-4472650
BFI Waste Code	Containers Type Output Outpu
NON HAZARDOUS Drit	Quantity Units No. Type C - Carton B - Bag
	T - Truck P - Pounds
	Y - Ŷards
	O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable it 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DUA Mode Cute, Liter	
Generator Authorized Agent Name	Shipment Date
	PORTER
Truck No. Q-1U	Phone No. 408-297-8868
Transporter Name _ Gp: Tfall TRucking	Driver Name (Print) DeRA/d Rugge
Address 1000 5 37n	Vehicle License No./State IZ 09844
SANTOSA CA 95112	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Derul R Max 10791	
Oriver Signature Shipment Date	Oriver Signature Delivery Date
DESTI	NATION .
Site Name BFI WHSIP Systems 1-17	Phone No. 415-4470491
Address 4001 N. VASCO RD Liveir	noic CA.
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
	WAT TO TO TO
of Authorized Agent Signature	Receipt Date
•	PASS CODE
10/88	25000 200



GENE	RATOR
Benerator Name VA Medical Center	Generating Location VA Medical Cerrier
4957 Norma Ri	Address 4957 Arroya RD
Levermore CA	Liverance CA
Phone No. 415-4472650	Phone No. 415-4472650
	Containers Type
3FI Waste Code Description of Waste	Quantity Units No. Type D - Drum C - Carton
NON HAZARDOUS DICT	B - Bag T - Truck
!	P - Pounds Y - Yards
	0 - Other
I hereby certify that the above named material does not conta state law, is not a hazardous waste as defined by 40 CFR Po- classified and packaged, and is in proper condition for transpo-	in free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described, retation according to applicable regulations.
DUA, MEd, Critical Agent Name	Shipment Date
	SPORTER
Truck No. G8	Phone No. (408) 297-8868
Transporter Name Gridal Trucking	_ Driver Name (Print) LARRY D. MANIEY
Address 1000 & 3nd St	Vehicle License No./State
Stan Jose CA 95112	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
	Tany 0.1/ and ey 1007:
Driver Signature Shipment Date	Oriver Signature / Delivery Date
	TINATION
Site Name BET WASTE SYSTEMS	Phone No. 4 N.5 - 7 9 7 17 17
Address 4001 N. VASCO RD	Livermore CA
I hereby certify that the above named material has been accepted	I and to the best of my knowledge the foregoing is true and accurate.
N of Authorized Arents Signature	Receipt Date
N of Authorized Agent → Signature	1
	PASS CODEBFI260-72
102	prizor/2

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GENERATOR	
	Generating Location VF Medical Parks
aste Code Description of Waste Description of Waste Description of Waste	Phone No. 4 1 5 4 7 7 7 7 6 5 6 Containers Type D - Drum C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other I free liquid as defined by 40 CFR Part 260.10 or any applicable to 261 or any applicable state law, has been properly described,
assified and packaged, and is in proper condition for transport	Shipment Date
No	PORTER Phone No. 409-207-8565
	Vehicle License No./State T7.050 4/4/
by certify that the above named material was picked up generator site listed above.	Vehicle Certification
gnature Shipment Date	Driver Signature Delivery Date
me fest i Driver Scietams	Phone No. 415-4470491
y certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
Authorized Agent Signature	Receipt Date



GENE	RATOR
Generator Name VA Medical Center	Generating Location VA Modical Center
Address 4957 Arroyo Ro	Address 4957 Arroya RD
Livermore CA	Livermore CA
	Phone No. 415-4472450
	Phone No. C C C C C C C C C C C C C C C C C C C
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum C - Carton
NON HAZArdous Dirt	B - Bag
	P - Pounds
	Y - Yards O - Other
	r free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a nazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DUA, Mad. Cole, fly	, ,
Generator Authorized Agent Name Signature TRANS	Shipment Date PORTER
M-9	
Truck No.	Phone No. 297.8868
Transporter Name Srifall Trucking	Driver Name (Print) Eric Hawkins
Address 1000 Sid Conflose	Vehicle License No./State
	Vehicle Certification <u>3753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
_ Cri Zbuka 10 791	Ou Zangus 10 7 91
Driver Signature Shipment Date	Driver Signature Delivery Date
100	NATION §
Site Name BFI WASIR Systems	Phone No. H 5 - 4 470 491
Address 4001 N. VASIO RD Livermole CA-	
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
! of Authorized Agent Signature	Receipt Date
- Signature	necestr pare /
10/96	PASS CODE

ms™

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENERA	TOR
nedical Penter G	enerating Location VA Medical Center
111040 RD A	ddress 1951 Acroyo RD
ie CA	Livermore CA
4470650 p	hone No. 4 15 -4472650
Description of Waste	Containers Type Ougatity Units No. Type D - Drum
aldous Dirt	Quantity Units No. Type C - Carton B - Bag
. , , , , , , , , , , , , , , , , , , ,	T - Truck P - Pounds
	Y - Yards
above named material does not contain fr	ee liquid as defined by 40 CFR Part 260.10 or any applicable
ardous waste as defined by 40 CFR Part 2 d, and is in proper condition for transportation	61 or any applicable state law, has been properly described,
City Man	The according to applicable regulations.
Signature	Shipment Date
TRANSPO	RTER
PI	hone No. <u>297-8868</u>
refall Trucking o	river Name (Print) Eric Hawburg
	ehicle License No./State <u>/509</u>
{/	ehicle Certification <u>0753</u>
	nereby certify that the above named material was delivered with-
Lui 10791	a) / /
	Car 7 Dupon 1017 91
	Eru Dukus 10791 Ver Signature Delivery Date
	ver Signature Delivery Date
Shipment Date Dri	rver Signature Delivery Date TION
Shipment Date Dri	rver Signature Delivery Date TION
Shipment Date Dri DESTINA STE SYSTEMS VASCO RD . LiverMo	rver Signature Delivery Date TION
DESTINA THE SYSTEMS VASCO RD . Livermo ve named material has been accepted and to	Phone No. 4 5 - 7 7 0 4 7 V To the best of my knowledge the foregoing is true and accurate.
Shipment Date Dri DESTINA STE SYSTEMS VASCO RD . LiverMo	Phone No. 4/5 - 7/7 0 4/7 /

BF1260-720



GENE	RATOR
Generator Name VA. Medical Center	Generating Location VA Medical Center
Address 4951 Hirogo RD	Address 4951 Arroya RD
Livermore CA	Livermore (A
Phone No. 475-4472650	Phone No. 4 15-4475650
BFI Waste Code Description of Waste	Containers Type Departing the No. Type
Non Hazardous Dirt	C - Carton B - Bag
	T - Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transpor	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name	
	Shipment Date PORTER
Truck No	
	Phone No
Address 1000 5 37n 57	. —
	Vehicle License No./State 209844
I hereby certify that the above named material was picked up	Vehicle Certification \(\subset \subse
at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Derald Miggs 10791 Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name BFI WASTE Systems	Phone No. 415-4476491
Address 4001 N- 1 A-500 RD	Livermore CA.
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
Nar of Authorized Agent Signature	ald Rigg 1 10791
Signature	Receipt Date
10/88	PASS CODEBFI260-720

UNLOADING ARE



GENE	RATOR
Generator Name VA Hospital	Generating Location 4951 Hriogo RD
Address H951 H11040 RD	Address Livermore
Livermore CA	
Phone No. 4/5-4472650	Phone No. 7 15 - 7 17 18 16 5 C
BFI Waste Code Description of Waste	Containers Type
NON-HAZOIDOUS Dirt	Guantity Units No. Type C - Carton B - Bag
	T - Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transpor	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DVA, Med. Cuter Soft	
Generator Authorized Agent Name Signature	Shipment Date
Truck No. 29	Phone No. 297-8868
Transporter Name Znfull Fruck	Driver Name (Print) Eric Wautens
Address 1000 3rd Salper	Vehicle License No./State 1590654
CA.	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Driver Signature Shipment Date	E: Daliver Signature Delivery Date
	NATION
DET When Conforme	7/1/5 2010751101
Address 4001 N. Vaso RD	Phone No. [7] P - 7 F/ / C F/ F/ /
Address 4001 N. Vaxo RD	
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
10/86	PASS CODE

BF1260-720



GENE	RATOR
Generator Name 110 +105(11)	Generating Location
Address 4/95/ 1/11/11 10	Address
Lupimero AA	Later many
Phone No. 4/15-4/4/77650	Phone No.
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZHODOUS Din+	Quantity Units No. Type C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain	free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport.	t 261 or any applicable state law, has been properly described.
ator Authorized Agent Name Signature	
1	Shipment Date PORTER
Mansi	CHIZA
Truck No	Phone No. 445-2-2-7-67-67
Transporter Name Grifall TRulling	Driver Name (Print) 10 chald Rio. 55
σ	Vehicle License No./State 120 = 5
San Jase OA 95/12	Vehicle Certification <u>0753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
	Electrical de la little de la l
Oriver Signature Shipment Date:	Driver Signature Delivery Date
DESTIN	ATION
Site Name <u>FIT ON THE SUSTEMS</u> Address <u>SUBJEMS</u>	Phone No. 4 1 5 4 7 C 4 7 V
Address 4001 N. Unico RD Live	mere
I hereby certify that the above named material has been accepted an	d to the best of my knowledge the foregoing is true and accurate.
	11/40 14 2 19
me of Authorized Agent Signature	Receipt Date
•	PASS CODE



GENERATOR	
Generator Name 1/A Hospital	Generating Location VA HOSDHA
Address 4957 Alloyo RD	Address 4951 +11000 RD
Livermore CA.	Livermore CA
Phone No. 4/5-4472650	Phone No. 4/5-447265C
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZARDOUS Di+	Quantity Units No. Type C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain	n free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Paclassified and packaged, and is in proper condition for transport	rt 261 or any applicable state law, has been properly described.
D.V.A. MEd. Cota Step	7
Generator Authorized Agent Name Signature	Shipment Date PORTER
•	Phone No. 408-297-8868
Transporter Name <u>FRIFAII TRUCKING</u>	
	Vehicle License No./State / Z 0 9 8 4 4
	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
	Derold Ringa 10791
Driver Signature Shipment Date	Driver Signature Delivery Date
	NATION
Site Name BFI WASTE SYSTEMS	Phone No. 4/5-4/78/4/9/
Address 4001 N. VASCO RD	LIVEIMORD
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Signature	Leodariz rigité
10/86	PASS CODE



GEN	ERATOR
Generator Name //// 1/03/04/21	Generating Location 1/F - 1/2 , c/4/
Address Fig. 1 dentile (1)	Address
Lipsipper (1)	Larger Car
Phone No. 4/5-4/70660	Phone No.
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZARDOUS DII+	C - Carton B - Bag T - Truck P - Pounds Y - Yards
state law, is not a hazardous waste as defined by 40 CFR Paclassified and packaged, and is in proper condition for transpo	in free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described, relation according to applicable regulations.
Generator Authorized Agent Name Signature:	Shipment Date
Truck No. 29	Phone No. (402) (797-7767
	Driver Name (Print) Print House
Transporter Name Schild Touching Address 1000 3 15 100 face	Vehicle License No./State
	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
S DESTI	NATION
Site Name ETT UNTIP Systeins	Phone No. 1 1 5 - 14 7 4 5 7
Address 4061 N. VH_(O K)	LIMPINGIE (A.
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
e of Authorized Agent Signature	Milly Receipt Date
10/88	PASS CODE



GENERATOR		
Generator Name UA 1000 cas Se HT	Generating Location CF MEdical Co. Ter	
Address TREI ROLLO Rd	Address 4951 MARCONO DE	
1 WETNIGHE FOR 94550	Livermore FA 94550	
Phone No. 1115-4472450	Phone No. 4/5-4472650	
BFI Waste Code	Containers Type D - Drum	
FILE- I INTERPORAS U.C.	Quantity Units No. Type C - Carton B - Bag T- Truck P - Pounds Y - Yards O - Other	
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.		
Generator Authorized Agent Name Signature	1 0 0 7 9 / Shipment Date	
	SPORTER	
Truck No. 990	Phone No. (209) 578-4100	
Transporter Name Rich Hamilton Trucking		
Address 1336 tauline Rue		
midesto PA	Vehicle Certification 35 2753	
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.	
3 02 1 HO 0 79 /	Bile train 160791	
	Delivery Date NATION	
Site Name BFI Waste Systems		
	Phone No. 75-9770497	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
4	WILL TURNET	
Nof Authorized Agent Signature	Receipt Date	
	PASS CODE	



GENE	RATOR
Generator Name DA TRECICAS CONTER	Generating Location
Address HTT HILLS Rd	Address Live Live Rd
Liveringe 11+ 94350	customers to 04500
Phone No. 4 15 - 4470650	Phone No. 4 5 5 - 4 4 7 24 5 0
BFI Waste Code	Containers Type D • Drum
Description of Waste	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
Generator Authorized Agent Name Signature	Shipment Date
	SPORTER
Truck No. 990.	Phone No. <u>309</u> <u>508</u> GICG
Transporter Name Rich Hamilton Tracking	Driver Name (Print) 311 IRIART
Address 1336 Fledene Ave	Vehicle License No./State <u>CA</u>
modesto CA	Vehicle Certification <u>2753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Bold die aut Delivery Date
DESTI	NATION
Site Name BFI Woste Systems	Phone No. 491
Address GCOL A Vasco Rd	Livermore de
I <u>-</u> ~	and to the best of my knowledge the foregoing is true and accurate.
N of Authorized Agent Signature	Receipt Date
* · .,	PASS CODE

UNLOADING APENTIC

BF1260-720



GENE	RATOR
Generator Name	Generating Location 1997 1990 1997
Address 455 Mills 10 Rd	Address 4957 Arrana Pal
= comore the futto	Livernore 17 94550
Phone No. 4 5 - 4 5 7 3 6 50	Phone No. 4 5 - 4 7 7 2 4 5 0
BFI Waste Code	Containers Type
Description of Waste	Quantity Units No. Type C - Carton B - Bag
Committee Contraction of the	T- Truck P - Pounds
	Y - Yards O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Pal classified and packaged, and is in proper condition for transpo	t 261 or any applicable state law, has been properly described, rtation according to applicable regulations.
DIA. Medinter Stiffy	100791
Generator Authorized Agent Name Signature TRANS	Shipment Date
Truck No.	Phone No. (SCB) 578-4100
Transporter Name H. C. S. H. H. H. H. K. K. K. K.	· •
Address Address	Vehicle License No./State
111人立とこの マチ	Vehicle Certification 3753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Leat 100791 Shipment Date	Bill durait 100771
DESTI	NATION
Site Name BFI Waste Systems	Phone No. (1) 5 - (1) 0 (4) 1
Address LCCI (L DUSCO Fd (0-more (-)
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
	HER TEXTEN
N Of Authorized Agent Signature	Receipt Date/
	. Dies coor
10/86	PASS CODE

aste ⁄stems™

GENER	ATOR
Un Medical CENTER	Generating Location OA MEDICAL CP
· HERWIE Rd	Address 4951 Rekoul Rd
muse da 94550	Lisemore CA Prints
15-4073650	Phone No. 475-4473450
	Containers Type
Description of Waste	Quantity Units No. Type D - Drum C - Carton
randous U.T	B - Bag T- Truck
	P - Pounds Y - Yards
	O - Other
not a hazardous waste as defined by 40 CFR Part	free liquid as defined by 40 CFR Part 260.10 or any applicable 261 or any applicable state law, has been properly described,
packaged, and is in proper condition for transport	ation according to applicable regulations.
gent Name Signature	Shipment Date
TRANS	PORTER
	Phone No. (209) 578-4100
iRich minuten Trucking	Driver Name (Print) 33:11 IR 13 R
5 !	Vehicle License No./State
Action 1811	Vehicle Certification <u>9753</u>
at the above named material was picked up ite listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
1- [[] []	Car includent to the destination isted below.
Shipment Date	Driver Signature Delivery Date
DESTIN	ATION
I Waste Systems	Phone No. 4 15 - 4 7 2 4 9 /
1 M. Dasau Rd L.	vermore éa
at the above named material has been accepted an	nd to the best of my knowledge the foregoing is true and accurate.
	May VELDEN
ent Signature	Receipt Date
	PASS CODE
	BFI260-720
UNLOADING A	READ OF THE PROPERTY OF THE PR



GENE	ERATOR
Generator Name VA Medical Certier	Generating Location VA Medical Cen
Address 4951 A11040 RD	Address 4951 Acroyo RD
Livermore EA	Livermore CA
Phone No. 415-4472650	Phone No. 4/5-4/475650
BFI Waste Code Description of Waste	Containers Type Dugatity Units No. 7 D- Drum
NON HAZO 10:003. Dirt	Quantity Units No. Type C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not conta state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transpo	in free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described, station according to applicable regulations.
D.U.A. Med. Crte flife	
Generator Authorized Agent Name Signature	Shipment Date
e).	
· · · · · · · · · · · · · · · · · · ·	Phone No. 408-297-8868
Transporter Name 6 Bit All TRUCK ing	Driver Name (Print) Ponald niegs
Address <u>31000 5.3 Th</u>	Vehicle License No./State 120984404
5AN TOBE PA 95112	Vehicle Certification <u>2753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Esalat Miggs 10791	
Otiver Signature Shipment Date	Driver Signature Delivery Date
	NATION
Site Name BFI WHSTE Systems	Phone No. 415-4470491
Address 400/ N. VASCO RD	Liveimore
hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
Signature	necessit date /
	PASS CODE
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GENE	RATOR
Generator Name VA Medical Center	Generating Location VA Medical Center
Address 4951 Arroyo RD	Address 4957 Arroyo ND
Livermore CA	Livermore CA
Phone No. # 15-4472450	Phone No. 415-4472650
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZARDOUS Dirt	
	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
D.VA. Med. Cota, Step	,
Generator Authorized Agent Name Signature	Shipment Date
THANS	PORTER
Truck No. 68	Phone No. 408-297-8868
Transporter Name Visial Laucking	Driver Name (Print) LARRY D MANIEY
Address OCO J328 ST	Vehicle License No./State
Van Jose	Vehicle Certification <u>2753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	NATION
	Phone No. 4/5-4470491
	ermore CA.
I hereby certify that the above named material has been accepted at	and to the best of my knowledge the foregoing is true and accurate.
te of Authorized Agent Signature	Receipt Date
	BACC CODE
7 · 10/86	PASS CODEBFI260-720

שינות יו ביות מסד



GENE	RATOR .	
Generator Name VA AVENCENTEN	Generating Location VA MEDICAL CANDIDA	
Address -1951 PINECOC IRD	Address 199 1 Harry 190	
Kind Rece CH	Liverine Cr	
Phone No. 4115-4470456	Phone No. 4/15-44/706:0	
BFI Waste Code Description of Waste	Containers Type Quantity Units No. Type D - Drum	
NON +AZOIDOUS DIA	C - Carton B - Bag	
	T - Truck P - Pounds Y S Yards	
	O - Other	
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.		
DUA. Med. Inta Stets		
Generator Authorized Agent Name Signature	Shipment Date	
TRANS	PORTER	
Truck No.	Phone No	
Transporter Name Sittle Valueling	Driver Name (Print) Eric Name (2)	
	Vehicle License No./State	
	Vehicle Certification 2753	
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.	
	Eyen I vent	
Oriver Signature Shipment Date	Driver Signature Delivery Date	
" DESTI	NATION	
Site Name BFL WHITE-Eysten's	Phone No. 415-4476491	
Address 4001 N. VASCO RD	Elivernice Ca	
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.	
20	100141	
Authorized Agent Signature Signature	Receipt Date.	
	PASS CODE	
10/86	BF1260-720	

GENERATOR RETAIN



GENE	RATOR
Generator Name UA Mcdical Center	Generating Location UA Medical CENTER
Address 4951 Arrogo RJ	Address 4951 Arrogo RJ
Livermore Ca. 94550	. Livernore Ca. 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
Non Hozardous PirT	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Parclassified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
artor Authorized Agent Name	Shipment Date
TRANS	PORTER
Truck No. 960	Phone No. 209-578-4100
Transporter Name Rich Hamilton Tracking	Driver Name (Print) Kovin Kelleg
Address 1336 Payling Aug.	Vehicle License No./State 4057150 Ca.
Modes To Ca. 95351	Vehicle Certification 27 53
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Kein Kelley 103191 Driver Signature Shipment Date	Keris Kelley [103[9]] Driver Signature Delivery Date
DESTI	NATION
	4116 647614191
11600	Livermore Ca.
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
10/86	PASS CODE
	8FI260-720



GENERATOR
Generator Name VA MEDICAL CENTER Generating Location VA MEDICAL CENTER
Address 495/ ARROYD RO, Address 495/ ARROYD RO.
LIVERTHORE, CA 94550 LIVERMORE, CA 94550
Phone No. 415-4472560 Phone No. 415-4472560
BFI Waste Code Containers Type Description of Waste Quantity Units No. Type D - Drum
HON HUZUROUS DIZ Quantity Units No. Type C-Carton B-Bag
T - Truck P - Pounds
Y - Yards
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260 10 or any applicable.
state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.
VAMC Palal W. James 191
erator Authorized Agent Name Signature Shipment Date
TRANSPORTER
Truck No Phone No Phone No 27- 578- 4/00
Transporter Name KICH HATAILION TRUCKLINGDriver Name (Print) STEUR RAYBOURING
Address 1336 PAVLIHE AUE. Vehicle License No./State 3866518 CALIF.
MOESIO, CA 9535 / Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.
THIRDY LANGUED LEGITED IN SIZE
Driver Signature Shipment Oate Oriver Signature Delivery Date
DESTINATION
Site Name 15. F. L WASIE SSIERS Phone No. 415-4470491
Address 400/ No. MASIO PD. LIVERTLOTE, CA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature
Signature Signature Receipt Date /
PASS CODE

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GENE	RATOR
Generator Name V. A NEDICAL CENTER	Generating Location V. A. MEDICAL CENTER
Address 4951 ARROYO Rd	Address 4951 ARROYO Rd
LIVERMORE CA 94550	LIVERNIORE CA 94550
Phone No. 415-4472560	Phone No. 4/5-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
	7 9 0 C - Carton B - Bag
NON HAZARDOUS DIRT	T - Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
To Authorized Agent Name Signature	103191
	Shipment Date PORTER
Truck No. 990	Phone No. 209 - 578 - 4100
Transporter Name Bich Hamilton TRucking	
Address 1336 PAULINE AVE	Vehicle License No./State 4053320 CA.
MODESTO CA 95351	Vehicle Certification 206782 (2753)
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
12ke Doward 103191	Mike Doward 1/03/19/
Driver Signature . Shipment Date	Oriver Signature Delivery Date
DESTIN	
Site Name BFI WASTE SYSTEMS	Phone No. 9/5 _497049/
Address 4001 NO. VASCO Rd. LI	VERMORE CA.
Thereby certify-that the above named material chas been accepted an	or to the best of my knowledge the foregoing is true and accurate:
	190 9 10 BIAT
Name of Authorized Agent Signature	Receipt Date /
	PASS CODE

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GENE	RATOR
	,
Generator Name VA MCSCFA	Generating Location VA Hit (: HA)
Address 4951 HRROYO RIS	Address 4951 Hickell KD
LIVIMOIO (A	Livernice CA
Phone No. 415-4475651	Phone No. 4 1 5 - 4 4 7 2 6 5 1
BFI Waste Code	- Containers Type
MON HAZARDOUS DILL	Quantity Units No. Type C - Carton B - Bag
	T - Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	
Generator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No. 550	Phone No. 209 576
Transporter Name RICH HAMIHON Trucking	
	Vehicle License No./State 2753 C #
Modecto (A	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Onver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	7
• 0	ATION
Site Name BFI WHSTE SYMENTS	Phone No. 8 15 -4 4 7 C 4 9 1
Address 4001 N. VASLO KI)	Tivermore CA
I hereby certify that the above named material has been accepted an	d to the best of my knowledge the foregoing is true and accurate.
	198 7 1707 1300
e of Authorized Agent Signature	Receipt Date
	. PASS CODE



GENE	RATOR
Generator Name VA HASPITAL	Generating Location VA HOSDIAN
Address 4951 Arroyo 20	Address 4951 Acrogo RD
Livermore CA	Livernoie CA
Phone No. 4/5-4472651	Phone No.
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZAPDOUS DIG	C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
i hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DVA and late Akh	7
Ganerator Authorized Agent Name Signature	. Shipment Date
/	PORTER
Truck No. 950	Phone No
Truck No	Driver Name (Print)
	Vehicle License No./State CA 326634
	Vehicle Certification <u>3753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
	Strate Francisco
Oriver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	ATION
Site Name BFI WASTE Systms	Phone No. 415-4470471
Address 4001 N. VASCO RN L.V	oimore
I hereby-certify-that-the-above-named material-has-been-accepted an	d to the east of my knowledge the forecoing is true and accurate
	1 4 7 MILETON
of Authorized Agent Signature	Receipt Daté /
	PASS CODE
10/86	# BFI260-720



GENE	ERATOR
Generator Name VA Hospital	Generating Location VA Huspital
Address 495 [Acroyo 20	_ Address 4951 \$ 11040 RD
Livernois CA.	Livernoic CA
Phone No. 415-4470651	Phone No. 415-4472651
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZOIDOS Dirt	C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transpor	in free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
ator Authorized Agent Name	7
	Shipment Date PORTER
Section 1980	C 76-111/C
Truck No. Piels No.	Phone No. <u>578-4100</u>
Transporter Name Kich Hemillon Tructing	Driver Name (Print)
Address 1336 tauline Que	Vehicle License No./State
Modesta Ca	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	NATION
Site Name RF1 WASTE SUSPINS	Phone No. 415 -445 649
Address 4001 N. VXKCO PD	h. vermole
l-hereby certify that the above named material has been accepted an	nd to the best of my knowledge the foregoing to true and accorate:
<u>, </u>	Jay O PODISTY
Name of Authorized Agent Signature	Receipt Date /
	PASS CODE
7/86	BF1260-720

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NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENEI	RATOR
Generator Name VA HOSpHA	Generating Location VA HUSDITAL
Address 4951 ARRO40	Address 4951 ARROUG RD
L. URRMOID CA	Livermore CA
Phone No. 4/5-4470651	Phone No. 415-4473651
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NEW MAZALOOUS. DILT	
	T - Truck P - Pounds Y - Yards
	O - Other
	r free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ration according to applicable regulations.
	W. Kans 402491
ator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No	Phone No. 209 570-4100
Transporter Name Nich Hamilton Trucking	Driver Name (Print) APRIC TIME = 1
Address 1334 Pauline Ave	Vehicle License No./State CA 135,546.7
Midesto (H	Vehicle Certification <u>2753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Driver Signature Driver Signature Driver Signature	Driver Signature ARCHEST Delivery Date
DESTI	NATION
Site Name BFI WASIR Sustans	Phone No. 415-447049(
Address 4001 N. VASCO RD	Livernoe CA.
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
-	15m 2. 170 1391
Name of Authorized Agent Signature	Receipt Date /
	PASS CODE

." 1 7" 3 PE-00P



GENE	ERATOR
Generator Name VA Hospital	Generating Location VA Hospital
Address 4951 Acroys PD	Address 4951 Acroyn RD
Livermore CA	Liverinore CA
Phone No. 4/5-4472651	Phone No. 415-4472651
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NOW HAZARDOUS D'V+ *	C - Carton B - Bag T - Truck
	P - Pounds Y - Yards
	O - Other
	in free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described, ration according to applicable regulations.
Tator Authorized Agent Name Septature	1 DQV9(
	SPORTER
Truck No. 970	
	Phone No. 578-4100
Transporter Name P.ch Ham, How Trucking	Driver Name (Print) 3 AVRO 7202(51)
Address 1336 tansine Rue	Vehicle License No./State CA 1795467
Modesto CA	Vehicle Certification <u>2753</u>
I hereby certify that the above named material was picked up at the generator site listed above)	I hereby certify that the above named material was delivered without incident to the destination listed below.
LAMO FAMIFIT /102491	Jane Famish 1024811
Driver Signature Shipment Date	Driver Signature Delivery Date
DEST	NATION
Site Name BF1 WASTE Systems	Phone No. 415-4470491
Address 4001 N. VASCO RD	livermore CA.
I hereby certify that the above named material has been accepted a	and to the pest of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	DR DR Receipt Date
10/86	PASS CODEBFi260-720

UNLOADING 4REGISST



GENE	RATOR
Generator Name VA HOSPITAL	Generating Location VA Locartal
Address LIACT ALLOGO RD	Address 4951 Arroun 120
Lipermore CA	hivermere C+
Phone No. 415-4472651	Phone No. 415-4472651
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NUN +AZARDOUS DIC+ -	Quantity Units No. Type C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transport	rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Grator Authorized Agent Name Signature Signature	7 102491
	Shipment Date
Truck No. 976	ETEMICO
-	Phone No. 578-4100
Transporter Name Rich Homil-lan Tirring	<i>,</i>
Address 1776 Faultite HVe	Vehicle License No./State CA 1355467
11 070=to (A	Vehicle Certification <u>2153</u>
I hereby certify that the above named material was picked up at the generator site-listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
1200 MERIEST 10249V	LAM CHIRIST VORYEV
Driver Signature Shipment Date	Driver Signature Delivery Date NATION
	NATION
Site Name GIT WASTP Syspens	Phone No. 415-4176491
Address 4001 N. VAE CO RD	Livermore CA.
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	1 Eag 7 11 DOM
Name of Authorized Agent Signature	Receipt Daté /
· • · .	PASS CODE
10/86	BFI260-720



GENES (GENES)	RATOR
Generator Name U. H. Hospital	Generating Location U.H. Hospital
Address 4951 HOLOGO DA	Address 4951 Haroun Da
LIUFRINDRE CA	LIVERMONE Es.
Phone No. 415-4472650	Phone No. 415-4472650
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
Non HAZARdous Dinl	C - Carton B - Bag T - Truck
	P - Pounds Y - Yards
	O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DVA, ned Cuts. Alter	101791
Grator Authorized Agent Name Signature	Shipment Date
IRANS	PORTER
Truck No	Phone No. 209-578-4100
Transporter Name Rich Hamilton	Driver Name (Print)
Address 1336 PALINE AUR	Vehicle License No./State 3R6651X CR
Abde to Ca	Vehicle Certification <u>2753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
· ·	
$O(T \cdot I)$	NATION
site Name Bit Wasta Systan	S Phone No. 475-4470491
Address 4001 N. VASCO 1201 1	I.VIAMORD G.
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	MAP Receipt Date
10/86	PASS CODE
ZADLOAD	ING 4854 007



Victoria i mano maso mano	DOGO OF ECIME TO TOTAL MANUELOT
GE	NERATOR
Generator Name U. H. Hospital	Generating Location
Address 4951 40000 RA	Address 4951 Aproco DA
LIVERMONE 1/2	LIVERNIORE IN
Phone No. 4/5-4472650	Phone No. 415-4472450
BFI Waste Code Description of Waste	Containers Type Ouantity Linits No Type D - Drum
NON HAZHEROUS Diet	Quantity Units No. Type C - Carton B - Bag T - Truck
	P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not con	tain free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR classified and packaged, and is in proper condition for transp	Part 261 or any applicable state law, has been properly described
DIM See 1 (+	contained according to applicable regulations.
G ator Authorized Agent Name Signature	Shipment Date
	NSPORTER
Truck No970	Phone No. 209 538-4/60
Transporter Name Rich Hamilton	
Address 1336 Paulivia Auri	_ Driver Name (Print)
1 1 1	Vehicle License No./State 1595467
	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site/listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
ADD FADRIER 101751 Driver Signature Shipment Date	Driver Signature AMDIES TO 1791 Delivery Date
DEST	TINATION
Site Name B.F.I. WASTER ScostE	95 Phone No. 4/5-447046/
Address 4001 XI UASCO DA L	WERMORE GA.
hereby certify that the above named material has been accepted	and to the best of my knowledge the foregoing is true and accurate.
	MAD MADE
lame of Authorized Agent Signature	Receipt Date
0/86	PASS CODE
•	8FI260-720



GENE	RATOR
Generator Name VA + 10501-1791	Generating Location VA Y/ospi+A/
	Address 4951 Friogo RD
Livermore (n	Livermoic CA
Phone No. 415-4472650	Phone No. 415-4472650
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZardous Dirt	Quantity Units No. Type C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par	r free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described,
classified and packaged, and is in proper condition for transport	ation according to applicable regulations.
D.V.A. WEd Cote. With	7
Grator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
	Phone No. 209-575-9100
Transporter Name KICh HAMILTON Tru	Driver Name (Print)
Address 1336 Paulino Aug	Vehicle License No./State 3/2665 \$ 672
Modesto Ca	Vehicle Certification <u>2753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
101791	St Kank [12,77]
Oriver Signature Shipment Date	Oriver Signature Delivery Date
DESTIN	IATION
Site Name BLS WASTE SYSTEMS	Phone No. 7/5-447049/
Address 4001 N. VNSCO RD /	.vermore
hereby certify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
	MA SEXPEX
Name of Authorized Agent Signature	Receipt Date
0/86	PASS CODE



P-OWNING-LENUIS INDOSTRIES	TOO OF LOWER TO TO IT INVITAILED I
GENE	RATOR
Generator Name U. 4 Hos Dital	Generating Location UA, Hospital
Address 4951 Hazogo Rd	Address Hapago Rd
Justinua F Ga	Livenmine ka
Phone No. 415-4472650	Phone No. 4/5-4472650
BFI Waste Code Description of Waste	Containers Type Ougnity Unite No Type D - Drum
Hun HAZANdas DRI	Quantity Units No. Type C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain	n free liquid as defined by 40 CFR Part 260,10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transpor	rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DVA. Jud. Cuts Mites	101791
Grator Authorized Agent Name Agnature	Shipment Date
TRANS	PORTER
Truck No	Phone No. <u>209</u> 578 - 4100
Transporter Name Rich HAMI. Tou	Driver Name (Print) Sieue Kayana
Address 1336 PAULINE Rd	Vehicle License No./State 3R66518
Moderto la	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator-site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Se la 10177911	SINGL IDITERI
Driver Signature { Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name B. FI. Waste Systems	Phone No. 4/5_4/9999/
Address 4001 XI. VASCO DA	Livin more Es.
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
No. of Author 2 April	Miller Versey
Name of Authorized Agent Signature	Receipt Date
•	Page cons
10/86	PASS CODEBFI260-720

Waste Systems ™

NON-HAZARDOUS SPECIAL WASTE MANIFEST

TOWNING PERING INDUSTRIES	TOO OF LOWER WHOTE WHAT LOT
GENE	RATOR
Generator Name V.A. Hospital	Generating Location U.A. Hospital
Address 4951 ARROSO Rd	Address 4951 Harous
LIVERMORE A.	LIVISAMORE CALS
Phone No. 415-4472650	Phone No. 415-4472650
BFI Waste Code	Containers Type Ougnitive No. T D - Drum
Now HAZARbous Diz/	C - Carton
11/12/2001 9/2/	B - Bag T - Truck P - Pounds
	Y - Yards
hereby certify that the above named material does not contain	n free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transpor	rt 261 or any applicable state law, has been properly described.
DUA sud Centr Stifty	101791
G ator Adthorized Agent Name Algnature	Shipment Date PORTER
Truck No	Phone No. 209- 578-4100
Transporter Name Rich HAMILTON	Driver Name (Print) LAGE CHAMIES
Address 1336 Holino Aus	Vehicle License No./State 1395467
Modern Glar	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
LARCO HAMIESTAN 161791	dAmp hanists 101791
Driver Signature Shipment Date	Driver Siggature Delivery Date
0.66	NATION
Site Name S.F. WASTE Systems	Phone No. 415 447097
Address 4001 N. VASCO LIVERMU	2/4
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
	
10/86	PASS CODE
THE TAX AND ADDRESS OF THE ADDRESS O	BE260-720

UNLOADING AREA DOP"



GENE	RATOR
Generator Name / / / / / / / / / / / / / / / / / / /	Generating Location UPA TIMES CON CARAGE
Address	Address FAROVO Ed
Livermire OF 94550	ENGERANCE OF GEROLD
Phone No. 4 5 - 4 7 3 2 2 5 0	Phone No. 415-4472450-
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
Bun Buller Ers Coppe	C - Carton B - Bag
	T- Truck P - Pounds
•	Y - Yards O - Other
	r free liquid as defined by 40 CFR Part 260_10 or any applicable t 261 or any applicable state law, has been properly described, tation according to applicable regulations.
	PORTER
Truck No. 970	(3.0) (555)
, (Phone No. (209) 578-1000
Transporter Name Process Constitution Tracks G	Driver Name (Print) JAMES 7408 15% =
Address 13312 " - Cul R. LUR	Vehicle License No./State
Muderto OH	Vehicle Certification <u>2753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
10169V	LARO 14018121 101691
Oriver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	NATION
Site Name DFI Waste Sistems	Phone No. 21, 5 - 4770491
Address Hull 17 Dazo Za Liver	THUTE I'M
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent	70/69/
Name of Authorized Agent Signature	Receipt Date /
	PASS CODE
10/86	8F1260-720



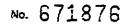
GENE	RATOR
Generator Name VA Medical Center	Generating Location VA Medical Center
Address 4951 Arrogo RD	Address 4951 Arroyo RD
Livermore CA	Livermore CA
Phone No. 415-4470650	Phone No. 4/15-4472650
BFI Waste Code Description of Waste	Containers Type D - Drum
NON HAZARDOUS DICH	Quantity Units No. Type C - Carton B - Bag
	P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, station according to applicable regulations.
DVA. Med Cutr. 18	
rator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No950	Phone No. (209) 578-4100
Transporter Name Rich HAMEHAN Trucking	Driver Name (Print) STOUR RAY COUP. 1
Address 1336 Pauline Ave	Vehicle License No./State CA 3R66518
Modesto CA	Vehicle Certification2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name BFI WASIE Systems	Phone No. 415 -4470491
Site Name BFI WASIE Systems Address 4051 N. VASIO RD	Invermore CA
I hereby certify that the above named material has been accepted at	nd to the best of my knowledge the foregoing is true and accurate.
	and VOVERN
Name of Authorized Agent Signature	Receipt Date
5.	PASS CODE
10/86	8F1260-720



GENE	RATOR
Generator Name VA Medical Center	Generating Location VA Medical Certe
· · · · · · · · · · · · · · · · · · ·	Address 4951 ALLOGO RD
Livermore CA	Livermore CA
Phone No. 415-4472450 -	Phone No. 415-4475650
BFI Waste Code Description of Waste	Containers Type D - Drum
NON HAZARDOOS DIV+	Quantity Units No. Type C - Carton B - Bag T - Truck
	P - Pounds Y'- Yards O - Other
I haraby cartify that the above named material data and contain	——————————————————————————————————————
state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for trapspoof	n free liquid as defined by 40 CFR Part 260.10 or any applicable nt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
D.V.A. MEd. Cuta Stife	
e ator Authorized Agent Name Signature	Shipment Date
	PURIER
Truck No. 950	Phone No. <u>209</u> <u>578-4100</u>
Transporter Name Kich HAMISTON Trucking	Driver Name (Print) STEUC KAYOOURY
Address 1336 Pauline Ave	
\sim	Vehicle Certification <u>3753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination./listed below.
Driver Signature Stripment Date.	Driver Signature Delivery Date
DESTIN	NATION
RET MAGE (None	
Hans 11 1/10 02	Phone No. [4] 11 15 -4 17 10 4 19 10
Addiess	Livermore OA.
I hereby certify that the above named material has been accepted as	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	MA A Receipt Dafe
••	
10/88	PASS CODE BF1260-720



GENER	RATOR
Generator Name U. H. Medical Center	Generating Location O A Mica and Service
Address 14-51 Silving 20	Address Fire Ga
1-1-1-10-10 CH -14550	Livermore in Section
Phone No 15-492450	Phone No. 4 5 - 4 7 2 7 5 5
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
inch hezardous wirt	C - Carton B - Bag
.	T- Truck P · Pounds
	Y - Yards O - Other
state-law, is not a hazardous waste as defined by 40 CFB Particles and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Diff. MEd. Criter Signettire	Shipment Date
	PORTER
Truck No. Fire I want Hon Trucking	Phone No. 2K = 55.8-4160
Transporter Name 1336 - Cauche Rive	Driver Name (Print) LADEL HAPPIECH
The same of the term of the same of the sa	Vehicle License No./State 2 1395467
4	Vehicle Certification3
I hereby certify that the above named material was picked up at the generator site listed above.	
AREV HARIES FO 1691 Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name BFI Worte Systems	Phone No. 4 1 - 4 4 7 4 4 1
Address 1 1 COSCO RO C. U.	4 more (-4
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
	MAN NOVER
Name of Authorized Agent Signature	Receipt Date/
10/86	PASS CODEBF1260-720



BF1260-720



GENE	RATOR
Generator Name U. A 11/EDIEAL CENTER	Generating Location U.A. MEDICA CENTER
Address 4951 HAROGO Rd	Address 4551 HORAGO RI
Livermoce PA	LINGAMORE BA
Phone No. 415-4472560	Phone No. (115-(1472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
HON HAZIAR DOUS DIRL	7 4 9 01 7 C - Carton B - Bag
, -	T - Truck P - Pounds
	Y - Yards O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DVA. med line flith	103151
ator Authorized Agent Name Signature TRANS	Shipment Date
	Phone No. 201-578-4/20 Driver Name (Print) ARC A100165. Vehicle License No/State 1395467 Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature ARCHARLET JOBICI Shipment Date	HRV MIRE / 108/5/ Driver Signature Delivery Date
DESTIN	VATION
Site Name B.F.I. WASE Sustains	Phone No. 4/5-4470497
Address 4001 No VASCO Rd	LIVERMORE (4.
hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
	/ My / VIVI31991
Name of Authorized Agent Signature	Receipt Date/ /
•	PASS CODE

BF1260-720



GEN	IERATOR
Generator Name VA MEDICAL CEHIET	2 Generating Location VA MEDICAL CENTER
Address 4951 ARROYD RD.	
LIVERMORE, CA 94550	LIVERMORE, CA 94550
Phone No. 4/5-4472560	Phone No. 915-9472560
BFI Waste Code Description of Waste	Containers Type Ougstitu Heite No Type D - Drum
NON HAZARDOUS OIRT	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contistate law, is not a hazardous waste as defined by 40 CFR F classified and packaged, and is in proper condition for transport	ain free liquid as defined by 40 CFR Part 260.10 or any applicable lart 261 or any applicable state law, has been properly described, ortation according to applicable regulations.
VANC CAGO.	W. Jane 103191
e ator Authorized Agent Name Signature	SPORTER SPORTER
Truck No	Phone No. 209-578-4100
Transporter Name KICH HAMILION IRXKIN	g Driver Name (Print) dans San 155
Address 1336 PAVITHE AVE	_ Vehicle License No./State 19541-7 (CAI)F
4 -0-13	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Driver Signature Driver Signature Driver Signature Driver Signature	Driver Signature Driver Signature Delivery Date
DEST	INATION
Site Name B F T WASIE ST	EKS Phone No. 415-447049/
Address 4001 NO. VASO RO.	LIVERTHORE . (A
hereby certify that the above named material has been accepted	and to the best of my knowledge the foregoing is true and accurate.
<u> </u>	103191
Name of Authorized Agent Signature	Receipt Date /
•	PASS CODE

No. 607327

BFI260-720



GENE	RATOR
Generator Name VA MEDICAL CEHIER	Generating Location VA MEDICAL CEHIER
Address 4951 ARROUD RD	Address 4951 ARROYD 120,
LIVEIZHAORE, CA. 94550	LIVERMORE, (A 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
HOW HAZMRDOUS DIEI	C - Carton B - Bag T - Truck P - Pounds Y - Yards
	O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
VAMC Palled	1.03191.
ator Authorized Agent Name Signature	Shipment Date
Thans	
Truck No910	Phone No. 209- 578-4100
Transporter Name KILH HAMILIOH TRXKING	Driver Name (Print) APPLY FAREIEST
Address 1336 PAULINE AVE.	. Vehicle License No./State 1595461 /CALIF.
MODES10, CA 95351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above	I hereby certify that the above named material was delivered without incident to the destination; listed below.
TEADOR FADRIESTON / 03/91 Onver Signature Shipment Date	Driver Signature Delivery Date
DESTI	VATION
Site Name BFI WASIE SYSIETA	S Phone No. 4/5-497099/
Address 400/ No. VASID 20. 4	- IMERITADRE (A
I hereby certify that the above named material has been accepted as	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Associa	108/7/
Name of Authorized Agent Signature	Receipt Date /
	PASS CODE

No. 671880

BF1260-720



GENE	RATOR
Generator Name U. A MEDICAL CTATIC	Generating Location VA MIDICAL CINITR
Address 4951 ALROYD RD	Address LI951 ARROYO RI)
LIUTEURGUE CA	LIUTRINDIRE CA
Phone No. 415-4472560	Phone No. 415-4172560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
MOH-1-LAZURDOUS DIRT	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described,
DIA West with Signature	
	PORTER Shipment Date
Truck No. 950	Phone No. 209 578-4100
Transporter Name Richman Har 12 ton	Driver Name (Print) STOUT Rubourn
Address 1336 Pa-Line AUC	, , , , , , , , , , , , , , , , , , ,
MODISTO CA	Vehicle Certification
	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	VATION
Site Name	Phone No.
Address	·
I hereby-certify-that-the-above-named-material-has-been-accepted ar	nd to the best of my knowledge the foregoing is true and accurate
	160 7 10131911
Name of Authorized Agent Signature	Receipt Date
•	PASS CODE



GENE	RATOR
Generator Name U.II Message Calain	Generating Location UM Manage Co. 30
Address - Allego RO	Address Francisco Francisc
Listania Co Gasso	Lordner Coll 9834
Phone No	Phone No 15 - 7 - 7 25 60
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
MULL MARKARUS DITEL	C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pa	n free liquid as defined by 40 CFR Part 260.10 or any applicable nt 261 or any applicable state law, has been properly described,
classified and packaged, and is in proper condition for transpor	tation according to applicable regulations.
DIA. Weddute States	
rator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
	Phone No. 378-9100
Transporter Name 1000 March 100 TRUCK F	Driver Name (Print)
Address 133c Parling WAVE	Vehicle License No./State 38665 9 60
MOUTSIS CO 75351	Vehicle Certification
I hereby certify that the above named material was picked up at the generator_site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
2×62 [10] 10]	St Van roisingi
Driver Signature Shipment Date	Driver Signature / Delivery Date
DESTIN	NATION
Site Name	Phone No.
Address	
I hereby certify-that-the above pamed material has theen accepted a	nd to the best of my knowledge the foregoing is true and accurate.
	The state and decorate.
Name of Authorized Agent Signature	Réceijot Date
	. 0 0 =
10/86	. PASS CODEBFI260-720

No. 671872

SF1250-720



GENE	RATOR
Generator Name // Mr.D.c./ Callit	Generating Location 27 27 27 27 27
Address 7951 (1)(20,90 (R))	Address
1 10-2 2007 CA 54550	La marie Tu yes
Phone No. 4 7 5 6 0	Phone No. 7 5 - 2 7 2 - 1
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
a - 16:20 00005 13:18 t	C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain	free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for fransport	t 261 or any applicable state law, has been properly described,
7.10	such according to approache regulations.
alor/Authorized Agent Name Signature	Shipment Date
	PORTER
Truck No.	Phone No
Transporter Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Driver Name (Print)
Address 1930 Police Put	
MOSTNO (A 9535.	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Oriver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	ATION
Site Name	Phone No.
Address	
	d to the best of my knowledge the foregoing is true and accurate
	G. to the Desk of His Aniowiedge/the foregoing is true and accertate.
Name of Authorized Agent Signature	Receipt Date
Signature	/ necessar date
	PASS CODE



GENE	RATOR
Generator Name UA MEDICIL C-	Generating Location United States
Address Trong Open CD	Address 45 8 8 8 8 9 9 8 9 8 9 8 9 8 9 8 9 8 9 8
Liverinove Co Susse	Lucinor Con wash
Phone No. C. (5) C. C. 7 Z 5 6 C	Phone No 1 7 - 4 4 7 2 5 6 0
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
10 R - 10 TARLORS DIRT	C - Carton B - Bag
	T - Truck
	Y - Yards O - Other
I hereby certify that the above named material does not contain	n free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
DVA med Cuts State	
rator Authorized Agent Name Signature	Shipment Date
	PORTER
Truck No.	Phone No. 309 - 575 - 1100
Transporter Name Nictional House Cause Court	Driver Name (Print)
Address 1336 Poller Aut	Vehicle License No./State
MC. 8576 CV 95351	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Selection of the select	SE III CO TETTINE
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	ATION
Site Name	Phone No.
Address	
hereby certify-that the above named material has been accepted an	id to the best of him knowledge the foregoing is true and accurate:
	105V9V
Name of Authorized Agent Signature	Beceipt Date /
	· PASS CODE
0/86	BFI260-720



GENE	RATOR
Generator Name V. A. ITEUKAL CENTER	Generating Location 1. A. MENICAC CENTER
Address 4957 ARROYO Rd	Address 4951 HRROYO Rd
LIVERMORE CA 94550	LIVERMORE CA
Phone No. 4/5-4472566	Phone No. 415-4472560
BFi Waste Code Description of Waste	Quantity Units No. Type D - Drum C - Carton
NON HAZARDOUS DIRT	B - Bag T - Truck P - Pounds Y - Yards
	O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Gharator Authorized Agent Name Signature	/ 0 3 / 9 / Shipment Date
	PORTER
Truck No. 990	Phone No. <u>209-578-4100</u>
Transporter Name RICh Hamilton TRUCKING	
Address 1336 PAULINE AUE	
	Vehicle Certification <u>206782</u> (2753)
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Mike thurse 103191 Driver Signature Delivery Date
DESTI	NATION
Site Name B. F. I. WASTE SySTEMS	Phone No. 4/5-4470491
/ * - /	IERMORE CA.
hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate:
	103191
Nod of Authorized Agent Signature	Receipt Date
	PASS CODE
10/86	BF1260-720

TRANSPORTER RETAIN



GENERATOR
Generator Name UA MEdical CENTER Generating Location UA MEdical CENTER
Address 4951 Arroyo Rd. Address 4951 Arroyo Rd.
Livermore Ca. 94550 Livermore, Ca 94550
Phone No. 415-4472560 Phone No. 415-4472560
BFI Waste Code Description of Waste Quantity Units No. Type D - Drum
Non Hazardous Dirt 14 9 6 1 7 8-Bag T-Truck
P - Pounds Y - Yards
O - Other
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.
DVA. med Cuty. Ithis 1031911
TRANSPORTER Shipment Date
Truck No. 960 Phone No. 209-578-4100
Transporter Name Kich Hamilton Trucking Driver Name (Print) Kevin Kelley
Address 1336 Touline Aue. Vehicle License No./State 4057150 / calif
Modesto, Ca. 95351 Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.
Kein Kelley 11031911 Lein Kelley 11031191
Driver Signature
DESTINATION
Site Name B. F. L. Waste Systems Phone No. 4115-44704911
Address 4001 No. Vasco Rd Livermore Ca.
· I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature Receipt Date
Organization / / / Preside Sale
PASS CODE
10/86 BFI260-720

TRANSPORTER RETAIN



GENE	RATOR
Generator Name UA MEdical Confer	Generating Location UA Medical ConTor
Address 4951 Arrogo RJ	Address 4751 Arrogo Rd
Lisemore Ca. 94550	Livermore Ca. 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
Non Hozardeus DirT	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Paclassified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
ator Authorized Agent Name Signature	Shipment Date
	PORTER
Truck No. 960	Phone No. 209-578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) Kouin Kelleg
Address 133 & Pouline Aux.	Vehicle License No./State 4057150 Ca.
Modes To Ca. 95351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
1/cin Kelley 103191	Rein Kelley [10319] Driver Signature Delivery Date
DEST	NATION
Site Name BFI Waste Systems Address 4001 No Wasco Rd	Phone No. 4 15 4 470 491
Address 4001 No Vasco Rd	Livermore Ca.
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
	PASS CODE

042113 193 --

BF1260-720

BFI260-72C



c GENE	RATOR
Generator Name <u>UA medical</u> Center	Generating Location UA Medica (Center
Address 4951 Acroyo Rd	Address 4951 Acrono Rd
Livermore PA 94550	Livermore CA = 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON Hazardous Dirt	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Paclassified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature	I I Z O 9 1
	PORTER (209) 578-4100
Transporter Name Rich Hamilton Trucking	
Address 1336 Pauline Rue	Vehicle License No./State 4057150 /CA/ f
modesto CA 95351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Rain Kelley 112091 Driver Signature Shipment Date	New Relley 112091 Driver Signature Delivery Date
DESTI	NATION
site Name B. F. I waste Systems	Phone No. 415-4470491
Address 4001 No. Uasco Rd.	Livermore CA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
	1112051
N∟ , of Authorized Agent Signature	Receipt Date
	PASS CODE

Waste Systems™ G-FERRIS INDUSTRIES

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENE	RATOR
r Name Dit Medical Center	Generating Location <u>UA Medical</u> Center
4951 Ansys Rd	Address 4951 Alloyd Rd
- XIMURE (A 94550)	Livermore CA 91550
n. 4115-4472566	Phone No. 415-4172560
∋ Code Description of Waste	Containers Type Ougntify Unite No Type D - Drum
Hazardous Dirt	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards
	O - Other
by certify that the above named material does not contain law, is not a hazardous waste as defined by 40 CFR Partied and packaged, and is in proper condition for transport	
thorized Agent Name Signature	Shipment Date
TRANS	PORTER
960	Phone No. (209) 578-4100
er Name Rich Hamilton Trucking	Driver Name (Print) Kevin Kelley
	Vehicle License No/State 4057150 /CAL.
modosto CA 95351	Vehicle Certification 2753
ertify that the above named material was picked up erator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
in K. Cley 1120911 shipment Date	Keun Kelly 112091 Driver Signature Delivery Date
DESTIN	NATION
BFT Wate Sistems	Phone No. 415-4470491
ion No Dosen Rd. Lu	reimore
ertify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
Orized Agent Signature	IIIZ 0 9 1
	PASS-CODE
. ,	PEGGE TO

- 1 <u>2 251 12 1,455</u>1, 555



GENE	RATOR
Generator Name UA Medical Center	Generating Location UA Medical Center
Address 4951 Arroyo Rd	Address 4951 Armyo Ra
Livermore CA 94550	Livermore CA 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
_	Quantity Units No. Type C - Carton B - Bag
NON Hazardous Dirt	T - Truck
	Y - Yards O - Other
I havely again, that the above pound material days not contain	
	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DIA. MEd. Cotos. Soth	
Generator Authorized Agent Name Signature TRANS	PORTER Shipment Date
Truck No. 950	(0.00) (0.04/1/2)
	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	
Address 1336 + Lauline. Aue	Vehicle License No./State 3866518 /CALIF
modesto, CA 95351	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
5 / (Co) 11/26911	50 R. L. 11/26FI
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name B. F. I waste Systems	Phone No. 415-4470491
Address 4001 No. Vasco Rd	Livermore CA
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
h at Authorized Agent	Receipt Date
Noof Authorized Agent Signature	necespi Date
	PASS CODE
10/86	BF1260-720

BFI260-720



GENE	RATOR
Generator Name <u>UA Medical Center</u>	
Address 4951 Arroyo Rd.	
Liver more Ca. 94550	Livermore Ca. 94550
Phone No. 4115-4472560	Phone No. 415-4477560
BFI Waste Code	Containers Type
Non Hazardous Dirt	Quantity Units No. Type D - Drum C - Carton B - Bag
Joans Dirl	T - Truck P - Pounds
	Y · Yards O · Other
state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DUA. MEd Coth States	1112091
Generator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No. 960	Phone No. <u>269-578-4100</u>
Transporter Name Rich HamilTon Trucking	Driver Name (Print) Kouin Kalley
Address 1336 Pauline Aug	Vehicle License No./State 4057150 Ca.
ModosTo, Ca. 95351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Kevris Kalley 112091 Driver Signature Shipment Date	Kein Kelley 112091 Driver Signature Delivery Date
DESTI	NATION
Site Name B. F. I. Wostc Systems	Phone No. 415 _4470491
Address 4001 No Vasco RJ.	Livermore Ca.
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
~	129 1 111201911
Nof Authorized Agent Signature	Receipt Date
	PASS CODE



BF1260-720

GEN	ERATOR
Generator Name V. A. NEDICAL CENTER	_ Generating Location V. A. MEDICAC CENTER
Address 4951 ARROYO Ad	Address 4951 ARROYO Rd
LIVERMORE CA 94550	LIVERMORE CA 94550
Phone No. 415-4472560	Phone No. 415-4472560
Description of Waste NON HAZARDOUS DIRT	Quantity Units No. Type Cortainers D - Drum C - Carton B - Bag T - Truck
	P - Pounds Y - Ýards O - Other
classified and packaged, and is in proper condition for transpor	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER Silphient Date
Truck No. 990	Phone No. 209-578-4100
Transporter Name Bich Hamilton Trucking	7 Driver Name (Print) MIKE HOWARI)
Address 1536 HAUINE AVE	Vehicle License No./State 4053320 CA.
Illonesto CA 95351	Vehicle Certification 2 75 3
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature 1 2 9 Shipment Date	Driver Signature Delivery Date
DESTIN	IATION
Site Name B. F. I. WASTE SYSTE	025 Phone No. 415-4470491
11001 11 11 21	RMORE CA
I hereby certify that the above named material has been accepted an	id to the best of my knowledge the foregoing is true and accurate.
N. of Authorized Asset	18m/ 171219911
Signature Signature	Receipt Date
-	Dico cons

UNLOADING AREA COPY



GENE	RATOR
Generator Name UA Medical Center	Generating Location UA Medical Center
Address 4951 Arraya Rd	Address 4951 Acroya 2d
Livermore CA 94550	Livermore CA 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON Hazardous Dirt	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Particles and packaged, and is in proper condition for transport of the contained of the	n free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described, tation according to applicable regulations. Shipment Date
	PORTER
Truck No950	Phone No. (209) 578-4100
Transporter Name Bich Hamilton Trucking	
Address 1336 Panline Aue	
Modesto, CA 95351	. Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name B. F. T. Woste Systems	Phone No. 415-4470491
Address 4001 No Vasco Rd	Livernore CA
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date !
10/86	PASS CODEBFI260-720

BF1260-720



c GENE	RATOR
Generator Name UA Medical Center	Generating Location UA Medical Center
Address 4951 Arraya Rd	Address 4951 Arroya Rd
Livermore CA 94550	Livermore CA 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZardous Dirt	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature Signature	112091
	Shipment Date PORTER
Truck No. <u>990</u>	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	
Address 1336 Pauline Rue	Vehicle License No./State 4253320 /CAI =
modesto CA 95351	Vehicle Certification 206782
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Diver Signature 1 2 9 1 Shipment Date	M. Le Danse V2091 Driver Signature Delivery Date
DESTIN	NATION
Site Name BFI waste Systems	Phone No. 4 (5 -4 470491)
Address 4001 No Vasco Rd	Livermore CA
I hereby certify that the above named material has been accepted as	nd to the best of my knowledge the foregoing is true and accurate.
N of Authorized Agent Signature	Receipt Date /
	PASS CODE



c GENE	RATOR
Generator Name UA medical Center	Generating Location UA medical Center
Address Ligg Arrana Rd	Address 4951 Acrons Rd
Livermore CA 94:550	Liveracre CA 94550
Phone No. 415-4402560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
MUM HAZARdous Dirt	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
Generator Authorized Agent Name Signature	Shipment Date PORTER
Truck No. 960	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) Kouin Kelley
Address 1336 Paucine Rue	Vehicle License No./State 4057150 /CALLE
Modesta CA 95351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Rein Kelley 112091 Driver Signature Shipment Date	Kein Relley 112091 Driver Signature Delivery Date
DESTIN	IATION
Site Name B. F. T. Woste Systems	Phone No. 415-4470491
Address 4001 No Vasco Rd (wermore CA
hereby certify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
of Authorized Agent Signature	TIIZO911 Receipt Date
	U
0.0/86	PASS CODEBFI250-720



GENE	RATOR
Generator Name UA medical Center	Generating Location <u>UA medical Center</u>
Address 4951 Arraya Rd.	Address 4951 Arraya RA
Livermore CA 94550	Livermore CA 94550
Phone No. 415-4472500	Phone No. 4 15 -4 472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HARRANDOUS Dirt	14 y O I C - Carton B - Bag T - Truck
77-74-74-24-350-3	P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
TIVA. Mid Cota, State	
	Shipment Date PORTER
. @	
	Phone No. (209) 578-4100
	Driver Name (Print) Steve RAYDOURK
Address 1336 Tauline Rue	Vehicle License No./State 36665/8 /CAL. £
modesto, CA 95351	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
	Delivery Date VATION
Site Name B. F. I Waste Systems	Phone No. 4/5-447049/
Address 4001 No Dasco Rd (ivermore CA
I hereby certify that the above named material has been accepted a	nd to the best of my knewledge the foregoing is true and accurate.
No. of Authorized Agent Signature	1000
oxfliative	Receipt Dafe
10/36	PASS CODE



GENE	RATOR
Generator Name (If Medical Center	Generating Location UA medical Co-ter
Address 4951 Airava Rd	Address 4951 Allovo Rd
Livermore CA 94550	Livernoie CA 94550
Phone No. 4115-4470560	Phone No. 415-4172540
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NEN HAZArdous Dirt	C - Carton B - Bag T - Truck P - Pounds Y - Yards
	7 - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pa- classified and packaged, and is in proper condition for transpor	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature	11/2091
	Shipment Date PORTER
	(0.0) 500 (400
Truck No.	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	
Address 1336 Having Que	
Modesto, CA 95351	Vehicle Certification 206782
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Make Therend 11/2071 Driver Signature Shipment Date	Make House [1/209] Driver Signature Delivery Date
DESTI	NATION
Site NameBFI Waste Systems	Phone No. 415-4476491
Address 4001 No Wasen Rd.	Livermore CA
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Na_ of Authorized Agent Signature	TVDE TV
Signature	Receipt Dafe /
, settle	PASS CODE

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BFI260-720



c GENERATOR	
Generator Name <u>JA Medical Center</u> Generating Location	UA medical Center
Address 4951 A11040 Rd Address 4951	Missio Rd
Livermore CA 94550 Liverm	iore (h 94550
Phone No. 4492560 Phone No. 41	5-4472560
BFi Waste Code Description of Waste Quant	Containers Type tity Units No. Type D - Drum
NON HAZORDOUS Dirt	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain free liquid as defined state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable classified and packaged, and is in proper condition for transportation according to application.	e state law, has been properly described.
Generator Authorized Agent Name Signature	2091 Shipment Date
TRANSPORTER	
Truck No Phone No	9) 578-4100
Transporter Name Rich Hamilton Trucking Driver Name (Print)	MIKE HOWARD
Address 1336 Pauline Aug Vehicle License No./S	State 4153320 /CAL+
Modesto CA 9535 Vehicle Certification	,
	e above named material was delivered with-
Driver Signature Driver Signature Driver Signa	burn 7/2091
DESTINATION	
Site Name B. F. I Waste Systems Phone No.	4115-4476491
Address 4001 No. Uasco Rd Livermor	e CA
I hereby certify that the above named material has been accepted and to the best of my known	owledge the foregoing is true and accurate.
Na of Authorized Agent Signature	Receipt Date
· · · · · · · · · · · · · · · · · · ·	
10/96	SS CODE



c GENE	RATOR
Generator Name VA Medical Center	Generating Location UA Medical Center
Address 4951 Acrayo Rd	Address 4951 Arrayo Rd
Livermore CA 94550	Livermore CA 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON Hazardous Dirt	C - Carton B - Bag T - Truck P - Pounds Y - Yards
ga ar sant sant	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Grafor Authorized Agent Name Signature	Shipment Date
	PORTER
Truck No. 950	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) Steve Carbona
Address 1336 Pauline Rue	Phone No. (209) 578-4100 Driver Name (Print) Steve Ray (100) Vehicle License No./State SR (66) 8 / CALIF
modesto CA 95351	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name B F. I waste Systems	Phone No. 415-4470491
Address 4001 No. Uasco Rd.	Livermore CA:
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
	Longith Agra
10/86	PASS CODE

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BF1250-720



GENE	RATOR
Generator Name UA Medical Center	Generating Location UA medical Center
Address 4951 Arrayo Rd	Address 4951 Anoyo Rd
Livermore CA 94550	Livermore CA 94550
Phone No. 415-4402560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No Type D - Drum
NON HAZardous Dirt	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transports	free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
Grator Authorized Agent Name Signature	1/2091
	Shipment Date /
Truck No. <u>990</u>	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) DIKE HOUSARD
	Vehicle License No./State 4053320 /CAL. F
modesto CA 95351	Vehicle Certification <u>206782</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Mike Howard //209/
DESTIN	ATION
Site Name DF. I Waste Systems	Phone No. 415-4472560
Address 4001 No Vasco Rd	Livernore CA
I hereby certify that the above named material has been accepted and	d to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	Receipt Date
	PASS CODE



GENE	RATOR
Generator Name UA modical Confer	Generating Location UA Medical Conter
Address 4951 Auga Rd	Address 4951 Arraya Rd
Livernoie CA 94550	Lucinore CA 9450
Phone No. 411 72560	Phone No. 4 15 -4 4 7 2 5 6 0
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
MUN HALardous Dirt	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contai state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Greator Authorized Agent Name Signature	Shipment Date
	PORTER
Truck No. 960	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) _ Recinkelley
Address 1336 Dansine Aug	Vehicle License No./State 4D57/50 /Calif
modesto CA 95351	Vehicle Certification 27 5 3
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Rem Kelley 112091	Kevin Kelly [1] 209] Driver Signature Delivery Date
DESTI	NATION
Site Name B. F. I Waste Systems	Phone No. 415-4470491
Address 1001 No. Oa <co rd<="" th=""><td></td></co>	
I hereby certify that the above named material has been accepted as	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Signature	112097
	Receipt Date
10/86	PASS CODE

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BFI260-720



GENE	RATOR
Generator Name V.A. NIEDICAL CENTER	
V 1-1	Generating Location <u>V. A. NEDICAL CENTER</u>
Address 4951 ARROYO Ad	Address 4951 ANKONO Rd
LIVERMORE CA 94	LIVERMONE CA 94
Phone No. 4/5-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Containers Type Ouantity Ligits No. Type D - Drum
Description of Waste	C - Carton
dent de sino	B - Bag
NON HAZARDOUS DIRT	P : Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain	n free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a nazardous waste as defined by 40 CFR Pa	ft 261 or any applicable state law has been properly described
classified and packaged, and is in proper condition for transpor	tation according to applicable regulations.
Generator Authorized Agent Name	110191
	Shipment Date PORTER
Truck No. 990	Phone No. <u>209-578-4100</u>
Transporter Name Bich Hamilton Trucking	Driver Name (Print) MIKE HOWARD
Address/336 PAULINE AUG	Vehicle License No./State 4253320 CA
MODESTO CA 95351	Vehicle Certification 206782 (2753)
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Dike Spuss 1/0/9/	12. 60 Anuas 7111011911
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	NATION
Site Name B. F. I. WASTE SUSTE.	175 Phone No. 415-4470491
	ERMORE CA
I hereby certify that the above named material has been accepted ar	and to the heart for instantial and the
,, and and about material has been accepted at	to the best of my knowledge the foregoing is true and accurate.
e of Authorized Agent Signature	1 Des 1 MINIVI
Signatura	Receipt Date
	PASS CODE



GENE	ERATOR
Generator Name V.A. INEDICAL CENTER	Generating Location V. H. IIIEDICAL CENTER
Address 4951 ARROYO Ad	Address 4951 HRROUD Rd
LIVERNIORE CA	LIVERMORE CA
Phone No. 4/5-4472560	Phone No. 4/5-4472560
BFI Waste Code Description of Waste	Containers Type Ougntity Unite No Time D-Drum
Description of Waste	Quantity Units No. Type C - Carton B - Bag
NON HAZARDOUS DIR	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CER Pa	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described,
classified and packaged, and is in proper condition for transpor	tation according to applicable regulations.
Generator Authorized Agent Name Signature	110191
	Shipment Date PORTER
Truck No. 990	Phone No. <u>209-578-4100</u>
Transporter Name Rich Hamston Trucking	Driver Name (Print) INIKE HOWARD
Address 1336 PAULINE AVE	Vehicle License No./State 4253320 CA
MODESTO CA-9535)	Vehicle Certification <u>2067.82</u> (2753)
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
17 Like Down [110/9/	Dike Javare 1/10/9/
Oriver Signature Shipment Date	Driver Signature Delivery Date
DESTĮI	NATION
Site Name B. F. I. WASTE SUSTERS	Phone No. 4/5-447049/
Address 4001 NO. VASCO Rd Live	ERMORE CA
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
.re of Authorized Agent Signature	Receipt Date
	PASS CODE
10/86	8Fi260-720

BFI260-720



10/86

GENE	RATOR
Generator Name V.A. MEDICAL CENTER	Generating Location V.A. NIENICAL CENTER
Address 4951 ARROYO Rd	Address 4951 ARROYO Rd
LIVER MORE CA	LIVERMORE CA
Phone No. 915-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Containers Type
NON HAZARDOUS DIRT	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Sidgature	110191
	Shipment Date PORTER
Truck No. <u>990</u>	Phone No. 209-578-4100
Transporter Name Bich Hamilton Trucking	
1774 7 / 17	Vehicle License No./State 4053320 CA
MODESTO CA 95351	Vehicle Certification <u>206782</u> (2753)
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Me Source 110191 Driver Signature Shipment Date	Mal Laware 1/0/9/
	Solvery Sale
	NATION
Site Name B.F. I. WASTE SUSTEMS	Phone No. 4/5-4/70/9/
Address 4001 No. VASCO NO CIVE	ERMORE CA
I hereby certify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
	1/ July 2 1/10/91
, ⇒ of Authorized Agent Signature	Receipt Date
·	PASS CODE



	ERATOR
Generator Name (J. A. NIFDICAL CENTER	Generating Location V.A. DEDICAL CENTER
Address 4951 AKROYO Rd	Address 4951 ARROYO Rd
LIVERIDORE CA.	- LIVERINGRE CA
Phone No. 4/5-4472560	Phone No. 4/5-4472560
BFI Waste Code	Containers Type
Description of Waste	Quantity Units No. Type D - Drum (C) Y C / C - Carton
NON HAZARDOUS DIRT	
1000 MILLINGULS DIKT	Y - Yards
hereby certify that the above record material decays	O - Other
state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transpo	in free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described, station according to applicable regulations.
DVA- mudleta Willey	1/0/9/
	SPORTIER
Truck No. 990	
	Phone No. <u>209-578-4/00</u>
Transporter Name Brh Hamilton Trucking	Driver Name (Print) ///KE FlowARD
Address 1336 PAULINE AUE	Vehicle License No./State 4253326 CA
MODESTO CA 95357	Vehicle Certification <u>206782</u> (2753)
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Dike Down 1/0/191	Dike Down 1/10/19/
Oriver Signature Shipment Date	Driver Signature Delivery Date
	NATION
Site Name S. F. I. WASTE SYSTEMS	Phone No. 4/5-447049/
Address 4001 NO. VASCO Rd LIC	VERMORE CA
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
· -\	1600 2 MOVE
e of Authorized Agent Signature	Receipt Date
	PASS CODE
10/86	BF1260-720

ERLOADING AFER COFF

GENE	RATOR
. U.A. MENICAL CENTER	Generating Location V.A. NEDICAL CENTER
T ARROYO Rd	Address 4951 ARROYO Rd
ER MORE CA	LIVERDICKE CA
15-4472560	Phone No. 4/5-4472560
9	Containers Type
HAZARDOUS DIRT	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
tify that the above named material does not contain not a hazardous waste as defined by 40 CFR Pa nd packaged, and is in proper condition for transpor	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Agent Name Signature	2 110191
	PORTER Shipment Date
20	Phone No. <u>209-578-4/00</u>
10 Rich HAMILTON TRUCKING	Driver Name (Print) MIKE HOWARD
	Vehicle License No./State 4D53320 CA
ESTO CA SSBST	Vehicle Certification 206782 (2753)
hat the above named material was picked up site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Shipment Date	Make Source 110191 Driver Signature Delivery Date
DESTI	NOITAN
F.I. WASTE, SUSTEIN	Phone No. 415-997099
1 NO. VASCO Rd LIV	ERMORE CA
at the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
ent Signature	Receipt Date
	PASS CODE



GENE	RATOR
Generator Name V. A. MEDICAL CENTER	Generating Location U.A. MEDICAL CENTER
Address 4951 ARROYO Rd	Address 4951 ARROYO Rd
LIVERMORE CA	LIVERMORE CA
Phone No. 4/5-4472565	Phone No. 415-4472560
BFI Waste Code	Containers Type
NON HAZARDOUS DIRT	Quantity Units No. Type D - Drum C - Carton B - Bag T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature	7 7 7 9 1 Strument Date
TRANS	PORTER
Truck No. <u>990</u>	Phone No. <u>209-578-4100</u>
Transporter Name Rich Hanniton Trucking	
1 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Vehicle License No./State 4053320 CA
MODESTO CA 95351	Vehicle Certification 206782 (2753)
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature 1 0 9 Shipment Date	Mke Jewa 110/9/ Driver Signature Delivery Date
DESTI	NATION
Site Name B. F. I. WASTE SUSTEN	25_Phone No. 915-4470491
11001 11000 12/	ERMORE CA.
I hereby certify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
e of Authorized Agent Signature	11/01/91
Signatura	
10 <i>1</i> 86	PASS CODE
* 	BFI260-720



GEN	IERATOR
Generator Name Lin Medica (Center	Generating Location (IA Medical Center
Address LIGHT British Rd	Address 41951 Ariono Rd
Livernice GA 94550	· — —
Phone No. 415-470560	
BFI Waste Code	Phone No. (4/15-4/17256) Containers Type
Description of Waste	Quantity Units No. Type D - Drum
non huzardous Dirt	C - Carton B - Bag
	T - Truck P - Pounds
	Y · Yards O · Other
I hereby certify that the above named material does not conta	tin free liquid as defined by 40 CFR Part 260.10 or any applicable
classified and packaged, and is in proper condition for transpo	art 261 or any applicable state law, has been properly described, ortation according to applicable regulations.
- VAMC Robbin	Janua 17028911
rator Authorized Agent Name Signature	Shipment Date
IHANS	SPORTER
Truck No	Phone No. <u> </u>
Transporter Name Rich Mein Hon Trucking	Driver Name (Print) Rouin Relloy
Address 1321 Paritie Vice	Vehicle License No./State 4757/50 CA/S
wodosto CA 95351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with-
Rain R. les 103891	out incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature 102891 Delivery Date
DESTI	NATION
Site Name BFI Luaste Systems	
Address LIDO / Mr. Massa Dd	Phone No. [4] 1 [5] [4] 1 [6] [9] 1
Address LIOOI No Massin Rd 1 jan	
necesty dealing that the above named material has been accepted an	nd to the best of my knowledge the foregoing is true and accurate.
Iame of Authorized Agent Signature	102891
	Receipt Date
0/86	PASS CODE
	•

TRANSPORTER RETAIN

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NON-HAZARDOUS SPECIAL WASTE MANIFEST

	GENERATOR
Generator Name 119 119 Avia Cie	Generating Location JA Medical Center
Address 4951 Niciona Rd	Generating Location LIA Medical Conter-
,	Address 4951 Milliger Rd
LI MEDICITE PA GLICKA	Livermore MA 9550
Phone No. 415-4172.500	Phone No. 4115 472516
BFI Waste Code	Containers Type
Description of Waste	Quantity Units No. Type D - Drum C - Carton
non hazardous Dirt	B-Bag
	T - Truck P - Pounds
	Ý - Yards
I hereby certify that the above named material does i	not contain free liquid as defined by 40 CFR Part 260.10 or any applicable
classified and packaged, and is in proper condition for	OCFR Part 261 or any applicable state law, has been properly described,
VAMC De	transportation according to applicable regulations.
rator Authorized Agent Name Signature	102891
	TRANSPORTER Shipment Date
ruck NoCICO	
	Phone No <u>209 - 578 - 4100</u>
ransporter Name Fich Ham 14ch Iruck	in a Driver Name (Print) Kouin Relles
duress 1336 Thuring Hiv	Vehicle License No/State 4/257/50 /A/3
Midesto 14 95351	Vehicle Certification 2753
hereby certify that the above named material was picked to the generator site listed above.	I hereby certify that the above named material was delivered with
1	out incident to the destination listed below:
ver Signature 1028	911 Kern R. lles 102891
	Delivery Date
^	DESTINATION
e Name B. F. T. Waste Sytem	S Phone No. 4/15-4/70 49/
dress Linch No Maria Rd	Listmille 1A.
ereby certify that the above named material has been according	epted and to the best of my knowledge the foregoing is true and accurate.
)	splead and to the best of my knowledge the foregoing is true and accurate.
e of Authorized Agent Signa	ture /1/2/891
	Receipt Date
	BASS CARE

TRANSPORTER RETAIN.

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GENE	FRATOR
Generator Name VA MENICAL CENTER	
· · · · · · · · · · · · · · · · · · ·	Generating Location VA MEDITAL CENTER
Address 425/ ARROLD RD.	Address 495/ ARROUN RD.
LIVEDIANDE (& 94550	LIVERIANDE, CA
Phone No. 9/5-4472560	Phone No. 4/5-4472560
BFI Waste Code Description of Waste	Containers Type
	Quantity Units No. Type C - Carton
NON HAZARDOUS DIRI	B · Bag T · Truck
	P - Pounds Y - Yards
	0 - Other
	free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described,
i manages, and is in proper condition for transport	ation according to applicable regulations.
VANC Polla	Janes 102891
rator Authorized Agent Name Signature	Shipment Date ORITER
THANSE	TORTER .
Truck No960	Phone No. 209-578-4100
Transporter Name RICH HATKITTON TRICKING	Driver Name (Print) Kouris Villes
Address 1336 Pauline AVE.	Vehicle License No /State 4/57/50
1700ex10 1.9ex1	/ <u>.</u>
hereby certify that the above named material was picked up	Vehicle Certification
	out incident to the destination listed below.
Reim Kelley 1028911	Kann Lalles 1028911
Sulphient Date	Driver Signature Delivery Date
DESTIN	ATION
ite Name B.F. L WASIE SYSTEMS	Phone No. 4/5-4470491
ddress 400/ HO VASIO RD. LIVERT	ABOR 14 94550
hereby certify that the above named material has been accepted and	to the best of my knowledge the foregoing in this and answer
	mk D
me of Authorized Agent Signature	1 0 2 8 9 1 Receipt Date

BF1260-720



GEN	ERATOR
Generator Name 13 moderate Contest	Generating Location UA Medical Center
Address Light Bullian Rd	Address L.951 Riono Rd
Livingre ex 94550	LUTERURE CA 94550
Phone No. 41 15 - 41473560	Phone No. 4 15-472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
ion ruzaidous Dirt	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
state law, is not a hazardous waste as defined by A0 CFR Pa classified and packaged, and is in proper condition for transportation Authorized Agent Name	102891
and in the state of the state o	Shipment Date PORTER
Truck No	Phone No. 269 - 508 9100
Transporter Name Rich Name Hen Truck	Driver Name (Print) Keuin Kolloy
Address 1336 Pauline river	Vehicle License No./State 1595467 (AI+
	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Kours Key [102891] Driver Signature Shipment Date	Main Kelly 1028911 Driver Signature Delivery Date
DESTIN	ATION
Site Name B.F. I. LUASTE S. STANS	Phone No. 4 1 5 -4 4 7 0 4 9 1
Address Liau No Masia Rd Li	-incre 17
hereby certify that the above named material has been accepted an	d to the best of my knowledge the foregoing is true and accurate.
lame of Authorized Agent Signature	102891
- Jyliaura	PASS CODE

BF1260-720



GENE	FRATOR
Generator Name Lit MECLICAL (FERTER	Generating Location 11A NIFERCOL CENTER
Address LIMSI NIIO Rd	Address Light Him Rd
Livinge (+ 9470	Livernois in 94550
Phone No. (115-4173560	Phone No. 4 15-44722560
BFi Waste Code Description of Waste	Containers Type
nen Hazardeus Tirt	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
rator Authorized Agent Name Signature	102891
Oignatory .	Shipment Date ORTER
Truck No	Phone No. (969) 578-4100
Address 1336 Parise Dee	Vehicle License No /State 4 5 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Vehicle Certification 206782
hereby certify that the above named material was picked up	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Advance 102891	Driver Signature Delivery Date Delivery Date
Site Name BF. I woste Sistems	Phone No. 415-4470491
address 4001 No. Viasio Rd Li	Utimore OA 3.
hereby certify that the above named material has been accepted and	to the best of my knowledge the foregoing is true and accurate.
arrie of Authorized Agent Signature	Receipt Date
•	PASS CODE



	RATOR
Generator Name V. A. MEDICAL CENTER	Generating Location V.A. INEDICHL CENTER
Address 4951 ARIOYO Rd	Address 4951 HRROYO Rol
LIVERMORE CA 94550	LIVERINCRE CA 94550
Phone No.	Phone No. 915-4972560
BFI Waste Code	Containers Type
NON HAZARDOUS DITT	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	in free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
G rator Authorized Agent Name Signatore	Shipment Date
TRANS	PORTER
Truck No. <u>99</u> 0	Phone No. 209-578-4100
Transporter Name RICH HAMILTON TRUCKING	
/75/ / /	Vehicle License No./State 4.053320 C4.
	Vehicle Certification 206782
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Direc Signature Schiment State	112 che Demail 102891
Shipment Date	Driver Signature Delivery Date
DESTIN	ATION
Site Name <u>B. F. I. WASTE SYSTEMS</u>	Phone No. 915 - 447099
Site Name B. F. I. WASTE SYSTEMS Address 4001 MO 44510 Rd LIVE	PLICRE CA
hereby certify that the above named material has been accepted and	
ame of Authorized Agent Signature	Receipt Date
	THE PROPERTY OF THE PROPERTY O
nute .	PASS CODE
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TRANSPORTER RETAIN

BF1260-720



GENE	RATOR
Generator Name 134 Medical Conter	Generating Location Line Medical Confer
Address Lig51 Hirano Rd	Address 4951 Arrayo Rd
Laurence 100 94550	Livernoe (A 94550 =
Phone No. 415-473560	Phone No. 415-4172560
BFI Waste Code Description of Waste	Containers Type
nun hazardous Dirt	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pan classified and packaged, and is in proper condition for transports	ree liquid as defined by 40 CFR Part 260.10 or any applicable
VAMC POLOCO	Tanto 1028911
ttor Authorized Agent Name Signature	Shipment Date
TRANSF	PORTER
Truck No. CPO	Phone No 209 578-4100
Transporter Name Rich Hamilton Trucking	
1331	Vehicle License No./State LID 53330 CRI-
	Vehicle Certification 206782
hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
11 Les Churce 102891	Mike Church 1028911 Driver Signature Delivery Date
DESTINA	ATION
ite Name BF I waste Sistems	Phone No. 415-4470491
ddress LICUL No Vasio Rd Live	roauxe) PA
hereby certify that the above named material has been accepted and	to the best of my knowledge the foregoing is true and accurate.
une of Authorized Agent	11/1/10288
Inte of Authorized Agent Signature	Receipt Date
roe:	PASS CODE
rve '	



	GENERATOR
Generator Name UH Wieder ((* 6)	Generating Location (14 medical Contra
Address Cici Advance Red	Address 11951 Nowa Rd
Listing 1 + 44550	LOUTINIE COT 94550
Phone No. 4115-41173560	Phone No. 415-41773560
BFI Waste Code Description of Waste	Containers Type
Nen Mazordous Lint	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
classified and packaged, and is in proper condition for	ot contain free liquid as defined by 40 CFR Part 260.10 or any applicable CFR Part 261 or any applicable state law, has been properly described, transportation according to applicable regulations.
F rator Authorized Agent Name Signature	10. Janes 1028.91
- Signaturo	TRANSPORTER Shipment Date .
	Phone No. 309 . 15 4/100</th
Address 1336 Pariline due	Driver Name (Print) MINKE HOWARD
	Vehicle License No./State 47 5 3 3 C (AL C
	Vehicle Certification <u>206782</u>
hereby certify that the above named material was picked uset the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Michael Character 1028 Driver Signature Shipment Date	91 Mac Sausaco 102891 Driver Signature Delivery Date
	DESTINATION
Site Name B. F. I Worde Sixtens	Phone No. 415-4470491
iddress Liout Rus Mann Rd	Livermonkin
hereby certify that the above named material has been according	epted and to the best of my knowledge the foregoing is true and accurate.
	and accurate.
ame of Authorized Agent Signa	iture Receipt Date
	PASS CODE



GEN	ERATOR
Generator Name 1 14 1116 Class Colon Contac	Generating Location 1 A DIRCLER CONTEN
Address Live A Rd	Address Light Ariogo Rd
Livernice FA Cilisto	Listonice CA 94550
Phone No. 415-4173560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Containers Type Quantity Units No. Type D - Drum
nen Hazardous Dirt	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Parciassified and packaged, and is in proper condition for transport	1 [16 12 5.16]
itor Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No. CTO	. Phone No. <u> </u>
Transporter Name Ren Manuffer Transking	Driver Name (Print) LAM JAMIECT
Address 1330 Think Nuc	Vehicle License No./State 1397467 CALL
Di. donto PA 95351	Vehicle Certification2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
AAR AMIS 102881 Order Signature Shipment Date	Driver Signature ARIA MRILITE / Delivery Date
DESTIN	NOTAL
Site Name BFI LIASTE SISTEMS	Phone No. 415-476491
Address Hool the Mosic Rd L.	Francis 14
hereby certify that the above named material has been accepted an	nd to the best of my knowledge the foregoing is true and accurate.
Authorized Agent Signature Signature	Receipt Date
•	
O/86	PASS CODEBFI260-720

TRANSPORTER RETAIN



GENERATOR
Generator Name 1/A Inedical Center Generating Location 1/A Medical Center
Address C1951 Bridge Rd Address C1951 Bridge Rd
· Listonia (A GUSSO) Listoniae (A 94550)
Phone No. 4172540 Phone No. 472540
BFI Waste Code Containers Type Description of Waste Quantity Units No. Type D - Drum
1) Ln-hazardars Drt C-Cartor B-Bag T-Truck
Y - Yards O - Other
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations.
Tor Authorized Agent Name Signature Signature Shipment Date
TRANSPORTER
Truck No Phone No Phone No 578-4100-
Transporter Name Rich Ham: Hon Trucking Driver Name (Print) JADRY THORISCI
Address 1336 Pulline Ale Vehicle License No./State Lint 7150 Pris
Modesto ct 95351 Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Driver Signature Driver Signature Driver Signature Delivery Date Delivery Date Delivery Date Driver Signature Delivery Date Delivery Date
DESTINATION
Site Name B F. I Waste Sistems Phone No. [1] 5-4470491
Address LICOI No YOSIO Rd LIVERNOIS CA
hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
of Authorized Agent Signature Receipt Quie
PASS CODE
10/86

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CENE	TATOR
	FRATOR
Generator Name VA MEDICAL CENTED	Generating Location VIA MEQUAL CENTER
Address 4951 ATROYD RO	Address 4951 ARROUD RD:
LIVERTADRE (A	LIVEDTADDE, CO
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Containers Type Ouantity Units No. Type Ouantity Units No. Type
NON HAZARDOUS DIRI	C - Carton B - Bag T - Truck P - Pounds
	Y * Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
VAMC PARA	100861
tor Authorized Agent Name Signature	Shipment Date
TRANSF	PORTER
Truck No. 970	Phone No. 209- 578-4/00
Transporter Name RICH HAMILION TRUKKING	Driver Name (Print) SARRO FARRIES
Address 1336 PAULINE AUE.	Vehicle License No./State 195467 /CALIF.
Manager 1	Vehicle Certification2753
hereby certify that the above named material was picked up	I hereby certify that the above named material was delivered without incident to the destination listed below.
JAR - HIMIEST /102891.	Driver Signature 102891
DESTIN	
ite Name B.F.T WASIE STEAS	Phone No. 4/5-447049/
ddress 4001 No VASIO 120. LIVERTA	
hereby certify that the above named material has been accepted and	
<u>}</u>	MINIMA
of Authorized Agent Signature	Receipt Date
	PASS CODE
THE STATE OF THE S	



GEN	ERATOR
Generator Name UA Medical Center	Generating Location DA medicul Center
Address 4951 Hiring Rd	Address 4951 Ariojo Rd
Livermore FA 94550	Lovermore (# 94550
Phone No. 415-4472560	Phone No. 415-4475560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
non Hazardous Dirt	C - Carton B - Bag
	T - Truck P - Pounds Y - Yards
I horoby coriffy that the above	O - Other
classified and packaged, and is in proper condition for transpor	in free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described, reation according to applicable regulations.
VIIIC Tabell	Janes Tomas
ator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER .
Truck No. 950	Phone No
Transporter Name Rich Hamilton Trucking	Driver Name (Print)
Address 1336 Pauline Auc	Vehicle License NoJState 3R6618 EA
WOGESTO LA 62321	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Onver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	IATION
Site Name B. F. I waste Systems	Phone No. 4 15 -4 4 7 0 4 9 /
Address LIOOI N. Yasic Rd. L.	vermoire CA
hereby certify that the above named material has been accepted an	d to the best of my knowledge the foregoing is true and accurate.
of Authorized Agent Signature	MARKET TORKEDY
· · · · · · · · · · · · · · · · · · ·	Receipt Date
nise .	PASS CODE BFI260-720
	j . Drizovizu

TRANSPORTER RETAIN



GENE	RATOR
Generator Name VA Medical Center	Generating Location UA medical Center
Address 4951 RIVIU Rd	Address 4951 17110111 12
Livermore (1.14 914550	Livermore 14 94500
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Containers Type
Non- HAzardas Dirt	Quantity Units No. Type C - Carton
	B - Bag
	P - Pounds Y - Yards
I hereby certify that the above named material does not contain	free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Part classified and packaged, and is in proper condition for transporta	
VIMC Salle	Janes Till
ator Authorized Agent Name Signature	Shipment Date
TRANSF	PORTER
Truck No. 950	Phone No
Transporter Name Rich Hamilton Trucking	
Address 133 6 Pauline Aug	Vehicle License No./State 3266518 6AI. C
Madada OH GESEL	Vehicle Certification
	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Driver Signature	Dela C Dolarian
Supment Date	Driver Signature Delivery Date
DESTINA	ATION
Site Name BF I. Waster Systems	Phone No. 4/5-447049/
Address 4001 No. 10510 Rd Li	Jermore CA
I hereby certify that the above named material has been accepted and	to the best of my knowledge the foregoing is true and accurate.
	11071891
Name of Authorized Agent Signature	Receipt Date
	PASS CODE
10/86	REISELTON



GENE	ERATOR
Generator Name LiA Medical Conter	_ Generating Location _ CA Medical Center
Address 4951 Arrayo Rd	Address 4951 A11010 Rd
LIVERMUE 1# 94550	LIUT-MUTE (A 94550)
Phone No. 4 1 5 4 4 7 3 5 4 0	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
Inch hazardous Dirt	C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transpor	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
VAMO. Palelle	James TTT
tor Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No. 950	Phone No. <u>269 - 578 - 470 0</u>
Transporter Name Rich Hain. Iten Trucking	
Address 1336 Pauline Hue	Vehicle License No./State 326618 (A/ Y
ne deal of theman	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Onver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	·
Site Name BFI WASTE System 600	
Mary Month of Mary 1997	Phone No. [7/7] 5 - [9/9/9/9]
hereby certify that the above named material has been accepted an	d to the best of my knowledge the foregoing is true and accurate.
) yame of Authorized Agent Signature	Receipt Date
	Vecani Pare
ń/8g	PASS CODE
-	BF1260-720



GENE	RATOR
Generator Name UA Medical Center	Generating Location Lift Medical Center
Address L1951 Arrayo Rd	Address 4951 Accord Rd
Livernore CA 94550	Livermore (A 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Ouantity Units No Type D - Drum
_	Quantity Units No. Type C - Carton B - Bag
non hazardous Dirt	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain	ree liquid as defined by 40 CER Part 360 10 or any prolitable
state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	rt 261 or any applicable state law has been properly described
DIA med Cuto / fito	769867
rator Authorized Agent Name	Shipment Date
TRANS	PORTER
Truck No 970	Phone No. <u>209</u> 578-4100
Transporter Name Rich Namilton Trucking	Driver Name (Print) LAPEN HORIEST
Address 1336 Pauline Rue	Vehicle License No./State 1595467 CALL
modesto PA 95351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature / Shipment Date	Driver Signature Driver Signature Delivery Date
nestia 1	IATION
	ATION
•	Phone No. 415-4470491
Address 4001 No Vasio Rd Liver	more (A
hereby certify that the above named material has been accepted an	nd to the best of my knowledge the foregoing is true and accurate.
	TOURST
Name of Authorized Agent Signature	Receipt Date
arse (-	PASS CODEBFI260-720

UNLOADING AREA COPY



GEN	RATOR
Generator Name VIA: MEdical Certan	Generating Location U.A MEdical Cache
Address 1951 HAROGO Rd	Address 4951 HOROGO 120
LUMMUNE PA	LUMINUA ES
Phone No. 415-473560	Phone No. 4/5-4472566
BFI Waste Code Description of Waste	Containers Type Ougntity Unite No Type D - Drum
NON HAZMELOW DIT	Quantity Units No. Type C - Carton B - Bag
	T - Truck P - Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain	in free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transport	art 261 or any applicable state law, has been properly described, relation according to applicable regulations.
DVA. MEd. CATA. Aleta	7 [120397]
rator Authorized Agent Name Signature	Shipment Date
TRANS	SPORTER
	Phone No. 209 578-4106 /
Transporter Name Rich Hamilton Twelle	Driver Name (Print) LANG FROM (=5 fr
Address 1336 PAU IWN A	. Vehicle License No./State
Modes to by	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature 120391 Shipment Date	Driver Signature AMU AMU Signature 12039
DEST	NATION
Site Name b.F. I. WASK System	1' Phone No. 4/5-4476491
Address 4001 No UASPU Pd	Lunnon h
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
	(gn/) (12039)
Name of Authorized Agent Signature	Receipt Date
	. PASS CODE
10/86	8F1260-720



GENE	RATOR
Generator Name UA MEDICAL CENTRE	Generating Location U. A. Menical Cr. 428
Address 4951 ARROYO RID	Address 1951 Flace O RD
LIVERIMORE CA 94,550	LIVERMORE CA PRISSO
Phone No.	Phone No.
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
MOM- HAZARDOUS DIRT	14 Y O I B - Bag
	T - Truck
	Y - Yards
I hereby certify that the above named material does not contain	n free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Pau classified and packaged, and is in proper condition for transport	t 261 or any applicable state law, has been properly described.
DVA. MEd. Cota. Skits	
Yator Authorized Agent Name Signature	Shipment Date PORTER
Truck No950	Phone No. 209 578-4100
Transporter Name Kichaki Hamilton, Trucking	Driver Name (Print) STEUR ROY 60 URAL
Address 1376 Pauline Auc	Vehicle License No./State 3R66518 CA
MONESTO CA 95351	Vehicle Certification 2.753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	IATION
Site Name	Phone No.
Address	
I hereby certify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
	1 Ly 1) Party
Name of Authorized Agent Signature	Receipt Date
	PASS CODE



c GENER	RATOR
Generator Name UA Medical Center	Generating Location <u>UA</u> <u>Medical</u> Center
Address 4951 Rillago Rd	Address 4951 Priorie Re
Livermore 67 94550	Livermore P# 94-50
Phone No. 4 1 5 -4 4 7 2 5 6 0	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZORDOS D'AT	Quantity Units No. Type C - Carton B - Bag T - Truck
	P - Pounds Y - Yards O - Other
I hereby cortify that the above parced material date not contain	
state law, is not a hazardous waste as defined by 40 CFR Particles and packaged, and is in proper condition for transport.	free liquid as defined by 40 CFR Part 260.10 or any applicable 261 or any applicable state law, has been properly described, ation according to applicable regulations.
DVA. MEd. Cuta SPATO	7 120391
rator Authorized Agent Name Signature TRANSI	Shipment Date
IHANSE	ORIER
Truck No. 960	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) Keuin Kelleu
Address 1336 Pauline Rue	
moderto, DA 95351	Vehicle Certification 2:753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Keyin Kelley T 2 0 3 9 1 Shipment Date	Kein Kelley 170391
DESTIN	ATION
Site Name D.F. I. Waste Systems	Phone No. 415-4479471
Address 401 No Vasco Rd	Livermore OA
hereby certify that the above named material has been accepted an	d to the best of the knowledge the foregoing is true and accurate.
	120391
Name of Authorized Agent Signature	Receipt Date
	PASS CODE



GENERAT	OR
	· · · · · · · · · · · · · · · · · · ·
A / / /	enerating Location <u>UAModical ConTev</u>
Address 4951 Arrogo Rd. Ad	dress 4951 Arroyo Rd
Livermore, Ca. 94550	Liver more, Ca. 94550
Phone No. 415-4472560	one No. 415-4472560
BFI Waste Code Description of Waste	Containers Type D - Drum
Non Hazardous DivT	Quantity Units No. Type C - Carton B - Bag T - Truck P Pounds
	Y - Yards O - Other
I hereby certify that the above named material does not contain free state law, is not a hazardous waste as defined by 40 CFB Part 26 classified and packaged, and is in proper condition for transportation	1 or any applicable state law, has been properly described
DVA Med Cutr. SPER	120391
Signature TRANSPOR	Shipment Date
	one No. <u>209-578-4100</u>
Transporter Name Rich Hamil Ton Trucking Driv	ver Name (Print) Revin Kelley
Address 1336 Pauline Age. Ver	nicle License No./State 4057150 Ca.
	nicle Certification3753
I hereby certify that the above named material was picked up at the generator site listed above.	ereby certify that the above named material was delivered with- incident to the destination listed below.
Reun Kelley 120391 Driver Signature Shipment Date Driver	Reom Kelley 170391
DESTINAT	·
Site Name B. F.L. Waste Systems	Phone No. 1 3 - 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Address 4001 No. Vasca Rd	Livermore Co.
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
	1203911
Name of Authorized Agent Signature	Receipt Date
•	
10/86	PASS CODEBFI260-720



GENE	RATOR
Generator Name U.A. MEDICAL (Situ)	Generating Location U.A. MEdical Police
Address 4551 Appago Rd	Address 4951 Harovo Rd
LIUFAIIIONE CA	LIVINAIORE EX
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HARHEDOUS DRI	7 C - Carton B - Bag
	T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Parallel classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature Signature	7
	PORTER
	Phone No. 209-578-4100
	Conver Name (Print) LANCE LANCISCO
Address 1336 PAULINA AUE	Vehicle License No./State 1395467
Modesto Ca.	. Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
JADO JAMIETO 1/2/4/ Driver Signapure Shipment Date	And Anit To II 2 1 9 1 Driver Signature Delivery Date
	NATION
Site Name 3. FI WAST SUSTEM:	7777
1100 N 1200 D1	SERNIGIE G
i hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
Matthorized Agent Signature	Receipt Date /
	PASS CODE



C GENE	RATOR
Generator Name LA Medical Center	Generating Location UA Medical Canter
Address 4951 Alicyo Rd	Address 4951 Augya Rd
Livernore CA 94550	Livermore CA 94550
Phone No. 415-4472560	Phone No. 4115-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON Hazardous Dirt	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
Generator Authorized Agent Name	Shipment Date
	PORTER
Truck No. <u>950</u>	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) STEVE RIAN BOUR I
Address 1336 Pauline Rue	Vehicle License No./State Till Cin. 5. 4 / CA.I.f.
modesto CA 95351	,
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	NATION
Site Name B.F.I Waste Systems	Phone No. 415-4470491
Address 4001 No. Uasco Rd (Livernoire CA
I hereby certify that the above named material has been accepted at Na of Authorized Agent Signature	nd to the best of my knowledge the foregoing is true and accurate. Receipt Date
10/86	PASS CODE



GENE	RATOR
Generator Name UA medical Center	Generating Location UA Medical Center
Address 4951 Arrayo Rd	Address 4951 Acro-0 Rd
Livermore CA 94550	Livermore CA 9450
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Containers Type Quantity Units No. Type D - Drum
NON HAZARdous Dirt	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Parallel classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER.
Truck No. 950	Phone No. (209) 578-4100
Transporter Name Bich Hamilton Trucking	Driver Name (Print) STE 10 Ray have
	Vehicle License No./State 3266518 /CRI. +
Modesto, CA 95351	. Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Oriver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
Site Name BFI Ubste Systems	Phone No. 415-4470491
Address 4001 No. Vasca Rd.	Livermore CA
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
N. of Authorized Agent Signature	Receipt Oate
. •	
10/86	PASS CODE

BFI260-720



GENE	RATOR
Generator Name LIA Medical Center	Generating Location <u>UA Medical Center</u>
Address 4951 Arrayo Rd	Address 4951 Augus Rd
Livermore CA 94550	Livermore CA 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZARdous Dirt	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
Generator Authorized Agent Name	1/2/9/
	Shipment Date PORTER
Truck No. 250	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) 111KE Howard
Address 1336 Pauline Rue.	Vehicle License No./State 4/253320 /CAI.4
Modesto CA 95351	Vehicle Certification <u>206782</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
M. Ko Hause VIQVQV Driver Signature Shipment Date	Mike Thousand 1/2/9/ Driver Signature Delivery Date
DESTIN	VATION
Site Name BF. I Waste Systems	Phone No. 415-4470491
Address 4001 No. Uasco Rd	Livermore CA
I hereby certify that the above named material has been accepted as	nd to the best of my knowledge the foregoing is true and accurate.
N. of Authorized Agent Signature	Receipt Date
•.	PASS CODE



GENE	RATOR
Generator Name UA medical Center	Generating Location UA medical Center
Address 4951 Arraya Rd	Address 4951 Arrayo Rd
Livernore CA 94550	Livermore CA 94550
Phone No. 445-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Containers Type
NON HAZardous Dirt	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable to 261 or any applicable state law, has been properly described, sation according to applicable regulations.
DVA. MEd. Cota. Itan	
	Shipment Date
	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Tracking	Driver Name (Print) Steve Kus bound
Address 1336 tayline Ave	Vehicle License No./State 38 (00518 /CA), F
Modesto, CA 95351	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Oriver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	ATION
site Name B.F.T. Waste Systems	Phone No. 415-447049/
Address 4001 No. Vasco Rd	Libermore CA
hereby certify that the above named material has been accepted and Authorized Agent Signature	d to the best of my knowledge the foregoing is true and accurate.
•	
nine a	PASS CODE

No. 27 22

BFI260-720



GENE	RATOR
Generator Name V.A. MENCHL CENTER	Generating Location V.A. NEDICAL CENTER
Address 4951 ARROYO Rd	Address 4951 Airican Rd
LIVERMORE CA 94550	LIVERNIONE CA 94550
Phone No. 415-4472560	Phone No. 415-4472560
Description of Waste NON HAZARDOUS DIRT	Quantity Units No. Type O- Drum C- Carton B- Bag T - Truck P - Pounds Y - Yards O- Other
state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transpor	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature Signature	1/2/9/
	Shipment Date PORTER
Truck No. <u>990</u>	Phone No (209) - 578-4100
Transporter Name Rich Hanvilton Trucking	Driver Name (Print) MIKE HOWARD
Address 1336 PAULINE AUE.	Vehicle License No./State 40.53320 CA.
MODESTO CA 95351	Vehicle Certification <u>206782</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Mile Down [1/2/9/] Driver Signature Shipment Date	Mile Boward 1/2/9 Delivery Date
DESTI	NATION
Site Name B. F. I. WASTE SySTEM	Phone No. 915-4470491
Address 4001 N. VASCO Rd LIVERMORE CA.	
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate. Receipt Date
•	
	PASS CODE



WNING-FERRIS INDUSTRIES	
GENE	RATOR
inerator Name LA medical Conter	Generating Location UA Medical Center
idress 1971 Arraya Rd	Address 4951 Arraya Rd
	Livermore PA 94550
	Phone No. 415-4472560
10ne No. 4 15 447 5 6 0	Containers Type
= Waste Code Description of Waste	Quantity Units No. Type C - Carton
	B - Bag T - Truck
YON HAzardous Dirt	P - Pounds Y - Yards
	O - Other
the base paged material does not contain	tin free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described,
i hereby certify that the above halled material does not a hazardous waste as defined by 40 CFR P	art 261 or any applicable state law, has been properly described, ortation according to applicable regulations.
state law, is not a hazardous waste as defined by 40 CFH F classified and packaged, and is in proper condition for transpo	reation according to applicable regularity
TIVA Mod. Contr. Lite	Shipment Date
	SPORTER
Fauck No. 950	_ Phone No. (3/9) 5/8-4100
Published January	Driver Name (Print) STave Kan Dough!
Transporter Name Kich Haim Trent	Driver Name (Print) STOJE RIAN DOURN! Vehicle License No./State SRGGS 18 / CALF
Address 1336 Tantine Rate	
modesto, CA 95351	Vehicle Certification I hereby certify that the above named material was delivered with-
I hereby certify that the above named material was picked up	out incident to the destination listed below.
at the generator site listed above.	TENDIN
Shipment Date	Driver-Signature Delivery Date
Driver Signature \ / /	TINATION
DES	11 12 KIKI2 10 KI 9 I
RET Waste Sistem	S Phone No. 415
Address CO No. Dans	Livermore CA
I hereby certify that the above named material has been accepted	ed and to the best or my unowledge the foregoing is true and accurate.
⇒ of Authorized Agent Signature	1 an 1 11 A191
3 of Authorized Agent Signature	Receipt Date
	PASS CODE
10/86	BE260-720

BF1260-720

Waste . Systems

GENE	RATOR
ator Name UA Medicus Center	Generating Location UA Medical Confer
= 4951 Alloyo Rd	Address 4951 August Rd
Livermore PA 94550	Livermore CA 94550
No. 415-4402560	Phone No. 415-4472560
3ste Code Description of Waste	Containers Type D - Drum
N HAZARdous Dirt	Quantity Units No. Type C - Carton 8 - Bag T - Truck P - Pounds Y - Yards C - Other
arehy cartify that the above named material days not contain	
te law, is not a hazardous waste as defined by 40 CFR Passified and packaged, and is in proper condition for transpor	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
A. Med-late State	1/2/9/
r Authorized Agent Name Signature	Shipment Date PORTER
060	
10. <u>7 70</u>	Phone No. (209) 598-4100
orter Name Rich Hamilton Trucking.	Driver Name (Print) MIKE HOWARD
s 133/0 Pancine Rue	Vehicle License No./State 4253320 /CFI. f
Modesto CA 95351	Vehicle Certification <u>206782</u>
y certify that the above named material was picked up enerator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
ike House 1/2/9/ nature Shipment Date	Med Howard 1/2/9/ Driver/Signature Delivery Date
DESTI	NATION
me B F.T waste Systems	Phone No. 415-4470491
HOOL No Vasco Rd	Livernoie CA
, certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Uthorized Agent Signature	/ SW / // DVV
- Jagnature	Receipt Date /
	. Page cone



c GENE	RATOR
Generator Name 114 Medical Center	Generating Location UA medical Center
Address 4951 Allan Rd	Address 4951 Arraya Rd
Livermore CA 94550	Livermoie CA 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON HAZardous Dirt I hereby certify that the above named material does not contain	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
classified and packaged, and is in proper condition for transport	rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature	
	Shipment Date
Truck No. 950	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	Priver Name (Print) STEUE RALTERALIE Vehicle License No./State Rollo 18 / CALE
Modesto, CA 95351	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTI	NATION
site Name B. F.T. Waste Systems	Phone No. 415-4470491
Address 4001 No Vasco Rd	Livermore PA
I hereby certify that the above named material has been accepted as	nd to the best of my knowledge the foregoing is true and accurate.
n of Authorized Agent Signature	Receipt Date
•	PASS CODE



GENE	RATOR
Generator Name UA Medical Center	Generating Location UA medical Center
Address 4951 Arraya Rd	Address 4951 Arraya Rd
Livernore CA 94550	Livermore CA 94550
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON MAZORDOUS Dirt	Quantity Units No. Type C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	r free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No. 990	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) MIKE Howard)
	Vehicle License No./State 4053320 /CAL F
modesto, PA 95351	Vehicle Certification 206782
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature 1 2 7 Delivery Date
DESTIN	IATION
Site Name BF. I Waste Systems	Phone No. 415-4470491
Address 4001 No Vasco Rd	Livermore CA
I hereby certify that the above named material has been accepted an of Authorized Agent Signature	nd to the best of my knowledge the foregoing is true and accurate. Receipt Date
•	THEO COOK
10/9G-	PASS CODEBFI260-720

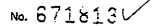


	RATOR
Generator Name U.A. Medical City	Generating Location H Alfedical Center
Address 4951 Agrano Pol	Address 4951 HOROLDO R1
LUSTENORE CA	Liviamori Es
Phone No. 415-4472560	Phone No. 4/15-4/972560
BFI Waste Code Description of Waste	Containers Type Quantity Units No. Type D - Drum
Non Hazardous Dirt	7 4 7 0 7 C - Carton B - Bag
	T - Truck P - Pounds Y - Yards
	O - Other
	in free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described,
Diff. Mod Cut. Signature Generator Authorized Agent Name Signature	112191
	Shipment Date SPORTER
G70	Phone No. 209. 578 - 4,00 1
	Driver Name (Print) AMY FAMICY
Address 1334 140 in 6 40	Vehicle License No./State 1555467
Moderto CA.	Vehicle Certification <u>2753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
JARO FAMIEST // 2 (19)	Driver Signature ARC FAREITS - [1/21/5/] Delivery Date
	NATION
3ET Waste Salars	WITH KINDER
	Phone No. 9 / 5 - 7 / 6 / 7 / 7
Address 4001 M6 CASCO Rd La	CIPMIONE LA.
I hereby certify that the above named material has been accepted a	ing to the best of my knowledge the foregoing is true and accurate.
Not Authorized Agent Signature	Receipt Date
	T TODAY DATA !
10/86	PASS CODE

URLORDING AREA DOPY

Waste System's ™

GENE	RATOR
tor Name V. A. MEDICAL CENTER	Generating Location U.A. DIEDICAL CENTER
:4951 ARROYO Rd	Address 4951 ARROYO Rd
LIVERMORE CA 94550	LIVERMORE CA 94550
vo. 415-4472560	Phone No. 415-4472566
ste Code Description of Waste	Quantity Units No. Type D - Drum C - Carton B - Bag
IN HAZARDOUS DIRT	T - Truck P - Pounds Y - Yards
reby certify that the above named material does not contain e law, is not a hazardous waste as defined by 40 CFR Par sified and packaged, and is in proper condition for transpor	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
1A. Med-Corte- flot	1/2/9/
Authorized Agent Name Signature TRANS	Shipment Date PORTER
<u>. 990</u>	Phone No. (209) 578-4100
Her Name Rich Hamilton TRUCKING	Driver Name (Print) MIKE Hown(21)
1336 YAULINE AUE	Vehicle License No./State 4253320 C.A.
MONESTO CA, 95351	Vehicle Certification 206782
certify that the above named material was picked up	I hereby certify that the above named material was delivered without incident to the destination listed below.
Like Howard 112191 Shipment Date	Mke Howard 1/2/9/ Driver Signature Delivery Date
DESTI	NATION
ne B. F. I. WASTE SYSTE	mS_Phone No. 415-4470491
4001 N. VASCO Rd LIVERMORE CA.	
certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
Uthorized Agent Signature	Receipt Date .
!	



BFI260-720



GENE	RATOR
Generator Name V.A MEdical Certin	Generating Location U.D. Meclical City
Address 1951 Areoup Rd	Address 4951 Haloups Dol
LWENMONE CA	- LIVERMORE CA
	(1/6 //// 7)/-//-
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
HON HAZARDOS DRI	799961 C-Carton B-Bag
	T - Truck
المناسبة الم	Y - Yards O - Other
I horoby postify that the above and a social description	
state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transpor	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described,
	The latest applicable regulations.
Generator Authorized Agent Name Signature	Shipment Date
TRANS	PORTER
Truck No970	Phone No. 209- 578-4100
Transporter Name RICH HAMI TOU TOOKIUS	Driver Name (Print) LANCE Junie
Address 1336 /90 (1101= 140.	Vehicle License No./State
Moderto Gali	Vehicle Certification = 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Large FARMERTA VVQVSV	LANEN SAPELE TE - 17/12/15/
Oriver Signature Shipment Date	Driver Signature Delivery Date
$()$ Γ T I \subseteq \bigcirc I	VATION
Site Name S. F. T. WASE. Spstar-	Phone No. 9/5_4/7/099/
Address 4001 No VASCO RA LIURAM	6/2 K
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
	Jan // MINT
Signature Signature	Receipt Date
	PASS CODE



	RATOR
Generator Name U.A. MEDICAL CENTER	Generating Location D. A. MEDICA CENTER
Address 4951 Appropo Rd	Address 4951 ADROGO Rd
LIVERMORE CA.	LIVERMORE G.
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
Mor HAZIARdous Diel	1 1 4 0 0 1 T C - Carton B - Bag
	T - Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transport	in free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described, fration according to applicable regulations.
DVA. medent. Stanature	1031 81
	Shipment Date SPORTER
Truck No970	Phone No. 209- 578-4/00
Transporter Name Rich Hamilton Toucking	2 Driver Name (Print) ADES FARES +
Address 1336 Pauline Au	Vehicle License No./State /795467
Moderto B	Vehicle Certification <u>2753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
LADRY FAMIEST 103191	LAVRO FAMIESTER 1031811
Driver Signature Shipment Date	Driver Siguature Delivery Date
	NATION
Site Name B.F. L. WASTE Systims	Phone No. 4/5 - 447049/
Address 4001 No. VASCO Rd LIV	IFRMORE Q.
I hereby certify that the above named material has been accepted a	und to the best of my knowledge the foregoing is true and accurate.
	1807 & 10319V
Name of Authorized Agent Signature	Receipt Date /
	PASS CODE
10/96	BFI250-720



GENE	RATOR
Generator Name Uctions Admin, Stration Hospita	Generating Location Vetrans Administration Hospit
•	Address 4951 Arroyo 122
Livermore CA 94550	Livernae Op 94550
Phone No. 510 - 4472650	Phone No. 510 -4472650
BFI Waste Code C A 405 030596	Containers Type Quantity Units No. Type D - Drum
NON HAZARdous Petroleum	C - Carton B - Bag T - Truck
Contaminated Soil	P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain	in free liquid as defined by 40 CFR Part 260.10 or any applicable
state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transport	rt 261 or any applicable state law, has been properly described,
Ornerator Authorized Agent Name	Shipment Date
	SPORTER
Truck No.	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) DAUID CLLER
Address 1336 Pauline Aue	>
Modesto CA 95351	_ Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Driver Signature 3 11 9 2 Shipment Date	Driver Signature Delivery Date
DEST	NATION
Site Name B.F.I	- Phone No. 510 - 447049-1
Address 4001 No. Vasco Rd Liv	vermore CA
l hereby certify that the above named material has been accepted	and to the best of my knowledge the foregoing is true and accurate.
1 of Authorized Agent Signature	Receipt Date
Signature Signature	



GENE	RATOR
Generator Name LiA Medical Center	Generating Location LIA Medical Contr
Address 4951 Aliqua Rd	Address (1951 A1104.3 Rd
Livermore CA 94550	Liveringie CA 94550
Phone No. 415-4472560	Phone No. 4 15 - 4472560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON Hazardous Dint	C - Carton B - Bag T - Truck P - Pounds Y - Yards O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
ator Authorized Agent Name	J 2 0 3 9 J
	PORTER
Truck No. 960	Phone No. (ac9) 578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) Kouin Kell fu
Address 1336 Pauline Rue	
Modesto, OA 95351	Vehicle Certification 7753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Neuri Kelley 120391 Driver Signature Shipment Date	Vein Relie 120391 Driver Signature Delivery Date
DESTI	NATION
Site Name B.F. I. Waste System	05 Phone No. 45 64 00491
Address 4001 No. Uasco Rd	Civernoire CA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
Name of Authorized Agent Signature	Receipt Date
Name of Authorized Agent Signature	
	PASS CODE

UNIDADWS 4FE 005

BF1260-720



GENE	RATOR
Generator Name UA Hospital	Generating Location UA HC 5 +-1
Address 4051 August Rd	Address <u>U951 A 24</u>
Livermore CA 94550	Livermore PH 94550
Phone No. 5 10 4 7 2 6 50	Phone No. 510-4472450
BFI Waste Code CA 405030592 Description of Waste	Containers Quantity Units No. Type D - Drum
NON HAzardous Petroleum	C - Carton B - Bag
October marated Soil	T - Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CER Par classified and packaged, and is in proper condition for transport	ree liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
Generator Authorized Agent Name Signature	Shipment Date
	PORTER
Truck No.	Phone No. (209) 578-4100
Transporter Name Rich Hamilton Trucking	
Address 1331c Pauline Rue	· · · · · · · · · · · · · · · · · · ·
Modesto 12 95351	<i>i</i>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Shipment Date	Driver Signature Delivery Date
DESTINATION	
Site Name BFI.	Phone No. 510-4470491
Address 4001 No. Uasco Rd Liv	remove CA
I hereby certify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
	DBV DEF
No. of Authorized Agent Signature	Receipt Date
	PASS CODE
10/86	BF1260-720

1 1 1 2 2 2 2 1 1 1





c GENE	RATOR
Generator Name 1/4 Hoso 4A(Generating Location UA Hossitel
Address 4951 August PA	Address 4951 Aug o Rd.
Livermore PA 94550	Livermore CA 94550
, 1010 NO. COLOR TO THE TOTAL THE TOTAL TO T	The state of the s
BFI Waste Code CF 4 5 0 3 5 9 2 Description of Waste	Quantity Units No. Type D - Drum
NON HARardous Petroleum	C - Carton B - Bag
2004ciminuted Soil	T - Truck P - Pounds Y - Yards
	O - Other
	free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
Generator Authorized Agent Name Signature	Shipment Date
	PORTER
Truck No. 940	Phone No. (29) <98-4100
Transporter Name Rich Lamiton Trucking	Driver Name (Print) DAULD OLLER
Address 1331- Buline Rue	Vehicle License No./State 4225526 / PALIF
Modesto (A 9535)	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Driver Signature Shipment Date	Driver Signature Delivery Date
DESTIN	ATION
Site Name B. F. I	Phone No. 510 447049
Address 4001 No. 1000 Rd Lo	seinice. CA
I hereby certify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
.~	PAIDAN
1 Authorized Agent Signature	Receipt Date ¹
•	PASS CODE
10/86	8F1260-720

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BROWNING-REHRIS INDUSTRIES	OOO OF LOWE WAS IN FOLL WINTENIN FOL
GENE	RATOR
Generator Name <u>UA HOSPITAL</u>	Generating Location <u>UA HISPITAI</u>
Address 4591 ARROYURD	Address 4891 ARROYO RD
LIVERMORE CH 94550	LIVERMORE CA 9\$550
Phone No. 510-4472660	Phone No. 510-7472650
BFI Waste Code C A 4 0 5 0 3 0 5 9 2 Description of Waste	Containers Type Ougntify Units No Type D - Drum
NON HAZBRIOUS PETROLUEM	Quantity Units No. Type C - Carton B - Bag
CONTAMINATED SOIL	T - Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR/Rai classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable t 261 or any applicable state law, has been properly described, ation according to applicable regulations.
Generator Authorized Agent Name . Signature	
	Shipment Date
RANS	PORTER
Truck No. 940	Phone No. 209 578-4100
Transporter Name RICH HAPTILTON TRUCKI	Veriver Name (Print)
Address 1336 PAULINE AUE	Vehicle License No./State 4425526 , CA
MODESTO (A 9535)	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Driver Signature Driver Signature Shipment Date	Driver Signature Driver Signature Delivery Date
DESTI	NATION "
Site Name BFI	Phone No. 5 1 0 -44 5 0 4 9 1
Address 4001 No UASCO RD L	IVERMORE CA
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
W Arehand Asses	OF VARIA
A Jf Authorized Agent Signature	'Receipt Date
	PASS CODE



GENE	RATOR
Generator Name Vetricins Administration Visita	Generating Location Vetrians Administration Host
Address 4951 Augus Rd	Address 4951 Anoyo Rd
Livermore CA DIVISSO	Livermore CA 94550
Phone No. 510-4472650.	Phone No: 510-4472650
BFI Waste Code C A & O S O S O S O S O S O S O S O S O S O	Quantity Units No. Type D - Drum
NEN HAZARDOUS Petioleum	18 4 01 T C - Carton B - Bag
Octominated Soil	T - Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Par classified and packaged, and is in proper condition for transport	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, sation according to applicable regulations.
Generator Authonzed Agent Name Signature Signature	03/292
	Shipment Date PORTER
That is	FORTER
Truck No.	Phone No. (209) 578-4100
Transporter Name Rich Him. Hon Trucking	Driver Name (Print) MIKE HOWARD
Address 1336 Pauline Aue	Vehicle License No./State 4253320 /CALIF
Modesto, CA: 95351	Vehicle Certification 206782
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature	Make Down 03 V 292
Silpinor, pato	Driver Signature Delivery Date
DESTĮN	NATION
Site Name B F. I.	Phone No. 510 - 4470491
Address 4001 No. Wasco Rd L	lutimore (A
I hereby certify that the above named material has been accepted ar	nd to the best of my knowledge the foregoing is true and accurate.
	· MARCHER
of Authorized Agent Signature	Receipt Date
· .	·
10/86	PASS CODE

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GENERA	ATOR
Generator Name VETERIANS ADMINISTRATION HOSPING	Generating Location ETERAL'S ADMINISTRATION HODING
Address 4951 ARROGO RV	4
LINERHORE CA 94550	LIVERMORE, CA 94550
Phone No. 5/0-4472650	Priorie No. 5/0-4472650
BFI Waste Code CA 405 030592 Description of Waste	Quantity Units No. Type D - Drum
NON HAZARBOUS PETROLEUM	
CONTAMINATED SOIL	P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain fr state law, is not a hazardous waste as defined by 40 CFR Part 2 classified and packaged, and is in proper condition for transportation	261 or any applicable state law, has been properly described,
DUA ME L- Cute. Generator Authorized Agent Name Stonature	<u>i</u> .
Generator Authorized Agent Name Afginature TRANSPO	Shipment Date DRTER
Truck NoP	Phone No. 209-578-4100
Transporter Name RICH HUMILLON TRUKING D	
· · · · · · · · · · · · · · · · · · ·	Vehicle License No./State 386518 /CALIF
MOINTE CHA OFFI	Vehicle Certification
I hereby certify that the above named material was picked up	hereby certify that the above named material was delivered with- ut incident to the destination listed below.
Driver Signature Shipment Date Di	river Signature - : Delivery Date
DESTINA	ATION
Site Name 3 FI	Phone No. 5/0-447049/
Address 400/ No. VASCO RD. LIVEEM	ORF, CA-
I hereby certify that the above named material has been accepted and	to the best of my knowledge the foregoing is true and accurate.
	MAP SISTER
A /of Authorized Agent Signature	Receipt Date
	PASS CODE
10/86	8F1260-720



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No. € 7 <u>1</u> 7 . €

NON-HAZARDOUS SPECIAL WASTE MANIFEST

GENE	RATOR
Generator Name Usterans Admin Stration Hospit	AlGenerating Location Veterans Admin station Hazi
Address Lig51 Anoya Rd	Address 4951 Anayo Rd
Livermore CIA 94550	Livermore (A 94550
Phone No. 510-4472650	Phone No. 5 10 - 4472650
BFI Waste Code CA 4 CS 030 59 2 Description of Waste	Quantity Units No. Type C - Carton
MON HAZardous Petroleum	B - Bag T - Truck
Contaminated Soil	P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not contain state law, is not a hazardous waste as defined by 40 CFR Parallel classified and packaged, and is in proper condition for transparent	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described, tation according to applicable regulations.
Generator Authorized Agent Name Signature	. 1.
	Shipment Date PORTER
	Phone No. (309) 578-4100
Transporter Name Rich Hamilton Trucking	Driver Name (Print) LARLY TARRITETY
Address 1236 Hauline Aue	Vehicle License No./State / CAI. F
	Vehicle Certification
I hereby certify that the above named material was picked up at the generator site/listed above	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
TANK 54021/EC 031292 Oriver Signature Shipment Date	Driver Signature JANUIED 031292 Delivery Date
DEST	NATION
Site Name B.F. I	Phone No. 510-4470491
Address 4001 No Uasco Rd Li	vermore CA
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
	MIRE COVERE
of Authorized Agent Signature	Receipt Date
·	PASS CODE

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BF1260-720



GENERATOR
Generator Name VELERELS ADMINISTRATION HOP Generating Location VELERENS ADMINISTRATION
Address 7951 ATTTOJO 20 Address 4951 ARROYD, RO,
LIVERTHORE, CH 94550 LIVERHORE, CIA 94550
Phone No. 510-4472650 Phone No. 510-4472650
BFI Waste Code CA 405030592 21539 Containers Type Description of Waste Quantity Units No. Type D-Drum C-Carton
COHIMHIATAD SOIL TO TOUCK
Y · Yards O · Other
I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. Generator Authorized Agent Name Signature
TRANSPORTER Shipment Date
Truck No Phone No Phone No 209_ 5789(00)
Transporter Name RICH HAPALTON TRUCKING Driver Name (Print) DAUID OLLER
Address 530 PAULIF AVE. Vehicle License No./State 4255 26 /CALIF.
MODESTO CA 9335/ Vehicle Certification
I hereby certify that the above named material was picked up at the generator site listed above. I hereby certify that the above named material was delivered without incident to the destination listed below.
Driver Signature Driver Signature Driver Signature Driver Signature Driver Signature Delivery Date
DESTINATION
Site Name
Address 400/ No. VASO RD LIVETHORE CA
hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.
W. H 7121192
of Authorized Agent Signature Receipt Oate
PASS CODE



GENERATOR			
Generator Name V.A MITOICAL CENTER	Generating Location VA We Direct Craft		
Address -51 ARROLD KD	Address 4551 PARCHO KD		
Livernoir CA 94750	Lienzmane C: 94550		
Phone No.	Phone No.		
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum		
Rus HAZNEDOUS DIRT	C - Carton B - Bag T - Truck		
	P - Pounds Y - Yards		
	O - Other		
	n free liquid as defined by 40 CFR Part 260.10 or any applicable at 261 or any applicable state law, has been properly described,		
OVA W 1 / +	ration according to appricable regulations.		
rator Authorized Agent Name Signature	Shipment Date		
TRANS	PORTER		
Truck No. 950	Phone No. 209 578-4100		
Transporter Name Richard Ham. Gar Trucking			
Address 1336 Pauline AJE	Vehicle License No./State 386518		
_			
	Vehicle Certification 2753		
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.		
120391	J [126371]		
Driver Signature / Shipment Date	Driver Signature / Delivery Date		
DESTI	NATION		
Site Name	Phone No.		
Address			
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.		
	MAY 120591		
Name of Authorized Agent Signature	Receipt Date /		
	PASS CODE		
10/86	BFI260-720		

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BFI260-720



	GENE	RATOR			
Generator Name V.A. MTUICAL C	en ler	Generating Location	A Marsica	11 C	
Address 4951 AKROYO RI)		Address <u>- 951</u>	PKRC40	<u>اڪن</u>	1
Liverence CA 91	1550	Livrizino	128 (14	Ç	4557
Phone No.		Phone No.			
BFI Waste Code Description of Waste		Quantity	Co Units No	ontainers o. Type	Type D - Drum
NICH HAZARDOUS I	rive t				C - Carton B - Bag
					T - Truck P - Pounds
					Y - Yards O - Other
I hereby certify that the above named material destate law, is not a hazardous waste as defined I classified and packaged, and is in proper condition	y 40 CFR Pai	t 261 or any applicable st	ate law, has been		
DUA. Med. Cutr. 1	12h				
rator Authorized Agent Name		PORTER	Shipment Date		
Truck No. 950	-	Phone No. 209	~		
Transporter Name KICHAKI) HAW, LION	TRUCK	•			
Address 1336 Plauline RD		Vehicle License No./State	3R6651	S Cu	1
MODESTO CA	PS351	Vehicle Certification	2753		
I hereby certify that the above named material was pi at the generator site-listed above.	cked up	I hereby certify that the all out incident to the destina			vered with-
Driver Signature Shipn	3 P /	Driver Signature	[/ Z O	3 17 1
	DESTI	VATION			
Site Name		Phone No.			
Address		Thorse No.			
I hereby certify that the above named material has be	en accented o	nd to the hest at the knowled	adae the forcesing	a io tero and	
The stand and above manifed material has be	on acochiec al	The best of All Wille	suge the loregoing		accurate.
Name of Authorized Agent	Signature		<u>/</u>	Receip	t Date
					,
~ .		PASS C	ODE		



GENE	RATOR
Generator Name U.A. MEdiral CEUPEN	Generating Location U.A. Willed 1001 Color.
Address (1951 HAROGO RI	Address 4951 Herrogo Pl
L10,=0100215 C3	LIUIN MORE CA
Phone No. 415-4472560	Phone No. 415-4472560
BFI Waste Code	Containers Type D - Drum
Description of Waste	Quantity Units No. Type C - Carton B - Bag
1 1020 91214011005 3741	T - Truck
	P - Pounds Y - Yards
	O - Other
	n free liquid as defined by 40 CFR Part 260.10 or any applicable rt 261 or any applicable state law, has been properly described, tation according to applicable regulations.
DVA. Med. Cote. Alth	120391
tor Authorized Agent Name Signature	Shipment Date
THANS	PORTER
Truck No. 976	Phone No. 209 - 578-1/1601
Transporter Name Rich Ham. 1 to Trudui	
Address 1336 Day Live 1/2	Vehicle License No./State 13954/67
Hudrib ta	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
72/72/- 5/2 12 5 7 Priver Signature Shipment Date	APPLY TAPPLIES 1 2 0 3 5 / Driver Signature Delivery Date
	NATION
O C T T O T	
Site Name 3 F. L Washi Sushus	Phone No. (1/) - 9 (1/) 9 (4/)
Address 4001 No WASEO 121	LIVERMORIE CA
I hereby certify that the above named material has been accepted a	nd to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Appart	MAD 12037X
Name of Authorized Agent Signature	Receipt Date/
•	BASS CODE



GENE	RATOR
Generator Name VA Wedical Center	Generating Location VA Medical ConTor
Address 4951 AKROYORD.	Address 4951 ARROYORD
Livermore ch 94550	Livermore CA.94550
Phone No. 415-4772560	Phone No. 415-9472560
BF) Waste Code Description of Waste	Quantity Units No. Type D - Drum
NON Hazardous dirt	1 4 y 0 / 7 B-Bag
	T- Truck P - Pounds Y - Yards
	O - Other
	in free liquid as defined by 40 CFR Part 260.10 or any applicable it 261 or any applicable state law, has been properly described, retation according to applicable regulations.
nerator Authorized Agent Name Signature	Shipment Date
TRANS	SPORTER
Truck No 970	Phone No. 209-57874/09
Transporter Name Rich HamilTon Truck	Briver Name (Print) APRO 400 1817.
Address 1376 PAuline au	Vehicle License No./State CA 1393467
Modeste CA 95351	Vehicle Certification 2753
I hereby certify that the above named material was picked up at the generator sife listed above.	I hereby certify that the above named material was delivered without incident to the destination listed below.
ARO ARISTA GRZEFI Driver Signature Shipment Date	GRASIET GRASIET
76	Driver Signature Delivery Date NATION
25-	MIC WWO AWAY
Site Name BTI Waste Systems	Phone No. 7 / 5 - 9 9 7 0 9 7 7
Address 4001 VOSCO KD, LIVEY	more
I hereby certify that the above named material has been accepted a	and to the best of my knowledge the foregoing is true and accurate.
	JE 239 1
Name of Authorized Agent Signature	Receipt Date
	PASS CODE

Waste Systems ™

GENE	ERATOR
Generator Name U.A. MEdical CENTIL	Generating Location U.A. WEdical K-ul
Address 4951 ANDOLO Roll	Address 4951 Haraya Da
LIUERNIDEE OF	LICERMORE ES
Phone No. 4/5-4472560	Phone No. 4/5-4/12560
BFI Waste Code Description of Waste	Quantity Units No. Type D - Drum
NOH HAZARdous Dinl	1 1 4 9 0 1 7 C - Carton B - Bag
1	T - Truck P - Pounds Y - Yards
	O - Other
I hereby certify that the above named material does not conta state law, is not a hazardous waste as defined by 40 CFR Pa classified and packaged, and is in proper condition for transpo	in free liquid as defined by 40 CFR Part 260.10 or any applicable art 261 or any applicable state law, has been properly described, reation according to applicable regulations.
DIA. MEd. Catre Monature	7 120391
	Shipment Date
IHANS	SPORTER
Truck No. 976	Phone No. 208 578-4600
Transporter Name Rich Hamilton	Driver Name (Print) LANCY AM/ISC
Address 1336 PAULUE HJ	Vehicle License No./State 1755467
Modresho la	Vehicle Certification <u>Q753</u>
I hereby certify that the above named material was picked up at the generator site listed above.	I hereby certify that the above named material was delivered with- out incident to the destination listed below.
120391 Driver Signature 20391	12035/ Driver Signature Delivery Date
	NATION
Site Name R.FI WAST Sustant	Phone No. 4/5_447049/
Address 4001 HO DASPU PA	LIVISZIMUZE CA
I hereby certify that the above named material has been accepted	and to the best of my knowledge the foregoing is true and accurate.
Name of Authorized Apart	1/ // // // // // // // // // // // // /
Name of Authorized Agent Signature	Receipt Date /
	·