



Precision Analytical Laboratory, Inc.

4136 LAKESIDE DRIVE, RICHMOND, CA 94806

PHONE (510) 222-3002

FAX (510) 222-1251

### CERTIFICATE OF ANALYSIS

STATE LICENSE NO. E 750

Received: 04/24/92

Reported: 05/06/92

Job #: 73461

Attn: Peter Timmerman  
Timmerman Engineering Construction  
675 Ygnacio Valley Road, Suite B211  
P.O. Box 4479  
Walnut Creek, CA 94596

Project: Castle Country Club  
Matrix: Soil

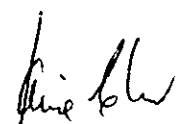
#### Total Petroleum Hydrocarbon Analysis EPA Method 5030 mg/Kg

<u>Lab ID</u>	<u>Client ID</u>	<u>Gasoline</u>	<u>MDL</u>
73461-1	#1	ND<1.0	1.0
73461-2	#2	210	6.0
73461-3	#3	2,830	60
73461-4	#4	4.0	1.0
73461-5	#5	7.0	1.0

707 Co. Club Dr. - 303 Castlewood Dr.

QA/QC: Spike Recovery: 80%

MDL: Method Detection Limit. Compound below this level would not be detected.

  
\_\_\_\_\_  
Jaime Chow  
Laboratory Director

JC/td



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Aromatic Volatile Hydrocarbon Analysis
EPA Method 8020
mg/Kg

Table with 6 columns: Lab ID, Client ID, Benzene, MDL, Toluene, MDL. Rows 1-5 showing data for various samples.

Table with 6 columns: Lab ID, Client ID, Ethyl-benzene, MDL, Xylenes, MDL. Rows 1-5 showing data for various samples.

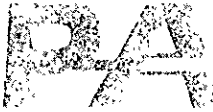
QA/QC: Spike Recovery for Benzene: 81%
Spike Recovery for Toluene: 94%
Spike Recovery for Xylene: 91%

MDL: Method Detection Limit. Compound below this level would not be detected.

Handwritten signature of Jaime Chow

Jaime Chow
Laboratory Director

JC/td



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Analysis Method EPA 6010
Preparation Method EPA 3050
mg/Kg

Table with 4 columns: Lab ID #, Client ID, Sample ID, and MDL. Rows include METAL and Lead with values 2.20, ND<0.90, and 0.90.

MDL: Method Detection Limit. Compound below this level would not be detected.

Signature of Jaime Chow
Jaime Chow
Laboratory Director

JC/td



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Matrix: Soil

Analysis Method EPA 6010  
Preparation Method EPA 3050  
mg/Kg

Lab ID #:	73461-3	73461-4	73461-5	
Client ID:	#3	#4	#5	MDL
METAL				
Lead	2.42	ND<0.90	6.10	0.90

MDL: Method Detection Limit. Compound below this level would not be detected.

Timmerman King Const  
(510) 934-4157

CHAIN OF CUSTODY

PROJECT NO.		SAMPLERS (Signature) <i>Peter Timmerman</i>				ANALYSIS REQUESTED									
PROJECT NAME AND ADDRESS: <u>CASTLE COUNTRY CLUB</u>						<del>TPH - Gas or Diesel</del> <del>BTX (8020)</del> <del>Halogenated (8010)</del> <del>Oil &amp; Grease</del> <del>PCB - (8080)</del> <del>Metals (Lead)</del> <del>8240</del> <del>TOTAL Lead BY AIA</del>									
CROSS REFERENCE NUMBER	DATE	TIME	Soil	Water	STATION LOCATION	TPH	BTX	Halogenated	Oil & Grease	PCB	Metals	8240	TOTAL Lead	REMARKS	
1	4-24-92	2:48	✓			+	+							TPH & 1.0ppm	
2	4-24-92	3:51	✓			+	+							BTX 5.0ppm	
3	4-24-92	3:46	✓			+	+							TOTAL Lead 1.0ppm	
4	4-24-92	3:50	✓			+	+							detection	
5	4-24-92	4:00	✓			+	+							2 units for all	
RELINQUISHED BY: (Signature) <i>[Signature]</i>					DATE	4-24-92	RECEIVED BY: (Signature) <i>[Signature]</i>					DATE	4-24-92		
RELINQUISHED BY: (Signature)					TIME	4:00	RECEIVED BY: (Signature)					TIME	4:00pm		
RELINQUISHED BY: (Signature)					DATE		RECEIVED BY: (Signature)					DATE			
RELINQUISHED BY: (Signature)					TIME		RECEIVED BY: (Signature)					TIME			
RELINQUISHED BY: (Signature)					DATE		RECEIVED BY: (Signature)					DATE			
RELINQUISHED BY: (Signature)					TIME		RECEIVED BY: (Signature)					TIME			

Turnaround Time: \* 24 hrs \_\_\_\_\_ \* 2/3 days \_\_\_\_\_ \* 4/5 \_\_\_\_\_ Normal X \* Surcharge Applies

Special Instructions: \_\_\_\_\_

Possible Sample Hazards: \_\_\_\_\_

78393

Please print or type Form designed for use on elite (12-pitch typewriter).

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. C.A.C00068120848232	Manifest Document No. 1 of 1	2. Page 1 of 1		Information in the shaded areas is not required by Federal law	
3. Generator's Name and Mailing Address CASTLEWOOD COUNTRY CLUB 707 COUNTRY CLUB CIRCLE PLEASANTON, CA.				A. State Manifest Document Number 90648232			
4. Generator's Phone 510 846-2871				B. State Generator's ID			
5. Transporter 1 Company Name ERICKSON TRUCKING INC		6. US EPA ID Number C.A.D009466392		94566		C. State Transporter's ID 206712	
7. Transporter 2 Company Name				D. Transporter's Phone (510) 335-1393			
8. US EPA ID Number				E. State Transporter's ID			
9. Designated Facility Name and Site Address Erickson, Inc. 255 Parr Blvd. Richmond, CA 94701				10. US EPA ID Number		G. State Facility's ID C.A.D009466392	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity	
a. Waste Empty Storage Tank				No. Type		14. Unit Wt/Vol	
NON-FCRA Hazardous Waste Solid				001 TPO0550		I. Waste No. State 512	
b.						EPA/Other NONE	
c.						State	
d.						EPA/Other	
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above			
Qty. ONE Empty Storage Tank (s) # 8548				a.		b.	
Tank (s) have been inerted with 15 lbs. Dry Ice per 1000 Gal. Capacity.				c.		d.	
15. Special Handling Instructions and Additional Information							
Keep away from sources of ignition. Always wear hardhats when working around U.S.T.'s 24 Hr. Contact Name Castlewood C. Club Phone (510) 846-2871							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name PETER THUMME-MAN		Signature		Month Day Year 04 23 92			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name ALFRED DAVIS		Signature Alfred Davis		Month Day Year 04 23 92	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name		Signature		Month Day Year			

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

90648232