THE SAN JOAQUIN COMPANY INC. 1120 HOLLYWOOD AVENUE, SUITE 3, OAKLAND, CALIFORNIA 94602

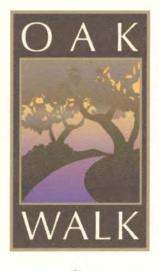
# **REMEDIATION REPORT**

Oak Walk Redevelopment Site Emeryville, California

### RECEIVED

3:28 pm, Aug 31, 2009

Alameda County Environmental Health



for

**Bay Rock Oaks, LLC** 

# VOLUME IV of IV

August 2009

Project No.: 0004.086

TELEPHONE: OAKLAND, CALIFORNIA (510) 336-9118 TRACY, CALIFORNIA (209) 832-2910

# APPENDIX G

Waste Manifests

Remediation Report - Oak Walk Redevelopment Site

Waste Manifests for Disposal of Soil

SJC

Sanitary LandfillLandfillSa901 Bailey Road28972 Coffin Butte Road123Pittsburg, CA 94565Corvallis, OR 97330HalfPhone (925) 458-9800Phone (541) 745-2018Phone	<b>Mountain</b> <b>nitary Lan</b> 10 San Mateo F Moon Bay, CA one (650) 726-18 (650) 726-9183	<b>dfill</b> Road 94019 819	1601 Dixor Milpitas, C	<b>y Landfill</b> n Landing Road A 95035 8) 945-2800	Mantec Phone	
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Bay Rock Oaks, LLC MAILING ADDRESS				212Y7	9860	
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Oakland, CA 94612						
(510) 873-8880		D TY-VEK	XQ SAFE	TY VEST		
CONTACT PERSON		SPECIAL	HANDLING	PROCEDURES	:	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* H.B. Dick	5/21/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, ha described, classified and packaged, and is in proper condition for transportation a cordi regulations; AND, if the waste is a treatment residue of a previously restricted hazz subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous wa	as been properly ing to applicable ardous waste treated in	RECEIVI	NG FACILIT	Υ		
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HEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT REFUSAL UPON ARRIVAL ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

SPECIAL OTHER

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MANIFEST # 597739

# Sanitary Landfill

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

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800

Fax (408) 262-2871

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

64400

□ Forward

Landfill

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR			WAS	TE ACCEPTA	NCE N	0.
Bay Rock Oaks, LLC MAILING ADDRESS					and a	<u>^</u>
1300 Clay St., Suite 620				<b>212Y7</b>	780	U
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(510) 873-8880 CONTACT PERSON				TY VEST		
Marilyn Ponte		SPECIAL	HANDLING	PROCEDURES	S:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* H. & Duit	5/21/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, I described, classified and packaged, and is in proper condition for transportation a -cor regulations; AND, If the waste is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 288 and is no longer a hazardous v	has been properly ding to applicable <b>zardous waste</b> n treated in	RECEIVII	NG FACILIT	Υ .		
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SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

# Sanitary Landfill

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

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## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

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

### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

 Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

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Bay Rock Oaks, LLC						
MAILING ADDRESS		4		-212Y	7986	Û
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CONTACT PERSON						
Marilyn Porte	_	SPECIAL		B PROCEDURE	S:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	]				
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725 Tulie Ann Way         CITY, STATE, ZIP         Oakland, CA 9462.         PHONE         510 · 633 · 1528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate.         REMARKS	DATE 82107		IMP F(S) RDS METHOD:	BOTTOM DU FLAT-BED		
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901 Bailey Road         28972 Coffin Butte Road         12           Pittsburg, CA 94565         Corvallis, OR 97330         Ha           Phone (925) 458-9800         Phone (541) 745-2018         Phone (542) 745-3826           Fax (925) 458-9891         Fax (541) 745-3826         Fa	Intain Annary Lan 2310 San Mateo F alf Moon Bay, CA hone (650) 726-9183 AX (650) 726-9183 ADOUS WAS	dfill Sanita Road 1601 Dix 94019 Milpitas, 0 819 Phone (4	<b>/ Island</b> <b>iry Landfill</b> on Landing Road CA 95035 08) 945-2800 0 262-2871 CH	Forward     Landfill     9999 S. Austin Road     Manteca, CA 95336     Phone (209) 982-4298     Fax (209) 982-1009     O
GENERATOR		WAS	STE ACCEPTA	NCE NO.
Bay Rock Oaks, LLC MAILING ADDRESS			<b>212Y</b> 7	79860
1300 Clay St., Suite 620 CITY, STATE, ZIP		REQUIRED PERS		
Oakland, CA 94612 PHONE		NO GLOVES 🗅 GOO	GLES 🗅 RESPI	
(510) 873-8880		TY-VEK XO SAF	ETY VEST	
CONTACT PERSON		SPECIAL HANDLIN	G PROCEDURES	6:
Marilyn Fonte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* H.B. Diet	8/21/07			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a coor regulations; AND, if the waste is a treatmant residue of a praviously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261. WASTE TYPE:	has been properly rding to applicable <b>zardous waste</b> en treated in	RECEIVING FACILI	TY	
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MANIFEST # 597735

### Keller Canyon Sanitary Landfill

# 901 Bailey Road Pittsburg, CA 94565

Phone (925) 458-9800 Fax (925) 458-9891

### Coffin Butte Landfill

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

### Jountain Sanitary Landfill

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

### Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

Forward Landfill

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

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### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WAS	STE ACCEPTANC	E NO.
Bay Rock Oaks, LLC				
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(510) 873-8880		DITY-VEK XO SAFE	ETY VEST	
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SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
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Keller Canyon Sanitary LandfillCoffin Butte LandfillOx Mountai Sanitary La 12310 San Matect Half Moon Bay, CP Phone (925) 458-9800901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-989128972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-382612310 San Matect Half Moon Bay, CP Phone (650) 726 Fax (650) 726-91	ndfillSanitary LandfillLandfillb Road1601 Dixon Landing Road9999 S. Austin RoadcA 94019Milpitas, CA 95035Manteca, CA 953361819Phone (408) 945-2800Phone (209) 982-4298
NON-HAZARDOUS WA	STE MANIFEST 64200
GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC	
MAILING ADDRESS 1300 Clay St., Suite 620	
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland, CA 94612	GLOVES GOGGLES GRESPIRATOR X GHARD HAT
PHONE (510) 873-8880	U TY-VEK X SAFETY VEST
CONTACT PERSON	SPECIAL HANDLING PROCEDURES:
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
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regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by	RECEIVING FACILITY
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CITY, STATE, ZIP PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT DATE	END DUMP BOTTOM DUMP TRANSFER

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Keller Canyon Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891	Coffin Butte Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826	C Mountair Sanitary Lar 12310 San Mateo Half Moon Bay, C/ Phone (650) 726- Fax (650) 726-918	ndfill Road A 94019 1819 33	1601 Dixo Milpitas, C Phone (40 Fax (408)	<b>ry Landfill</b> on Landing Road CA 95035 08) 945-2800	Manteo Phone	
GENERATOR	NON-H	AZARDOUS WAS					
Bay Rock Oaks, LLC				WAS	STE ACCEPTA	NCE NU	•
MAILING ADDRESS 1300 Clay St., Suite 62			┨ .		<b>212Y</b> 7	9860	
CITY, STATE, ZIP			REQUIR	RED PERS	ONAL PROTEC	TIVE EC	UIPMENT
Oakland,CA 94612 PHONE			Ka GLOVE	ES 🛛 GOG		RATOR 3	
(510) 873-8880				K XQ SAFE	ETY VEST		
CONTACT PERSON Marilyn Ponte			SPECIAI		G PROCEDURES	:	
	HORIZED AGENT / TITLE	DATE					
* 4.8.3	S.	8/22/07	7				•
GENERATOR'S CERTIFICATIOn waste as defined by 40 CFR Pa described, classified and packa regulations; AND, If the waste	DN: I hereby certify that the above named ma and 261 or title 22 of the California code of reg ged, and is in proper condition for transporta is e treatment reaidue of a previously resi setrictions, I certify and warrant that the wast	gulations, has been properly ation according to applicable tricted hazardous waste			ry.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
accordance with the requirement 40 CFR Part 261.	nts of 40 CFR Part 268 and is no longer a ha	azardous waste as defined by			' '		
WASTE TYPE:			-		•		
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GENERATING FACILI			]——				
4090 San Pablo Avena	ie El	MERYVILLE					
TRANSPORTER	$h \mu a \theta$	•	NOTES:	VEHICLE L	ICENSE NUMBER	TRU	
ADDRESS	Jonal B. Son		-	9A	79043		11-8-1
CITY, STATE ZIP	19 Beeler As		- - -	Lows	ríd o		
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SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

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SPECIAL OTHER

### Sanitary Landfill

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

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

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

Fax (209) 982-1009

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR			WAS	TE ACCEPTA		).
Bay Rook Oaks, LLC						
				<b>212Y</b>	7986	
1300 Clay St., Suite 620 CITY, STATE, ZIP						
				ONAL PROTE		
Oakland.CA 94612 PHONE		GLOVES		GLES 🖸 RESP	IRATOR	X 🗅 HARD HAT
(510) 873-8880			XO SAFE	ETY VEST		
CONTACT PERSON						
Marilyn Ponte		SPECIAL H	HANDLING	B PROCEDURE	S:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* H. S. Dritz	8/22/07					an a
GENERATOR'S CERTIFICATION: hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a cor regulations; AND, if the waste is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous to 40 CFR Part 261. WASTE TYPE:	has been properly ording to applicable azardous waste en treated in		G FACILIT	Υ		
D SPECIAL WASTE						
GENERATING FACILITY		<u>,                                     </u>				
4090 San Pablo Avenue EMERY	VILLE					
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TRANSPORTER		NUTES:		CENSE NUMBER	IRU	
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CITY, STATE, ZIP	)	ŧ	TND .	043 01m	// <u>-</u>	
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## Sanitary Landfill

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

# Coffin Butte

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

### □ ©x Mountain Sanitary Landfill

Sanitary Landfill 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

### □ Forward Landfill

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

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR			WAS	STE ACCEPT	ANCE NO	).
Bay Rock Oaks, LLC MAILING ADDRESS		_				~
1300 Clay St., Suite 620		{		- <del>2</del> 12Y	7986	
CITY, STATE, ZIP		BEQUIR	FD PERS	ONAL PROTE		
Oakland,CA 94612		1				
PHONE			s 🗆 GOG		PIRATOR	
(510) 873-8880		D TY-VEK	X SAFI	ETY VEST		
CONTACT PERSON					<u>.</u>	
Marilyn Ponte			HANDLING	G PROCEDURE	:5:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	]				
* H.B. Duily 8	122/07			¥		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, h described, classified and packaged, and is in proper condition for transportation accorr regulations; AND, If the waste is a treatment residue of a previously restricted haz subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w 40 CFR Part 261. WASTE TYPE:	nas been properly ding to applicable <b>zardous waste</b> n treated in	RECEIVIN	NG FACILI	ΓΥ		
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CONSTRUCTION CWOOD						
DEBRIS DOTHER						
© SPECIAL WASTE			. i			
GENERATING FACILITY						
4090 San Pablo Avenue EMERY	VILLE					
	· · · ·	NOTES:	VEHICLE L	ICENSE NUMBER		ICK NUMBER
Me Vonald & Son			ann	GNUZ	h	1-97
ADDRESS		1 1	MH-1	1095	//	
16919 Beeles Rd		1	,	C)		
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CITY, STATE, ZIP Scolon (A. 953)	2	6		ide		
16919 Beeles Rd	2			BOTTOM D	UMP	TRANSFER
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CITY, STATE, ZIP CITY, STATE, ZIP Scoton (A. 9532) PHONE 201 838-2960	2) DATE 8/22/0-,	, ⊈	UMP FF(S)			<u> </u>
CITY, STATE, ZIP CITY, STATE, ZIP SIGNATURE OF AUTHORIZED AGENT OR DRIVER	2) DATE 8/22/0-,	ROLL-C	UMP DFF(S)	BOTTOM D	VAN	DRUMS
CITY, STATE, ZIP CITY, STATE, ZIP SIGNATURE OF AUTHORIZED AGENT OR DRIVER COMMIN MC WONDY	8/22/0-		UMP DFF(S)	BOTTOM D	VAN	DRUMS
I hereby certify that the above named material	8/22/0-		UMP DFF(S)	BOTTOM D	VAN	DRUMS
I hereby certify that the above named material accepted and to the best of my knowledge the	8/22/0-		UMP FF(S)	BOTTOM D		
I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	8/22/0-		UMP FF(S)	BOTTOM D		
I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	8/22/0-		UMP FF(S)	BOTTOM D FLAT-BED		DRUMS
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Aging Beels       ps         CITY, STATE, ZIP       Signature, 2000         PHONE       BBB-2960         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         *       Allowing Machiner         *       Allowing Machiner         I hereby certify that the above named material accepted and to the best of my knowledge the sis true and accurate.         REMARKS         FACILITY TICKET NUMBER	has been foregoing	CUBIC YA		BOTTOM D FLAT-BED		DRUMS
Aging Beels       ps         CITY, STATE, ZIP       Signature, 2000         PHONE       BBB-2960         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         *       Allowing Mc About         I hereby certify that the above named material accepted and to the best of my knowledge the sis true and accurate.         REMARKS         FACILITY TICKET NUMBER	has been foregoing	CUBIC YA	UMP FF(S) RDS METHOD: RUCTION S RIABLE TOS	BOTTOM D FLAT-BED		DRUMS

MANIFEST # 597751

Keller Canyon Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891	Coffin Butte Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826	Ox Mountain Sanitary Lan 12310 San Mateo Half Moon Bay, CA Phone (650) 726-1 Fax (650) 726-918	AdfillSanitarRoad1601 Dixo94019Milpitas, C819Phone (40)	r <b>y Landfill</b> n Landing Road A 95035 8) 945-2800	<ul> <li>Forward</li> <li>Landfill</li> <li>9999 S. Austin Road</li> <li>Manteca, CA 95336</li> <li>Phone (209) 982-4298</li> <li>Fax (209) 982-1009</li> </ul>
	NON-H	IAZARDOUS WAS	STE MANIFEST	and the second se	
GENERATOR			WAS	TE ACCEPTAI	NCE NO.
Bay Rock Oaks, LLC MAILING ADDRESS				/ 	0020
1300 Clay St., Suite 62 CITY, STATE, ZIP	)	· _	REQUIRED PERS	212Y7	
Oakland, CA 94612					RATOR X HARD HA
PHONE				ETY VEST	
(510) 873-8880 CONTACT PERSON	•				
Marílyn Ponte SIGNATURE OF AUTH	ORIZED AGENT / TITLE	DATE			
* H B D		8/22/07			
waste as defined by 40 CFR Pa described, classified and packa	N: I hereby certify that the above named n rt 261 or title 22 of the California code of re ged, and is in proper condition for transport s a treatment residue of a previously re:	egulations, has been properly tation a cording to applicable			
subject to the Land Disposal Re	strictions, I certify and warrant that the was ts of 40 CFR Part 268 and is no longer a h	ste has been treated in		Y	
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SPECIAL WASTE	ту				
4090 San Pablo Avenu		MERYVILLE	1		
	-			CENSE NUMBER	TRUCK NUMBER
MyOma	1 3 Son		GA /	19/12	M-97
ADDRESS,	Biolin PL			1040	
CITY, STATE, ZIP			Lows	ste	
PHONE	CA 95920		END DUMP	BOTTOM DUN	IP TRANSFER
	100 - 2960 IORIZED AGENT OR DRIVE	R DATE	ROLL-OFF(S)	FLAT-BED	
* 1 Dennis c	1 1	8/22/07			
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	hat the above named m the best of my knowled		DISPOSAL METHOD:		
	is true and accurate.	- 1	DISPOSAL METHOD.		
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FACILITY TICKET NUI	Ν	/`	NON-FRIABLE ASBESTOS		
SIGNATURE OF AUTH	ORIZED AGENT	DATE			
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GENERATOR COPY

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MANIFEST # 597740

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

### Coffin Butte Landfill

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

### 🗆 Ox Mountain Sanitary Landfill

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

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

### □ Forward Landfill

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

### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC MAILING ADDRESS	
1300 Clay St., Suite 620	- <b>212Y79860</b>
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland, CA 94612	
PHONE	
(510) 873-8880 CONTACT PERSON	
Marilyn Ponte	SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE	
* H.B. Dut 8/22/07	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or tille 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a -cording to applicable regulations; AND, If the waste is a treatment residue of e previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261. WASTE TYPE:	
CONSTRUCTION DEBRIS SPECIAL WASTE WOOD OTHER	
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER GIBSON TRUCKNZ	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS	-190206131/091
CITY, STATE, ZIP (ALLEY SPRIN)	
PHONE 209-912-0083	END DUMP BOTTOM DUMP TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLE-OFF(S) FLAT-BED VAN DRUMS
* Jam Moon 8.22.0	
$\checkmark$	
I hereby certify that the above named material has been	20
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
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CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EX O REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUS	

## Sanitary Landfill

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

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Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain Sanitary Landfill

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road Nilpitae CA 05085

1601 Dixon Landing Roa Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Landfill 9999 S. Austin Road Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

Forward

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WAS	STE ACCEPTANCE	NO.
Bay Rock Oalos, LLC				
MAILING ADDRESS		4	<b>-212Y798</b>	60
1300 Clay St., Suite 620 CITY, STATE, ZIP			ONAL PROTECTIVE	
Oakland.CA 94612			, , , , , , , , , , , , , , , , , , , ,	
PHONE		SCIGLOVES. 🗖 GOG	GLES 🖸 RESPIRATO	
		🖸 TY-VEK 🗴 🗴 SAFE	ETY VEST	
CONTACT PERSON		SPECIAL HANDLING		
Marilyn Ponte			a FROCEDORES.	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	4		
* H.B.Dut	5/22			- 
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations described, classified and packaged, and is in proper condition for transportation a regulations; AND, if the waste is a treatment residue of a previously restricted h subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261.	, has been properly ording to applicable hazardous waste hen treated in	RECEIVING FACILIT	TY	······································
WASTE TYPE:				
DISPOSAL     DISPOSAL     CONSTRUCTION     DEBRIS     DEBRIS     SPECIAL WASTE				
GENERATING FACILITY		]		
4090 San Fablo Avenue EMER	YVILLE			
TRANSPORTER GIBCON Ruch	KIN1	NOTES: VEHICLE L	ICENSE NUMBER	
ADDRESS DUNN R	$\vec{D}$	90	20613	1091
CITY, STATE, ZIP / ALLEY Spe	eing s	-		
PHONE OPT - 777 DE	787		BOTTOM DUMP	TRANSFER
	100-	12		<u>,                                     </u>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED V	AN DRUMS
* Jami thor	8.22.07			ם נ
I hereby certify that the above named materia accepted and to the best of my knowledge the			20	
is true and accurate.	enoregoing	DISPOSAL METHOD:	(TO BE COMPLETED E	BY LANDFILL)
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SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

#### Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800

Fax (925) 458-9891

Coffin Butte Landfill

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

### ່ 🗇 ິ 🗇 🗇 🗇 🗇 Sanitary Landfill

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

### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road\_ Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

□ Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR			WAST	E ACCEPT/	ANCE N	0.
Bay Rock Oaks, LLC						
MAILING ADDRESS				-212Y	7986	0
1300 Clay 3t., 3uite 620				NAL PROTE		
CITY, STATE, ZIP						
Oakland,CA 94612 PHONE					PIRATOR	X 🗅 HARD H/
(510) 873-8880				Y VEST		
CONTACT PERSON						
Marilyn Ponte	:	SPECIAL H	ANDLING I	PROCEDURE	S:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	1				
* 11. B. Dily	8/22/0	7		·•		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a roo regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous to 40 CFR Part 261.	not a hazardous has been properly proting to applicable azardous waste en treated in	RECEIVING	B FACILITY			
WASTE TYPE:		]	X*- <sup>V-</sup>			
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4090 San Pablo Avenue EMERY	VILLE			-		
TRANSPORTER GIBSON IRI	nct mg	NOTES: V			R TR	
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ADDRESS / ////	<b>}</b> /		<u>701</u>	00p		$O \Pi$
ADDRESS JUNN CL	) //		9CJ	065	$\Box$	-1091
	) /~ 73		<u>9СД</u>		GT JMP	0 // 109   TRANSFEF
CITY, STATE, ZIP / ALLEY Sp.C., PHONE 209. 772-00						Ū.
CITY, STATE, ZIP ALLEY Spre	) /4. DATE F. 22 OF			BOTTOM DI FLAT-BED		Q
CITY, STATE, ZIP PHONE 202. 7/72 -00	) 7-3 DATE 7-2209		E(S)		VAN	Ū.
CITY, STATE, ZIP	f.2209		E(S)	FLAT-BED		Ū.
CITY, STATE, ZIP	F.220F		E(S)			Ū.
CITY, STATE, ZIP ALIST SPE PHONE DO 2. 702 - 00 SIGNATURE OF AUTHORIZED AGENT OR DRIVER MARKAN AND AND AND AND AND AND AND AND AND A	F.220F		E(S) DS	FLAT-BED	VAN D	DRUM
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CITY, STATE, ZIP ALIST SPE PHONE DO 2. 702 - 00 SIGNATURE OF AUTHORIZED AGENT OR DRIVER MARKAN AND AND AND AND AND AND AND AND AND A	F.220F	CUBIC YAR	E(S) DS	FLAT-BED		
CITY, STATE, ZIP PHONE PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER MARKAN AND I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	F.220F	CUBIC YAR	E(S) DS IETHOD:	FLAT-BED		
CITY, STATE, ZIP PHONE PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER MARKAN I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	F.220F		E(S) DS IETHOD:	FLAT-BED		
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Kelle	r Canyon
∟XKelle	r Canyon

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

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🔲 Ox Mountain

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

### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

□ Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR			WAS	TE ACCEPTA	NCE NO.	
Bay Rock Oaks LLC						-
MAILING ADDRESS 1300 Clay St., Suite 620				<b>- 212Y7</b>	<b>'986</b> 0	
CITY, STATE, ZIP		REQUIRE	D PERS	ONAL PROTEC		
Oakland CA 94612						
PHONE						
(510) 873-8880			X SAFE	ETY VEST		
		SPECIAL H	ANDLING	PROCEDURES	):	
Marilyn Ponte: SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					`×
* HB. Diet	5/22/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a "cou- regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261.	has been properly rding to applicable <b>zardous waste</b> n treated in	RECEIVING	FACILIT	Υ		
WASTE TYPE: DISPOSAL CONSTRUCTION DEBRIS SPECIAL WASTE GENERATING FACILITY		·				~.
4090 San Pablo Avenue EMERY					:	
	V ILALAC					
TRANSPORTER GIRSON TRUCK	JUM)	NOTES: V	ehicle li	CENSE NUMBER	TRUC	CK NUMBER
ADDRESS 2059 JUNN (C CITY, STATE, ZIP URLEY SPRING	P S CA	4	1020	9615	_/ (	9/
PHONE 209- 1772-0883			MP	BOTTOM DU	MP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OF		FLAT-BED	VAN	
* Janny Juban	8-22.07		(0)			
		CUBIC YAR	DS			
I hereby certify that the above named material accepted and to the best of my knowledge the				2	_	
is true and accurate.	,	DISPOSAL M	ETHOD:	(TO BE COMPLE	TED BY LA	NDFILL)
				DISPOSE	_	OTHER
REMARKS	->`.	S SOIL				
	میر اور .		UCTION			
FACILITY TICKET NUMBER		D NON-FRI				
SIGNATURE OF AUTHORIZED AGENT	DATE	ASBESTO	DS .			
	d.120			``		
*	1		OTHER			
CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY O REFUSAL UPON ARRIVAL. ONGOING DAILY DELIV						

MANIFEST # 597741

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

### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 

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

# Newby Island Sanitary Landfill 1601 Diver Landfiel

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

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WA	STE ACCEPTAN	CE NO.
Bay Rock Oaks, LLC MAILING ADDRESS				0.40
1300 Clay St., Suite 620	,		-212Y79	9860
CITY, STATE, ZIP		REQUIRED PERS	SONAL PROTECT	IVE EQUIPMENT
Oakland,CA 94612 PHONE			GLES 🗅 RESPIRA	TOR X I HARD HAT
		🔤 🗆 TY-VEK 🗴 🗴 SAF	ETY VEST	
(510) 873-8880 CONTACT PERSON		SPECIAL HANDLIN	G PROCEDURES:	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGEN	IT / TITLE DATE			
* H.B. Dich	8/22/0	<u>7</u>		
GENERATOR'S CERTIFICATION: I hereby certify that t waste as defined by 40 CFR Part 261 or title 22 of the C described, classified and packaged, and is in proper cor regulations; AND, If the waste is a treatment residue subject to the Land Disposal Restrictions, I certify and w accordance with the requirements of 40 CFR Part 268 a 40 CFR Part 261.	California code of regulations, has been prop ndition for transportation a cording to applica of a previously restricted hazardous wast varrant that the waste has been treated in		TY	
WASTE TYPE: DISPOSAL CONSTRUCTION DEBRIS SPECIAL WASTE	C SLUDGE C WOOD C OTHER			
GENERATING FACILITY				
4090 San Pablo Avenue	EMERYVILLE			
TRANSPORTER DAVES	89	NOTES: VEHICLE L	ICENSE NUMBER	TRUCK NUMBER
THATOPOTTER DAYCS				
ADDRESS 17866 50	Surdnen 1	<u>27</u> 988/	926	D-99
	Surchion 10 Co, 95370	<u>9881</u> 3 46K	1926 14991	<u> </u>
ADDRESS 17866 50	Surchion 10 Co, 95370 24	END DUMP	926 4997 воттом DUMF	
ADDRESS 17866 So CITY, STATE, ZIPSSCALOW	Cr, 95370	END DUMP	BOTTOM DUMF	
ADDRESS 17866 So CITY, STATE, ZIP <u>SSCALOW</u> PHONE 209-838-60	Cr, 95370	END DUMP ROLL-OFF(S)	4991	Ē
ADDRESS $17866$ So CITY, STATE, ZIP <u>S</u> CALOW PHONE $209-838-60$ SIGNATURE OF AUTHORIZED AGEN	Co, 9537C Z	END DUMP BOLL-OFF(S)	BOTTOM DUMF	VAN DRUMS
ADDRESS $17866$ So CITY, STATE, ZIP <u>S</u> CALOW PHONE ZO7 <u>-838</u> -60 SIGNATURE OF AUTHORIZED AGEN <b>X</b> W CAS JY	Co, 9537C 24 T OR DRIVER DATE 8-22-c e named material has bee	END DUMP END DUMP ROLL-OFF(S) CUBIC YARDS	BOTTOM DUMF	VAN DRUMS
ADDRESS $17866$ So CITY, STATE, ZIP <u>S</u> <u>C</u> <u>A</u> <u>L</u> <u>M</u> PHONE <u>ZO</u> <u>7</u> <u>8</u> <u>3</u> <u>8</u> <u>-</u> <u>C</u> <u>0</u> SIGNATURE OF AUTHORIZED AGEN <b>X</b> <u>2</u> <u></u>	Co, 95370 24 T OR DRIVER DATE B-22-0 A B-22-0 A B-22-0 B-22-0 B-20	END DUMP END DUMP ROLL-OFF(S) CUBIC YARDS	BOTTOM DUMF	
ADDRESS $17866$ So CITY, STATE, ZIP <u>S</u> CALOW PHONE <u>ZO7-838-60</u> SIGNATURE OF AUTHORIZED AGEN <b>X</b> W CAS JA I hereby certify that the above	Co, 95370 24 T OR DRIVER DATE B-22-0 A B-22-0 A B-22-0 B-22-0 B-20	END DUMP END DUMP ROLL-OFF(S) CUBIC YARDS En	BOTTOM DUMF FLAT-BED	
ADDRESS 17866 So CITY, STATE, ZIP Scalow PHONE 207 -838-60 SIGNATURE OF AUTHORIZED AGEN * Wan My I hereby certify that the above accepted and to the best of m is true and a	Co, 95370 24 T OR DRIVER DATE B-22-0 A B-22-0 A B-22-0 B-22-0 B-20	END DUMP END DUMP ROLL-OFF(S) CUBIC YARDS En	BOTTOM DUMF FLAT-BED (TO BE COMPLETE	VAN DRUMS
ADDRESS $17866$ So CITY, STATE, ZIP Scalaw PHONE $207-838-60$ SIGNATURE OF AUTHORIZED AGEN * Way Support I hereby certify that the above accepted and to the best of m	Co, 95370 24 T OR DRIVER DATE B-22-0 A B-22-0 A B-22-0 B-22-0 B-20	END DUMP END DUMP ROLL-OFF(S) CUBIC YARDS CUBIC YARDS DISPOSAL METHOD:	BOTTOM DUMF FLAT-BED (TO BE COMPLETE	VAN DRUMS
ADDRESS 17866 So CITY, STATE, ZIP Scalow PHONE 207 -838-60 SIGNATURE OF AUTHORIZED AGEN * Way My I hereby certify that the above accepted and to the best of m is true and a	Co, 95370 24 T OR DRIVER DATE B-22-0 A B-22-0 A B-22-0 B-22-0 B-20	CUBIC YARDS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: CONSTRUCTION DEBRIS NON-FRIABLE	BOTTOM DUMF FLAT-BED (TO BE COMPLETE	VAN DRUMS
ADDRESS 17866 So CITY, STATE, ZIP <u>S</u> PHONE <u>707</u> -838-60 SIGNATURE OF AUTHORIZED AGEN <b>X</b> Understand the best of magnetic strue and a REMARKS FACILITY TICKET NUMBER	Co, 9537( 24 T OR DRIVER DATE 8-22-2 e named material has been y knowledge the foregoin accurate.	CUBIC VARDS DISPOSAL METHOD:	BOTTOM DUMF FLAT-BED (TO BE COMPLETE	VAN DRUMS
ADDRESS 17866 So CITY, STATE, ZIP <u>S</u> CALOW PHONE 207 -838-60 SIGNATURE OF AUTHORIZED AGEN ★ Way June I hereby certify that the above accepted and to the best of m is true and a	T DATE	CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	BOTTOM DUMF FLAT-BED (TO BE COMPLETE	VAN DRUMS
ADDRESS 17866 So CITY, STATE, ZIP <u>S</u> PHONE <u>707</u> -838-60 SIGNATURE OF AUTHORIZED AGEN <b>X</b> U CC J I hereby certify that the above accepted and to the best of m is true and a REMARKS FACILITY TICKET NUMBER	Co, 9537( 24 T OR DRIVER DATE 8-22-2 e named material has been y knowledge the foregoin accurate.	CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	BOTTOM DUMF FLAT-BED (TO BE COMPLETE	VAN DRUMS

**GENERATOR COPY** 

Keller Canyon		🗆 Ox Mountain	• •	_ Newby			
Sanitary Landfill		Sanitary La			y Landfill	Lanc	
901 Bailey Road	28972 Coffin Butte Roa Corvallis, OR 97330	d 12310 San Mateo Half Moon Bay, C/		Milpitas, C	n Landing Road		3. Austin Road ca, CA 95336
Pittsburg, CA 94565 Phone (925) 458-9800	Phone (541) 745-2018	Phone (650) 726-			8) 945-2800		(209) 982-4298
Fax (925) 458-9891	Fax (541) 745-3826	Fax (650) 726-918		Fax (408)			09) 982-1009
		I-HAZARDOUS WA		. ,			
GENERATOR				WAS	TE ACCEPTA	NCE NO	•
Bay Rock Oaks, LLC MAILING ADDRESS					212Y7	0040	
1300 Clay St., Suite 620	)						
CITY, STATE, ZIP					ONAL PROTEC		
Oakland,CA 94612 PHONE				S GOG	GLES 🗅 RESPI	RATOR 3	
(510) 873-8880 CONTACT PERSON				XO SAFE	TYVEST		
Marilyn Ponte			SPECIAL	HANDLING	B PROCEDURES	): 	
	IORIZED AGENT / TITLE	DATE					
LR	Not	\$ /20					
* <u>/ / / / / / / / / / / / / / / / / / /</u>	Jun	<u> </u>	Þ7				
waste as defined by 40 CFR Par	N: I hereby certify that the above nam t 261 or title 22 of the California code	of regulations, has been properly					
described, classified and packag regulations: AND, if the waste is	ed, and is in proper condition for trans a treatment residue of a previous	sportation a cording to applicable					
accordance with the requirement	strictions, I certify and warrant that the ts of 40 CFR Part 268 and is no longe	e waste has been treated in or a hazardous waste as defined by	RECEIVI	NG FACILIT	Υ		1.
40 CFR Part 261.			┨				
DISPOSAL							
	Gon						
GENERATING FACILIT	TY		]				
		TON ATOTA TATA FUT A TO					
4090 San Pablo Avenue	<b>.</b>	EMERYVILLE					
4090 San Pablo Avenue	JAVE'S Eg		NOTES:	VEHICLE LI	CENSE NUMBER	TRU	CK NUMBER
TRANSPORTER	JAVE'S Eq.		NOTES:	VEHICLE LI 9BX	CENSE NUMBER	TRU	CK NUMBER
	JAVE'S Eq 66 Seidner	ez Rd	NOTES:	VEHICLE LI 988 466	CENSE NUMBER 1926 4991		
TRANSPORTER	LAVE'S Eq 66 Seidnier Scalos Cr	Rd A 95320	NOTES:	VEHICLE LI 988 46 K	CENSE NUMBER 1926 4991		
TRANSPORTER	JAVE'S Eq 66 Seidner Scalon Cu	r Rd		988 46 K	1926 4991	D	99
TRANSPORTER	DAVE'S Eq 66 Seidner Scalon Cr 838-6024	r Rd 1 95320	END [	988 46k	1926 4991 воттом du	MP	7 9 TRANSFER
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TRANSPORTER     1       ADDRESS     78       CITY, STATE, ZIP     5       PHONE     209	DAVE'S Eq 66 Seidner Scalon Cr 838-6024	r Rd 1 95320	END I	988 46k	1926 4991 BOTTOM DU FLAT-BED	D- MP VAN	TRANSFER DRUMS
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TRANSPORTER	$\frac{\Delta A \vee e' S}{66} \frac{S}{216} \frac{S}{2$	VER DATE		988 46k DUMP DFF(S)	BOTTOM DU FLAT-BED		TRANSFER DRUMS
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TRANSPORTER	$\frac{\Delta A \vee e' S}{66} \frac{S}{216} \frac{S}{2$	VER DATE	END I ROLL-( CUBIC Y) DISPOSA	988 46k DUMP DFF(S) DFF(S)	1926 4991 FLAT-BED		
TRANSPORTER	$\frac{\Delta A \vee e' S}{66} \frac{S}{216} \frac{S}{2$	VER DATE		988 46k DUMP DFF(S) DFF(S) D ARDS METHOD:	1926 4991 FLAT-BED		
TRANSPORTER	Dia ve's Eq. 66 Seidatei 8ca Con Cr 838-6024 ORIZED AGENT OR DRI WHAT hat the above named the best of my knowle is true and accurate	VER DATE	END I ROLL-( CUBIC Y DISPOSAI	988 46k DUMP DFF(S) ARDS ARDS METHOD:	1926 4991 FLAT-BED		
TRANSPORTER	DiA VE'S Eq 66 Seidaler Sea Lon Cr 238-6024 ORIZED AGENT OR DRI What the above named the best of my knowle is true and accurate	VER DATE	END I ROLL- CUBIC Y DISPOSAI	ARDS TRUCTION IS TRUCTION IS TRUCTION	1926 4991 FLAT-BED		
TRANSPORTER       Image: ADDRESS       78         ADDRESS       78         CITY, STATE, ZIP       2         PHONE       209       2         SIGNATURE OF AUTH       Image: Address of the second sec	DiA VE'S Eq 66 Seidaler Sea Lon Cr 238-6024 ORIZED AGENT OR DRI What the above named the best of my knowle is true and accurate	VER DATE	END I ROLL-( CUBIC Y DISPOSAI	ARDS TRUCTION IS TRUCTION IS TRUCTION	1926 4991 FLAT-BED		
TRANSPORTER       Image: ADDRESS       78         ADDRESS       78         CITY, STATE, ZIP       2         PHONE       209       2         SIGNATURE OF AUTH       Image: Address of the second sec	DiA VE'S Eq 66 Seidaler Sea Lon Cr 238-6024 ORIZED AGENT OR DRI What the above named the best of my knowle is true and accurate	VER DATE	END I ROLL- CUBIC Y DISPOSAI	ARDS TRUCTION IS TRUCTION IS TRUCTION	1926 4991 FLAT-BED		

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

.....

MANIFEST # 597752

#### Sanitary Landfill 901 Bailey Road Bitteburg CA 94565

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

."

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### Ox Mou<u>ttain</u> Sanitary Landf

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road

1601 Dixon Landing Ro Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
 Landfill
 9999 S. Austin Road
 Manteca, CA 95336

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR			WAS	STE ACCEPTA	NCE NO	
Bay Rock Oaks, LLC						
MÅILING ADDRESS 1300 Clay St., Suite 620				- <del>2</del> 12Y7	79860	
CITY, STATE, ZIP		REQUIR	ED PERS	ONAL PROTEC	CTIVE EC	UIPMENT
Oakland.CA 94612	·		s 🗆 GOG	GLES 🗅 RESPI	RATOR	
(510) \$73-8880				ETY VEST		
CONTACT PERSON		SPECIAL	HANDLIN	G PROCEDURES	<u></u>	<u> </u>
Marilyn Ponte	DATE					
* 1.1.B. Dick	8/22/07	<i>.</i>				·. •
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is r         waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,         described, classified and packaged, and is in proper condition for transportation a "corregulations", AND, if the waste is a treatment residue of a previously restricted h         subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous"         40 CFR Part 261.         WASTE TYPE:         DISPOSAL       SLUDGE         CONSTRUCTION       WOOD         DEBRIS       OTHER	has been properly ording to applicable azardous waste en treated in	RECEIVI		ΓΥ 		· · · · · · · · · · · · · · · · · · ·
4090 San Pablo Avenue EMERY	TVILLE					
TRANSPORTER MAYE'S ES		NOTES:	VEHICLE L	ICENSE NUMBER	TRU	CK NUMBER
ADDRESS / 2866 Seidner CITY, STATE, ZIPESCACCON CA	Re/ 55320		46t	4991	_12	> 7
PHONE 209-838-6024		END C		BOTTOM DU	MP	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE 8-2207		DFF(S)	FLAT-BED		
		CUBIC Y/	ARDS			
I hereby certify that the above named materia accepted and to the best of my knowledge the				(TO BE COMPLE		
is true and accurate.		DIGFOGAL	. WE HOD.	DISPOSE		OTHER
		<b>`⊊4€0</b> 1∟	_	<u> </u>	-	
REMARKS	7	<u> </u>	TRUCTION			
FACILITY TICKET NUMBER	,	DEBRI	<u>s</u>	 		
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SIGNATURE OF AUTHORIZED AGENT			)			
t L'a	0.9707					
*	7.000)		AL OTHER			
CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY O REFUSAL UPON ARRIVAL. ONGOING DAILY DELIV						

**GENERATOR COPY** 

### Sanitary Landfill

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

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

# Newby Island Sanitary Landfill 1601 Diron Landing Roa

1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
Landfill
9999 S Austin B

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

### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR			WAS	TE ACCEPTA	NCE N	0.
Bay Rock Oaks, LLC				44375	007	<u></u>
1300 Clay St., Suite 620				<b>212Y7</b>	790	V
CITY, STATE, ZIP		REQUIR	ED PERS	ONAL PROTEC	TIVE E	QUIPMENT
Oakland, CA 94612			s 🗆 GOG		RATOR	X 🗆 HARD HAT
PHONE		D TY-VEK		TY VEST		
CONTACT PERSON						
Marilyn Ponte		SPECIAL	HANDLING	PROCEDURES	5:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* H. & Dietz	5/22/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a co- regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v	has been properly rding to applicable azardous waste an treated in	RECEIVIN	NG FACILIT	· γ		
40 CFR Part 261.	,			-		
		l				
CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE			<i></i>			
GENERATING FACILITY						
4090 San Pablo Avenue EMERY	VILLE					:
TRANSPORTER DAVE'S Eq		NOTES:	VEHICLE LI	CENSE NUMBER	TR	UCK NUMBER
ADDRESS 17866 Seidnen	2		988/	926	T	)-99
CITY, STATE, ZIP <u>Escalow</u> CA, 95	320		4GK	4991		
PHONE 709-838-6024		END D	UMP	BOTTOM DU	MP	TRANSFER
	1		·			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-C	OFF(S)	FLAT-BED		
*failif	8-22-07				ū	
		CUBIC YA	RDS			
I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.		DISPOSAL	METHOD:	(TO BE COMPLE		ANDFILL)
				DISPOSE		OTHER
		6 SOIL		-		
REMARKS						
FACILITY TICKET NUMBER		DEBRI	S			·`.
		D NON-F				
SIGNATURE OF AUTHORIZED AGENT	DATE					
ч	E. 7207					
*			AL OTHER			
HEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY		ECTED A			EDLON	

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

## Sanitary Landfill

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

# Coffin Butte

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Mountain

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road

1601 Dixon Landing Roa Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
 Landfill
 9999 S. Austin Road
 Manteca, CA 95336

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR			WAS	TE ACCEPTA	NCE N	0.
Bay Rock Oaks, LLC						
MÀILING ADDRESS 1300 Clay St., Suite 620				-212Y7	7986	0
CITY, STATE, ZIP		REQUIRE	ED PERSO	DNAL PROTEC		
Oakland, CA 94612		GLOVES				
PHONE				4		
(510) 873-8890 CONTACT PERSON		ITY-VÉK	X SAFE	TY VEST		
Marilyn Ponte	S	PECIAL H	HANDLING	PROCEDURES	S:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	Ξ		1-2			
* 1.8 Dick 5/22,	107		-			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haza waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been described, classified and packaged, and is in proper condition for transportation a cording to an regulations; AND, If the waste is a treatment residue of a previously restricted hazardous subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as 40 CFR Part 261.	property pplicable waste in	ECEIVIN	G FACILIT	Y	đ	
WASTE TYPE:						
DISPOSAL     SLUDGE     CONSTRUCTION     DEBRIS     DOTHER     SPECIAL WASTE						
GENERATING FACILITY						
4090 San Pablo Avenue EMERYVILL	E –					
TRANSPORTER	N	IOTES: \	VEHICLE LIC	CENSE NUMBER	TRI	JCK NUMBER
BOCK trans			2457	899	19	4
ADDRESS 725 Julie Ann wat		Ľ				
CITY, STATE, ZIP		54	E Tre	ckng		
Oakland Ca						
PHONE		END DU	JMP	BOTTOM DU	MP .	TRANSFER
/5/0) / 33 -/528 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE		ROLL-OF	FF(S)	FLAT-BED	VAN	
Delivitorie of Jurnonie D'Adent of Drivert	-		<u>(0)</u>			
+ Alexand Bi	:z-a7	. –		-		·
- Man -	.2 37					
	С		RDS			
I hereby certify that the above named material has				79	7	
accepted and to the best of my knowledge the foreg is true and accurate.		ISPOSAL I	METHOD:	(TO BE COMPLE	TED BY L	ANDFILL)
				DISPOSE		OTHER
HENA BIZO	9	Solt		$\searrow$	>	
REMARKS	- F		RUCTION			
FACILITY TICKET, NUMBER		DEBRIS				
		ASBEST				
SIGNATURE OF AUTHORIZED AGENT DATE						
J J J	11/1	ASH				
*						

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

### Sanitary Landfill

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

# Coffin Butte

Lanotiii 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Sanitary Landfill

Sanitary Landini 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island
 Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800

Fax (408) 262-2871

### Forward Landfill

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

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR			WAS	STE ACCEPTA	NCE NC	).
Bay Rock Oaks, LLC						-
MAILING ADDRESS 1300 Clay St., Suite 620				<b>- 212Y</b> 7	7986(	) 👘
CITY, STATE, ZIP		REQUIR	ED PFRS	ONAL PROTEC		
Oakland, CA 94612	-					
PHONE		[				
(510) 873-8880 CONTACT REPRON				ETY VEST		
CONTACT PERSON Marilyn Ponte		SPECIAL	HANDLIN	G PROCEDURES	S:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	1				
* H.B. Dit	\$/22/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations described, classified and packaged, and is in proper condition for transportation a coregulations; AND, if the waste is a treatment residue of a previously restricted h subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261. WASTE TYPE:	has been properly ording to applicable nazardous waste sen treated in		NG FACILI	TY		
CONSTRUCTION  DEBRIS  DEBRIS  OTHER  SPECIAL WASTE		 		ş		
GENERATING FACILITY						چې دې. د چ
4090 San Pablo Avenue EMER	<b>VILLE</b>					•
TRANSPORTER		NOTES:	VEHICLE L	ICENSE NUMBER	TRU	CK NUMBER
Rack Truns			744	7890	191	1
ADDRESS		1	~~)	7899	1/2	
CITY, STATE, ZIP		5A	E Tr	ucking		
PHONE Ca	İr	END	UMP	BOTTOM DU	IMP	TRANSFER
(510) 633-1528		6		Q		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE 8-22-07	ROLL-C		FLAT-BED		
	•	CUBIC Y	ABDS			
I hereby certify that the above named materia				20		
accepted and to the best of my knowledge the is true and accurate.	e foregoing	DISPOSAL	METHOD:	(TO BE COMPLE		NDFILL)
				DISPOSE		OTHER
		SOIL			>	
REMARKS			TRUCTION			
REMARKS FACILITY TICKET NUMBER		DEBRI	s			
FACILITY TICKET NUMBER	· .		S RIABLE			
· · · ·	DATE	DEBRI	S RIABLE STOS			
FACILITY TICKET NUMBER	DATE (11.0)	DEBRI	S RIABLE STOS			
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### Sanitary Landfill 901 Bailey Road

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

### **Coffin Butte**

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# \_ [] Jx Jountain

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

# □ Newby Island Sanitary Landfill

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

Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

### **NON-HAZARDOUS WASTE MANIFEST**

Bay Rock Oaks, LLC			WAS	STE ACCEPTA	NCE NO.	
LEAVE AND A REAL LAND.						
MÅILING ADDRESS		4		-212Y7	79860	
1300 Clay St., Suite 620						
CITY, STATE, ZIP		TREQUIR		ONAL PROTEC	STIVE EQUI	PMENI
Oakland.CA 94612 PHONE		SQ GLOVE	s 🗆 GOG	GLES 🖸 RESPI	RATOR X	HARD HAT
		а тү-vek	SAFE	ETY VEST		
CONTACT PERSON						
Marilyn Ponte			HANDLIN	G PROCEDURES	6:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* H.S. Diet	8/22,	107				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is in waste as defined by 40 CFR Part 261 or tille 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a "cc regulations; AND, if the waste is a treatment residue of a previously restricted in subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261.	has been properly ording to applicable azardous waste en treated in	RECEIVII	NG FACILIT	ΓÝ		
□ DISPOSAL □ SLUDGE □ CONSTRUCTION □ WOOD □ DEBRIS □ OTHER □ SPECIAL WASTE						
GENERATING FACILITY						
4090 San Pablo Avenue EMERY	VILLE					
TRANSPORTER		NOTES:	VEHICLE L	ICENSE NUMBER	TRUCK	NÚMBER
Rocktrumsportation			245	7899	194	
ADDRESS		_			// 4	
CITY, STATE, ZIP		5	1E T.	ucking		
Da Kland Cn. 94621						
PHONE 15101633-1520				BOTEFOM DU	MP T	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-C	FF(S)	FLAT-BED	VAN	
			) 			
* Ann Theer	8-22-0	マー			. <b>-</b> .	
* An Ipur	8-22-0	7		5		
* An Ipair	8-22-0					
I hereby certify that the above named materia	I has been	ľ.	ARDS	20	· · · · · · · · · · · · · · · · · · ·	
	I has been		ARDS	(TO BE COMPLE		
I hereby certify that the above named materia accepted and to the best of my knowledge the	I has been	CUBIC YA		20		FILL) THER
I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate.	I has been			(TO BE COMPLE		
I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate.	I has been		METHOD:	(TO BE COMPLE		
I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate.	I has been		METHOD: RUCTION S RIABLE	(TO BE COMPLE		
I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate.	I has been	CUBIC YA DISPOSAL DISPOSAL DISPOSAL DISPOSAL	METHOD: TRUCTION S RIABLE STOS	(TO BE COMPLE		
I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	I has been e foregoing		METHOD: TRUCTION S RIABLE STOS	(TO BE COMPLE		
I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	I has been e foregoing	CUBIC YA DISPOSAL DISPOSAL DISPOSAL DISPOSAL	METHOD: TRUCTION S RIABLE STOS	(TO BE COMPLE		

Keller Canyon	Coffin Butte	🗌 Ox Mour	🗌 Newby
Sanitary Landfill	Landfill	Sanitary Landfill	Sanita
901 Bailey Road	28972 Coffin Butte Road	12310 San Mateo Boad	1601 Dix
Pittsburg, CA 94565	Corvallis, OR 97330	Half Moon Bay, CA 94019	Milpitas,
Phone (925) 458-9800	Phone (541) 745-2018	Phone (650) 726-1819	Phone (4
Fax (925) 458-9891	Fax (541) 745-3826	Fax (650) 726-9183	Fax (408)

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

### Forward Landfill

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

### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WAS	TE ACCEPTANCE	NO.
Bay Rock Oaks, LLC				
MÁILING ADDRESS 1300 Clay St., Suite 620			<b>- 212Y798</b>	<b>360</b>
CITY, STATE, ZIP		REQUIRED PERS	ONAL PROTECTIV	E EQUIPMENT
Oakland,CA 94612				
PHONE				
( <u>510) 873-8880</u> CONTACT PERSON			ETY VEST	
Marilyn Ponte		SPECIAL HANDLING	B PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* 1.1. 8. Dut	8/22/07			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a co- regulations; AND, If the waste is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261.	has been properly rding to applicable <b>zardous waste</b> en treated in		Ϋ́	
WASTE TYPE:				
DISPOSAL     DISPOSAL     CONSTRUCTION     WOOD     DEBRIS     SPECIAL WASTE			· · ·	
GENERATING FACILITY	· · ·			
4090 San Pablo Avenue EMER Y	VILLE			2.000 F
TRANSPORTER	a'r	NOTES: VEHICLE LI	CENSE NUMBER	TRUCK NUMBER
ADDRESS Transportation	_	2 H57	899 1	94
CITY, STATE, ZIP		2H57 SAE Tru	King	
PHONE CG 94621		END DUMP	BOTTOM DUMP	TRANSFER
(510) 633-1328	<u>.                                    </u>			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED V	AN DRUMS
* Jun Journ	8-22-0	ロ フ		
		CUBIC YARDS		
I hereby certify that the above named material			he	
accepted and to the best of my knowledge the is true and accurate.	toregoing	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
			DISPOSE	OTHER
REMARKS		DSOIL	4	
FACILITY TICKET NUMBER		DEBRIS		
	DATE -	ASBESTOS		
+ +2	2-12-28		N	
*	V ~ _		,	
				OADS ARE SUBJECT

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

Fax (925) 458-9891

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

### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗆 Ox Mountain

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road Milnitas, CA 95035

1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward Landfill 9999 S. Austin Road

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR				WAS	TE ACCEPTA	NCE N	0.
Bay Rock Oaks, LLC MAILING ADDRESS							~
1300 Clay St., Juite 620				,	-212Y7	7986	0
CITY, STATE, ZIP			REQUIR	ED PERSO	ONAL PROTEC	CTIVE E	
Oakland, CA 94612							
PHONE							
CONTACT PERSON		<i>، ل</i>		XO SAFE	TY VEST		
Marilyn Ponte			SPECIAL	HANDLING	PROCEDURES	S:	
SIGNATURE OF AUTHORIZED AGENT / T	ITLE	DATE					
* H.B. July		8/22/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above waste as defined by 40 CFR Part 261 or title 22 of the Californin described, classified and packaged, and is in proper condition for regulations; AND, If the waste is a treatment residue of a pre- subject to the Land Disposal Restrictions, I certify and warrant t accordance with the requirements of 40 CFR Part 268 and is no 40 CFR Part 261.	a code of regulations, ha or transportation a cordi viously restricted haze hat the waste has been	is been properly ing to applicable ardous waste treated in	RECEIVIN	NG FACILIT	Y		
WASTE TYPE:							
	SLUDGE WOOD OTHER						
	TTN 47715-1211						
4090 San Pablo Avenue	EMERYV	ILLE		-			
TRANSPORTER			NOTES:	VEHICLE LIC	CENSE NUMBER	TR	UCK NUMBER
ADDRESS 725 Julie Ann We CITY, STATE, ZIP	1.r 14			9D9;	2605 Truckín	10	<u>) </u>
Celland CA 9462	1				IUCKI	Υ	
PHONE			END D	UMP	BOTTOM DU	MP	TRANSFER
510.623-1528							
SIGNATURE OF AUTHORIZED AGENT OR	DRIVER	DATE	ROLL-C		FLAT-BED		DRUMS
*		8/22/07		· · · · · · · · · · · · · · · · · · ·		·	
N N			CUBIC YA	RDS			14) -
I hereby certify that the above nar accepted and to the best of my kn is true and accu	owledge the f	has been oregoing	DISPOSAL	. METHOD:	(TO BE COMPLE	ETED BY L	
		4			DISPOSE		OTHER
REMARKS		Å	<i>,</i>		$\sim$		
				S			
FACILITY TICKET NUMBER			D NON-F	RIABLE			
SIGNATURE OF AUTHORIZED GENT			U WOOD				
L		I.W					
*				ALOTHER			

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

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# Sanitary Landfill

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

.

### Coffin Butte

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Landfill 28972 Coffin Butte Road Corvallis, OR 97330 \* Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

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

□ Forward

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		W/	ASTE ACCEPTANCE	NO.
Bay Rock Oaks, LLC				
MÅILING ADDRESS			<b></b>	860
1300 Clay St., Suite 620 CITY, STATE, ZIP			SONAL PROTECTIV	
Oakland.CA 94612	_			
PHONE		SCIGLOVES 🗅 GC	OGGLES 🖸 RESPIRATO	
(510) 873-8880		DITY-VEK XO SA	FETY VEST	
CONTACT PERSON			NG PROCEDURES:	
Marilyn Porte	DATE		NG PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		,	
* H.S. Siet	812210	7	3	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a co- regulations; AND, if the waste is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261.	has been properly rding to applicable zardous waste in treated in	RECEIVING FACI	LITY	
WASTE TYPE:		]		
DISPOSAL     DISPOSAL       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     OTHER				· · · · · · · · · · · · · · · · · · ·
GENERATING FACILITY				
4090 San Pablo Avenue EMERY	VILLE			
TRANSPORTER		NOTES: VEHICLE		TRUCK NUMBER
ROCK Transport INC.		00	02105	
ADDRESS			72600	161
725 Julie Ann Way			· ^ · · · · · · · ·	
CITY, STATE, ZIP		J.	ATruckin	9
<u>Oakland, CA 94621</u> PHONE				J
510.633.1528				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED V	AN DRUMS
	-1			
* X	8122107			*
	_			
3		CUBIC YARDS		
I hereby certify that the above named material			20	
accepted and to the best of my knowledge the	foregoing	DISPOSAL METHOD	: (TO BE COMPLETED	
is true and accurate.			,	
			DISPOSE	OTHER
		Seal		
REMARKS				
			N	
FACILITY TICKET NUMBER		CONSTRUCTION DEBRIS	N	
		CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	N	
FACILITY TICKET NUMBER	DATE	CONSTRUCTION DEBRIS	N	
FACILITY TICKET NUMBER SIGNATURE OF AUTRORIZED AGENT	-	CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	N .	
FACILITY TICKET NUMBER	-	CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS		

SC TO REFUSAL UPON ARRWAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

### Keller Canyon Sanitary Landfill

Pittsburg, CA 94565

Fax (925) 458-9891

Phone (925) 458-9800

901 Bailey Road

#### □ Coffin Butte Landfill

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road

Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

 Forward Landfill

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

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC	0103720070
1300 Clay St., Suite 620	
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland, CA 94612	CONTRACTOR CONTRACTOR CONTRACTOR CONTRACT
PHONE	
(510) 873-8880 CONTACT PERSON	
Marilyn Ponte	SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	-
* 1.B. Sitz 5/224	57
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Parl 261 or tille 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, If the waste is a treatmant residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
UDISPOSAL UDGE	
CONSTRUCTION     WOOD     DEBRIS     OTHER     SPECIAL WASTE	
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER	
Rock Transport Inc.	9002105 101
ADDRESS	<u> </u>
725 Julie Ann Way	J+A Trucking
CITY, STATE, ZIP	_ J+A INCELIA
PHONE Oakland, CA 94621	END DUMP BOTTOM DUMP TRANSFER
510.123.1528	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
* Ja 8/22/0	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	20
is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
REMARKS	
FACILITY TICKET NUMBER	DEBRIS
SIGNATURE OF AUTHORIZED AGENT DATE	
*	
HEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO E REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUS	ST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. MANIFEST # COTTAN

Keller Canyon 🗌 Coffin Butte	🗆 O 👘 Itali	•		☐ Forward
Sanitary Landfill Landfill 001 Bailey Road 28972 Coffin Butte Ro	ad 12310 San Mateo		r <b>y Landfill</b> n Landing Road	Landfill 9999 S. Austin Road
Pittsburg, CA 94565 Corvallis, OR 97330	Half Moon Bay, C			Manteca, CA 95336
Phone (925) 458-9800 Phone (541) 745-2018			08) 945-2800	Phone (209) 982-4298
Fax (925) 458-9891 Fax (541) 745-3826	Fax (650) 726-918		262-2871	Fax (209) 982-1009
	N-HAZARDOUS WA	1		
GENERATOR		_ WAS	STE ACCEPTAN	CE NO.
MAILING ADDRESS (300 Clay St., Suite 620)		-	212Y79	9860
CITY, STATE, ZIP		REQUIRED PERS	ONAL PROTECT	
Dakland,CA 94612 PHONE		NO GLOVES DIGOG		ATOR X HARD HAT
CONTACT PERSON				
Marilyn Porte			A PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITL	E DATE	-		
* H.B. Duty	5/22/07	2		
GENERATOR'S CERTIFICATION: I hereby certify that the above na waste as defined by 40 CFR Part 261 or title 22 of the California cod described, classified and packaged, and is in proper condition for tra	e of regulations, has been properly			
regulations; AND, If the waste is a treatment residue of a previous subject to the Land Disposal Restrictions, I certify and warrant that the accordance with the requirements of 40 CFR Part 268 and is no long	sly restricted hazardous waate he waste has been treated in	RECEIVING FACILIT	ry	
40 CFR Part 261.	ger a nazardous waste as defined by	-		2
DISPOSAL	UDGE	-		
	HER			
DEBRIS     OT     SPECIAL WASTE				
	EMERYVILLE		· · · · ·	
SPECIAL WASTE     GENERATING FACILITY     4090 San Pablo Avenue	EMERYVILLE		ICENSE NUMBER	TRUCK NUMBER
D SPECIAL WASTE GENERATING FACILITY 4090 San Pablo Avenue TRANSPORTER Rock Transport 7	EMERYVILLE	NOTES: VEHICLE L	ICENSE NUMBER	
D SPECIAL WASTE GENERATING FACILITY 4090 San Pablo Avenue TRANSPORTER Rock, Transport 7	EMERYVILLE	NOTES: VEHICLE L	2605	101
D SPECIAL WASTE GENERATING FACILITY 4090 Jan Pablo Avenue TRANSPORTER ADDRESS 725 Julie Ann Way CITY, STATE, ZIP		NOTES: VEHICLE LI 9092	1CENSE NUMBER 2605 Truckin	101
D SPECIAL WASTE GENERATING FACILITY 4090 San Pablo Avenue TRANSPORTER ADDRESS 725 Julie Ann Way CITY, STATE, ZIP Oak Kind CA 944		909 J+A	2605 Truckin	101 ng
D SPECIAL WASTE GENERATING FACILITY 4090 Jan Pablo Avenue TRANSPORTER Rock Transport, 7 ADDRESS 725 Julie Ann Way CITY, STATE, ZIP COCKAND CA 9440 PHONE		9092 J+A END DUMP	2605	101 ng
D SPECIAL WASTE GENERATING FACILITY 4090 San Pablo Avenue TRANSPORTER Rock Transport, 7 ADDRESS 725 Julie Ann Way CITY, STATE, ZIP COCKAND CA 9440 PHONE SIO: 633.1528	hc. 521	909 J+A	2605 Truckin BOTTOM DUM FLAT-BED	101 ng p transfer VAN DRUMS
D SPECIAL WASTE GENERATING FACILITY 4090 San Pablo Avenue TRANSPORTER Rock Transport, 7 ADDRESS T25 Julie Ann Way CITY, STATE, ZIP COALAND CA 9440 PHONE SIGNATURE OF AUTHORIZED AGENT OR DE	hc	9092 J+A END DUMP	2605 Truckin BOTTOM DUM	101 ng p transfer
D SPECIAL WASTE GENERATING FACILITY 4090 San Pablo Avenue TRANSPORTER Rock Transport, 7 ADDRESS T25 Julie Ann Way CITY, STATE, ZIP COALAND CA 9440 PHONE SIGNATURE OF AUTHORIZED AGENT OR DE	hc	END DUMP ROLL-OFF(S)	2605 Truckin BOTTOM DUM FLAT-BED	101 ng p transfer VAN DRUMS
GENERATING FACILITY 4090 San Pablo Avenue TRANSPORTER Rock Transport, 7 ADDRESS 725 Julie Ann May CITY, STATE, ZIP COLG: 633 · 1528 SIGNATURE OF AUTHORIZED AGENT OR DE	AC. SZI RIVER DATE CA	9092 J+A END DUMP	2605 Truckin BOTTOM DUM FLAT-BED	101 ng p transfer VAN DRUMS
SPECIAL WASTE  GENERATING FACILITY  4090 San Pablo Avenue  TRANSPORTER  Rock Transport,7  ADDRESS  725 Julie Ann May  CITY, STATE, ZIP  I hereby certify that the above name	AC.	END DUMP ROLL-OFF(S) CUBIC YARDS	2605 Truckin BOTTOM DUM FLAT-BED	101 ng P TRANSFER VAN DRUMS D D
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SPECIAL WASTE  GENERATING FACILITY  4090 San Pablo Avenue  TRANSPORTER  ADDRESS  725 Julie Ann Way  CITY, STATE, ZIP  PHONE  SIGNATURE OF AUTHORIZED AGENT OR DF  *  I hereby certify that the above name accepted and to the best of my know	AC.	END DUMP ROLL-OFF(S) CUBIC YARDS	2605 Truckin BOTTOM DUM FLAT-BED	101 ng P TRANSFER VAN DRUMS Q Q
SPECIAL WASTE      GENERATING FACILITY      4090 3an Pablo Avenue      TRANSPORTER      Rock Transport, 7      ADDRESS      725 Julie Ann Way      CITY, STATE, ZIP      Cokking CA 9446  PHONE      SIGNATURE OF AUTHORIZED AGENT OR DF      *      I hereby certify that the above name     accepted and to the best of my know     is true and accurat	AC.	909       J+A       END DUMP       Z       ROLL-OFF(S)       I       CUBIC YARDS       DISPOSAL METHOD:       I	2405 Truckin BOTTOM DUM FLAT-BED	IDI P TRANSFER VAN DRUMS D D
SPECIAL WASTE  GENERATING FACILITY  4090 3an Pablo Avenue  TRANSPORTER  Rock Transport, 7  ADDRESS  725 Julie Ann Way  CITY, STATE, ZIP  COLLAINC CA 9440  PHONE  SIGNATURE OF AUTHORIZED AGENT OR DF   I hereby certify that the above name accepted and to the best of my know is true and accurat  REMARKS	AC.	END DUMP ROLL-OFF(S) CUBIC YARDS DISPOSAL METHOD:	2405 Truckin BOTTOM DUM FLAT-BED	IDI P TRANSFER VAN DRUMS D D
SPECIAL WASTE  GENERATING FACILITY  4090 3an Pablo Avenue  TRANSPORTER  Rock Transport, 7  ADDRESS  725 Julie Ann Way  CITY, STATE, ZIP  COLLAINC CA 9440  PHONE  SIGNATURE OF AUTHORIZED AGENT OR DF   I hereby certify that the above name accepted and to the best of my know is true and accurat  REMARKS	AC.	END DUMP END DUMP ROLL-OFF(S) CUBIC YARDS DISPOSAL METHOD: SOIL- CONSTRUCTION DEBRIS NON-FRIABLE	2405 Truckin BOTTOM DUM FLAT-BED	IDI P TRANSFER VAN DRUMS D D
SPECIAL WASTE      GENERATING FACILITY      4090 3an Pablo Avenue      TRANSPORTER      Rock Transport, 7      ADDRESS      T25 Julie Ann Way      CITY, STATE, ZIP      Cokkand CA 9446  PHONE      SIGNATURE OF AUTHORIZED AGENT OR DF      *      I hereby certify that the above name     accepted and to the best of my know     is true and accurat  REMARKS  FACILITY TICKET NUMBER	AC.	9092         Subscript         END DUMP         ROLL-OFF(S)         ROLL-OFF(S)         Disposal methods         Disposal met	2405 Truckin BOTTOM DUM FLAT-BED	IDI P TRANSFER VAN DRUMS D D
SPECIAL WASTE  GENERATING FACILITY  4090 San Pablo Avenue  TRANSPORTER  Rock If an Sport, 7  ADDRESS  725 Julie Ann Way  CITY, STATE, ZIP  PHONE  SIGNATURE OF AUTHORIZED AGENT OR DF  *  I hereby certify that the above name accepted and to the best of my know	d material has been viedge the foregoing te.	9092         State         END DUMP         ROLL-OFF(S)         ROLL-OFF(S)         Disposal methods         Disposal methods	2405 Truckin BOTTOM DUM FLAT-BED	IDI P TRANSFER VAN DRUMS D DRUMS ED BY LANDFILL)
SPECIAL WASTE      GENERATING FACILITY      4090 3an Pablo Avenue      TRANSPORTER      Rock Transport, 7      ADDRESS      725 Julie Ann Way      CITY, STATE, ZIP      Cokkand CA 9446  PHONE      SIGNATURE OF AUTHORIZED AGENT OR DF      *      I hereby certify that the above name     accepted and to the best of my know     is true and accurat  REMARKS  FACILITY TICKET NUMBER	d material has been viedge the foregoing te.	9092         Subscript         END DUMP         ROLL-OFF(S)         ROLL-OFF(S)         Disposal methods         Disposal met	2405 Truckin BOTTOM DUM FLAT-BED	IDI P TRANSFER VAN DRUMS D DRUMS ED BY LANDFILL)

GENERATOR COPY

MANIFEST# 597745

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# Sanitary Landfill

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

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

### ್ರಾಗಿ ಕಾರ್ಯಗ 🗌 🗸 . Juntain **Sanitary Landfill**

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

### □ Newby Island **Sanitary Landfill** 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

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

Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST** 

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC	A1A3770070
1300 Clay St., Suite 620	<b>212Y79860</b>
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
<u>Oakland,CA 94612</u> PHONE	C GLOVES G GOGGLES G RESPIRATOR XG HARD HAT
(510) 873-8880	
CONTACT PERSON	SPECIAL HANDLING PROCEDURES:
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	-
* H.B. Duch 5/22/07	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a coording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
WASTE TYPE:	·
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE	
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER JOANN KING AND	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS / 2 ( Fokon And	3675070 112
CITY, STATE, ZIP Januar, Cify	-
PHONE (510) 742-7261	END DUMP BOTTOM DUMP TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL FOR F(S) FLAT-BED VAN DRUMS
* Hother Spits	
	CUBIC YARDS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
REMARKS	12.50L
FACILITY TICKET NUMBER	
SIGNATURE OF AUTHORIZED AGENT DATE	O NON-FRIABLE ASBESTOS
SIGNATURE OF AUTHORIZED AGENT DATE	Image: Non-Friable Asbestos       Image: Non-Friable Asbestos       Image: Non-Friable Asbestos       Image: Non-Friable Asbestos
	O NON-FRIABLE ASBESTOS

TO REFUSAL UPON ARRIVAD. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

### Sanitary Landfill

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

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗌 Ox Mo

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

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

### Forward Landfill

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

### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		W/	ASTE ACCEPTAN	CE NO.
Bay Rock Osks, LLC			A 4 A 3 7 P 4	
1300 Clay St., Suite 620			<b>212Y7</b> 9	9860
CITY, STATE, ZIP		REQUIRED PER	RSONAL PROTECT	IVE EQUIPMENT
Dakland CA 94612			DGGLES 🖸 RESPIR	
PHONE			FETY VEST	
51()) 873-888) CONTACT PERSON				-
Marilyn Ponte			ING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* H.B. Diet	8/22/	07		,
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is r waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation arco regulations; AND, if the waste is a treatment residue of a previously restricted he subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous to 40 CFR Part 261. WASTE TYPE:	has been properly ording to applicable azardous waste en treated in		LITY	
CONSTRUCTION UWOOD DEBRIS OTHER SPECIAL WASTE				
GENERATING FACILITY				
4090 San Pablo Avenue EMERY	VILLE			
TRANSPORTER 1 Folular			E LICENSE NUMBER	TRUCK NUMBER
+ Cumpana		91-		(1)
ADDRESS 1296 Folson Ane		567	5070	- F/ K
ADDRESS 1296 Folson Ane CITY, STATE, ZIP Naynand CA 957	<i>44</i>	<u>\$6</u> ]	5070	
	<i>44</i>	END DUMP		
CITY, STATE, ZIP Maynand CA 957 PHONE 510) 783-736		NZ		Q
CITY, STATE, ZIP / Augur A 957 PHONE 5/0) 783-736 SIGNATURE OF AUTHORIZED AGENT OR DRIVER	99 DATE 8 2 <sup>2</sup> -		BOTTOM DUM FLAT-BED	
CITY, STATE, ZIP / Augurgud CA 957 PHONE 5/0) 783-736 SIGNATURE OF AUTHORIZED AGENT OR DRIVER	044 DATE 8 22-	ROLL-ORF(S)		VAN DRUMS
CITY, STATE, ZIP / August CA 953 PHONE 5/0) 783-736 SIGNATURE OF AUTHORIZED AGENT OR DRIVER *	8 22-	CUBIC YARDS	FLAT-BED	VAN DRUMS
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CITY, STATE, ZIP August (A 957 PHONE 5(D) 783-736 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the	8 22-	CUBIC YARDS	FLAT-BED	VAN DRUMS
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CITY, STATE, ZIP PHONE 5(D) 783-736 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS	8 22-	CUBIC YARDS	FLAT-BED	VAN DRUMS
CITY, STATE, ZIP Augual (A 953 PHONE 5(D) 783-736 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	8 22-	CUBIC YARDS	FLAT-BED	VAN DRUMS
CITY, STATE, ZIP Augual (A 953 PHONE 5(D) 783-736 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	8 22-	CUBIC YARDS	FLAT-BED	VAN DRUMS
CITY, STATE, ZIP Augual (A 953 PHONE 5(D) 783-736 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT	8 22-	CUBIC YARDS CUBIC YARDS DISPOSAL METHOD DISPOSAL METHOD CONSTRUCTIO DEBRIS NON-FRIABLE ASBESTOS	FLAT-BED	VAN DRUMS
CITY, STATE, ZIP Augual CA 953 PHONE 5(D) 783-736 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	8 22-	CUBIC YARDS CUBIC YARDS DISPOSAL METHOD DISPOSAL METHOD CONSTRUCTIO DEBRIS NON-FRIABLE ASBESTOS WOOD	FLAT-BED	VAN DRUMS

Keller Canyon Sanitary LandfillCoffin Butte Landfill901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891Corvallis, OR 97 Phone (541) 745-38	Sanitaryte Road12310 San M330Half Moon Ba-2018Phone (650)	Landfill S ateo Road 1 y, CA 94019 M 726-1819 F	Newby Island Sanitary Landfill 601 Dixon Landing Road <i>Milpitas, CA 95035</i> Phone (408) 945-2800 Fax (408) 262-2871	<ul> <li>Forward</li> <li>Landfill</li> <li>9999 S. Austin Road</li> <li>Manteca, CA 95336</li> <li>Phone (209) 982-4298</li> <li>Fax (209) 982-1009</li> </ul>
	NON-HAZARDOUS	WASTE MANIF	EST	
GENERATOR			WASTE ACCEPT	ANCE NO.
Bay Rock Oaks, LLC MAILING ADDRESS			<del>2</del> 12Y	79860
1300 Clay St., Suite 620 CITY, STATE, ZIP		REQUIRED	PERSONAL PROTE	
Oakland, CA 94612 PHONE		Ci GLOVES		
(510) 873-8880 CONTACT PERSON				<u>.</u>
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT /				.0.
* H.B.Dick	5/22	107		
GENERATOR'S CERTIFICATION: I hereby certify that the at waste as defined by 40 CFR Part 261 or title 22 of the Califor described, classified and packaged, and is in proper conditio regulations; AND, If the waste is a treatment residue of a p subject to the Land Disposal Restrictions, I certify and warrar accordance with the requirements of 40 CFR Part 268 and is 40 CFR Part 261. WASTE TYPE:	nia code of regulations, has been prope for transportation a cording to applica reviously restricted hazardous waste t that the waste has been treated in		FACILITY	
	u Sludge Wood Other		·	
4090 San Pablo Avenue	EMERYVILLE			
TRANSPORTER James Qu	untan	NOTES: VE	HICLE LICENSE NUMBER	
ADDRESS 12the Follow		- 3	675070	1/2
CITY, STATE, ZIP Haynaf	' Ca		-	
PHONE (510) 783-7	38/		—	
	R DRIVER DATE		(S) FLAT-BED	VAN DRUMS
* # 3-304 HVO	the second		f for Sala	
		CUBIC YAR		, w
I hereby certify that the above na accepted and to the best of my k				
is true and acc	urate.			
			DISPOSI	E OTHER
REMARKS				
FACILITY TICKET NUMBER			· · · · · · · · · · · · · · · · · · ·	
SIGNATURE OF AUTHORIZED AGENT	DATE	ASBESTO	S	
	1 01	NOOD		<i>2</i> ′
* 11	\$:60	□ ASH □ SPECIAL	OTHER	
CHEDULING MUST BE MADE PRIOR TO 3:	00 P.M. THE DAY PRIOR TO			ILED LOADS ARE SUBJECT

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ANHIVAL • ANT UNSCREDULED LOADS AN E SOBOLO TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. GENERATOR COPY MANIFEST # 597746

☐¥Keller Canyon	🗆 C
Sanitary Landfill	L

901 Bailey Road

Pittsburg, CA 94565

Fax (925) 458-9891

Phone (925) 458-9800

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

### 🗌 Ox Mou.

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

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

### Forward Landfill

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

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR							
				WAS	TE ACCEPTA	NCE N	0.
Bay Rock Oaks, LLC MAILING ADDRESS					A 4 A 1 7 P	007	
1300 Clay St., Suite 620			4		-212Y7	786	V
CITY, STATE, ZIP			REQUIR	ED PERSO	ONAL PROTEC	TIVE E	QUIPMENT
Oakland, CA 34612							X HARD HAT
PHONE			[-				
(510) 873-8880 CONTACT REPSON	2	<u> </u>		XO SAFE			
CONTACT PERSON			SPECIAL	HANDLING	PROCEDURES	S:	
SIGNATURE OF AUTHORIZED AGENT / T	TITLE	DATE	1				
* H B Dut		8/22/0	2				
GENERATOR'S CERTIFICATION: I hereby certify that the above waste as defined by 40 CFR Part 261 or title 22 of the California described, classified and packaged, and is in proper condition for regulations; AND, if the waste is a treatment residue of a pre subject to the Land Disposal Restrictions, I certify and warrant to accordance with the requirements of 40 CFR Part 268 and is no 40 CFR Part 261.	a code of regulations, I for transportation a cor eviously restricted ha that the waste has bee	has been properly rding to applicable izardous waste en treated in	RECEIVIN	NG FACILIT	Ŷ		
WASTE TYPE:			I — — —				
	SLUDGE WOOD OTHER						
GENERATING FACILITY							
4090 San Pablo Avenue	EMERY	VILLE					
TRANSPORTER	N I I A MI		NOTES:	VEHICLE LI	CENSE NUMBER	TR	JCK NUMBER
ADDRESS 12BLO FOISO	m Au	£		303	655		11
CITY, STATE, ZIP HAUUJARD	ACC'		-				
	ってとい				BOTTOM DU	MP	TRANSFER
PHONE SIC TX3.	58)						
PHONE \$10 783 1	58)						
PHONE STORY STOR		DATE	END C		FLAT-BED	VAN	DRUMS
		DATE 8.22.7					
SIGNATURE OF AUTHORIZED AGENT OR		DATE 8.22.7		DFF(S)	FLAT-BED	VAN	
SIGNATURE OF AUTHORIZED AGENT OR	med material	8.22 has been		ARDS	FLAT-BED		
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SIGNATURE OF AUTHORIZED AGENT OR	med material	has been foregoing		ARDS	FLAT-BED		
SIGNATURE OF AUTHORIZED AGENT OR * A Standard Control of Authorized Agent OR I hereby certify that the above name accepted and to the best of my known is true and accumulation of the control of the control of the certify that the above name accepted and to the best of the certify that the above name is true and accumulation of the certify that the above name is true and accumulation of the certify that the above name is true and accumulation of the certify that the above name is true and accumulation of the certify that the above name is true and accumulation of the certify that the above name is true and accumulation of the certify that the above name is true and accumulation of the certify that the above name is true and accumulation of the certify that the above name is true and accumulation of the certify that the above name is true and accumulation of the certify that the above name is true and accumulation of the certify that the above name is true and accumulation of the certify that the above name is true and accumulation of the certify the certify the tert of	med material nowledge the urate.	has been foregoing		ARDS	TLAT-BED		ANDFILL)
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SIGNATURE OF AUTHORIZED AGENT OR	med material nowledge the urate.	has been foregoing					ANDFILL)
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SIGNATURE OF AUTHORIZED AGENT OR	med material nowledge the urate.	has been foregoing		ARDS METHOD: RIABLE STOS			ANDFILL)
SIGNATURE OF AUTHORIZED AGENT OR	med material nowledge the urate.	has been foregoing	CUBIC YA	ARDS METHOD: RIABLE STOS			ANDFILL)

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

Sanitary Landfill Landfill Sanitary La	n 🗌 Newby Island 🔤 Forward
901 Bailey Road 28972 Coffin Butte Road 12310 San Mateo	<b>3</b>
Pittsburg, CA 94565         Corvallis, OR 97330         Half Moon Bay, C           Phone (925) 458-9800         Phone (541) 745-2018         Phone (650) 726-	
Fax (925) 458-9891 Fax (541) 745-3826 Fax (650) 726-91	
NON-HAZARDOUS WA	
GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Osks, LLC MAILING ADDRESS	A1A3270070
1300 Clay St., Suite 620	
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland,CA 94612 PHONE	-X0 GLOVES D GOGGLES D RESPIRATOR X0 HARD HAT
(510) 873-8880 CONTACT PERSON	
Marilyn Ponte	SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
* H.B. Dick 8/22/1	1
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly	
described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste	
subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	RECEIVING FACILITY
WASTE TYPE:	
DISPOSAL DISLUDGE	¯
SPECIAL WASTE	
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER LATIN (XUINTANA	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS 1286 FOLSON AR	- <u>903635</u> <u>L-1</u>
CITY, STATE, ZIP LAGUAID CA	-
PHONE	END DUMP BOTTOM DUMP TRANSFER
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PHONE	ROLL-OFF(S) FLAT-BED VAN DRUMS
PHONE       SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
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PHONE         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         REMARKS         FACILITY TICKET NUMBER         SIGNATURE OF AUTHORIZED AGENT	ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         CUBIC yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cu
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PHONE         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         Image: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         Image: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         Image: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         Image: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         Image: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         Image: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         Image: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         Image: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         Image: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         Image: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         CUBIC yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cu

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

MANIFEST # 597747

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# Sanitary Landfill

#### 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

Coff	in	Butte

Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

# \*Iountain

**Sa. itary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183

# Newby Island Sanitary Landfill 1601 Dixon Landing Roa

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

E Forward

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

MANIFEST #

597742

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WAS	STE ACCEPTANC	E NO.
Bay Rock Oaks, LLC			<u></u>	
MAILING ADDRESS 1300 Clay St., Suite 620		-	<b>- 212Y79</b>	860
CITY, STATE, ZIP		REQUIRED PERS	ONAL PROTECTI	
Oakland,CA 94612	¥.			
PHONE			GLES URESPIRA	
(510) 873-8880 CONTACT PERSON		TY-VEK XO SAF	ETY VEST	
Marilyn Ponte		SPECIAL HANDLIN	G PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	4		r
* H. B. Diet	5/22/07			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is r waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a co- regulations; <b>AND</b> , if <b>the waste is a treatment residue of a previously restricted he</b> subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261.	has been properly rding to applicable zardous waste on treated in		ТҮ	
WASTE TYPE:		I		
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE		]	······································	
GENERATING FACILITY		· · · · · · · · · · · · · · · · · · ·		
4090 San Pablo Avenue EMERY	VILLE		· ·	
TRANSPORTER		NOTES: VEHICLE L	ICENSE NUMBER	TRUCK NUMBER
ADDRESS ARRY QUILLAND		9C-30	01,53	L ~1/
1286 tolson Are		1		ئۇر
CITY, STATE, ZIP		i.		
PHONE HAYWARD, CA 94541	<u>ــــــــــــــــــــــــــــــــــــ</u>			
	<u> </u>	END DUMP		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED	VAN DRUMS
Linde Celemit	8.22-9			
		CUBIC YARDS		
I hereby certify that the above named material	has been	$  a \rangle$		,
accepted and to the best of my knowledge the	foregoing	DISPOSAL METHOD:	(TO BE COMPLETE	D BY LANDFILL)
is true and accurate.				
1 <sup>i</sup>			DISPOSE	OTHER
REMARKS		) <b>⊈(</b> \$OIL	حکر -	
FACILITY TICKET NUMBER		DEBRIS		
		NON-FRIABLE ASBESTOS		
SIGNATURE OF AUTHORIZED AGENT				
	DATE			
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*	\$2207	<		

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

### Sanitary Landfill

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

# 

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road Miloitas, CA 95035

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

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

### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.		
Bay Rock Oaks, LLC MAILING ADDRESS			*****	
MAILING ADDRESS		<b>212Y79860</b>		
CITY, STATE, ZIP		REQUIRED PERS	ONAL PROTECTIVI	EEQUIPMENT
Oakland, CA 94612				
PHONE				
CONTACT PERSON		UTY-VEK XO SAFETY VEST		
		SPECIAL HANDLING	PROCEDURES:	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE				
* H.B.Dut	8/23/07	<b>p</b>		
GENERATOR'S CERTIFICATION. <sup>4</sup> hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.				
WASTE TYPE:				
DISPOSAL     DISPOSAL       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE	5. 1			
GENERATING FACILITY				
4090 San Pablo Avenue EMERY	- 2			
TRANSPORTER ADDRESS ROCK TRANSPORT INC.			CENSE NUMBER	
ADDRESS				
CITY, STATE, ZIP		J.A Truc	lin	
Oakland CA 94621				NIY
PHONE		END DUMP	BOTTOM DUMP	TRANSFER
510.633.1528			<u> </u>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)		AN DRUMS
* /a	82307			
N I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS		
		22		
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		
			DISPOSE	OTHER
REMARKS		SOIL	$\mathbf{P}$	
FACILITY TICKET NUMBER				
		ASBESTOS		
SIGNATURE OF AUTHORIZED AGENT	DATE			
*		SPECIAL OTHER		
HEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY				

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

#### Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### 🗆 Ox Mountain

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

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

Fax (408) 262-2871

□ Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR			WAS	STE ACCEPTA	NCE NO.	
Bay Rock Oaks, LLC MAILING ADDRESS						
1300 Clay St., Suite 620	6			<del>-2</del> 12Y7	79860	
CITY, STATE, ZIP		REQUIR	ED PERS	ONAL PROTEC	CTIVE EQUIP	MENT
Oakland CA 94612 PHONE	ų	C GLOVE	S 🗆 GOG	GLES 🖸 RESPI		IARD HAT
		D TY-VEK	SAFI	ETY VEST		
CONTACT PERSON		SPECIAL		G PROCEDURES	<u>.</u>	
Marityre Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* H.B. Diel						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a "coor regulations; AND, if the waste is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261. WASTE TYPE:	has been properly rding to applicable zardous waste on treated in	RECEIVI	NG FACILI	TY		
DISPOSAL     DISPOSAL     CONSTRUCTION     DEBRIS     SPECIAL WASTE     GENERATING FACILITY						
4090 San Pablo Avenue EMERY	VILLE	]				
TRANSPORTER		NOTES:	VEHICLE L	CENSE NUMBER	TRUCK N	UMBER
Rock Transport Tak.			900	32605	101	
ADDRESS 725 Julie Ann Way CITY, STATE, ZIP			 	ATruc	king	
PHONE		END D		BOTTOM DU		NSFER
510 633 1528			_		<u> </u>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-C		FLAT-BED	VAN	DRUMS
* de	8/23/07		I			یں ۔ ا
U.	·	CUBIC YA	RDS			
I hereby certify that the above named material						
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accepted and to the best of my knowledge the is true and accurate.		CONST DEBRI NON-F ASBES	RUCTION S RIABLE STOS			
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Accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT	foregoing DATE	CONST DEBRI DEBRI NON-F ASBES	RIABLE TOS		OT	HER

**GENERATOR COPY** 

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

#### Coffin Butte

Landfill\_ 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## 

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

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

Fax (408) 262-2871

Forward
 Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WAS	TE ACCEPTANCE	NO.
Bay Rock Oaks, LLC MAILING ADDRESS				
1300 Clay St., Suite 620			<b>- 212Y798</b>	360
CITY, STATE, ZIP		REQUIRED PERS	ONAL PROTECTIV	E EQUIPMENT
Oakland,CA 94612 PHONE		SCIGLOVES 🗅 GOG	GLES D RESPIRATO	
(510) 873-8880 CONTACT PERSON			ETY VEST	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	SPECIAL HANDLING	G PROCEDURES:	
* 11. B. Duty S.	123/07			
GENERATOR'S CERTIFICATION: I mereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a coor regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous of 40 CFR Part 261.	has been properly rding to applicable <b>zardous waste</b> en treated in		Υ	
WASTE TYPE:	_			
DISPOSAL     DISPOSAL     ONSTRUCTION     DEBRIS     DEBRIS     SPECIAL WASTE		·		
GENERATING FACILITY				· · ·
4090 San Pablo Avenue EMERY	VILLE			
TRANSPORTER		NOTES: VEHICLE LI	CENSE NUMBER	TRUCK NUMBER
ADDRESS ROCK TRANSPORT INC.		9092	7605	IDI
CITY, STATE, ZIP		J	ATrucki	ng
Oakland CA 94621				J
510.633.1578			BOTTOM DUMP	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED \	AN DRUMS
* læ	8/23/07			
		CUBIC YARDS		
I hereby certify that the above named material	has been		20	
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
			DISPOSE	OTHER
REMARKS		ाम्बद्ध	V	
FACILITY TICKET NUMBER		NON-FRIABLE ASBESTOS		
SIGNATURE OF AUTHORIZED AGENT	DATE		_	
+	a.1207			
*	1 1/1			

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

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

### 🗆 Ox Moi 🚬 🤉

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

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

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

GENERATOR	WAS	TE ACCEPTANC	E NO.
Bay Rock Calcs LLC MAILING ADDRESS			020
1300 Clay St., Suite 620		<u>-212Y79</u>	
CITY, STATE, ZIP	REQUIRED PERS		
Oskland CA 94612 PHONE		GLES CRESPIRAT	
(510) 873-8890 CONTACT PERSON	TY-VEK XQ SAFE	ETY VEST	
Marilyn Ponte	SPECIAL HANDLING	G PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE			
* H.B. Diet 5/23/07			
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WASTE TYPE:       DISPOSAL       DISPOSAL			
CONSTRUCTION UWOOD DEBRIS UOTHER SPECIAL WASTE	· · · · · · · · · · · · · · · · · · ·		,
GENERATING FACILITY	]		
4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER	NOTES: VEHICLE L	ICENSE NUMBER	
ADDRESS KOCK Transport Twc.	909	12605	101
725 Julie Ann Wax			
CITY, STATE, ZIP	4	ATruckir	9
PHONE	END DUMP	BOTTOM DUMP	TRANSFER
510, 633. 1528			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S)	FLAT-BED	VAN DRUMS
	CUBIC YARDS		
I hereby certify that the above named material has been		20	
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD:	(TO BE COMPLETED	
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IS TRUE AND ACCURATE.		DISPOSE	
IS TRUE AND ACCURATE.		DISPOSE	
is true and accurate.           REMARKS           FACILITY TICKET NUMBER		DISPOSE	

#### Sanitary Landfill

PC Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800

Fax (408) 262-2871

□ Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC	
MAILING ADDRESS	7297 212Y79860
1300 Clay 3t., 3uite 620	
	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oskland, CA 94612	SCI GLOVES GOGGLES GRESPIRATOR X HARD HAT
(510) 873-8880	
CONTACT PERSON	
Marílyn Ponte	SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
* H.B. Diet 5/23/07	
GENERATOR'S CERTIFICATION: Thereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hezardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
WASTE TYPE:	
DISPOSAL   SLUDGE     CONSTRUCTION   WOOD	
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER DRVES Eq	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS	$\frac{1}{1} \frac{1}{1} \frac{1}$
A	46K4991
CITY, STATE, ZIP SSPACON (R. 95370	46K4991
CITY, STATE, ZIP <u>SSCACON</u> (1, 95370) PHONE	END DUMP BOTTOM DUMP TRANSFER
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PHONE	END DUMP BOTTOM DUMP TRANSFER
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PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER	END DUMP BOTTOM DUMP TRANSFER
PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER ACCORDENT B23-07 I hereby certify that the above named material has been	END DUMP BOTTOM DUMP TRANSFER
PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER	END DUMP BOTTOM DUMP TRANSFER
PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER ACCEPTED AGENT OR DRIVER DATE	END DUMP     BOTTOM DUMP     TRANSFER       ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       Q     Q     Q     Q       Q     Q     Q     Q       CUBIC YARDS     Q     Q     Q       DISPOSAL METHOD:     (TO BE COMPLETED BY LANDFILL)       DISPOSE     OTHER
PHONE SIGNATORE OF AUTHORIZED AGENT OR DRIVER A 23-07 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	END DUMP       BOTTOM DUMP       TRANSFER         Image: Constraint of the second
PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER ACCORD AGENT OR DRIVER DATE B-23-07 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	END DUMP     BOTTOM DUMP     TRANSFER       ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       Image: Cubic YARDS     Image: Cubic YARDS     Image: Cubic YARDS       DISPOSAL METHOD:     (TO BE COMPLETED BY LANDFILL)       DISPOSE     OTHER
PHONE SIGNATORE OF AUTHORIZED AGENT OR DRIVER A 23-07 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	END DUMP       BOTTOM DUMP       TRANSFER         Image: Construction Debris       Image: Construction Debris       Image: Construction Debris         Image: Construction Debris       Image: Construction Debris       Image: Construction Debris         Image: Construction Debris       Image: Construction Debris       Image: Construction Debris
PHONE SIGNATORE OF AUTHORIZED AGENT OR DRIVER ACCORD AGENT OR DRIVER DATE B-23-07 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	END DUMP       BOTTOM DUMP       TRANSFER         Image: Construction definition       Image: Construction definition       Image: Construction definition         Image: Construction definition       Image: Construction definition       Image: Construction definition
PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER ACCEPTED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  REMARKS FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT DATE	END DUMP       BOTTOM DUMP       TRANSFER         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         Image: Construction Debring       Image: Construction Debring       Image: Construction Debring         <
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**GENERATOR COPY** 

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

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

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

Fax (408) 262-2871

□ Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR				WAS			10.	
Bay Rock Oaks, LLC MAILING ADDRESS					<del>2</del> 12Y	7094		
1300 Clay St., Suite 620 CITY, STATE, ZIP		BEAL 11D		DEDO	ZIZI ONAL PROTE		_	r
Oakland.CA 94612								
PHONE						INATOR	X U HARD I	
(510) 873-8880 CONTACT PERSON					ETY VEST			
Marilyn Ponte		SPECIAL	HAI	NDLING	B PROCEDURE	S:		
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE							
* H. B. Diet	8/23/0-	7						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a cor regulations; AND, If the waste is a treatment residue of a previousfy restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261.	has been properly rding to applicable zardous waste n treated in	RECEIVI	NG F	ACILIT	Υ			
WASTE TYPE:								
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     OTHER								
GENERATING FACILITY								
4090 San Pablo Avenue EMERY	VILLE							
TRANSPORTER DAVE'S E9		NOTES:	VEF	ICLE LI	CENSE NUMBER	TF		R
ADDRESS 17866 Seidnen 19	<u> </u>				1926	D	-99	
CITY, STATE, ZIPESCALON CA, 9	5320		2/	GRG	1991			
PHONE 209-838-6024				P		JMP		R
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-C		S)	FLAT-BED	VAN		MS
* tocid Aiff-	8-23-07		]	_				l
· · · ·		CUBIC YA		S				
I hereby certify that the above named material	has been				70			
accepted and to the best of my knowledge the	foregoing	DISPOSAL	MET	THOD:	(TO BE COMPL	ETED BY		
is true and accurate.					DISPOSE		OTHER	
REMARKS			TRUC					
FACILITY TICKET NUMBER		DEBRI	s					
	DATE	INON-F ASBES						
SIGNATURE OF AUTHORIZED AGENT	DATE		)					
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CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY				(AL • A)	NY UNSCHEDU	FDI 04	DS ARE SUR	JECT
O REFUSAL UPON ARRIVAL. ONGOING DAILY DELIV								
		BE SCHE	DU	LED W	ITH THE LAN	OFILL TI	597773	

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## 🗆 Ox Mountain

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

## Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitap CA 05025

1601 Dixon Landing Roa Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Landfill 9999 S. Austin Road Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

□ Forward

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR			WAS		ICE NO.	
Bay Rock Oaks, LLC MAILING ADDRESS	<i>₽</i> ~ \	)		the second second	<u>n ní n n</u>	7:
1300 Clay St., Suite 620	<u>.</u>	31	• سعيد أ	<sup>2</sup> 212Y7	9860	5/
CITY, STATE, ZIP	***	REQUIR	ED PERS	ONAL PROTEC	TIVE EQI	JIPMENT
Oakiand,CA 94612 PHONE		KA GLOVE	S 🛛 GOG	GLES 📮 RESPIF	RATOR X	
	,			ETY VEST		
CONTACT PERSON		SPECIAL	HANDLIN	G PROCEDURES:		
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* H. B. Duck SI	23/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a con regulations; AND, if the waste is a treatment residue of a previously restricted he subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous to 40 CFR Part 261.	has been properly ording to applicable azardous waste en treated in	RECEIVI		ΓY		
WASTE TYPE:		·				
DISPOSAL     DSLUDGE     CONSTRUCTION     DEBRIS     DOTHER     SPECIAL WASTE		·····				
GENERATING FACILITY		1			*** ****** **	
4090 San Pablo Avenue EMERY	VILLE					
TRANSPORTER DAVE'S ES		NOTES:	VEHICLE L	CENSE NUMBER	TRUC	K NUMBER
ADDRESS 17866 Seidnen Pe	( .		938,	1926	D-	-99
CITY, STATE, ZIP SSCALON (A, 95	058		46K4 <	791		
PHONE 209838-6024					1P	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-C		FLAT-BED	VAN	DRUMS
* A circl If	8-23-07		)		L.	
		CUBIC Y	ARDS			
I hereby certify that the above named material			·	20		
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL	METHOD:	(TO BE COMPLET	ED BY LAN	IDFILL)
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REMARKS		SOIL				
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FACILITY TICKET NUMBER		DEBRI	RIABLE			
	DATE	ASBES				
			)		<i>'</i> .	
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*	\$11.		AL OTHER			
HEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY						

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

#### Sanitary Landfill 901 Bailey Road

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

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

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

Landfill Fax (408) 262-2871

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

Forward

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR			WAS	TE ACCEPTA	NCE N	0.
Bay Rock Oaks, LLC MAILING ADDRESS					<u></u>	
1300 Clay 3L, Suite 620				<b>- 212Y7</b>	986	0
CITY, STATE, ZIP		REQUIR	ED PERS	ONAL PROTEC	TIVE E	QUIPMENT
Oakland.CA 94612 PHONE	· · · · · · · · · · · · · · · · · · ·		GOG	GLES 🗅 RESPI	RATOR	X O HARD HAT
(510) 873-8880 CONTACT PERSON			р. -			
Marilyn Porte		SPECIAL	HANDLING	B PROCEDURES	:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* H.8. July 8	123/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations described, classified and packaged, and is in proper condition for transportation a regulations; AND, If the waste is a treatment residue of a previously restricted h subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous	, has been properly ording to applicable azardous waste en treated in	RECEIVIN		Y		
40 CFR Part 261.	waste as defined by		÷.			
WASTE TYPE:			· · ·			
CONSTRUCTION     WOOD     DEBRIS     SPECIAL WASTE						
GENERATING FACILITY						
4090 San Pablo Avenue EMER 3	<b>VILLE</b>					
TRANSPORTER DAVIE'S EG		NOTES:	VEHICLE LI	CENSE NUMBER	TR	JCK NUMBER
	0 (		988	1926	t	-99
ADDRESS 17866 Seidnen	Le .	L				, ,
CITY, STATE, ZIP & SCALOW CA	15320		4Gr	(4991		
PHONE 209-830-6074		END D		BOTTOM DU	MP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-O		FLAT-BED	VAN	
+ () () / //	8-27-07		. /			
· Aco XF						
		CUBIC YA	RDS			
I hereby certify that the above named materia				20	7	
accepted and to the best of my knowledge the is true and accurate.	e foregoing	DISPOSAL	METHOD:	(TO BE COMPLE	TED BY L	ANDFILL)
				DISPOSE		OTHER
74						
		IN SOIL				
REMARKS			RUCTION			
REMARKS FACILITY TICKET NUMBER			3	<i>j</i> Ø		
			S RIABLE			
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FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT	DATE (1-7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,	DEBRIS	S RIABLE TOS			~
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**GENERATOR COPY** 

TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

#### Keller Canyon Sanitary Landfill

#### 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### 🗌 Ox Mou 🖓 . . . <del>.</del> .

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

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

#### Forward Landfill

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

GENERATOR			WAST	E ACCEPTA	NCE NO.	
Bay Rock Oaks, LLC						_
MAILING ADDRESS		1		<b>212Y7</b>	9860	
1300 Clay St., Suite 620 CITY, STATE, ZIP			DEDCON	NAL PROTEC		
OHY, STATE, ZIP Dakland, CA 94612						
Uakiana, CA, 94612 PHONE		GLOVES		es 🗅 Respi	RATOR X	
(510) 873-8880				( VEST		
CONTACT PERSON		SPECIAL HAN		ROCEDURES	<u>.</u>	
Marilyn Ponte				NOOLDONEC		۰.
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	-				
* H.B. Duck	8/23/07					č
GENERATOR'S CERTIFICATION: I hereby certify that the above named materia waste as defined by 40 CFR Part 261 or title 22 of the California code of regulatio described, classified and packaged, and is in proper condition for transportation a regulations; AND, if the waste is a treatment residue of a previously restricte subject to the Land Disposal Restrictions, I certify and warrant that the waste has	ns, has been properly ⊡cording to applicable d hazardous waste					
accordance with the requirements of 40 CFR Part 268 and is no longer a hazard 40 CFR Part 261.	ous waste as defined by	RECEIVING F				
WASTE TYPE:		1				
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE	•	 	-		· · · · · · · · · · · · · · · · · · ·	
GENERATING FACILITY		]				
4090 San Pablo Avenue EME	RYVILLE					
TRANODODTED HILL	~					
TRANSPORTER EVENIC TOX		NOTES:   VE⊦		NSE NUMBER		KNUMBER
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ADDRESS 2219 Budiselich	Rd	0	1121	Gql	FO	9
CITY, STATE, ZIP STUNKER 95	Ld ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0	1121	991	FC	99
- LEFT ASSACA	Rd ~~15		·	BOTTOM DU	FC MP	TRANSFER
CITY, STATE, ZIP STUN RA 95 PHONE 209 993-7093			P	BOTTOM DU		
CITY, STATE, ZIP STUNKER 95	Lel 215 DATE	ROLL-OFF(	P	BOTTOM DU	VAN	
CITY, STATE, ZIP STUN RA 95 PHONE 209 993-7093	DATE B.Z.3:07		P	BOTTOM DU		
CITY, STATE, ZIP STUN RA 95 PHONE 209 993-7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(	P (S)	BOTTOM DU	VAN	
CITY, STATE, ZIP STUNKA 95 PHONE 209 993-7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * Rawy Julk I hereby certify that the above named mater	B.Z3.07	ROLL-OFF(	P (S)	BOTTOM DU	VAN	
CITY, STATE, ZIP STUN RA 95 PHONE 209 993-7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * Rawy Julk I hereby certify that the above named mater accepted and to the best of my knowledge t	B.Z3.07	ROLL-OFF(	P (S) S	BOTTOM DU D FLAT-BED		
CITY, STATE, ZIP STUNKA 95 PHONE 209 993-7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * Rawy Julk I hereby certify that the above named mater	B.Z3.07		P (S) S	BOTTOM DU FLAT-BED		
CITY, STATE, ZIP STUN RA 95 PHONE 209 993-7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * Rawy Julk I hereby certify that the above named mater accepted and to the best of my knowledge t is true and accurate.	B.Z3.07	CUBIC YARDS	P (S) S	BOTTOM DU FLAT-BED		DRUMS
CITY, STATE, ZIP STUN RA 95 PHONE 209 993-7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * Rawy Julk I hereby certify that the above named mater accepted and to the best of my knowledge t	B.Z3.07		P	BOTTOM DU FLAT-BED		DRUMS
CITY, STATE, ZIP STUN RA 95 PHONE 209 993-7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * Randy July I hereby certify that the above named mater accepted and to the best of my knowledge t is true and accurate. REMARKS	B.Z3.07	CUBIC YARDS	P	BOTTOM DU FLAT-BED		DRUMS
CITY, STATE, ZIP STUN RA 95 PHONE 209 993-7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * Rawy Julk I hereby certify that the above named mater accepted and to the best of my knowledge t is true and accurate.	B.Z3.07		P (S) S THOD: ( CTION BLE	BOTTOM DU FLAT-BED		DRUMS
CITY, STATE, ZIP STUN RA 95 PHONE 209 993-7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * Randy July I hereby certify that the above named mater accepted and to the best of my knowledge t is true and accurate. REMARKS FACILITY TICKET NUMBER	al has been he foregoing		P (S) S THOD: ( CTION BLE	BOTTOM DU FLAT-BED		DRUMS
CITY, STATE, ZIP STUN RA 95 PHONE 209 993-7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * Randy July I hereby certify that the above named mater accepted and to the best of my knowledge t is true and accurate. REMARKS	B.Z3.07		P (S) S THOD: ( CTION BLE	BOTTOM DU FLAT-BED		DRUMS
CITY, STATE, ZIP STUN RA 95 PHONE 209 993-7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * Randy July I hereby certify that the above named mater accepted and to the best of my knowledge t is true and accurate. REMARKS FACILITY TICKET NUMBER	B.Z3.07 ial has been he foregoing	CUBIC YARDS	P (S) S THOD: ( CTION BLE	BOTTOM DU FLAT-BED		DRUMS
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## Sanitary Landfill

Pittsburg, CA 94565

Fax (925) 458-9891

Phone (925) 458-9800

901 Balley Road

## Coffin Butte

Lanotiii 28972 Coffin Butte Road Corvallis, OR 97330<sup>.</sup> Phone (541) 745-2018 Fax (541) 745-3826

#### □ Qx Mountain Sanitary Landfill

Sanitary Landfill 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
Landfill
9999 S. Austin Bo

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

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC MAILING ADDRESS	A4A3780020
1300 Clay 3L, Suite 620	<b>212Y79860</b>
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland.CA 94612 PHONE	
CONTACT PERSON	
Marilyn Ponte	SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	]
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40 CFR Part 261.	
	1
CONSTRUCTION     G WOOD     DEBRIS     OTHER	
Q SPECIAL WASTE	
GENERATING FACILITY	]
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER FIGIAL TRIC	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
	MADROUL SCO
ADDRESS 2219 Buchselich Rd	1 17F21494 1 P49
CITY, STATE, ZIP Str GA 95215	4
PHONE 209 993-7093	END DUMP BOTTOM DUMP TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
* Rander Lill 8-23-0	
$\mathcal{O}$	CUBIC YARDS
I hereby certify that the above named material has been	
accepted and to the best of my knowledge the foregoing	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
is true and accurate.	
:	DISPOSE OTHER
DEMARKS	SOIL
REMARKS	
FACILITY TICKET NUMBER	
	ASBESTOS
SIGNATURE OF AUTHORIZED AGENT DATE	
1 Cmar	
*	
CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EX	PECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJEC
CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EX O REFUSAL UPON APRIVAL. ONGOING DAILY DELIVERIES MUST	PECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJEC BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE MANIFEST # E 0 7 7 9 6

#### Sanitary Landfill 901 Bailey Ro

Pittsburg, CA 65 Phone (925) 458-9800 Fax (925) 458-9891

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### Qx Mountain Sanitary Landfill

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

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

Fax (408) 262-2871

Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

n n lol Ita			WAST			0.
Bay Rock Oaks, LLC						
MÅILING ADDRESS				<del>2</del> 12Y7	7986	Û
1300 Clay St., Suite 620 CITY, STATE, ZIP		BEOUIRE	PERSO	NAL PROTEC		
Oakland:CA 94612						
PHONE			🗆 GOGG		IHAIOH	
(510) 873-8880			X SAFET	Y VEST		
CONTACT PERSON		SPECIAL H		PROCEDURES	<u></u>	
Marilyn Ponte	DATE					
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* 1-1 .B. Duck						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is r waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a co- regulations; AND, if the waste is a treatment residue of a previously restricted h subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261.	, has been properly ording to applicable azardous waste en treated in		FACILITY	(		
WASTE TYPE:	_	<u> </u>				
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     OTHER		 		· •	<i>,</i> · ·	
			·			
4090 San Pablo Avenue EMER Y	VVILLE			•		
TRANSPORTER FIELD TUK		NOTES: V	EHICLE LIC	ENSE NUMBER	TR	UCK NUMBER
	1 21		10210	9911		Egg
ADDRESS 2219 Budgerlic	n no			/ /	<i>i</i>	
CITY, STATE, ZIP STRN OF 95	715	1				
	<u>~</u>	1				
PHONE 209 993 7093	<i>~</i>		MP		MP	
PHONE 209 993 7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER				BOTTOM DU	IMP VAN	ū
204-19 1049	рате В-23- б	$\nabla$				ū
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE B-23-D	$\nabla$	F(S)		VAN	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	B-23- Ő	ROLL-OF	F(S)		VAN	DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	B-23- Ő	ROLL-OF	F(S)			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	$B-23-\tilde{O}$		F(S)	FLAT-BED		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	g-23- Ő		F(S)	FLAT-BED		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	$B-23-\tilde{O}$		F(S) DS IETHOD:	FLAT-BED		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	$B-23-\tilde{O}$	CUBIC YAR	F(S) DS IETHOD:	FLAT-BED		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	B-23-D al has been e foregoing		F(S) DS IETHOD: UCTION ABLE	FLAT-BED		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	$B-23-\tilde{O}$	CUBIC YAR DISPOSAL M DISPOSAL M DEBRIS DEBRIS NON-FRI ASBESTO	F(S) DS IETHOD: UCTION ABLE	FLAT-BED		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	B-23-D al has been e foregoing	CUBIC YAR DISPOSAL M DISPOSAL M CONSTR DEBRIS NON-FRI ASBESTO	F(S) DS IETHOD: UCTION ABLE	FLAT-BED		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	B-23-D al has been e foregoing	CUBIC YAR DISPOSAL M DISPOSAL M DEBRIS DEBRIS NON-FRI ASBESTO	F(S) DS IETHOD: UCTION ABLE DS	FLAT-BED		

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#### Sanita Landfill 901 Baile Ъ Pitteburg, 🔪 365 ່ Phone (925) 45, \_ີ<u>8</u>00

Fax (925) 458-9891

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

 Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR			WAS	STE ACCEPTA	NCE NO.	
Bay Rock Oaks, LLC MAILING ADDRESS						าย *
1300 Clay St., Suite 620		72	87	- <del>212</del> 47	9860	filter.
CITY, STATE, ZIP		REQUIR	ED PERS	ONAL PROTEC		JIPMENT
Oakland CA 94612		GLOVE	s ⊡ <u>,</u> GOG	GLES 🗅 RESPI	RATOR X	
PHONE			NO SAFE	ETY VEST		
(510) 873-8880 CONTACT PERSON					-	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	SPECIAL	HANDLING	G PROCEDURES		
* H.B. Jietz P.	123/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has described, classified and packaged, and is in proper condition for transportation a cordin regulations; AND, if the waste is a treatment residue of a previously restricted hsza subject to the Land Disposal Restrictions, I certify and warrant that the waste has been t accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous was 40 CFR Part 261.	s been properly ng to applicable rdous waste reated in	RECEIVI	NG FACILI	ГҮ		
WASTE TYPE:						
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE				·		
GENERATING FACILITY						
4090 San Pablo Avenue EMERYV	ILLE	<u>,</u>				
TRANSPORTER FIELD Trk		NOTES:	VEHICLE L	ICENSE NUMBER	TRUC	KNUMBER
ADDRESS 7-219 Budisch	ch R.	J	9AZ	2)994	FO	19
CITY, STATE, ZIP STRN CA 952	15					
PHONE 229 993 7093		END D	UMP	BOTTOM DUI	MP	TRANSFER
		Ş				Q
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL		FLAT-BED		DRUMS
* Randy Till	8-23-0	□ □ 7	1			
- 1 ap		CUBIC YA	ARDS			
I hereby certify that the above named material h	nas been			, .		_
accepted and to the best of my knowledge the f		DIEDOCAL	METHOD:	(TO BE COMPLE		
is true and accurate.	_	DISFUSAL				
		<i>''</i>		DISPOSE		OTHER
HEMARKS				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
REMARKS			TRUCTION			
FACILITY TICKET NUMBER		DEBRI				
		ASBES				
	DATE /		)			1 <sup>1</sup> 0
	23/07					
* //arx /			AL OTHER			

**GENERATOR COPY** 

TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

## Sanitary Landfill

## 90% Sailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

### 

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

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

## Newby Island Sanitary Landfill 1601 Dixon Landing<sup>®</sup> Road Milpitas, CA 95035

1601 Dixon Landing Roa Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
 Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WA	STE ACCEPTA	NCE NO.	
Bay Rock Oaks, LLC			-7		
MAILING ADDRESS 1300 Clay St., Suite 620		7207	212¥	9860	
CITY, STATE, ZIP		REQUIRED PER			
Oakland, CA 94612					
PHONE				•	
CONTACT PERSON			FETY VEST		
Marilyn Ponte		SPECIAL HANDLI	NG PROCEDURES	8:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE				
* H. B. Dily 8	/23/07				
GENERATOR'S CERTIFICATIÓN: I hereby certify that the above named material is no waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, the described, classified and packaged, and is in proper condition for transportation a cor regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w 40 CFR Part 261.	has been properly rding to applicable <b>zardous waste</b> n treated in	RECEIVING FACIL	ITY		
WASTE TYPE:					
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     3			•		
GENERATING FACILITY					
4090 San Pablo Avenue EMERY	AILTE		t		
		NOTES: VEHICLE	LICENSE NUMBER	TRUC	KNUMBER
ADDRESS		9/4	79043	M-	-87
CITY, STATE, ZIP		lo	w siste		×
PHONE		END DUMP	BOTTOM DU	MP	TRANSFER
407 $838 - 2960$	D.470				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE 8/23/07	ROLL-OFF(S)	FLAT-BED		
		CUBIC YARDS			
I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.		DISPOSAL METHOD	(TO BE COMPLE		
is true and accurate.			DISPOSE		OTHER
REMARKS		SOIL			
			1		
FACILITY TICKET NUMBER		NON-FRIABLE ASBESTOS			
	DATE				
	123/02				
* Mary N			1		
HEDULING MUST BE MADE BRIODTO 2:00 BM THE DAY					

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

## Sanitary Landfill

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

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

#### Newby Island Sanitary Landfill

1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
 Landfill
 9999 S. Austin Road
 Manteca, CA 95336

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

GENERATOR			WASTE ACCEPTANCE NO.			
Bay Rock Oaks, LLC MAILING ADDRESS			212Y79860			
1300 Clay St., Suite 620						
CITY, STATE, ZIP			REQUIRED PERS	· · · · · · · · · · · · · · · · · · ·		
Oakland.CA 94612 PHONE			GLOVES 🖬 GOO	GLES 🗅 RESPIRA	ATOR X	I HARD HA
(510) 873-8880			DITY-VEK 🗴 SAF	ETY VEST		
CONTACT PERSON			SPECIAL HANDLIN			
Marilyn Ponte		DATE		ar nooedoneo.		
SIGNATURE OF AUTHORIZED AG	GENT / TITLE	DATE	4			
* H. B. Dietz		5/23/07	,			
GENERATOR'S CERTIFICATION: I hereby certify waste as defined by 40 CFR Part 261 or title 22 of described, classified and packaged, and is in proper regulations; AND, If the waste is a treatment resi subject to the Land Disposal Restrictions, I certify a accordance with the requirements of 40 CFR Part 2 40 CFR Part 261.	the California code of regulations er condition for transportation a co ldue of a previously restricted I and warrant that the waste has be	s, has been properly cording to applicable hazardous waste een treated in		TY		
DISPOSAL     CONSTRUCTION     DEBRIS     D SPECIAL WASTE	C SLUDGE C WOOD C OTHER					
GENERATING FACILITY	· · ·		]	_		
4090 San Pablo Avenue EMERYVILLE			4			
	~	- ,			TRUC	
TRANSPORTER	1 8 Par		NOTES: VEHICLE L		TRUCK	NUMBER
Mellanal	1º ANO		/// ~	-00111	62	CT
ADDRESS '			1 19/1	9043	///-	- X /
ADDRESS // 9/9 Ba	plan l			4043	/}/-	-81
CITY, STATE ZIP	eler 21 - 95320			wsike	///	-8 /
16919 Ba	2 95320		END DUMP	BOTTOM DUM	<u>///-</u> P TI	
CITY, STATE, ZIP CITY, STATE, ZIP PHONE 209 838-291	eler LI - 95320			BOTTOM DUM		
CITY, STATE, ZIP CITY, STATE, ZIP PHONE 209 838-291	eler la 9320 ENT OR DRIVER	DATE 8/33/07	END DUMP	BOTTOM DUM	<u>///-</u> P <u>T</u> <u>VAN</u>	<u></u>
CITY, STATE ZIP	eler l - 9320 ENT OR DRIVER	DATE 8/33/07	END DUMP	BOTTOM DUM	VAN	
CITY, STATE ZIP CITY, STATE ZIP Cocolon PHONE JOY SIGNATURE OF AUTHORIZED AG * Lenny I hereby certify that the abo	Vonuli ove named materia	8/3/07	END DUMP ROLL-OFF(S)	BOTTOM DUM FLAT-BED		
CITY, STATE ZIP PHONE JOY 32 JYLA SIGNATURE OF AUTHORIZED AG * I hereby certify that the abo accepted and to the best of	Vonuli ove named materia	8/3/07	END DUMP	BOTTOM DUM		
CITY, STATE ZIP CITY, STATE ZIP PHONE JOAN 32 JAC SIGNATURE OF AUTHORIZED AG X I hereby certify that the abo accepted and to the best of	ove named materia f my knowledge th	8/3/07	END DUMP ROLL-OFF(S)	BOTTOM DUM FLAT-BED		
CITY, STATE ZIP PHONE Joy F3C JYLA SIGNATURE OF AUTHORIZED AG Memory Me I hereby certify that the abo accepted and to the best of is true an	ove named materia f my knowledge th	8/3/07	END DUMP ROLL-OFF(S)	BOTTOM DUM FLAT-BED		DRUMS
CITY, STATE ZIP PHONE Joy F3C JYLA SIGNATURE OF AUTHORIZED AG Memory Me I hereby certify that the abo accepted and to the best of is true an	ove named materia f my knowledge th	8/3/07	END DUMP ROLL-OFF(S) CUBIC YARDS DISPOSAL METHOD:	BOTTOM DUM FLAT-BED		DRUMS
CITY, STATE, ZIP CITY, STATE, ZIP PHONE JOY 838-JY/A SIGNATURE OF AUTHORIZED AG * I hereby certify that the abo accepted and to the best of is true an REMARKS	ove named materia f my knowledge th	8/3/07	END DUMP ROLL-OFF(S) CUBIC YARDS DISPOSAL METHOD:	BOTTOM DUM FLAT-BED		DRUMS
CITY, STATE ZIP CITY, STATE ZIP PHONE JOY 732 JYLA SIGNATURE OF AUTHORIZED AG * I hereby certify that the abo accepted and to the best of is true an REMARKS FACILITY TICKET NUMBER	ove named materia f my knowledge th nd accurate.	al has been e foregoing	END DUMP ROLL-OFF(S) CUBIC YARDS DISPOSAL METHOD:	BOTTOM DUM FLAT-BED		DRUM:
CITY, STATE ZIP CITY, STATE ZIP PHONE JOH F3C JHC SIGNATURE OF AUTHORIZED AG MC I hereby certify that the abo accepted and to the best of	ove named materia f my knowledge th nd accurate.	8/3/07	END DUMP ROLL-OFF(S) CUBIC YARDS DISPOSAL METHOD: SOIL CONSTRUCTION DEBRIS NON-FRIABLE	BOTTOM DUM FLAT-BED		DRUMS
CITY, STATE ZIP CITY, STATE ZIP Cocolon PHONE JOY 832-JYLA SIGNATURE OF AUTHORIZED AG * I hereby certify that the abo accepted and to the best of is true an FACILITY TICKET NUMBER	ove named materia f my knowledge th nd accurate.	al has been e foregoing	END DUMP ROLL-OFF(S) CUBIC YARDS DISPOSAL METHOD: SOIL CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	BOTTOM DUM FLAT-BED		DRUM:

#### Sanitary Landfill

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

### 

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## 

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

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

Fax (408) 262-2871

☐ Forward Landfill

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

GENERATOR	WASTE ACCEPTANCE NO.				
Bay Rock Oaks, LLC					
MAILING ADDRESS					
1300 Clay St., Suite 620					
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT				
Oakland CA 94612	- KO GLOVES 🗅 GOGGLES 🗅 RESPIRATOR 🕺 🗅 HARD HAT				
PHONE					
CONTACT PERSON					
	SPECIAL HANDLING PROCEDURES:				
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	-1				
* 1.B. Diet 5/23/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly					
described, classified and packaged, and is in proper condition for transportation a cording to applicable					
regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, Leertify and warrant that the waste has been treated in					
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.					
WASTE TYPE:	·				
	· · · · · · · · · · · · · · · · · · ·				
4090 San Pablo Avenue EMER YVILLE					
ADDRESS Jun Jun	- 19A79047 M-87				
11919 Poole DI P. 1 1					
a contract of the contract of					
CITY, STATE, ZIP	- langila				
CITY, STATE, ZIP	Lowside				
CITY, STATE, ZIP PHONE Scalon, CA 95320	END DUMP BOTTOM DUMP TRANSFER				
PHONE Scalon, CH 95320 (2091) 838-2960	END DUMP BOTTOM DUMP TRANSFER				
Englon (A 9532h	END DUMP BOTTOM DUMP TRANSFER				
PHONE Scalon CH 95320 (2091) 838-2960	END DUMP BOTTOM DUMP TRANSFER				
PHONE Scalon, CA 95320 (201) 838-2960	END DUMP     BOTTOM DUMP     TRANSFER       Image: Constraint of the second se				
PHONE Scalon, CA 95320 (201) 838-2960	END DUMP     BOTTOM DUMP     TRANSFER       Image: Constraint of the second se				
PHONE Scalon, CA 95320 (201) 838-2960	END DUMP     BOTTOM DUMP     TRANSFER       Image: Constraint of the second se				
PHONE Scalon, CH 95320 SKENATURE OF AUTHORIZED AGENT OR DRIVER DATE * Jennis Marlonald 8/33/0	END DUMP     BOTTOM DUMP     TRANSFER       Q     Q     Q       ROLL-OFF(S)     FLAT-BED     VAN       Q     Q     Q       Z     Q     Q				
PHONE Section CH 15320 PHONE SCALON CH 15320 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Alennis Maclonald 8/23/0 I hereby certify that the above named material has been	END DUMP     BOTTOM DUMP     TRANSFER       Q     Q     Q       ROLL-OFF(S)     FLAT-BED     VAN       Q     Q     Q       Z     Q     Q				
PHONE Section CH 15320 PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Alennis Marchard 8/23/0 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	END DUMP     BOTTOM DUMP     TRANSFER       Image: Cubic Yards     Image: Cubic Yards     Image: Cubic Yards				
PHONE Section CH 15320 PHONE SCALON CH 15320 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Alennis Maclonald 8/23/0 I hereby certify that the above named material has been	END DUMP     BOTTOM DUMP     TRANSFER       Q     Q     Q       ROLL-OFF(S)     FLAT-BED     VAN       Q     Q     Q       Z     Q     Q				
PHONE Section CH 15320 PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Alennis Marchard 8/23/0 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	END DUMP       BOTTOM DUMP       TRANSFER         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         CUBIC YARDS       Image: Complement of the second se				
PHONE Section CH 15326 PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Annus Mc Constant 8/23/0 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	END DUMP       BOTTOM DUMP       TRANSFER         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         CUBIC YARDS       Image: Complement of the provided state of the				
PHONE PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE A Gennus Machado I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	END DUMP       BOTTOM DUMP       TRANSFER         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         CUBIC YARDS       Image: Complement of the second se				
PHONE CH 1530 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Annus Mc Anald B/23/0 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	END DUMP     BOTTOM DUMP     TRANSFER       ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       Image: Cubic YARDS     Image: Cubic YARDS     Image: Cubic YARDS       DISPOSAL METHOD:     (TO BE COMPLETED BY LANDFILL)       DISPOSE     OTHER				
PHONE       Grading       CH       9530         SIGNATURE OF AUTHORIZED AGENT OR DRIVER       DATE         ★       Øennis       Øgdd         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         REMARKS	END DUMP       BOTTOM DUMP       TRANSFER         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         CUBIC YARDS       Image: Complementary of the provided statementary of the provided stateme				
PHONE PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE A Gennus Machado I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	END DUMP BOTTOM DUMP TRANSFER ROLL-OFF(S) FLAT-BED VAN DRUMS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER OSOIL DISPOSE OTHER OSOIL				
PHONE       Gradin CH 15300         SIGNATURE OF AUTHORIZED AGENT OR DRIVER       DATE         ★       Dennis Machaelee       000000000000000000000000000000000000	END DUMP       BOTTOM DUMP       TRANSFER         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         Image: CUBIC YARDS       Image: CUBIC YARDS       Image: CUBIC YARDS       Image: CUBIC YARDS         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)       Image: CUBIC YARDS       Image: CUBIC YARDS         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)       Image: CUBIC YARDS       Image: CUBIC YARDS         DISPOSE       OTHER       Image: CUBIC YARDS       Image: CUBIC YARDS       Image: CUBIC YARDS         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)       Image: CUBIC YARDS       Image: CUBIC YARDS         DISPOSE       OTHER       Image: CUBIC YARDS       Image: CUBIC YARDS       Image: CUBIC YARDS				
PHONE       SIGNATURE OF AUTHORIZED AGENT OR DRIVER       DATE         ★       Øennis       Øennis       Øennis         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       If Emarks	END DUMP BOTTOM DUMP TRANSFER ROLL-OFF(S) FLAT-BED VAN DRUMS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER OSOIL DISPOSE OTHER OSOIL				
PHONE       Grading (CH 1530)         SKENATURE OF AUTHORIZED AGENT OR DRIVER       DATE         ★       Øennis Malanda       0/3/d         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       REMARKS         FACILITY TICKET NUMBER       Grading (CH 1000)       Grading (CH 1000)	END DUMP BOTTOM DUMP TRANSFER ROLL-OFF(S) FLAT-BED VAN DRUMS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER OSOIL O CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS				
PHONE       Grading (CH 1530)         SKENATURE OF AUTHORIZED AGENT OR DRIVER       DATE         ★       Øennis Malanda       0/3/d         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       REMARKS         FACILITY TICKET NUMBER       Grading (CH 1000)       Grading (CH 1000)	END DUMP BOTTOM DUMP TRANSFER ROLL-OFF(S) FLAT-BED VAN DRUMS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER OSOIL CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS				
PHONE       GRADING       CH       9530         SKENATURE OF AUTHORIZED AGENT OR DRIVER       DATE         ★       Øennis       Øende         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         REMARKS         FACILITY TICKET NUMBER	END DUMP       BOTTOM DUMP       TRANSFER         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         CUBIC YARDS       Image: Complementary of the second s				
PHONE       Galon       CH       9530         SKENATURE OF AUTHORIZED AGENT OR DRIVER       DATE         ★       Mannis       Malonalis         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         REMARKS         FACILITY TICKET NUMBER         SIGNATURE OF AUTHORIZED AGENT       DATE         J. J. J. W	END DUMP BOTTOM DUMP TRANSFER ROLL-OFF(S) FLAT-BED VAN DRUMS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER OSOIL O CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS				
PHONE       Galon       CH       9530         SKENATURE OF AUTHORIZED AGENT OR DRIVER       DATE         ★       Mannis       Malonalis         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         REMARKS         FACILITY TICKET NUMBER         SIGNATURE OF AUTHORIZED AGENT       DATE         J. J. J. W	END DUMP       BOTTOM DUMP       TRANSFER         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         CUBIC YARDS       Image: Complementation of the complexity of the comple				

Keller Canyon Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891	Coffin Butte Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826	Ox Mc Sanitary 12310 San Mat Half Moon Bay, Phone (650) 72 Fax (650) 726-9	eo Road CA 94019 6-1819 9183	Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871	□ Forward Landfill 9999 S. Austin Road Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009
\ 	NON-H	IAZARDOUS W	ASTE MA	ANIFEST	
GENERATOR			_	WASTE ACCEPT	ANCE NO.
Bay Rock Oaks, LLC MAILING ADDRESS 1300 Clay St., Suite 64		4	_		79860
CITY, STATE, ZIP			REQU	IRED PERSONAL PROTI	ECTIVE EQUIPMENT
Oakland, CA 94612 PHONE		· · · ·		VES 🗅 GOGGLES 🗅 RES	
(510) 873-8880 CONTACT PERSON					
Marilyn Ponte SIGNATURE OF AUT	HORIZED AGENT / TITLE	DATE		AL HANDLING PROCEDUR	ES:
* H.B.D.	iet	8/23/07	,		
waste as defined by 40 CFR P described, classified and packa regulations; AND, if the waste subject to the Land Disposal R	ON: I hereby certify that the above named m ant 261 or title 22 of the California code of re aged, and is in proper condition for transport is a treatment residue of a previously re- estrictions, I certify and warrant that the was ints of 40 CFR Part 268 and is no longer a h	egulations, has been properly tation a cording to applicable stricted hazardous waste ste has been treated in	BECEI	VING FACILITY	
WASTE TYPE:					

OTHER

EMERYVILLE

DATE

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NOTES:

END DUMP

ZI ROLL-OFF(S)

CUBIC YARDS

SOIL

L WOOD □ ASH

DISPOSAL METHOD:

CONSTRUCTION DEBRIS

**NON-FRIABLE** ASBESTOS

SPECIAL OTHER

VEHICLE LICENSE NUMBER

9043

Lowsoll

FLAT-BED

DISPOSE

BOTTOM DUMP

0

(TO BE COMPLETED BY LANDFILL)

DEBRIS

TRANSPORTER

 $\overline{\phantom{a}}$ 

CITY, STATE, ZIP

OV

δ -

SIGNATURE OF AUTHORIZED AGENT OR DRIVER

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

is true and accurate.

ADDRESS

PHONE

\*

REMARKS

\*

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT

SPECIAL WASTE GENERATING FACILITY 4090 San Pablo Avenue

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

DATE

MANIFEST # 597791

TRUCK NUMBER

TRANSFER

OTHER

DRUMS

VAN

Keller Canyon Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800	Coffin Butte Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018	Ox Mountair Sanitary Lan 12310 San Mateo Half Moon Bay, CA Phone (650) 726-1	dfill Road 94019	Newby Island Sanitary Landfi 1601 Dixon Landing Re Milpitas, CA 95035 Phone (408) 945-2800	oad 9999 Mant	rward dfill S. Austin Road teca, CA 95336 te (209) 982-4298
Fax (925) 458-9891	Fax (541) 745-3826	Fax (650) 726-918		Fax (408) 262-2871	, Fax (	(209) 982-1009
	NON-I					
GENERATOR			1	WASTE ACCE	EPTANCE NO	D.
Bay Rock Oaks, LLC						
MAILING ADDRESS			1	-212	Y7986	A
1300 Clay St., Buite 62	<u>0                                    </u>					-
CITY, STATE, ZIP			REQUIR	ED PERSONAL PR	OTECTIVE E	QUIPMENT
Oakland, CA 94612	·····		C GLOVES	S GOGGLES GI	RESPIRATOR	X 🗆 HARD HAT
PHONE						£ f
(510) 873-8880				X SAFETY VEST		
CONTACT PERSON			SPECIAL	HANDLING PROCED	URES:	
Marílyn Ponte	HORIZED AGENT / TITLE	DATE				
SIGNATURE OF AUT		DATE	-			
* And	The	8-23-0				
waste as defined by 40 CFR Pa described, classified and packag regulations; AND, If the waste i subject to the Land Disposal Re	N: I hereby certify that the above named n rt 261 or title 22 of the California code of re ged, and is in proper condition for transpor is a treatment residue of a previously re istrictions, I certify and warrant that the was the of 40 CFR Part 268 and is no longer a t	agulations, has been properly tation a cording to applicable stricted hazardous waste ste has been treated in		NG FACILITY		1

WASTE TYPE:		_					
DISPOSAL CONSTRUCTION					,		
DEBRIS SPECIAL WASTE					*		
GENERATING FACILITY							
4090 San Pablo Avenue	EMERYV	TILLE					
TRANSPORTER			NOTES:	VEHICLE	ICENSE NUMBER	TRUC	K NUMBER
ADDRESS				2H:	57899	19	4
725 Julie Ar	nway			15 -	Tacka		
CITY, STATE, ZIP			S/	YZ /	tecking		
PHONE CA					DOTTOMOUN		TRANSFER
1510) 633-1578	<del>,                                     </del>				BOTTOM DUM	IP	TRANSFER
SIGNATURE OF AUTHORIZED A	GENT OR DRIVER	DATE	ROLL-C		FLAT-BED	VAN	
* H.B.Duik		8-23-01		]			

			*			
		CUBIC YARDS				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.						
		DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)		
	is true and accurate.		DISPOSE	OTHER		
REMARKS						
		CONSTRUCTION DEBRIS	<i>v</i>			
FACILITY TICKET NUMBER						
		NON-FRIABLE ASBESTOS				
SIGNATURE OF AUTHORIZED AGENT	DATE					
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<u>*</u>						

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

#### Sanitary Landfill 901 Bailey Road

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

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#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## □ 0 htain

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

#### Newby Island Sanitary Landfill

 Salinary Landing

 1601 Dixon Landing Road

 Milpitas, CA 95035

 Phone (408) 945-2800

 Fax (408) 262-2871

Forward
Landfill
9999 S. Austin Road

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

GENERATOR	WASTE ACCEPTANCE NO.			
Bay Rock Oaks, LLC				
MAILING ADDRESS 1300 Clay 3L, Suite 620				
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT			
Oakland, CA 94612	KO GLOVES O GOGGLES O RESPIRATOR XO HARD H			
PHONE				
(510) 873-8880 				
CONTACT PERSON Marilyn Ponte	SPECIAL HANDLING PROCEDURES:			
SIGNATURE OF AUTHORIZED AGENT / TITLE				
* H.B. Duety 8/2	3/47			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardo waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been pro described, classified and packaged, and is in proper condition for transportation a cording to appli regulations; AND, if the waste is a treatment residue of a previously restricted hazardous wa subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defi 40 CFR Part 261. WASTE TYPE;				
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER				
4090 San Pablo Avenue EMERYVILLE				
TRANSPORTER				
Rock Trans	2H57899 194			
ADDRESS'				
CITY, STATE, ZIP	SAE Trucking			
Oukland				
PHONE (rig) (22) (52)				
<u>/5/0/633~/528</u> SIGNATURE OF AUTHORIZED AGENT OR DRIVER   DATE <sup>-</sup>	ROLL-OFF(S) FLAT-BED VAN DRUM			
	<i>3-0</i> 7			
	CUBIC YARDS			
I hereby certify that the above named material has be				
accepted and to the best of my knowledge the forego is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)			
	DISPOSE OTHER			
REMARKS				
FACILITY TICKET NUMBER				
	ASBESTOS			
SIGNATURE OF AUTHORIZED AGENT DATE				
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* 4.0	5° /			

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## 🗆 Øx Mountain

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

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

 Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC MAILING ADDRESS	
1300 Clay St., Suite 620	<b>212Y79860</b>
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland.CA 94612	CONTRACTOR
CONTACT PERSON	SPECIAL HANDLING PROCEDURES:
Marilyn Porte SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	SPECIAL HANDLING PROCEDURES.
* H. B Dietz 8/23/07	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     Yes	 
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
Rock Trans	2457899 194
725 Julio Ann win y	
CITY, STATE, ZIP	2H57899 194 SAE Trecking
Dakland Ca.	
PHONE (510) 677-1528	END DUMP BOTTOM DUMP TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
* 1m Jan 8-270	
	CUBIC YARDS
I hereby certify that the above named material has been	
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
REMARKS	
FACILITY TICKET NUMBER	
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SIGNATURE OF AUTHORIZED AGENT DATE	
*	
CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EX D REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST	

**GENERATOR COPY** 

MANIFEST # 597777 4

Keller CanyonCoffin ButteIountainSanitary LandfillLandfillSanitary Landfill901 Bailey Road28972 Coffin Butte Road12310 San MateoPittsburg, CA 94565Corvallis, OR 97330Half Moon Bay, C/Phone (925) 458-9800Phone (541) 745-2018Phone (650) 726-Fax (925) 458-9891Fax (541) 745-3826Fax (650) 726-918	AdfillSanitary LandfillLandfillRoad1601 Dixon Landing Road9999 S. Austin RoadA 94019Milpitas, CA 95035Manteca, CA 953361819Phone (408) 945-2800Phone (209) 982-4298
NON-HAZARDOUS WA	STE MANIFEST
GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC	<b>-212Y79860</b>
1300 Clay St., Suite 620	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
CITY, STATE, ZIP Oakland, CA 94612	-XQ GLOVES GOGGLES RESPIRATOR XG HARD HAT
PHONE	TY-VEK XO SAFETY VEST
(510) 873-8880 CONTACT PERSON	
Marilyn Ponte	- SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	-
* H.B. Diet 5/23/07	
GENERATOR'S CERTIFICATION! I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
UDISPOSAL     UDISPOSAL	
CONSTRUCTION UWOOD DEBRIS USPECIAL WASTE	·····
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
TRANSPORTER Anck Truns	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
TRANSPORTER ADDRESS 725 Jolie Amn way CITY, STATE, ZIP	
TRANSPORTER Back Truns ADDRESS 725 Julis Amn. Way	2457899 194
TRANSPORTER <u>ADDRESS</u> 725 Julie Amn way CITY, STATE, ZIP <u>Oakland</u> Cu PHONE (510) 633 -1528	2H57899 194 SAE Trecking END DUMP BOTTOM DUMP TRANSFER
TRANSPORTER Back Truns ADDRESS 725 Joli's Amn way CITY, STATE, ZIP Oakland Cu PHONE	2H57899 194 SAE Trecking END DUMP BOTTOM DUMP TRANSFER
TRANSPORTER <u>ADDRESS</u> 725 Julie Amn way CITY, STATE, ZIP <u>Oakland</u> Cu PHONE (510) 633 -1528	2H57899     194       SAE Trucking       END DUMP     BOTTOM DUMP       TRANSFER       B       ROLL-OFF(S)       FLAT-BED       VAN       DRUMS
TRANSPORTER ADDRESS 725 Julie Amn way CITY, STATE, ZIP Oakland PHONE (510)633-)528 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	2H57899     194       SAE Trucking       END DUMP     BOTTOM DUMP       TRANSFER       B       ROLL-OFF(S)       FLAT-BED       VAN       DRUMS
TRANSPORTER ADDRESS 725 Julie Amn way CITY, STATE, ZIP Oakland PHONE (510)633-)528 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	2H57899     194       SAE Trucking       END DUMP     BOTTOM DUMP       TRANSFER       S       ROLL-OFF(S)       FLAT-BED       VAN       DRUMS
TRANSPORTER         Back Truns         ADDRESS         725 Julie Amn way         CITY, STATE, ZIP         Oakland         Oakland         PHONE         (510) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         Home         (510) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         Home         (510) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         Home         (510) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         Home         (510) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         HOME         (510) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         HOME         (1 hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	2H57899     194       SAE Trucking       END DUMP     BOTTOM DUMP       TRANSFER       S       ROLL-OFF(S)       FLAT-BED       VAN       DRUMS
TRANSPORTER         Back Truns         ADDRESS         725 Joli's Amn way         CITY, STATE, ZIP         Oakland         PHONE         (51 a) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         With the above named material has been	2H57899     194       SAE Tracking       END DUMP     BOTTOM DUMP       TRANSFER       ROLL-OFF(S)       FLAT-BED       VAN       DRUMS       OZ
TRANSPORTER         Back Truns         ADDRESS         725 Julie Amn way         CITY, STATE, ZIP         Oakland ca         PHONE         (510) 633 _) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         *         MADDA         ADDRESS         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         *         MADDA         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         *         MADDA         \$2.23-0         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	2 H 5 7 8 9 9     194       SAE Truck Truck     BOTTOM DUMP       END DUMP     BOTTOM DUMP       TRANSFER       ROLL-OFF(S)     FLAT-BED       VAN     DRUMS       CUBIC YARDS       DISPOSAL METHOD:     (TO BE COMPLETED BY LANDFILL)
TRANSPORTER         Back Truns         ADDRESS         725 Julie Amn way         CITY, STATE, ZIP         Oakland         Oakland         PHONE         (510) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         Home         (510) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         Home         (510) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         Home         (510) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         Home         (510) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         HOME         (510) 633 -) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         HOME         (1 hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	2 H 5 7 8 9 9     194       SAE Trucking     END DUMP     BOTTOM DUMP     TRANSFER       ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       CUBIC YARDS     Image: Complete the structure     Image: Complete the structure     Image: Complete the structure       DISPOSAL METHOD:     (TO BE COMPLETED BY LANDFILL)     Image: Complete the structure     Image: Complete the structure       Image: Complete the structure     Image: Complete the structure     Image: Complete the structure
TRANSPORTER         Back Truns         ADDRESS         725 Julie Amn way         CITY, STATE, ZIP         Oakland ca         PHONE         (510) 633 _) 528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         *         MADDA         ADDRESS         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         *         MADDA         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         *         MADDA         \$2.23-0         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	2 H 5 7 8 9 9     194       SAE Trucking     END DUMP     BOTTOM DUMP     TRANSFER       ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     Image: Cubic yards     Image: Cubic yards       Image: Cubic yards     I
TRANSPORTER         Back Truns         ADDRESS         725 Joli's Ann way         CITY, STATE, ZIP         Oakland         PHONE         \$10\$ 633.0528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         *         Mathematical Cu         PHONE         \$10\$ 633.0528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         *         Mathematical Agent of DRIVER         DATE         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         REMARKS	2 H 5 7 8 9 9     194       SAE Trucking     END DUMP     BOTTOM DUMP     TRANSFER       ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       DISPOSAL METHOD:     (TO BE COMPLETED BY LANDFILL)       DISPOSE     OTHER       Soft     Image: Construction Debris       DISPOSE     OTHER
TRANSPORTER         ADDRESS         72 5       Jol 19 Ann way         CITY, STATE, ZIP         Oa Kland       Cu         PHONE         51 a) 633 - 1528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         *         Mathematical Agent of Driver         DATE         *         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         REMARKS         FACILITY TICKET NUMBER	2 H 5 7899     194       SAE Trucking     END DUMP     BOTTOM DUMP     TRANSFER       ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       CUBIC YARDS     Image: Complete the strength of the streng
TRANSPORTER         ADDRESS         72 5       Jol 19 Ann way         CITY, STATE, ZIP         Oa Kland       Cu         PHONE         51 a) 633 - 1528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         *         Mathematical Agent of Driver         DATE         *         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         REMARKS         FACILITY TICKET NUMBER	2 H 5 7 8 9 9     194       SAE TwcKtmy       END DUMP     BOTTOM DUMP       TRANSFER       ROLL-OFF(S)     FLAT-BED       VAN     DRUMS       DISPOSAL METHOD:     (TO BE COMPLETED BY LANDFILL)       DISPOSE     OTHER       Soft     Image: Construction Debris       DISPOSE     OTHER

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

MANIFEST # 597785

#### Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565

Phone (925) 458-9800 Fax (925) 458-9891

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road

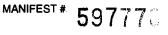
Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

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

Forward

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR	++	WASTE ACCEPTANCE NO.			
Say Rock Oaks, LLC		l	A4 A37800		
1300 Clay St., Suite 620			<b>- 212Y798</b>	60	
CITY, STATE, ZIP		REQUIRED PERS	ONAL PROTECTIVI	E EQUIPMENT	
Dakland, CA 94612					
PHONE					
510) 873-8880 CONTACT PERSON	*	TY-VEK XO SAFE			
Marilyn Ponte	. ×* .	SPECIAL HANDLING	PROCEDURES:		
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	1			
* H.B.Duk					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material waste as defined by 40 CFR Part 261 or title 22 of the California code of regulation described, classified and packaged, and is in proper condition for transportation a regulations; AND, if the waste is a treatment residue of a previously restricted subject to the Land Disposal Restrictions, I certify and warrant that the waste has accordance with the requirements of 40 CFR Part 268 and is no longer a hazardo 40 CFR Part 261.	ns, has been properly cording to applicable I <b>hazardous wasta</b> been treated in		γ		
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4090 3an Pablo Avenue EMER	YVILLE				
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SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED V		
* Amob Don 1 *	823-7				
,		CUBIC YARDS		<u></u>	
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I hereby certify that the above named mater					
accepted and to the best of my knowledge the	ne foregoing	DISPOSAL METHOD:	(TO BE COMPLETED		
is true and accurate.					
		-	DISPOSE	OTHER	
REMARKS					
FACILITY TICKET NUMBER		D NON-FRIABLE			
SIGNATURE OF AUTHORIZED AGENT	DATE	ASBESTOS		······	
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*					



#### Sanitary Landfill 901 Bailey Road

901 Balley Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### 🗆 Ox Mountain

Sanitary Landfill 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WAS	TE ACCEPTANCE	NO.	
Bay Rock Oaks, LLC					
MÀILING ADDRESS 1300 Clay St., Suite 620		<b>212Y79860</b>			
CITY, STATE, ZIP			ONAL PROTECTIVE		
Oakland,CA 94612					
PHONE		Kongloves og Gog	GLES LI RESPIRATO	R X 🗅 HARD HAT	
(\$1()) 873-8889)		DITY-VEK XO SAFE	TY VEST		
CONTACT PERSON		SPECIAL HANDLING	B PROCEDURES:		
Marilyn Ponte / SIGNATURE OF AUTHORIZED AGENT / TÍTLE					
SIGNATORE OF AUTHORIZED AGENT/ TITLE					
* H.B. Dut 8	123/07				
GENERATOR'S CERTIFICATION Cohereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, 1 described, classified and packaged, and is in proper condition for transportation a coor regulations; AND, If the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v	has been property rding to applicable i <b>zardous waste</b> in treated in	RECEIVING FACILIT	γ		
40 CFR Part 261.					
CONSTRUCTION UCOD DEBRIS UCTHER SPECIAL WASTE					
GENERATING FACILITY					
4090 San Pablo Avenue EMERY	VILLE				
	V LLALOL				
TRANSPORTER L PRO ON WORKINGPAN	<b>`</b>	NOTES: VEHICLE LI	CENSE NUMBER		
ADDRESS 1286 Folson Are		3030	0655 [	-11	
CITY, STATE, ZIP (LAMUAID CA					
PHONE 510-7837281	1	END DUMP			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)		AN DRUMS	
* And Det	823-7				
	1	CUBIC YARDS			
I hereby certify that the above named material accepted and to the best of my knowledge the			)		
is true and accurate.	loregoing	DISPOSAL METHOD:	(TO BE COMPLETED E	BY LANDFILL)	
			DISPOSE	OTHER	
		Q.SOIL			
REMARKS					
FACILITY TICKET NUMBER		D NON-FRIABLE			
SIGNATURE OF AUTHORIZED AGENT	DATE	ASBESTOS			
*	\$-23-07				
		SPECIAL OTHER			

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

#### Sanitary Landfill

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

Souther Street Production Street

#### Coffin Butte Landfill

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### C Mountain Sanitary Landfill

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

#### Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

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

Fax (209) 982-1009

NON-HAZAF	RDOUS WAS	STE MANI	FEST				
GENERATOR		WASTE ACCEPTANCE NO.					
Bay Rock Oaks, LLC							
MAILING ADDRESS		- <b>212Y79860</b>					
1300 Clay St., Suite 620 CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT					
Oakland,CA 94612							
PHONE		Ka GLOVES		GLES 🖸 RESPI	RATOR	X 🗆 HARD HAT	
			XO SAFE	TY VEST			
(510) 873-8890 CONTACT PERSON	, /			<i>k</i>			
Marilyn Ponte		SPECIAL	HANDLING	PROCEDURES	S:		
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	]					
* H.B. Diet Si	122/07						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a cor regulations; AND, If the waste is a treatment residue of a previously restricted ha	has been properly ding to applicable						
subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261.	n treated in	RECEIVIN	G FACILIT	Ŷ			
WASTE TYPE:							
Q SPECIAL WASTE							
GENERATING FACILITY		1					
4090 San Pablo Avenue EMERY	VILLE						
TRANSPORTER ALL CRUINTOUR	Tru	NOTES:	VEHICLE LI	CENSE NUMBER	TR	UCK NUMBER	
			3020	655	1.	- 1 (	
ADDRESS 286 Folson A	<u>~</u>	1					
CITY, STATE, ZIP HAYWAIL CASHS	L   L	-					
PHONE 510 7837381		END DU	JMP	BOTTOM DU	MP	TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OF	FF(S)	FLAT-BED		DRUMS	
* Unologe. De	· .						
		CUBIC YAF	RDS				
I hereby certify that the above named material	has been	-	$\overline{\mathbf{b}}$	)			
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL	METHOD:	(TO BE COMPLE	TED BY I		
				DISPOSE		OTHER	
REMARKS	×	SOIL		$\overline{\mathbf{b}}$			
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SIGNATURE OF AUTHORIZED AGENT	DATE		05				
+	8-7207						
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SCHEDULING MUST BE MADE RIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Sanitary Landf

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

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

Fax (408) 262-2871

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

GENERATOR		WASTE ACCEPTANCE NO.				
Bay Rock Oaks, LLC MAILING ADDRESS						
1300 Clay St., Suite 620		-		<b>- 212Y7</b>	986(	)
CITY, STATE, ZIP	· · ·	BEQUIR		ONAL PROTEC		-
Dakland, CA 94612						
PHONE				GLES 🖸 RESPI	RATOR	
(510) 873-8880			XQ SAFE	TY VEST		
CONTACT PERSON		SPECIAL		PROCEDURES		•
Marilyn Ponte			NANDLING	I FROCEDORES		
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	4				
* H. S. Duil						
GENERATOR'S CERTIFICATION: I hereby certify that the above named materia waste as defined by 40 CFR Part 261 or title 22 of the California code of regulatio described, classified and packaged, and is in proper condition for transportation a regulations; AND, if the waste is a treatment residue of a previously restricte subject to the Land Disposal Restrictions, I certify and warrant that the waste has accordance with the requirements of 40 CFR Part 268 and is no longer a hazard 40 CFR Part 261.	ons, has been properly a cording to applicable d hazardous waste s been treated in		IG FACILIT	Ŷ		
WASTE TYPE:						
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DEBRIS DOTHER						
GENERATING FACILITY		]——				
4090 San Pablo Avenue EME	RYVILLE			·		
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CITY, STATE, ZIP Augward Ca	9.45.44		<u>36</u> Ømp	ВОТТОМ DU	MP	TRANSFEF
ADDRESS DEG Folson And CITY, STATE, ZIP Anyword, Ca PHONE (570) 73738/	94544		<u>36</u>	воттом ри	MP	
CITY, STATE, ZIP Augward, Ca PHONE $(570)$ 7 3 738/	9.45.44 DATE	END D				
CITY, STATE, ZIP Augward, Ca PHONE $(570)$ 7 3 738/	9.45.44 DATE					Q
CITY, STATE, ZIP Augward Ca PHONE (570) 73 738/ SIGNATURE OF AUTHORIZED AGENT OR DRIVER	9.45.44 DATE B/23			FLAT-BED	VAN	Q
CITY, STATE, ZIP Augward Ca PHONE (510) 773 738/ SIGNATURE OF AUTHORIZED AGENT OR DRIVER	9 4 5 44 DATE B/23			FLAT-BED	VAN	Q
CITY, STATE, ZIP Augward Ca PHONE (570) 73 738/ SIGNATURE OF AUTHORIZED AGENT OR DRIVER	9 4 5 44 DATE B/23	ROLLZO	FF(S)	FLAT-BED	VAN	Q
CITY, STATE, ZIP PHONE (570) 73 -738/ SIGNATURE OF AUTHORIZED AGENT OR DRIVER *	8/23		FF(S)	FLAT-BED	VAN	Q
CITY, STATE, ZIP	B/33	ROLLZO	FF(S)	FLAT-BED	VAN	Q
CITY, STATE, ZIP PHONE (570) 73 -738/ SIGNATURE OF AUTHORIZED AGENT OR DRIVER *	B/33	ROLLZO	FF(S) RDS	FLAT-BED		
CITY, STATE, ZIP PHONE (570) 73738 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named mater accepted and to the best of my knowledge t	B/33	CUBIC YA	FF(S) RDS	FLAT-BED		
CITY, STATE, ZIP PHONE (50) 73 738 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named mater accepted and to the best of my knowledge t is true and accurate.	B/33		FF(S) RDS	FLAT-BED		
CITY, STATE, ZIP PHONE (50) 73734 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named mater accepted and to the best of my knowledge t is true and accurate. REMARKS	B/33	CUBIC YA	RDS METHOD:	FLAT-BED		
CITY, STATE, ZIP PHONE (50) 73738 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named mater accepted and to the best of my knowledge t is true and accurate. REMARKS FACILITY TICKET NUMBER	B/33 rial has been he foregoing	CUBIC YA	RDS METHOD: RUCTION	FLAT-BED		
CITY, STATE, ZIP PHONE (510) 73738 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named mater accepted and to the best of my knowledge t is true and accurate.	B/33	CUBIC YA	RDS METHOD: RUCTION RIABLE TOS	FLAT-BED		
CITY, STATE, ZIP PHONE (50) 73736 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named mater accepted and to the best of my knowledge t is true and accurate. REMARKS FACILITY TICKET NUMBER	B/33	CUBIC YA	RDS METHOD: RUCTION RIABLE TOS	FLAT-BED		
CITY, STATE, ZIP PHONE (50) 73736 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named mater accepted and to the best of my knowledge t is true and accurate. REMARKS FACILITY TICKET NUMBER	B/3 rial has been he foregoing	CUBIC YA	RDS METHOD: RUCTION RIABLE TOS	FLAT-BED		

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### 🗆 Ox Mountain

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

Fax (408) 262-2871

Forward
 Landfill

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

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC	
MÁILING ADDRESS	<b>212Y79860</b>
1300 Clay St., Suite 620 CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Orty, STATE, ZIP Oskland,CA 94612	
PHONE	- XII GLOVES I GOGGLES I RESPIRATOR XII HARD HAT
CONTACT PERSON	
	SPECIAL HANDLING PROCEDURES:
Marilyn Ponte DATE	-
	1
* 1. B. Diet \$/23/07	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.         WASTE TYPE: <ul> <li>DISPOSAL</li> <li>SLUDGE</li> <li>CONSTRUCTION</li> <li>WOOD</li> <li>DEBRIS</li> <li>OTHER</li> <li>SPECIAL WASTE</li> </ul> GENERATING FACILITY         40090 San Pablo Avenue       EMERYVILLE	RECEIVING FACILITY
TRANSPORTER Jonny Quintance	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS 10-16 Foldon And	36/50/0 1/2
CITY, STATE, ZIP Hayward (A, 34)544	-
PHONE (511) - \$ 3-7381	END DUMP BOTTOM DUMP TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLLYOFF(S) FLAT-BED VAN DRUMS
* Satter 6 23	
I hereby certify that the above named material has been	
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
REMARKS	
FACILITY TICKET NUMBER	DEBRIS
	ASBESTOS
SIGNATURE OF AUTHORIZED AGENT DATE	
21207	
*	
CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EX	

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR-97330 Phone (541) 745-2018 Fax (541) 745-3826

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## 🗆 0 ິ Mountain

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road Milipitäs, CA 95035 Phone (408) 945-2800

Fax (408) 262-2871

Forward
 Landfill
 9999 S. Austin Road
 Manteca, CA 95336

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR	apit.	WA	STE ACCEPTANCE	NO.
Bay Rosk Oaks, LLC MAILING ADDRESS		,		
1300 Clay St., Suite 620		-	<del>2</del> 12Y798	360
CITY, STATE, ZIP		REQUIRED PER	SONAL PROTECTIV	E EQUIPMENT
Oakland CA 94612				
PHONE	~			
(510) 873-8880 CONTACT PERSON	-1	· · · · · · · · · · · · · · · · · · ·	ETY VEST	
Marilyn Ponte	•	SPECIAL HANDLIN	IG PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* 14. B. Dut 8				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations described, classified and packaged, and is in proper condition for transportation a co- regulations; AND, If the waste is a treatment residue of a previously restricted subject to the Land Disposal Restrictions, I certify and warrant that the waste has b accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261.	s, has been properly cording to applicable hezardous waste een treated in	RECEIVING FACIL	ITY	
WASTE TYPE:		]		
DISPOSAL       DISPOSAL         CONSTRUCTION       DWOOD         DEBRIS       OTHER         SPECIAL WASTE       OTHER	•'		,	
GENERATING FACILITY		] —————————		
4090 San Pablo Avenue EMER	YVILLE	· · · · ·		
TRANSPORTER Lange August	·	NOTES: VEHICLE	LICENSE NUMBER	TRUCK NUMBER
ADDRESS 126 -0/50m And CITY, STATE, ZIP Agurand Calif	94574	367	5070	L12
PHONE (511) 703-7791			BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROUZ-OFF(S)		AN DRUMS
* AGONT	8/23/0	7		
	/ /	CUBIC YARDS	$\mathcal{L}$	
I hereby certify that the above named materia accepted and to the best of my knowledge th				
is true and accurate.		DISPOSAL METHOD:	(TO BE COMPLETED	
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	DATE	CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS		

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

MANIFEST #

**597**784

Keller Canyon	Coffin Butte	🗆 Ox Mounta	in	🗌 Newby		🗌 Forw	ard
	Landfill	Sanitary La	andfill		ry Landfill	Land	fill
∿01 Bailey Road	28972 Coffin Butte Road	12310 San Mate			n Landing Road		. Austin Road
Pittsburg, CA 94565 Phone (925) 458-9800	Corvallis, OR 97330 Phone (541) 745-2018	Half Moon Bay, ( Phone. (650) 726		Milpitas, C	)8) 945-2800		a, CA 95336 (209) 982-4298
Fax (925) 458-9891	Fax (541) 745-3826	Fax (650) 726-9		Fax (408)			)9) 982-1009
		AZARDOUS W/	STE MA			,	1
GENERATOR		~		WAS	TE ACCEPTAN	ICE NO.	<u>\</u>
Bay Rock Oalcs, LLC MAILING ADDRESS		-		0	A4 A3.78	0070	·
1300 Clay St., Suite 620			7/27		- <b>212Y</b> 7	<b>98</b> 60	F ·
CITY, STATE, ZIP			REQUI	RED PERS	ONAL PROTEC	TIVE EQ	UIPMENT
Oakland,CA 94612 PHONE				ES 🗆 GOG	GLES 🗅 RESPIR	RATOR X	CI HARD HAT
(510) 873-8880					ETY VEST		
CONTACT PERSON		*			PROCEDURES:		
Marilyn Ponte					A PROCEDURES.		
SIGNATURE OF AUTHOR	NZED AGENT / TITLE	DATE					
* H.B. Sut	•	8/23/07	7				
GENERATOR'S CERTIFICATION: I h	ereby certify that the above named ma	aterial is not a hazardous	=				
waste as defined by 40 CFR Part 261 described, classified and packaged, and	or title 22 of the California code of reg nd is in proper condition for transporta	ulations, has been properly					
regulations; AND, If the waste is a tre subject to the Land Disposal Restriction	ons, I certify and warrant that the wast	e has been treated in	BECEIV		rv –		
accordance with the requirements of 4 40 CFR Part 261.	40 CFR Part 268 and is no longer a ha	azardous waste as defined by					·
WASTE TYPE:	· · ·						
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DEBRIS	COTHER				·		•
GENERATING FACILITY			_			ş	
GENERATING FAOIEITT			_			<i>.</i>	1
4090 San Pablo Avenue	E	MERYVILLE	·			•	
4090 San Pablo Avenue	El	MERYVILLE					
4090 San Pablo Avenue		CING_	NOTES:	VEHICLE LI			
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TRANSPORTER			NOTES:	VEHICLE LI			
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TRANSPORTER	BSON TRA 5-9 DU		~~~ ,		CENSE NUMBER		
TRANSPORTER 61	BSON TRA 5-9 DU 1. Ey Spre 772 O	NN RD	, 	DUMP			TRANSFER
TRANSPORTER	BSON TRA 5-9 DU 1. Ey Spre 772 O	NN RD	END	DUMP OFF(S)			
TRANSPORTER 61	BSON TRA 5-9 DU 1. Ey Spre 772 O	NN RD	END	DUMP			TRANSFER
TRANSPORTER 61	BSON TRA 5-9 DU 1. Ey Spre 772 O	NN RD	END	DUMP OFF(S)			
TRANSPORTER 61	BSON TRA 5-9 DU 1. Ey Spre 772 O	NN RD	END	DUMP OFF(S)			
TRANSPORTER	BSON TRA 5-9 DU 1. Sy Spre 772 D IZED AGENT OR DRIVER	$\frac{c R m g}{N R R}$ $\frac{m g}{S}$ $\frac{m g}{S$	END ROLL	DUMP OFF(S)			
TRANSPORTER	BSON TRA 5-9 D4 1 5 9 D4 172 D IZED AGENT OR DRIVER MAUN the above named mat	$\frac{c R r N q}{N N R}$ $\frac{a q S}{2 R 3}$		DUMP OFF(S)			
TRANSPORTER GH ADDRESS CO CITY, STATE, ZIP MA PHONE DO SIGNATURE OF AUTHOR CO I hereby certify that accepted and to the	BSON TRA 5-9 DU 1. Sy Spre 772 D IZED AGENT OR DRIVER	$\frac{c R r N q}{N N R}$ $\frac{a q S}{2 R 3}$		DUMP OFF(S)			
TRANSPORTER GH ADDRESS CO CITY, STATE, ZIP MA PHONE DO SIGNATURE OF AUTHOR CO I hereby certify that accepted and to the	BSON TRA 5-9 D4 1 5 pc 772 IZED AGENT OR DRIVER Maur the above named ma best of my knowledge	$\frac{c R r N q}{N N R}$ $\frac{a q S}{2 R 3}$		DUMP OFF(S)			
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TRANSPORTER GH ADDRESS CO CITY, STATE, ZIP MA PHONE DO SIGNATURE OF AUTHOR CO I hereby certify that accepted and to the	BSON TRA 5-9 D4 1 5 pc 772 IZED AGENT OR DRIVER Maur the above named ma best of my knowledge	$\frac{c \mathcal{L} + N \mathcal{A}}{N \mathcal{L} + N \mathcal{A}}$		QC.2 DUMP OFF(S) ARDS	BOTTOM DUN BOTTOM DUN FLAT-BED		
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SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

MANIFEST # 597796

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Keller Canyon Sanitary Landfill 901 Bailey Road	Coffin Butte Landfill 28972 Coffin Butte Road	S ntary Lar 12310 San Mateo	n <b>dfill</b> Road	1601 Dixor	y Landfill		<b>fill</b> 6. Austin Road
Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891	Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826	Half Moon Bay, CA Phone (650) 726-1 Fax (650) 726-918	1819	Milpitas, CA Phone (408 Fax (408) 2	3) 945-2800	Phone	ca, CA 95336 (209) 982-4298 09) 982-1009
	NON-H	AZARDOUS WAS	STE MANIF	EST			
GENERATOR Bay Rock Oaks, LLC			-	WAS	TE ACCEPTA	NCE NO	•
MAILING ADDRESS			-		<b>212Y7</b>	9866	)
1300 Clay St., Suite 62 CITY, STATE, ZIP				) PERSC	DNAL PROTEC		
Oakland, CA 94612 PHONE	gen and a		Kû GLOVES			RATOR 2	K 🗅 HARD HAT
(510) 873-8880				X SAFE	TY VEST		
CONTACT PERSON Marilyn Ponte			SPECIAL H	ANDLING	PROCEDURES	):	
SIGNATURE OF AUT	HORIZED AGENT / TITLE	DATE					
* H.B. D.		8/23/0,		~			
waste as defined by 40 CFR Pa described, classified and packa regulations; AND, if the waste	DN: I hereby certify that the above named m art 261 or title 22 of the California code of re toged, and is in proper condition for transport is a treatment residue of a previously res spirictions, I certify and warrant that the was	gulations, has been properly ation a cording to applicable tricted hazardous waste	RECEIVING	FACILITY	~		
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GENERATING FACILI 4090 San Pablo Avenu		MERYVILLE	<u></u>				
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SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

MANIFEST # 597772

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### □ Ox Mo in

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

## E Forward

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

ENERATOR			WAST	E ACCEPTA	NCE NO	0.
av Rock Oaks LLC						
MÅILING ADDRESS			(	-212Y	7986	0
300 Clay 3t., Suite 620 CITY, STATE, ZIP				NAL PROTE		_
Dakland.CA 94612						
PHONE		O GLOVES			IRATOR	
	1	TY-VEK	👷 SAFET	Y VEST		
510) 873-8330 CONTACT PERSON	=			PROCEDURE	<u></u>	,
Aarilyn Porte			ANDLING	FRUCEDURE	5.	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* H. B. Dietz 81	23/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has described, classified and packaged, and is in proper condition for transportation a cordin regulations; AND, if the waste is a treatment residue of a previously restricted hazar	is been properly ing to applicable ardous waste					
subject to the Land Disposal Restrictions, I certify and warrant that the waste has been to accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous was	treated in Iste as defined by	RECEIVING	G FACILITY	,		
40 CFR Part 261.						
L DEBRIS L OTHER						
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4090 San Pablo Avenue EMERYV	TILE			· •		· .
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ADDRESS UNA 2D CITY, STATE, ZIP 1200 PHONE 09 972-00 SIGNATURE OF AUTHORIZED AGENT OR DRIVER Manual Content of the above named material h accepted and to the best of my knowledge the for is true and accurate.	DATE	CUBIC YAR CUBIC YAR DISPOSAL M SOIL CONSTR DEBRIS NON-FRI ASBEST	IDS IETHOD:	FLAT-BED		
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#### Sanitary Landfill 901 Bailey Road Pittsburg CA 94565

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### 🗌 Ox Mounta 🚟

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

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

Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC MAILING ADDRESS	
1300 Clay St., Suite 620	<b>- 212Y79860</b>
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland, CA 94612 PHONE	XI GLOVES GOGGLES GRESPIRATOR XG HARD HAT
CONTACT PERSON	TY-VEK X SAFETY VEST
Marilyn Ponte	SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
* H. B. Diet 8/23/07	
GENERATOR'S CÈRTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	RECEIVING FACILITY
WASTE TYPE:	
DISPOSAL     DISPOSAL       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     VANTE	· · · · · · · · · · · · · · · · · · ·
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	
ADDRESS UNN RD	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
CIT, STATE, ZIF PALEY PART	-
PHONE 209-772.0085	END DUMP BOTTOM DUMP TRANSFER
SIGNATUBE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
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	CUBIC YARDS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
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SIGNATURE OF AUTHORIZED AGENT DATE	
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SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller CanyonCoffin ButteOx MountairSanitary LandfillLandfillitary Lar901 Bailey Road28972 Coffin Butte Road12310 San MateoPittsburg, CA 94565Corvallis, OR 97330Half Moon Bay, CAPhone (925) 458-9800Phone (541) 745-2018Phone (650) 726-1Fax*(925) 458-9891Fax (541) 745-3826Fax (650) 726-918	AdfillSanitary LandfillLandfillRoad1601 Dixon Landing Road9999 S. Austin RoadA 94019Milpitas, CA 95035Manteca, CA 953361819Phone (408) 945-2800Phone (209) 982-429833Fax (408) 262-2871Fax (209) 982-1009
NON-HAZARDOUS WAS	V 7 000
GENERATOR Bay Rock Oaks, LLC	WASTE ACCEPTANCE NO.
MAILING ADDRESS	
1300 Clay St., Juite 620 CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakiand, CA 94612	
PHONE (510) 873-8880	
CONTACT PERSON	SPECIAL HANDLING PROCEDURES:
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	
* H. B. Diet 5/23/07	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	RECEIVING FACILITY
WASTE TYPE:	]
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE	· · · · · · · · · · · · · · · · · · ·
GENERATING FACILITY	]— <u> </u>
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS AND ESSA Trucking	9012671 MTRY
McDoncld ESon Trucking ADDRESS <u>16919 Reclo, Rd.</u> CITY, STATE, ZIP <u>Escalon</u> CA. 95320 PHONE	* Mariscal Trickins
ADDRESS <u>16919 Reclep Rd.</u> CITY, STATE, ZIP <u>Escalog</u> CA. 95323 PHONE	K Mariscal Trvz King END DUMP BOTTOM DUMP TRANSFER
ADDRESS <u>16919 Reales</u> Rd. CITY, STATE, ZIP Escales CA. 95320	K       Mariscal       Tracking         END DUMP       BOTTOM DUMP       TRANSFER         B       Image: Constraint of the second sec
ADDRESS <u>16916</u> <u>Rector</u> <u>Rd</u> . CITY, STATE, ZIP <u>Escalos</u> <u>CA</u> . <u>95323</u> PHONE <u>205-878-2660</u> SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE <u>8127</u>	ROLL-OFF(S) FLAT-BED VAN DRUMS
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ADDRESS <u>16916 Rector Rd.</u> CITY, STATE, ZIP <u>Escalog</u> CA. 95323 PHONE <u>205-87Y-2660</u> SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE <u>8</u> /23/37 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. <u>REMARKS</u>	X       Mariscal Two King         END DUMP       BOTTOM DUMP       TRANSFER         BOLL-OFF(S)       FLAT-BED       VAN       DRUMS         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         CUBIC YARDS       Image: Complete the structure       Image: Complete the structure       Image: Complete the structure         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)       Image: Complete the structure       Image: Complete the structure         VSOIL       X       Image: Complete the structure       Image: Complete the structure       Image: Complete the structure         Image: Complete the structure       X       Image: Complete the structure       Image: Complete the structure         Image: Complete the structure       X       Image: Complete the structure       Image: Complete the structure         Image: Complete the structure       X       Image: Complete the structure       Image: Complete the structure         Image: Complete the structure       X       Image: Complete the structure       Image: Complete the structure         Image: Complete the structure       X       Image: Complete the structure       Image: Complete the structure
ADDRESS <u>16916 Rector Ed.</u> CITY, STATE, ZIP <u>Escalog</u> CA. 95323 PHONE <u>205-874-2660</u> SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE <u>8</u> /23/27 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. <u>REMARKS</u> FACILITY TICKET NUMBER	X       Mariscal Two King         END DUMP       BOTTOM DUMP       TRANSFER         BOLL-OFF(S)       FLAT-BED       VAN       DRUMS         CUBIC YARDS       Image: Completed by Landfill)       Image: Completed by Landfill)         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)       Image: Completed by Landfill)         VSOIL       X       Image: Completed by Landfill)
ADDRESS <u>16916 Rector Rd.</u> CITY, STATE, ZIP <u>Escalog</u> CA. 95323 PHONE <u>205-87Y-2660</u> SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE <u>8</u> /23/37 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. <u>REMARKS</u>	X       Mariscal Two King         END DUMP       BOTTOM DUMP       TRANSFER         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Ima
ADDRESS <u>16916 Rector Ed.</u> CITY, STATE, ZIP <u>Escalog</u> CA. 95323 PHONE <u>205-874-2660</u> SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE <u>8</u> /23/27 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. <u>REMARKS</u> FACILITY TICKET NUMBER	X       Mariscal Two King         END DUMP       BOTTOM DUMP       TRANSFER         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Ima
ADDRESS <u>16916 Rector Ed.</u> CITY, STATE, ZIP <u>Escalog</u> CA. 95323 PHONE <u>205-874-2660</u> SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE <u>8</u> /23/27 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. <u>REMARKS</u> FACILITY TICKET NUMBER	X       Mariscal Two King         END DUMP       BOTTOM DUMP       TRANSFER         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         CUBIC YARDS       Image: Complete the structure       Image: Complete the structure       Image: Complete the structure         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)       Image: Complete the structure       Image: Complete the structure         VSOIL       X       Image: Complete the structure       Image: Complete the structure       Image: Complete the structure         Image: Complete the structure       Image: Complete the structure       Image: Complete the structure       Image: Complete the structure         Image: Complete the structure       Image: Complete the structure       Image: Complete the structure       Image: Complete the structure         Image: Complete the structure       Image: Complete the structure       Image: Complete the structure       Image: Complete the structure         Image: Complete the structure       Image: Complete the structure       Image: Complete the structure       Image: Complete the structure         Image: Complete the structure       Image: Complete the structure       Image: Complete the structure       Image: Complete the structure         Image: Complete the structure       Image: Complete the structure

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

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MANIFEST # 597788

Keller Canyon		Coffin Butte	🗌 Q.;•	
	Sanitary Landfill	Landfill	San	
,	901 Bailey Road	28972 Coffin Butte Road	12310	

Pittsburg, CA 94565

Fax (925) 458-9891

Phone (925) 458-9800

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### ] O.: Mountain

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

c

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

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WAS	TE ACCEPTANCE	NO.
Bay Rock Oaks, LLC				
MAILING ADDRESS 1300 Clay St., Suite 620			<b>- 212Y798</b>	<b>60</b>
CITY, STATE, ZIP	,	<b>BEOUIBED PEBS</b>	ONAL PROTECTIV	
Oakland,CA 94612				
PHONE				
(510) 873-8880		TY-VEK XO SAFE	ETY VEST	
		SPECIAL HANDLING	G PROCEDURES:	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* H. B. Diety St.	23/07			
GENERATOR'S CERTIFICATION: Is bereby certify that the above named material is not a waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has described, classified and packaged, and is in proper condition for transportation a "cordin, regulations; AND, if the waste is a treatment residue of a previously restricted hazar subject to the Land Disposal Restrictions, I certify and warrant that the waste has been tr accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous wast 40 CFR Part 261.	been properly g to applicable dous waste eated in	RECEIVING FACILIT	ſΥ	
WASTE TYPE:				<u> </u>
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE			<u>^</u>	
GENERATING FACILITY	1			
4090 San Pablo Avenue EMERYVI	ILE			
TRANSPORTER		NOTES: VEHICLE L	ICENSE NUMBER	TRUCK NUMBER
McDonald & Son Trucking		9012	2671 M	17-74
CITY, STATE, ZIP		100		
PHONE CA 95320		END DUMP	BOTTOM DUMP	S TRANSFER
209-938-2960 SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)		AN DRUMS
* / / 8	8/23/07			
		CUBIC YARDS		
I hereby certify that the above named material h accepted and to the best of my knowledge the fo			20	
is true and accurate.	segonig	DISPOSAL METHOD:	(TO BE COMPLETED I	BY LANDFILL)
			DISPOSE	OTHER
REMARKS		JASO IL	$\sim$	
FACILITY TICKET NUMBER				
SIGNATURE OF AUTHORIZED AGENT	DATE			
*	-2500			
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SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller Canyon Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891	Coffin Butte Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826	Mountain Janitary Landfill 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183	Newby Island Sanitary Land 1601 Dixon Landing Milpitas, CA 95035 Phone (408) 945-280 Fax (408) 262-2871
	NON-	HAZARDOUS WASTE M	ANIFEST
GENERATOR			WASTE ACC
Bay Rock Oaks, LLC			
MAILING ADDRESS		,	21/

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ndfill ng Road 35 -2800 71

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

GENERATOR			WAS	STE ACCEPTA	NCE N	10.
Bay Rock Oaks, LLC MAILING ADDRESS	,			A 4 - 3 7 3	100-	
1300 Clay St., Suite 620	· · · · · · · · · · · · · · · · · · ·			-212Y7	7986	<b>1</b> 0
CITY, STATE, ZIP		REQUIR	ED PERS	ONAL PROTEC	CTIVE B	EQUIPMENT
Oakland, CA 94612			s 🗆 GOG		RATOR	
PHONE				·		
(510) 873-8880 CONTACT PERSON				ETY VEST		
Marilyn Ponte		SPECIAL	HANDLING	G PROCEDURES	S:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* H.S. Dit						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, I described, classified and packaged, and is in proper condition for transportation a cor regulations; AND, If the waste is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261.	has been properly rding to applicable <b>zardous waste</b> in treated in	RECEIVI	NG FACILI	ſY		
WASTE TYPE:						
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE		·				
GENERATING FACILITY						
4090 San Pablo Avenue EMERY	VILLE					
TRANSPORTER		NOTES:	VEHICLE L	ICENSE NUMBER	TF	RUCK NUMBER
ADDRESS MADDRESS	9		9812	671	mi	- 74
16919 Roolor Ed. CITY, STATE, ZIP				/		
PHONE CA 95320			UMP	BOTTOM DU	MP 9	TRANSFER
209-838-2960	-	٤				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-C		FLAT-BED		
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		CUBIC YA	ARDS			an a
I hereby certify that the above named material accepted and to the best of my knowledge the		DISPOSAL	METHOD:	(TO BE COMPLE		
is true and accurate.						
				DISPOSE		OTHER
REMARKS	·····,	- SOIL-				
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*	\$0		AL OTHER			

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

Keller Canyon	Coffin Butte			
Sanitary Landfill	Landfill			
901 Bailey Road	28972 Coffin Butte Road			
901 Bailey Road	Corvallis, OR 97330			

Phone (541) 745-2018

Fax (541) 745-3826

Phone (925) 458-9800

ax (925) 458-9891

#### □ Ox Mountain →

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800

Fax (408) 262-2871

Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

Bay Rock Calos LLC         MAILING ADDRESS         1300 Citay St., Suite 620         Citry, STATE, ZIP         Oakland, CA. 94612         PHONE         Sith State         Sith State         Constraint         Sith State         Constraint         Sith State         Constraint         Sith State         <	
1300 Clay St., Suite 620     72 ¥7     Z12 Y / 9860       CiTY, STATE, ZIP     REQUIRED PERSONAL PROTECTIVE EQUIPME       Oakland, CA. 94612     © GLOVES □ GOGGLES □ RESPIRATOR X□ HAP       PHONE     □ TY-VEK © SAFETY VEST       CONTACT PERSON     □ TY-VEK © SAFETY VEST       Marilyn Porte     SPECIAL HANDLING PROCEDURES:       SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE       ★     A. B., D.Z.       GENERATOR'S CENTFICATION. Indeby confity that the above named material is not a hazardous waste as defined by 40 CFR Part 20 of a part of the California code of regulations, has been property regroted and is not in the waste is a treatment relidue of a proviously restricted hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 280.       WASTE TYPE:     □ SLUDGE	
CITY, STATE, ZIP       REQUIRED PERSONAL PROTECTIVE EQUIPME         Oakland, CA 94612       D GLOVES □ GOGGLES □ RESPIRATOR X□ HAR         PHONE       □ TY-VEK X0 SAFETY VEST         CONTACT PERSON       □ TY-VEK X0 SAFETY VEST         Marilyn: Ponte       SPECIAL HANDLING PROCEDURES:         SIGNATURE OF AUTHORIZED AGENT / TITLE       DATE         ★       M. B., DuQ         GENERATOR'S CERTFICATION: Inheleby certify that the above named material is not a hazardous         waste as defined by 40 CFR Para 280 or this 220 the California code of regulations, has been properly         waste as defined by 40 CFR Para 280 or this 220 the California code of regulations, has been properly         waste as defined by 40 CFR Para 280 and is no tonger a hazardous         waste as defined by 40 CFR Para 280 and is no tonger a hazardous waste as defined by         WASTE TYPE:         □ DISPOSAL       □ SLUDGE         □ CONSTRUCTION       □ WOOD         □ DEBRIS       □ OTHER         □ SPECIAL WASTE	
PHONE       □ TY-VEK ♀ SAFETY VEST         CONTACT PERSON       □ TY-VEK ♀ SAFETY VEST         Marilyn Ponte       SIGNATURE OF AUTHORIZED AGENT / TITLE         SIGNATURE OF AUTHORIZED AGENT / TITLE       DATE         ★       A.B., D.C.         GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 281 or tile 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transported the zardous waste as defined by 40 CFR Part 281.         GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 281 or tile 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transported the zardous waste as defined by 40 CFR Part 281.         WASTE TYPE:       □ SLUDGE         □ DISPOSAL       □ SLUDGE         □ SPECIAL WASTE       □ OTHER         □ SPECI	
Ston Stratestan       □ TY-VEK       © SAFETY VEST         CONTACT PERSON	
CONTACT PERSON       SPECIAL HANDLING PROCEDURES:         Marilyn Ponte:       SIGNATURE OF AUTHORIZED AGENT / TITLE       DATE         ★       A.B., D.C., Cashied and packaged, and is in proper ording to applicable regulations; AND, If the waste has been treated in a bacardous waste as defined by 40 CFR Part 261 or tile 22 of the California code of regulations; Abs been treated in a bacardous waste as defined by 40 CFR Part 261 or tile 22 of the California code of regulations; Abs been treated in a proper ording to applicable regulations; AND, If the waste has been treated in a accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 268 and is no longer 40	
Marilyri Porte         SIGNATURE OF AUTHORIZED AGENT / TITLE       DATE         ★       M.B. Dec.         GENERATOR'S CERTIFICATION: Indeby certify that the above named material is not a hazardous waste as defined by 40 CFR Par 281 of the California code of regulations, has been property described. dassified and packaged, and is in proper condition for transportation a "cording to applicable regulations, and been transport to the Land Disposal Restrictions, I confity and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to according to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applicable regulations; Joonfly and Warrant that the waste has been transport to applicable regulations; Joonfly and warrant that the waste has been transport to applica	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or tille 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a "cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.       RECEIVING FACILITY         WASTE TYPE:	
waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly         described, classified and packaged, and is in proper condition for transportation a "cording to applicable regulations, I certify and warrant that the waste has been treated in.         accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by         40 CFR Part 261.         WASTE TYPE:         DISPOSAL         CONSTRUCTION         DEBRIS         OTHER         SPECIAL WASTE         GENERATING FACILITY         40090 San Pablo Avenue         TRANSPORTER         NOTES:       VEHICLE LICENSE NUMBER         TRUCK NUM	
WASTE TYPE:       SLUDGE         DISPOSAL       SLUDGE         CONSTRUCTION       WOOD         DEBRIS       OTHER         SPECIAL WASTE       OTHER         GENERATING FACILITY       EMERYVILLE         4090 San Pablo Avenue       EMERYVILLE         TRANSPORTER       NOTES:         WWD Papadud E Son       Truckinge	
OCONSTRUCTION       OWOOD         O DEBRIS       OTHER         O SPECIAL WASTE       OTHER         GENERATING FACILITY       EMERYVILLE         4090 San Pablo Avenue       EMERYVILLE         TRANSPORTER       NOTES:         We Depaded E Son       Trucking         We Depaded E Son       Trucking	
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* m /1 8/23/07	
CUBIC YARDS	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHE	
FACILITY TICKET NUMBER	
SIGNATURE OF AUTHORIZED AGENT DATE	<u> </u>
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SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

#### Sanitary Landfill 901 Bailey Road

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### 🗆 Ox Mountain

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

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

 Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR			WAS	TE ACCEPTAN	CE NO.	
Bay Rock Oaks, LLC MAILING ADDRESS				****	0.44	
1300 Clay St., Suite 620				<b>212Y7</b> 9	<b>7860</b>	
CITY, STATE, ZIP		REQUIRE	D PERS	ONAL PROTECT	IVE EQU	IPMENT
Oakland, CA 94612PHONE			GOG GOG	GLES 🔾 RESPIR/	ATOR XC	HARD HAT
CONTACT PERSON			XQ SAFE	TY VEST		
Marilyn Ponte		SPECIAL H	IANDLING	PROCEDURES:		
	PATE					-
* H.B. Diety 8/	124/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has described, classified and packaged, and is in proper condition for transportation a "cordin regulations; AND, If the waste is a treatment residue of a previously restricted hazar subject to the Land Disposal Restrictions, I certify and warrant that the waste has been to accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste	been properly g to applicable dous waste reated in	RECEIVING	G FACILIT	Υ		
40 CFR Part 261.						
DISPOSAL     CONSTRUCTION     DEBRIS     SPECIAL WASTE						
GENERATING FACILITY						
4090 San Pablo Avenue EMERYVI	ILLE					
TRANSPORTER		NOTES: V	EHICLE LI	CENSE NUMBER	TRUCK	NUMBER
ADDRESS	2		GA-	19043	<i>m</i> -	-87
CITY, STATE, ZIP	elak	~	~	n side		
PHONE 1000 2960			IMP		<u>Р</u> Т	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OF	F(S)	FLAT-BED	VAN	
* Com's Mc Conald E	8/24/07		· ·			ā
		CUBIC YAF	RDS			
I hereby certify that the above named material h	as been			7,0		e1.
accepted and to the best of my knowledge the for is true and accurate.		DISPOSAL N	IETHOD:	(TO BE COMPLET	ED BY LAND	JFILL)
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REMARKS	-					
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#### Sanitary Landfill 901 Bailey Road

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### 🗆 Ox Mountain

Sanitary Landfili<sup>↑</sup> 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183

## Sanitary Landfill

1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 943-2800 Fax (408) 262-2871 Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

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#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WAS	STE ACCEPTAN	ICE NO.	
Bay Rock Oaks, LLC MAILING ADDRESS			010377	0070	
1300 Clay St., Suite 620			<b>212Y7</b>		
CITY, STATE, ZIP					
Oakland,CA 94612 PHONE		🗶 GLOVES 🗅 GOG		ATOR X L HARD HAT	
(510) 873-9880		🗅 TY-VEK 🛛 👷 SAFI	ETY VEST		
		SPECIAL HANDLIN	G PROCEDURES:		
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE				
* H.B.Duits SI	124/07				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, I described, classified and packaged, and is in proper condition for transportation a coor regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w	has been properly ding to applicable <b>zardous waste</b> n treated in	RECEIVING FACILI	тү		
40 CFR Part 261. WASTE TYPE:	asie as connot by				
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     OTHER					
GENERATING FACILITY		·			
4090 San Pablo Avenue EMERY	VILLE				
ADDRESS		NOTES: VEHICLE L	ICENSE NUMBER	TRUCK NUMBER	
CITY, STATE, ZIP		Lows	lide		
PHONE CH. 15320		END DUMP	BOTTOM DUM	IP TRANSFER	
209 8:38-2960			Q		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED	VAN DRUMS	
* Dennis Mic Voal	8/24/07		-		
		CUBIC YARDS		_	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		20			
		DISPOSAL METHOD:	(TO BE COMPLET	ED BY LANDFILL)	
			DISPOSE	OTHER	
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		CONSTRUCTION DEBRIS			
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SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### Ox Mour Min Sanitary Landfill

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

## Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WAS	TE ACCEPTANC	E NO.	
Bay Rock Oaks, LLC					
MÅILING ADDRESS 1300 Clay St., Suite 620			<del>2</del> 12Y79	860	
CITY, STATE, ZIP		REQUIRED PERS	ONAL PROTECTIV	E EQUIPMENT	
Oakland,CA 94612					
PHONE					
(510) 873-8880 CONTACT PERSON			TY VEST	Tagi	
Marilyn Ponte		SPECIAL HANDLING	B PROCEDURES:		
	DATE				
* H, B. Diek 5/2	4/07				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, had described, classified and packaged, and is in proper condition for transportation a cordi regulations; AND, if the waste is a treatment residue of a previously restricted haze subject to the Land Disposal Restrictions, I carify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous wa 40 CFR Part 261.	is been properly ing to applicable ardous waste treated in		γ		
WASTE TYPE:				·	
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     OTHER					
GENERATING FACILITY					
4090 San Pablo Avenue EMERYV	TILE			× .	
TRANSPORTER		NOTES: VEHICLE LI	CENSE NUMBER	TRUCK NUMBER	
ADDRESS / Quality & Sorry		9A79	043	M-87	
CITY, STATE, ZIP	· · · · · · · · · · · · · · · · · · ·	Lo	1. Side		
PHONE PHONE		END DUMP	BOTTOM DUMP	TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE				
* Cennis McConad	8/24/07		FLAT-BED	VAN DRUMS	
		CUBIC YARDS		Υ.	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)			
is true and accurate.		DISPUSAL METHOD.	(TO BE COMPLETED		
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FACILITY TICKET NUMBER		D NON-FRIABLE			
SIGNATURE OF AUTHORIZED AGENT	DATE			*	
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* Manne Train	8/24/07		1 4.1		
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SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

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Forward Landfill 9999 S. Austin Road
Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009
ANCE NO.
79860
CTIVE EQUIPMENT
S:

C SLUDGE

WOOD

D OTHER

EMERYVILLE

WASTE TYPE:

DISPOSAL

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SPECIAL WASTE GENERATING FACILITY

4090 San Pablo Avenue

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TRANSPORTER DAVE'S 29		NOTES:	VEHICLE LIC	ENSE NUMBER			
ADDRESS 17866 Scidney	27		9B81	526	D	- 99	
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	7500			DOTTOMOUN	15	TRANOFER	
PHONE 209-134-6024		ENDL	DUMP	BOTTOM DUN	MP	TRANSFER	
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SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-0	OFF(S)	FLAT-BED	VAN	DRUMS	
* ARK	8-24-09		1			۵.	

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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		20				
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Sanitary LandfillLandfillSar901 Bailey Road28972 Coffin Butte Road1231Pittsburg, CA 94565Corvallis, OR 97330Half IPhone (925) 458-9800Phone (541) 745-2018PhoneFax (925) 458-9891Fax (541) 745-3826Fax (541)	Mountain nitary Lan 0 San Mateo F Moon Bay, CA ne (650) 726-18 (650) 726-9183	<b>dfill</b> Road 94019 819 8	1601 Dixo Milpitas, C Phone (40 Fax (408)	r <b>y Landfill</b> n Landing Road XA 95035 08) 945-2800	- 999 Ma Pho	orward andfill 99 S. Austin Road nteca, CA 95336 one (209) 982-4298 ( (209) 982-1009
	DOUS WAS	TE MAN	IFEST			
GENERATOR			WAS	TE ACCEPTA	NCE N	NO.
Bay Rock Oaks, LLC MAILING ADDRESS				<del>2</del> 12Y	700/	<u>()</u>
1300 Clay St., Suite 620 CITY, STATE, ZIP		REQUIR	ED PERS			
Onkland CA 94612		💭 GLOVES				
CIIII 973-9890			SAFE	ETY VEST		
Marilyn Ponte	DATE	SPECIAL	HANDLING	PROCEDURES	S:	
	24/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a waste as defined by 40 CFR Part 261 or tille 22 of the California code of regulations, has described, classified and packaged, and is in proper condition for transportation a cording regulations; AND, If the waste is a treatment residue of a previously restricted hazam subject to the Land Disposal Restrictions, I certify and warrant that the waste has been tr accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous wast 40 CFR Part 261.	been properly g to applicable <b>dous waste</b> reated in	RECEIVIN	IG FACILIT	Γ <b>Υ</b>		
WASTE TYPE: DISPOSAL SLUDGE CONSTRUCTION WOOD DEBRIS OTHER SPECIAL WASTE GENERATING FACILITY				· · · · ·		
4090 San Pablo Avenue EMERYVI	ILLE					
4090 San Pablo Avenue     EMERYVI       TRANSPORTER     DAVE'S Eg	ILLE	NOTES:	VEHICLE LI	CENSE NUMBER	TF	RUCK NUMBER
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ADDRESS 17866 Seidner 10	2<	NOTES:	9 B81 4 GK 4	CENSE NUMBER 926 (991) BOTTOM DU	T	RUCK NUMBER
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TRANSPORTERDAVE'S EqADDRESS $7866$ $5eid Aleric 10$ CITY, STATE, ZIP $8cif(0)$ $CA, 953$ PHONE $209 - 838 - 6029$ SIGNATURE OF AUTHORIZED AGENT OR DRIVERD	320	END D	9 <u> </u> 58    GK               	926 (99) BOTTOM DU G FLAT-BED		TRANSFER
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TRANSPORTER       DAVE'S Eq.         ADDRESS       17866       Seid New [a         CITY, STATE, ZIP ≥ SCALONC       CA, 953         PHONE       209-838-6024         SIGNATURE OF AUTHORIZED AGENT OR DRIVER       D         ★       Address         I hereby certify that the above named material hereby certify thereby certify that thereby certify that thereb	22 3 7 0 DATE 3-24-67		9 BS/ 4 GK 4 UMP FF(S) FF(S) RDS METHOD: RUCTION	926 (991 BOTTOM DU FLAT-BED		TRANSFER
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TRANSPORTER       DAVE'S Eq.         ADDRESS       12866       ≤ 1 d MeN (d)         CITY, STATE, ZIP ≤ SCALOAL       CA, 953         PHONE       ZO9-838-6024         SIGNATURE OF AUTHORIZED AGENT OR DRIVER       D         ★       Added the base of my knowledge the formation is true and accurate.         I hereby certify that the above named material had accurate.         REMARKS         FACILITY TICKET NUMBER	22 3 7 0 DATE 3-24-67		9 BS/ 4 GK 4 UMP FF(S) FF(S) RDS METHOD: RUCTION RUCTION RIABLE	926 (991 BOTTOM DU FLAT-BED		TRANSFER
TRANSPORTER       DAVE'S Eq.         ADDRESS       (7866) Seid New [a         CITY, STATE, ZIP Escalon (A, 953)         PHONE       209-838-6024         SIGNATURE OF AUTHORIZED AGENT OR DRIVER       D         ★       Additional (A)	22 3 7 0 DATE 3-24-67 has been pregoing	END D ROLL-O CUBIC YA DISPOSAL DISPOSAL	9 BS/ 4 GK 4 UMP FF(S) FF(S) RDS METHOD: RUCTION RUCTION RIABLE	926 (991 BOTTOM DU FLAT-BED		TRANSFER

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

MANIFEST # 597809

#### Sanitary Landfill 901 Bailey Road

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

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Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Ma

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

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

Fax (408) 262-2871

Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR			WAS	TE ACCEPTA	NCE N	0.
Bay Rock Oaks, LLC  MAILING ADDRESS				A 4 8 3 7 5	007	<u> </u>
1300 Clay St., Suite 620				<b>212Y7</b>	986	0
CITY, STATE, ZIP		REQUIR	ED PERS	ONAL PROTEC	TIVEE	QUIPMENT
Oakland,CA 94612			s 🗆 gog	GLES 🗅 RESPI	RATOR	
			🗴 SAFE	TY VEST		
(510) 873-8880 CONTACT PERSON		SPECIAL	HANDLING	PROCEDURES	): 	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
	4/07		,			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, I described, classified and packaged, and is in proper condition for transportation a con regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w	nas been properly ding to applicable <b>zardous waste</b> n treated in	RECEIVI		ΓY		
40 CFR Pari 261 WASTE TYPE:						
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE				·		
4090 San Pablo Avenue EMERY	VILLE					
TRANSPORTER DAVES Eq		NOTES:	VEHICLE L		TR	UCK NUMBER
ADDRESS 17866 Seidner	Rcl		9B8	1926	$\mathcal{D}$	-99
CITY, STATE, ZIP ESCALON CA, 4:	5320					
PHONE 209-838-6024		END D		BOTTOM DU	MP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-C	-	FLAT-BED	VAN	DRUMS
* Naid Sife	8-24-07					
		CUBIC YA	ARDS			
I hereby certify that the above named material accepted and to the best of my knowledge the				20		
is true and accurate.	loregoing	DISPOSAL	METHOD:	(TO BE COMPLE	TED BY	LANDFILL)
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*	8-24-07			ŧ*		
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# Sanitary Landfill

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

#### Coffin Butte Landfill

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗌 Ox Mounta 🖉

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

E Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

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#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		V	ASTE ACCEPTANCE	NO.
Bay Rock Oaks, LLC MAILING ADDRESS				
		-rt	<b>212Y798</b>	60
1300 Clay St., Suite 620 CITY, STATE, ZIP			RSONAL PROTECTIVI	
Oakland.CA 94612				
PHONE	-		•	DR X 🗆 HARD/HAT
(510) 873-8880 CONTACT PERSON		DITY-VEK 30 S	SAFETY VEST	
		SPECIAL HANDI	LING PROCEDURES:	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	ATE			
* H.B. Dielz 8/2	Y/07		· · ·	τ.
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has described, classified and packaged, and is in proper condition for transportation a "cordin regulations; AND, If the waste is a treatment residue of a previously restricted hazar subject to the Land Disposal Restrictions, I certify and warrant that the waste has been tr accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous wast 40 CFR Part 261.	been properly to applicable rdous waste reated in	RECEIVING FAC	CILITY	
WASTE TYPE:				,
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE	-			
GENERATING FACILITY				
4090 San Pablo Avenue EMERYVI	ILLE		· · · · · · · · · · · · · · · · · · ·	
TRANSPORTER	r 9	NOTES: VEHICI	LE LICENSE NUMBER	TRUCK NUMBER
MANOTOMILA CILSON PRAC	Cr /			
ADDRESS JUNP RD	/	LZC	2065	1071
CITY, STATE, ZIP	eing S	)		
PHONE DO 9 - 712 De	53			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED V	AN DRUMS
* Jan for	-24.0	<sup>7</sup> 7		
$\sim$		CUBIC YARDS		
I hereby certify that the above named material h	as been		20	
accepted and to the best of my knowledge the fo	oregoing	DISPOSAL METHO	DD: (TO BE COMPLETED	
is true and accurate.				
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HEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PI				

S TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

## Sanitary Landfill

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

# Coffin Butte

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### □ Ox Mor ≱tain Sanitary Landfill

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road

1601 Dixon Landing Roa Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
 Landfill
 9999 S. Austin Road
 Manteca, CA 95336

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WAS	TE ACCEPTANCE	NO.
Bay Rock Oaks, LLC				
MAILING ADDRESS 1300 Clay St., Suite 620			<b>-212Y798</b>	<b>60</b>
CITY, STATE, ZIP	h	REQUIRED PERS	ONAL PROTECTIVI	
Oakland.CA 94612				
PHONE	Ř			
(510) 873-8880 CONTACT PERSON	(	TY-VEK 👷 SAFE	TY VEST	
		SPECIAL HANDLING	PROCEDURES:	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE DAT	re			
* H.B. Diets 8/24/0				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has bee described, classified and packaged, and is in proper condition for transportation a "cording to regulations; AND, if the waste is a treatment residue of a previously restricted hazardou subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treate accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as	applicable s waste ed in	RECEIVING FACILIT	Ŷ	
40 CFR Part 261				
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE				
GENERATING FACILITY				
4090 San Fablo Avenue EMERYVILI	LE			,
TRANSPORTER GUSSON TOUCK	129	NOTES: VEHICLE LI	CENSE NUMBER	TRUCK NUMBER
ADDRESS JUNN RD		90e	20613	/091
CITY, STATE, ZIP / ALLEY SPRIN	ا −ۍ و			A <sup>br</sup>
PHONE CAS 77/2 AOR	3	END, DUMP	BOTTOM DUMP	TRANSFER
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SIGNATURE OF AUTHORIZED AGENT OR DRIVER DAT		ROĽL-OFF(S)		AN DRUMS
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$\sim$		CUBIC YARDS		,
I hereby certify that the above named material has accepted and to the best of my knowledge the fore	been		20	
is true and accurate.	34,2	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
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REMARKS		ISOIL CON		
FACILITY TICKET NUMBER				· · ·
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SIGNATURE OF AUTHORIZED AGENT DAT	TE			1
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* 1 ( and )			×	
HEDULING MUST BE MADE PRIOR TO 3:00 P.M. THÉ DAY PRIC				OADS ARE SUBJECT

#### Keller Canyon Sanitary Landfill

Pittsburg, CA 94565

Fax (925) 458-9891

, în ż. Phone (925) 458-9800

901 Bailey Road

#### Coffin Butte Landfill

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC	2123770020
1300 Clay St., Suite 620	<b>- 212Y79860</b>
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland, CA 94612 PHONE	
(510) 873-8880	
CONTACT PERSON	SPECIAL HANDLING PROCEDURES:
Marilyn Ponte	SPECIAL HANDLING PROCEDORES.
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	-
* H.B. Dietz 8/24/07	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, if the waste is a treatmant residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordingne with the requirements of 40 CFR part 268 and is no longer a hazardous waste as defined by	
40 CFR Part 261. WASTE TYPE:	- · · · · · · · · · · · · · · · · · · ·
DISPOSAL     SLUDGE     ONSTRUCTION     ODD     DEBRIS     SPECIAL WASTE	^ : 
GENERATING FACILITY	···
4090 San Pablo Avenue EMERYVILLE.	
TRANSPORTER ( Read) TRANSPORTER ( Read)	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
GISSE MULTIN	COORDIS 1291
ADDRESS 4059 I Junio KI)	- 4 Callet 1011
CITY, STATE, ZIP VALLISY Seings	
PHONE 209. 8-7/2 DOCS	END DUMP BOTTOM DUMP TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
* James from 8.24.0	
I hereby certify that the above named material has been	20
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
REMARKS	
FACILITY TICKET NUMBER	
SIGNATURE OF AUTHORIZED AGENT DATE	ASBESTOS
$\square$	
1.9401	
* 7.2401	ASH     SPECIAL OTHER

TO REFUSAL UPON ARRIVAL ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

# Sanitary Landfill

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

# 

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗆 Ox Mountain

Sanitary Landfill 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.					
3ay Rock Oaks, LLC		212Y79860					
300 Clay St., Suite 620							
CITY, STATE, ZIP		QUIRE	D PERS	ONAL F	PROTEC	CTIVE E	QUIPMENT
Dakland, CA 94612	KD G	LOVES	GOG	GLES		IRATOR	
CONTACT PERSON	<u>то</u> т	Y-VEK		TY VES	Т		
	SPE	ECIAL H		PROC	EDURES	6:	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	E						
* H.B Dietz 8/24	1/07						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haza waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been described, classified and packaged, and is in proper condition for transportation a cording to a regulations; AND, if the waste is a treatment residue of a previously restricted hazardous subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as 40 CFR Part 261.	properly pplicable waste	CEIVING	G FACILIT	Ŷ			
WASTE TYPE:							
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER					•	_	
4090 San Pablo Avenue EMERYVILL	K						
TRANSPORTER FIGURI TVIL	NO <sup>-</sup>	TES: V	ehicle li	CENSE	NUMBER	TRI	JCK NUMBE
ADDRESS 2219 Rudualich	Rd	C	1A21	991	/	F	-99
ADDRESS 2219 Budiselich CITY, STATE, ZIP Stan (A 952)	Rd 5	C	AA21	99 1	/	F	-99
	<b>R</b> d 5		MAQI MP	99 U BOT		/=	TRANSFE
CITY, STATE, ZIP Succession (A 953) PHONE 209 993 7093			-				
CITY, STATE, ZIP Successful (A 953) PHONE 209 993 7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATI	E R		-	99 C BOT FLAT	-BED	MP VAN	
CITY, STATE, ZIP Successful CA 9537 PHONE 209 993 7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATI	е п 107		F(S)	FLAT	-BED	VAN	
CITY, STATE, ZIP SHAM (A 953) PHONE 209 993 7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATI * Rang Jul (Bzu) I hereby certify that the above named material has	E R 2107 CUI been	OLL-OF	F(S)	FLAT	-BED	VAN	
CITY, STATE, ZIP Share (A 955) PHONE 209 993 7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATI Range Jan (B 20) I hereby certify that the above named material has accepted and to the best of my knowledge the foreg	E R		F(S) DS	FLAT	-BED		
CITY, STATE, ZIP SHAM (A 953) PHONE 209 993 7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATI * Rang Jul (Bzu) I hereby certify that the above named material has	E R	OLL-OF	F(S) DS	FLAT	-BED		
CITY, STATE, ZIP PHONE 209 993 7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATI CITY, STATE, ZIP DATE D	E R 2/07 been going DISI	OLL-OF	F(S) DS	FLAT			ANDFILL)
CITY, STATE, ZIP PHONE 209 993 7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATI CITY OF AUTHORIZED AGENT OR DRIVER DATI CITY OF AUTHORIZED AGENT OR DRIVER DATI CITY OF AUTHORIZED AGENT OR DRIVER DATI A CITY OF AUTHORIZED AGENT OR DRIVER DATI CITY OF AUTHORIZED AGENT OF AGENT	E R LO7 been going DISI	OLL-OF BIC YAR	F(S) DS IETHOD:	FLAT			ANDFILL)
CITY, STATE, ZIP PHONE 209 993 7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATI CITY, STATE, ZIP DATE	E R LO7 been going DISI	BIC YAR POSAL M SOIL CONSTR DEBRIS NON-FRI	F(S) DS IETHOD: UCTION ABLE	FLAT			ANDFILL)
CITY, STATE, ZIP CITY, STATE, ZIP PHONE 209 993 7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATI CITY REAL DATE DATE DATE DATE DATE DATE CITY STATE, ZIP SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE CITY STATE, ZIP SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE SIGNATURE OF AUTHORIZED AGENT OR DRIVER SIGNATURE OF AUTHORIZED AGE	E R LOT been going DISI	BIC YAR	F(S) DS IETHOD: UCTION ABLE	FLAT			ANDFILL)
CITY, STATE, ZIP PHONE 209 993 7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATI Market Control	E R LO7 CUI been going DISI E	BIC YAR POSAL M SOIL CONSTR DEBRIS NON-FRI	F(S) DS IETHOD: UCTION ABLE	FLAT			ANDFILL)
CITY, STATE, ZIP PHONE 209 993 7093 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATI CITY OF AUTHORIZED AGENT OR DRIVER CITY OF AUTHORIZED AGE	E R LO7 been going DISI E	BIC YAR POSAL M SOIL CONSTR DEBRIS NON-FRI ASBESTO	F(S) DS IETHOD: UCTION ABLE	FLAT			ANDFILL)

**GENERATOR COPY** 

Keller Canyon	Coffin Butte
Sanitary Landfill	Landfill

901 Bailey Road

Pittsburg, CA 94565

Fax (925) 458-9891

Phone (925) 458-9800

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗆 Ox Mountain 🔬

**Sanitary Lanum** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR			WAST	E ACCEPT	ANCE N	0.
Bay Rock Oaks LLC MAILING ADDRESS				A4A37	7007	·
1300 Clay St., Suite 620				<del>2</del> 12Y		
CITY, STATE, ZIP		REQUIRED	D PERSO	NAL PROTE	CTIVE E	
Oakland, CA 94612 PHONE			🗆 GOGG	Les 🗅 Resf	PIRATOR	🗶 🗆 HARD HAT
		D TY-VEK	👷 SAFET	Y VEST		
CONTACT PERSON		SPECIAL H		PROCEDURE	S:	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE ,	]				
* H. B. Deet	5/24/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a "cor regulations; AND, if the wasta is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w 40 CFR Part 261.	nas been properly ding to applicable <b>zardous waste</b> n treated in	RECEIVING	FACILITY			
WASTE TYPE:		] ———				
DISPOSAL     DISPOSAL     ONSTRUCTION     DEBRIS     DSPECIAL WASTE		· · · · · · · · · · · · · · · · · · ·				
GENERATING FACILITY			•			
4090 San Pablo Avenue EMERY	VILLE	· .				
TRANSPORTER FIELDS TYK	~	NOTES: VI		ENSE NUMBEF	TR	
ADDRESS 2219 Buckselich	RÁ	9	1A210	<u>991</u>	FC	79
CITY, STATE, ZIP STKN CA952	15, -	- - -				
PHONE 200 993 7093		END DU	MP	BOTTOM D	UMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OF		FLAT-BED	VAN	
* Randy Jyll	8-24-0	7				
		CUBIC YAR	DS			
I hereby certify that the above named material	has been			1.0	)	
accepted and to the best of my knowledge the		DISPOSAL M	ETUOD.	(TO BE COMPL		
is true and accurate.						
				DISPOSE		OTHER
REMARKS		- <del>D</del> -SOIL C	<u>v</u> nt			4 
FACILITY TICKET NUMBER		DEBRIS				
SIGNATURE OF AUTHORIZED AGENT	DATE					
	11					
* Manut	8/24/07		OTHER			
	ŀ					

#### **Sanitary Landfill** 901 Bailey Road Pittsburg, CA 94565

# Phone (925) 458-9800 Fax (925) 458-9891

1

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# ີ Ox∍M໑ຩምţain

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

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

 Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR	•		WAS	TE AC	CEPTAN	ICE NO	Э.	
Bay Rock Oaks, LLC MAILING ADDRESS								
1300 Clay 3t., Suite 620		REQUIRED PERSONAL PROTECTIVE EQUIPMENT						
CITY, STATE, ZIP Oakland.CA 94612								
PHONE						ATOR		
(510) 573-5550 CONTACT PERSON			XQ SAFE	TY VES	T			
Marilyn Ponte		SPECIAL H	IANDLING	PROC	EDURES:			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE						ių - N	
* 1.B. Diet 81	24/07							
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is me waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, h described, classified and packaged, and is in proper condition for transportation a coor regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has been	nas been properly ding to applicable <b>zsrdous waste</b> n treated in	RECEIVING						
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w 40 CFR Part 261. WASTE TYPE:	vaste as defined by			Y				
DISPOSAL     DSLUDGE     CONSTRUCTION     DEBRIS     DOTHER     SPECIAL WASTE	····· 🔨	]			<del>.</del>		· · · · · · · · · · · · · · · · · · ·	
GENERATING FACILITY		· · ·						
4090 San Pablo Avenue EMERY	VILLE	· · ·						
ADDRESS 2219 Rudiselich	Rel	NOTES: V	7A210	CENSE 1 99 U		TRI	JCK NUMBER	
CITY, STATE, ZIP Stan CA 95-21	15						,	
PHONE 209 993 7093		END DU	JMP	BOT		IP		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OF	=F(S)	FLAT		VAN		
* Randy Fill	8-24-0			Ę.	<b>)</b>		т. С. М.	
		CUBIC YAF	RDS			642		
I hereby certify that the above named material accepted and to the best of my knowledge the				. ~	2.0		;	
is true and accurate.		DISPOSAL			COMPLET	ED BY L		
				· · ·	5			
REMARKS								
		DEBRIS						
		NON-FR ASBEST					· .	
SIGNATURE OF AUTHORIXED AGENT	DATE							
	4-2							
* +	Ø -		LOTHER		۸.			

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

#### Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565

# Phone (925) 458-9800

#### Fax (925) 458-9891

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# □ Ox M vtain .

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800

Fax (408) 262-2871

#### □ Forward Landfill

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

-1

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR			WAS	TE ACCEP	TANCE N	0.
Bay Rock Oaks, LLC MAILING ADDRESS						
MAILING ADDRESS		-		<del>2</del> 123	7 <b>98</b> 6/	50
CITY, STATE, ZIP		REQUIRE	D PERS			QUIPMENT
Oakland CA 94612				GLES 🖸 RE	SPIRATOR	X 🗆 HARD HA
PHONE						
CONTACT PERSON				TY VEST		
Marilyn Ponte		SPECIAL I	HANDLING	PROCEDUR	RES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* H.B. Dit	8/24/	07				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations described, classified and packaged, and is in proper condition for transportation a cregulations; AND, if the waste is a treatment residue of a previously restricted if subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261.	<ul> <li>has been properly ording to applicable</li> <li>nazardous waste</li> <li>nen treated in</li> </ul>	RECEIVIN	G FACILÍT	Y		
WASTE TYPE: DISPOSAL DISPOSAL CONSTRUCTION DEBRIS DSPECIAL WASTE GENERATING FACILITY						
	YVILLE		_			
-						
TRANSPORTER		NOTES:	VEHICLE LI	CENSE NUMB	ER TR	
WICH acid C An Trini line			<b>~</b> 1			-111
ADDRESS And & Son Trucking			9012	671	m7	- 79
ADDRESS AND A SOM MULLING IGIG Reeler Gd. CITY, STATE, ZIP			9012	671	m/	- 19
16919 Reeler Ad.			<u>GD12</u>	1 True BOTTOM	CKing DUMP	TRANSFER
CITY, STATE, ZIP <u>ESCAlon</u> <u>CA</u> <u>95320</u> PHONE 205-83K-2560			JMP	I Tra BOTTOM	cking DUMP	
CITY, STATE, ZIP ESCAlon CA 95320 PHONE	DATE 8/24/07		JMP	6 7 1 BOTTOM FLAT-BED	<u>cking</u> DUMP VAN	
CITY, STATE, ZIP <u>ESCA</u> /29 <u>CA</u> 95 <u>3</u> 20 PHONE 205 <u>838</u> 2560 SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE 8/24/07	ROLL-OI	<u>r</u> is∈c JMP FF(S)	BOTTOM FLAT-BED	CKING DUMP	
CITY, STATE, ZIP <u>ESCA</u> PHONE <u>205</u> <u>838</u> SIGNATURE OF AUTHORIZED AGENT OR DRIVER <b>*</b> I hereby certify that the above named materia	8/24/67	ROLL-O	<u>r</u> is∈c JMP FF(S)	BOTTOM FLAT-BED	CKING DUMP	
I hereby certify that the above named materia accepted and to the best of my knowledge the	8/24/67	ROLL-OI	FF(S)	BOTTOM FLAT-BED	UMP VAN	
CITY, STATE, ZIP <u>ESCA</u> PHONE <u>205</u> SIGNATURE OF AULHORIZED AGENT OR DRIVER <b>*</b> I hereby certify that the above named materia	8/24/67		FF(S)	FLAT-BED		
I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate.	8/24/67		FF(S)	FLAT-BED		
I hereby certify that the above named materia accepted and to the best of my knowledge the	8/24/67			FLAT-BED		
I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate.	8/24/67		FF(S) RDS RUCTION	FLAT-BED		
I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate. FACILITY TICKET NUMBER	8/24/67			FLAT-BED		
I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate.	8/24/67			FLAT-BED		
I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate. FACILITY TICKET NUMBER	8/24/67	CUBIC YAI		FLAT-BED		

**GENERATOR COPY** 

**Sanitary Landfill** 901 Bailey<sup>i</sup> Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗆 Ox Mourriain

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

1601 Dixon Landing Roa Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
 Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (200) 982-490

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WAS	TE ACCEPTANC	CE NO.	
Bay Rock Oaks, LLC					
MAILING ADDRESS 1300 Clay St., Suite 620			- <del>2</del> 12Y79	860	
CITY, STATE, ZIP		REQUIRED PERS			MENT
Oakland,CA \$4612					
PHONE					
(510) 873-8890 CONTACT PERSON		D TY-VEK 🔊 SAFE	ETY VEST		
Marilyn Porte		SPECIAL HANDLING	PROCEDURES:		
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE				
* H. B. Dul					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations; described, classified and packaged, and is in proper condition for transportation a co regulations; AND, if the waste is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous of 40 CFR Part 261.	has been properly rding to applicable <b>zardous waste</b> en treated in		γ		
WASTE TYPE:			x		
DISPOSAL       SLUDGE         CONSTRUCTION       WOOD         DEBRIS       OTHER         SPECIAL WASTE       OTHER					
GENERATING FACILITY					
4090 San Pablo Avenue EMERY	VILLE				
TRANSPORTER		NOTES: VEHICLE LI	CENSE NUMBER	TRUCK	NUMBER
McDonald & Son Trucking	9	9012	671 1	nT-	7.4
16919 Beeler Rd.		-			
CITY, STATE, ZIP		ha.	1		
PHONE PHONE		END DUMP	BOTTOM DUMP	179 TE	ANSFER
205-838-2960					
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED	VAN	DRUMS
* ///	8/24/07				
		CUBIC YARDS			
I hereby certify that the above named material			20		
accepted and to the best of my knowledge the is true and accurate.	toregoing	DISPOSAL METHOD:	(TO BE COMPLETE	D BY LAND	FILL)
			DISPOSE	0 <sup>.</sup>	THER
			0		
REMARKS					
		DEBRIS		-	
SIGNATURE OF AUTHORIZED AGENT	DATE			-	
	1,407				
*	4.27 D7				

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

### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mourtain

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpites 04 05005

1601 Dixon Landing Roa Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Landfill 9999 S. Austin Road Manteca, CA 95336 Phone (209) 982-429

Phone (209) 982-4298 Fax (209) 982-1009

□ Forward

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Osks, LLC MAILING ADDRESS	<b>A4A37</b> 80070
1300 Clay St., Suite 620	
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland.CA 94612 PHONE	
CS101 873-8880 CONTACT PERSON	
Marilyn Ponte	- SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE	े. जे
* 14.8. Dick . 8/24/0	2
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
WASTE TYPE:	
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE	
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS Kock Transport Tuc	- 9D92605 10k
725 Julie Ann Way	
CITY, STATE, ZIP	J.A Trucking
PHONE	END DUMP BOTTOM DUMP TRANSFER
510,633,1528	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
* Joe 8/24/07	
	CUBIC YARDS
I hereby certify that the above named material has been	Ro
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
REMARKS	
FACILITY TICKENNUMBER	DEBRIS     DEBRIS     DNON-FRIABLE     ASBESTOS
SIGNATURE OF AUTHORIZED AGENT DATE	
104-1	→ → → → → → → → → → → → → → → → → → →
*	

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

MANIFEST # 597823

#### Sanitary Landfill 901 Bailey Road

901 Bailey Hoad Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

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

. 1

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

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

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WAS	TE ACCEPTAN	CE NO.
Bay Rock Oaks, LLC				
MAILING ADDRESS			212Y79	0860
1300 Clay St., Suite 620 CITY, STATE, ZIP		REQUIRED PERS		
Oakland, CA 94612				
PHONE		SCIGLOVES 🗔 GOG	GLES URESPIRA	
(510) 873-8880		TY-VEK XO SAFI	ETY VEST	
CONTACT PERSON		SPECIAL HANDLIN	G PROCEDURES:	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* 14. B. Diet	5/24/07			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations; described, classified and packaged, and is in proper condition for transportation a cor regulations; AND, if the waste is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261.	has been properly rding to applicable <b>zardous waste</b> en treated in		TY	
WASTE TYPE:				
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE				
GENERATING FACILITY				
4090 San Pablo Avenue EMERY	VILLE	·		
TRANSPORTER		NOTES: VEHICLE L	CENSE NUMBER	TRUCK NUMBER
ADDRESS Rock Transport INC.		9D0	12605	101
CITY, STATE, ZIP	· · · · · · · · · · · · · · · · · · ·		J+ATru	china
Oakland, CA 94621	and a			
PHONE				
510 · 6331528 SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED	VAN DRUMS
* Jæ	8/24/07			
		CUBIC YARDS		
I hereby certify that the above named material			20	
accepted and to the best of my knowledge the is true and accurate.	toregoing	DISPOSAL METHOD:	(TO BE COMPLETE	D BY LANDFILL)
is the and accurate.			DISPOSE	OTHER
			DISPUSE	
REMARKS		SOIL		
FACILITY TICKET NUMBER				
SIGNATURE OF AUTHORIZED AGENT	DATE			
	11			
*Man	8/24/07			

# Sanitary Landfill

Pittsburg, CA 94565

Fax (925) 458-9891

Phone (925) 458-9800

901 Bailey Road

# Coffin Butte

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### Ox Mountain Sanitary Landf

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800

Fax (408) 262-2871

Forward
 Landfill
 9999 S. Austin Road
 Manteca, CA 95336

Phone (209) 982-4298

Fax (209) 982-1009

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR	WA	STE ACCEPTANCE	NO.
Bay Rock Oaks, LLC MAILING ADDRESS			
1300 Clay St., Suite 620		<b>- 212Y798</b>	860
CITY, STATE, ZIP	REQUIRED PERS	SONAL PROTECTIV	EEQUIPMENT
Oakland,CA 94612	GLOVES 🗅 GOO		
PHONE (510) 977-9999	L TY-VEK XCISAF	ETY VEST	
CONTACT PERSON	SPECIAL HANDLIN		
Marilyn Ponte		G FROOEDORES.	
* H. B. Duit 5/24/07			,
GENERATOR'S CERTIFICATION I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a "cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	RECEIVING FACILI	TY	
WASTE TYPE: DISPOSAL CONSTRUCTION DEBRIS DEBRIS SPECIAL WASTE USUBLE USUBLE DEBRIS DISPOSITION DEBRIS DISPO			
GENERATING FACILITY	]		
4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER	NOTES: VEHICLE L	ICENSE NUMBER	TRUCK NUMBER
ADDRESS Kock Transport Inc.	979	2605	
725 Tulie Ann Libil			
CITY, STATE, ZIP	I T.	ATruckir	10
PHONE OAKland CA 94621			
510,1033,1528			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S)	FLAT-BED V	AN DRUMS
* 82407			
	CUBIC YARDS		
I hereby certify that the above named material has been		V	· _
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
		DISPOSE	OTHER
BEMARKS	AT SOIL	0	
REMARKS		0	
	< <u> </u>	2	
FACILITY TICKET NUMBER			
	C CONSTRUCTION DEBRIS		
FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT DATE	CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS		
FACILITY TICKET NUMBER	CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS		· · · · · · · · · · · · · · · · · · ·

Vi

## Sanitary Landfill

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

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road Milnitas, CA 95035

1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
 Landfill
 9999 S. Austin Road
 Manteca, CA 95336
 Phone (209) 982-4298

Fax (209) 982-1009

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR			WA	STE ACCEPTA	NCE NO.	
Bay Rock Oaks, LLC MAILING ADDRESS				41437	00/0	
1300 Clay St., Suite 620				<del>2</del> 12Y7	7990	
CITY, STATE, ZIP		REQUIR	ED PERS	SONAL PROTEC	CTIVE EQU	JIPMENT
Oakland, CA 94612		GLOVE	s 🗆 GOO	GGLES 🗅 RESPI	RATOR X	L HARD HAT
PHONE				ETY VEST		
CONTACT PERSON	1					
Marilyn Ponte	D.477	SPECIAL		IG PROCEDURES	<b>).</b>	
SIGNATURE OF AUTHORIZED AGENT / TITLE			/	0		
* H.B. Suit	\$124/07			J	7-	and the second sec
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a co- regulations; AND, if the waste is a treatment residue of a previously restricted he subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous of 40 CFR Part 261.	has been properly ording to applicable azardous waste en treated in	RECEIVI	NG FACILI	ITY (	• •**	· · · · · · · · · · · · · · · · · · ·
WASTE TYPE:		]				
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE						
GENERATING FACILITY						
4090 San Pablo Avenue EMERY	VILLE					
TRANSPORTER		NOTES:		LICENSE NUMBER	TRUC	KNUMBER
ADDRESS			Z 45	7899	194	,
CITY, STATE, ZIP		5,	AE ;	7899 Trucking		
PHONE		END D		BOTTOM DU	MP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	_	4	٣			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-C		FLAT-BED	VAN	DRUMS
	8-23-0%					
*/My / Metal	0-0-07					
			BDC			
-			INDS			
I hereby certify that the above named material				70		
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL	METHOD:	(TO BE COMPLE	TED BY LAN	DFILL)
				DISPOSE		OTHER
REMARKS		Son-				
			RUCTION			_
		DEBRI	-			
FACILITY TICKET NUMBER						
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FACILITY TICKET NUMBER	DATE		STOS			
SIGNATURE OF AUTHORIZED AGENT	DATE H-247A	ASBES	STOS			
	DATE H-247A		STOS			
SIGNATURE OF AUTHORIZED AGENT	H-24-7		AL OTHER	NY UNSCHEDUL	ED LOADS	ARE SUBJECT

Keller Canyon	Coffin Butte	🗆 Ox Mountain 🗧
Sanitary Landfill	Landfill	Sanitary Landfin
901 Bailey Road	28972 Coffin Butte Road	12310 San Mateo Road
Pittsburg, CA 94565	Corvallis, OR 97330	Half Moon Bay, CA 94019

Phone (541) 745-2018

Fax (541) 745-3826

Phone (925) 458-9800

Fax (925) 458-9891

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tainImage: Newby IslandLandfiniSanitary Landfillateo Road1601 Dixon Landing Roadw. CA 94019Milbitas, CA 95035

Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

Phone (650) 726-1819

Fax (650) 726-9183

GENERATOR			WASTE AC	CEPTANCE	NO.	
Bay Rock Osks, LLC MAILING ADDRESS			_			
MAILING ADDRESS 1300 Clay St., Suite 620			21	l2Y798	60	
CITY, STATE, ZIP		REQUIRED F		-		PMENT
Oakland CA 94612 -			GOGGLES			
PHONE		[ · · · · · ·				
CONTACT PERSON			SAFETY VES			
Marilyn Ponte		SPECIAL HAN	IDLING PROC	EDURES:		
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	1				
* H.B.Duit 5/2	4/01		•			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a coor regulations; AND, If the waste is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261.	has been properly rding to applicable azardous waste en treated in		ACILITY			
WASTE TYPE:		·				
DISPOSAL     DISPOSAL     ONSTRUCTION     DEBRIS     OTHER     SPECIAL WASTE						
GENERATING FACILITY		]				
4090 San Pablo Avenue EMERY	VILLE					
TRANSPORTER		NOTES: VEH	ICLE LICENSE	NUMBER	FRUCK	NUMBER
ADDRESS		28	\$ 5789	79 J	94	
725 Julie Ann Way CITY, STATE, ZIP		5/	AE Tre	cKing	,	
PHONE		END DUMP	BOT	TOM DUMP	Т	RANSFER
(510) 633-1528						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S	,		AN	DRUMS
* mor little	8-23-6	7	Ĺ		<b>.</b>	
			_			_
		CUBIC YARDS	<u> </u>			
I hereby certify that the above named material			5	<b>?</b>		
accepted and to the best of my knowledge the	foregoing	DISPOSAL MET	HOD: (TO BE	E COMPLETED E		FILL)
is true and accurate.						
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REMARKS						
		CONSTRUC				
FACILITY TICKET NUMBER		DEBRIS	LE -			
		ASBESTOS				
						-
SIGNATURE OF AUTHORIZED AGENT	DATE					
		U WOOD				
*	DATE	<u> </u>	THER			

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗆 Ox Mountain

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

# Newby Island Sanitary Landfill 1601 Direct Landfill

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

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WAS		NCE NO.	
Bay Rock Oaks, LLC MAILING ADDRESS			<b>212Y7</b>	0960	
1300 Clay St., Suite 620 CITY, STATE, ZIP	<u>`</u>				IDMENT
Oakland.CA 94612	<u>م</u>				
PHONE		ſ			
(510) \$73-\$350 CONTACT PERSON			TY VEST		
Marilyn Ponte		SPECIAL HANDLING	PROCEDURES:	:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE				
* H.B. Diek 81	24/07				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations; I described, classified and packaged, and is in proper condition for transportation a cor regulations; AND, if the wasta is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w 40 CFR Part 261.	has been properly ding to applicable zardous waste n treated in		۳ <b>۲</b>		
WASTE TYPE:					
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE					
GENERATING FACILITY					
4090 San Pablo Avenue EMERY	VILLE				
TRANSPORTER			CENSE NUMBER		K NUMBER
ADDRESS		245	1899	194	
725 Fillie ann Way CITY, STATE, ZIP		SAE	7899 Tricking	/	
PHONE		END DUMP	BOTTOM DUN		TRANSFER
(510) 677-1528				/11	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED		DRUMS
* Am hor	8-23-0)				
		CUBIC YARDS			
I hereby certify that the above named material		<u> </u>	20		
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL METHOD:	(TO BE COMPLE	TED BY LAN	IDFILL)
			DISPOSE	_	OTHER
REMARKS		- soil ont			
	2				
FACILITY TICKET NUMBER					
SIGNATURE OF AUTHORIZED AGENT	DATE				
	. / ,				
* Mand	8/240				

# Sanitary Landfill

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

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800

Fax (408) 262-2871

#### Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR			WAS	TE ACCEPT	ANCE NO.	
Bay Rock Oaks, LLC					<b>B</b> AA 45	
MAILING ADDRESS 1300 Clay St., Suite 620				<del>2</del> 12Y	79860	
CITY, STATE, ZIP		REQUIR	ED PERS	ONAL PROTE	ECTIVE EQ	UIPMENT
Oakland,CA 94612			S 🗆 GOG		PIRATOR X	
PHONE				ETY VEST		
CONTACT PERSON	<u> </u>				·	
Marilyn Ponte		SPECIAL	HANDLING	B PROCEDURE	ES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	<u>.</u> DATE					
* 1. B. Dielz 8	124/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, h described, classified and packaged, and is in proper condition for transportation a corr regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has beer accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w 40 CFR Part 261.	nas been properly ding to applicable zardous waste n treated in	RECEIVIN	IG FACILIT	TY		
DEBRIS     OTHER     SPECIAL WASTE						
GENERATING FACILITY						
4090 San Pablo Avenue EMERY	VILLE				_	
TRANSPORTER -		NOTES:		CENSE NUMBER		KNUMBER
THANSFORTER J. automana			2/-7			
ADDRESS 12-16 Folcom And		l l	361	50/0	H	2
CITY, STATE, ZIP Kay ward, CA, G	74544					
PHONE (570) 783-734		END D	MP	BOTTOM		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-C	FF(S)	FLAT-BED	VAN	
* goottes	3/24/07			Q		<b></b>
	/ /	CUBIC YA	RDS ~			_
I hereby certify that the above named material			Ø	72		
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL	METHOD:	(TO BE COMP	LETED BY LA	NDFILL)
				DISPOSI	E	OTHER
denta pizo		SOIL			_	
REMARKS			RUCTION			
FACILITY TICKET NUMBER		DEBRI				
		ASBES				
SIGNATURE OF AUTHORIZED AGENT						
	DATE	🗆 WOOD				
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*	DATE		AL OTHER			
CHEDULING MUST BE MADE PRIOR TO 3:00 P.M.THE DAY	1-2407)		AL OTHER			

MANIFEST #

597824

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# Sanitary Landfill

# \_andfill Lan

901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891 Coffin Butte

Corvallis, OR 97330

Fax (541) 745-3826

Phone (541) 745-2018

🗆 Ox Mountain

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

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

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WAS	TE ACCEPTANCE	NO.
Bay Rock Oaks, LLC MAILING ADDRESS				
1300 Clay St., Suite 620			<del>2</del> 12Y798	<b>160</b>
CITY, STATE, ZIP		REQUIRED PERS	ONAL PROTECTIV	
Oakland CA 94612		GLOVES GOG		
PHONE				
(510) 873-8880 CONTACT PERSON				
Marilyn Porte		SPECIAL HANDLING	B PROCEDURES:	
	<b>DATE</b>			
* H.B.Dit St	124/07			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, had described, classified and packaged, and is in proper condition for transportation a cordi regulations; AND, If the waste is a treatment residue of a previously restricted haze subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous wa 40 CFR Part 261.	as been properly ing to applicable ardous waste treated in	RECEIVING FACILIT	Υ	
WASTE TYPE:				
□ DISPOSAL □ SLUDGE □ CONSTRUCTION □ WOOD □ DEBRIS □ OTHER □ SPECIAL WASTE				
GENERATING FACILITY				
4090 San Pablo Avenue EMERYV	TLLE			
ADDRESS 1286 Folson Ave		NOTES: VEHICLE LI	SOTO	
CITY, STATE, ZIP Agroand, Ca 9.	45-44			
PHONE (510)-105-7781		END DUMP	BOTTOM DUMP	TRANSFER
(310) /13 /30/				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLLOFF(S)		AN DRUMS
* Alatter	3/21/07			
	, , , , , , , , , , , , , , , , , , , ,	CUBIC YARDS	2	
I hereby certify that the above named material accepted and to the best of my knowledge the f				
is true and accurate.	oregoing	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
			DISPOSE	OTHER '
denabro		DSOIL COIT		
REMARKS				· · · · ·
FACILITY TICKET NUMBER		DEBRIS		
		NON-FRIABLE ASBESTOS		
SIGNATURE OF AUTHORIZED AGENT	DATE			
+ Man	aluta			
* 1 ~ 1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	124101			

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

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

#### Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR	WASTE ACCEPTANC	E NO.
Bay Rock Oaks LLC		
MÁILING ADDRESS 1300 Clay St., Suite 620	<b>− 212Y79</b>	860
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIV	
Oakland CA 94612		
PHONE		
(510) 873-8880 CONTACT PERSON	TY-VEK XI SAFETY VEST	
	SPECIAL HANDLING PROCEDURES:	
Marilyn Ponte		
SIGNATORE OF AUTHORIZED AGENT / TILE DATE	Ài	,
* H. B. Dietz 8/24/07		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or tille 22 of the California code of regulations, has been propert described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined 40 CFR Part 261.		,
GENERATING FACILITY		
	—	ŕ
4090 San Pablo Avenue EMERYVILLE		
TRANSPORTER TARAF CALL	NOTES: VEHICLE LICENSE NUMBER	TRUCK NUMBER
Frank Garager a	3675770	1 17
ADDRESS Jac Folgon Ane	3675070	L12
	3675070	L12
ADDRESS Job Foh Son Ane CITY, STATE, ZIP Hayward Calif	3675070	L12
CITY, STATE, ZIP Hayward Calif	3675070	L12 TRANSFER
	END DUMP BOTTOM DUMP	TRANSFER
CITY, STATE, ZIP Hayward Calif	3675070	
CITY, STATE, ZIP Haymand Calif PHONE (5-10) 7 3 73 81 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	END DUMP BOTTOM DUMP	
CITY, STATE, ZIP Haymand Calif PHONE (5-10) 7 3 73 81	END DUMP BOTTOM DUMP ROLL/OKE(S) FLAT-BED	VAN DRUMS
CITY, STATE, ZIP Haymand Calif PHONE (5-10) 7 3 73 81 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	END DUMP BOTTOM DUMP ROLL/ORE(S) FLAT-BED	VAN DRUMS
CITY, STATE, ZIP PHONE (5-10) 7 (3-73-8] SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Authorized AGENT OR DRIVER DATE I hereby certify that the above named material has been	END DUMP BOTTOM DUMP ROLL/OKE(S) FLAT-BED	VAN DRUMS
CITY, STATE, ZIP Hayward Calif PHONE (5-10) 7 3 73 81 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Authorized Agent or DRIVER Jay 1	END DUMP BOTTOM DUMP ROLL/OKE(S) FLAT-BED	
CITY, STATE, ZIP PHONE (5-0) 7 3 73 8 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Authorized AGENT OR DRIVER DATE I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	END DUMP BOTTOM DUMP ROLL/OKE(S) FLAT-BED	VAN DRUMS
CITY, STATE, ZIP PHONE (50) 7 3 73 8 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE *	END DUMP BOTTOM DUMP ROLLIOKE(S) FLAT-BED CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED	DBY LANDFILL)
CITY, STATE, ZIP PHONE (5-10) 7 (3-73-8) SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Author 3/2/1 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. REMARKS	3675070         END DUMP       BOTTOM DUMP         ROLL/OKE(S)       FLAT-BED         27       Image: Cubic YARDS         DISPOSAL METHOD:       (TO BE COMPLETED         DISPOSE       Image: Cubic YARDS	DBY LANDFILL)
CITY, STATE, ZIP PHONE (50) 7 3 73 8 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE *	3675070         END DUMP         BOTTOM DUMP         ROLL/OKE(S)         FLAT-BED         0	DBY LANDFILL)
CITY, STATE, ZIP PHONE (5-10) 7 (3-73-8) SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Author 3/2/1 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. REMARKS	3675070         END DUMP       BOTTOM DUMP         ROLL/OKE(S)       FLAT-BED         0       0         27       0         CUBIC YARDS       0         DISPOSAL METHOD:       (TO BE COMPLETED         DISPOSE       0         DISPOSE       0         DISPOSE       0         DISPOSE       0         DISPOSE       0         DISPOSE       0         0	DBY LANDFILL)
CITY, STATE, ZIP PHONE (5-10) 7 3 73 8 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Author 3/04/1 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. FACILITY TICKET NUMBER	3675070         END DUMP       BOTTOM DUMP         ROLL/OKE(S)       FLAT-BED         0       0         27       0         CUBIC YARDS       0         DISPOSAL METHOD:       (TO BE COMPLETED         DISPOSE       0         DISPOSE       0         DISPOSE       0         DISPOSE       0         DISPOSE       0         0       0         0       0	DBY LANDFILL)
CITY, STATE, ZIP PHONE (5-10) 7 3 73 8 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Author 3/04/1 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. FACILITY TICKET NUMBER	3675070         END DUMP       BOTTOM DUMP         ROLL/OKE(S)       FLAT-BED         0       0         27       0         CUBIC YARDS       0         DISPOSAL METHOD:       (TO BE COMPLETED         DISPOSE       0         DISPOSE       0         DISPOSE       0         DISPOSE       0         DISPOSE       0         DISPOSE       0         0	DBY LANDFILL)

MANIFEST # 597813

Keller Canyon	Coffin Butte	Ox Mountain		™isiand	Forward	
Sanitary Landfill	Landfill	Sanitary Lan	dfill Sanita	ry Landfill	Landfill	
901 Bailey Road Pittsburg, CA 94565	28972 Coffin Butte Road Corvallis, OR 97330	12310 San Mateo Half Moon Bay, CA		on Landing Road	9999 S. Austin Road	
Phone (925) 458-9800	Phone (541) 745-2018	Phone (650) 726-1		08) 945-2800	Manteca, CA 95336 Phone (209) 982-4298	3
Fax (925) 458-9891	Fax (541) 745-3826	Fax (650) 726-918	-	262-2871	Fax (209) 982-1009	
	NON-H	IAZARDOUS WAS	STE MANIFEST	*. *		
GENERATOR	·.,	fan erk Fa	WAS		NCE NO.	
Bay Rock Oaks, LLC	BK	and the second	n jene - haange co. e		00/0	_
1300 Clay St., Suite 620 CITY, STATE, ZIP		م ، م م م روب ،		212Y7		arinta (α carne
Oakland, CA 94612						T
PHONE			TY-VEK 👷 SAF	ETY VEST		
CONTACT PERSON			SPECIAL HANDLIN	G PROCEDURES:		=
	ORIZED AGENT / TITLE	DATE	-			
* 11.13.2	rietz	8/24/0	7			
waste as defined by 40 CFR Part	4: I hereby certify that the above named n 261 or title 22 of the California code of re	equiations, has been properly	a second and a second	the second second	5	
regulations; AND, if the waste is subject to the Land Disposal Rest	ed, and is in proper condition for transport a treatment residue of a previously re- trictions, I certify and warrant that the was	stricted hazardous waste ste has been treated in				_
accordance with the requirements 40 CFR Part 261.	s of 40 CFR Part 268 and is no longer a h	nazardous waste as defined by	RECEIVING FACILI	I Y		
WASTE TYPE:						
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SPECIAL WASTE	·Y	,	-			
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4090 San Pablo Avenue	E	MERYVILLE		Sauce in the second second		-
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TRANSPORTER	FOLON ALLIADCON	ALC / R DATE	END DUMP	BOTTOM DUM	IP TRANSFER	
TRANSPORTER	DRIZED AGENT OR DRIVE	R DATE	END DUMP ROLL-OFF(S)	BOTTOM DUM	AP TRANSFER	
TRANSPORTER	DRIZED AGENT OR DRIVE	R DATE	END DUMP ROLL-OFF(S)	BOTTOM DUN FLAT-BED	AP TRANSFER	
TRANSPORTER	DRIZED AGENT OR DRIVE	R DATE	END DUMP ROLL-OFF(S)	BOTTOM DUN FLAT-BED	AP TRANSFER	
TRANSPORTER	DRIZED AGENT OR DRIVE	R DATE	END DUMP ROLL-OFF(S)	BOTTOM DUN FLAT-BED	IP TRANSFER	
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SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

MANIFEST # 597825

#### Sanitary Landfill

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

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road

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

#### Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR			WAS	TE ACCEF	PTANCE N	IÒ.
Bay Rock Oaks, LLC MAILING ADDRESS					7800	·
1300 Clay St., Suite 620				<b>-212</b>	Y7986	50
CITY, STATE, ZIP		REQUIR	ED PERS		TECTIVE	EQUIPMENT
Oakland, CA 94612						
PHONE					SPINAION	
(510) 873-8880			XO SAFE	TY VEST	X	
		SPECIAL	HANDLING	PROCEDU	RES:	
Marilyn Ponte // Signature // Signature // Title // Dat	TE					
* 1.B. Diet, 5/24	1/07	,				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a haz waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has beei described, classified and packaged, and is in proper condition for transportation a cording to regulations; AND, if the waste is a treatment residue of a previously restricted hazardour subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treater accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as 40 CFR Part 261.	en properly o applicable us waste red in	RECEIVIN	IG FACILIT	Y		ţ
WASTE TYPE:						
DISPOSAL     DISPOSAL     ONSTRUCTION     ON     ON						
Q DEBRIS Q OTHER Q SPECIAL WASTE		in				
GENERATING FACILITY						
4090 San Pablo Avenue EMERYVILL	LE					
TRANSPORTER 1 NO & CONTRACTOR		NOTES:				
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ADDRESS 1286 Follow And		L	-90 T	000	~	1
CITY, STATE, ZIP		L				
		END D		BOTTOM		TRANSFE
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CITY, STATE, ZIP LAGULARD CA PHONE 510 7837281 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DAT	те 24-7			BOTTOM		
CITY, STATE, ZIP LAUGO CA 94744 PHONE 510 7837281 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DAT	24-7	ROLL-O	FF(S)	FLAT-BED	VAN	
CITY, STATE, ZIP LAUGRO CA PHONE 510 7837281 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DAT * Omald Dudie 82	24-7	ROLL-O	FF(S)	FLAT-BED	VAN	
CITY, STATE, ZIP LAUGAA CA PHONE 510 783781 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DAT * OMALI 2000 82 I hereby certify that the above named material has	24-7 s been	ROLL-O	FF(S)	FLAT-BED	VAN	
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CITY, STATE, ZIP U AUMARA CA 94744 PHONE 510 783781 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DAT * QMall 2006 822 I hereby certify that the above named material has accepted and to the best of my knowledge the fore is true and accurate. REMARKS	24-7		FF(S) RDS METHOD:	FLAT-BED		
CITY, STATE, ZIP LAUGAG CA 94744 PHONE 510 783781 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DAT * Amal 2 2 2 8 I hereby certify that the above named material has accepted and to the best of my knowledge the fore is true and accurate. REMARKS	24-7		FF(S) RDS METHOD:	FLAT-BED		
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Sanitary LandfillLandfillSa901 Bailey Road28972 Coffin Butte Road123Pittsburg, CA 94565Corvallis, OR 97330HaPhone (925) 458-9800Phone (541) 745-2018Ph	x Mountain anitary Lan 310 San Mateo F If Moon Bay, CA one (650) 726-918 x (650) 726-918 DOUS WAS	<b>3</b> Road 94019 819 3	1601 Dixor Milpitas, C Phone (408 Fax (408) 2	<b>y Landfill</b> n Landing Road A 95035 8) 945-2800	Mantec Phone	
GENERATOR		/******		TE ACCEPTA		
Bay Rock Oaks, LLC			VVAJ			····.
MAILING ADDRESS				212Y7	/9860	
CITY, STATE, ZIP		REQUIRE	D PERSO	ONAL PROTEC	CTIVE EQ	UIPMENT
Oakland,CA 94612 PHONE					RATOR X	C HARD HAT
CONTACT PERSON			X2 SAFE			
Marilyn Ponte		SPECIAL H	ANDLING	PROCEDURES	ð. 	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	1				
* H.B. Dut 8/2	4/07					
GENERATOR'S CERTIFICATION: I Wereby certify that the above named material is no waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, h described, classified and packaged, and is in proper condition for transportation a corr regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has been	as been properly ding to applicable zardous waste	RECEIVING		<u>v</u>		
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w 40 CFR Part 261.				<u> </u>		
		I — —		<i>*</i>		
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD			K	, ter .		
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denergy indication in the initial problem in the initial problem in the initial problem in the initial problem i	a	END DÜ ROLL-OF	3 (96	BOTTOM DU		
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Image: Construct the problem of th	DATE SJU-1 has been		BC9C	BOTTOM DU FLAT-BED		
4090 San Pablo Avenue       EMERY         TRANSPORTER       ARR       Constant         ADDRESS       1286       Folem         CITY, STATE, ZIP       Anglos       A         PHONE       SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★       Constant       Constant         I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	DATE SJU-1 has been	END DÙ ROLL-OF CUBIC YAR DISPOSAL M	BC90	BOTTOM DU FLAT-BED		
4090 San Pablo Avenue       EMERY         TRANSPORTER / ABRA / Constant       ADDRESS         ADDRESS       1286 Foldom Acc         CITY, STATE, ZIP Anyon O CA 9454         PHONE       36 7837354         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★       Market Data         I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.         REMARKS	DATE SJU-1 has been	END DÙ ROLL-OF CUBIC YAR DISPOSAL M DISPOSAL M	BC9C	BOTTOM DU FLAT-BED		

SCHEDULING N	<b>UST BE MADE I</b>	PRIOR TO 3:00	P.M. THE DA	Y PRIOR	TO EXPE	CTED AR	RIVAL • AN	<b>IY UNSCH</b>	EDULED L	OADS AR	E SUBJECT
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#### Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

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## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

## □ Newby Island **Sanitary Landfill** 1601 Dixon Landing Road

Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

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

Fax (209) 982-1009

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR			WAST	E ACCEPTA	NCE NC	).
Bay Rock Oaks, LLC MAILING ADDRESS		· · · ·		A 4 A 3 7 3		•
1300 Clay St., Suite 620				<b>212Y7</b>	986	J
CITY, STATE, ZIP		REQUIRED	D PERSO	NAL PROTEC	TIVE EC	DUIPMENT
Oakland,CA 34612		🕼 GLOVES		LES 🖸 RESPI	RATOR	
		D TY-VEK	🐒 SAFET	YVEST		*
CONTACT PERSON				PROCEDURES	<u> </u>	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE DA	ATE			THOOLDONEO		
* H.B. Duty \$1	127/0-	7		f.		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a h waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has be described, classified and packaged, and is in proper condition for transportation a cording t regulations; AND, If the waste is a treatment residue of a previously restricted hazardo subject to the Land Disposal Restrictions, I certify and warrant that the waste has been trea accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste.	een properly to applicable <b>ous waste</b> ated in	RECEIVING	FACILITY	· · · · · · · · · · · · · · · · · · ·		
40 CFR Part 261.	-					
CONSTRUCTION UWOOD DEBRIS USPECIAL WASTE						
GENERATING FACILITY						
4090 San Pablo Avenue EMERYVII	LE				;	·
TRANSPORTER		NOTES: VE	EHICLE LIC		TRU	CK NUMBER
ADDRESS Transportation	غ		2H57		19	4
CITY, STATE, ZIP		5A	E Tru	cking		
PHONE				BOTTOM DUI	MP	TRANSFER
(510) 633-1528						
	ATĒ	ROLL-OFF	=(S)	FLAT-BED	VAN	DRUMS
* Ann Bager 8-	-27-07	1				
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I hereby certify that the above named material ha				$\mathcal{O}$		
accepted and to the best of my knowledge the for is true and accurate.	egoing	DISPOSAL MI	ETHOD:	(TO BE COMPLE	TED BY LA	NDFILL)
				DISPOSE		OTHER
REMARKS				$\rightarrow$	>	
						*
FACILITY TICKET NUMBER		D NON-FRIA				
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*			OTHER			
HEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRI REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERI		BE SCHED		TH THE LAND	FILL THE	

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

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# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### Mountain G.

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

□ Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks LLC MAILING ADDRESS	A103780070
1300 Clay St., Suite 620	<u></u>
	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland,CA 94612 / / / PHONE	X2 GLOVES □ GOGGLES □ RESPIRATOR X□ HARD HAT
CONTACT PERSON	DTY-VEK 🐒 SAFETY VEST
Marilyn Ponte	SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	-
* H.B. Dick 8/27/07	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a "cording to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	RECEIVING FACILITY
DISPOSAL     DISPOSAL     ONSTRUCTION     DEBRIS     SPECIAL WASTE	
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	· · · · · · · · · · · · · · · · · · ·
TRANSPORTER	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS Trans	2457899 194
725 Julie Ann way CITY, STATE, ZIP	2457899 194 SAE Truckmy
PHONE	END DUMP BOTTOM DUMP TRANSFER
(510) 633-1528	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
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* Min our	
	CUBIC YARDS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	1 20
is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
REMARKS	
FACILITY TICKET NUMBER	
SIGNATURE OF AUTHORIZED AGENT DATE	ASBESTOS
* 17 970	
CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO E	

#### Sanitary Landfill

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

Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

#### Forward Landfill

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

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#### NON-HAZARDOUS WASTE MANIFEST

Bay Rock Oaks, LLC MAILING ADDRESS 1300 Clay St., Suite 620 CITY, STATE, ZIP REQUIRED PERSONAL PROTECTIVE EQUIPMENT							-
MAILING ADDRESS     212Y79860       MAILING ADDRESS     212Y79860       GTY, STATE, ZIP     REQUIRED PERSONAL PROTECTIVE EQUIPMENT       O GLOVES © GOGGLES	GENERATOR			WAS	ГЕ АССЕРТА	NCE N	0.
Discords and state of the second s	Bay Rock Oaks, LLC MAILING ADDRESS				212V	1094	<u>^</u>
CITY_STATE, 2IP     REQUIRED PERSONAL PROTECTIVE EQUIPMENT       Dekland/CA_MORE     0 GLOVES D_GOGGLES D_RESPIRATOR_X'DHARD HAT       DIADES     DTVVEK_XD_SAFETY VEST       SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE       Mariny Device     SIGNATURE OF AUTHORIZED AGENT / TITLE       SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE       Mariny Device     SIGNATURE OF AUTHORIZED AGENT / TITLE       SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE       Mariny Device     SIGNATURE OF AUTHORIZED AGENT / TITLE       SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE       Mariny Device     SIGNATURE OF AUTHORIZED AGENT / TITLE       DISPOSAL     DISUDGE       DISPOSAL <td< td=""><td>1300 Clay St., Suite 620</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	1300 Clay St., Suite 620						
PHONE     DTYVEK     DSP34       CONTACT PERSON     DTYVEK     DSPACE       SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE     SPECIAL HANDLING PROCEDURES:       SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE     SPECIAL HANDLING PROCEDURES:       SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE     SPECIAL HANDLING PROCEDURES:       SIGNATURE OF Part of to the date of a backbon	CITY, STATE, ZIP		REQUIRED	PERSC	NAL PROTEC		QUIPMENT
CONTACT PERSON     SPECIAL HANDLING PROCEDURES:       Maritym Data:     S/2 7/07       CEMERATORS CERTIFICATION: I metry acety that the above named material in not a texation of the second or texace of the second or	Oakland,CA 94612 PHONE					IRATOR	X 🗆 HARD HAT
Marityn Evste       SYECIAL HANDLING PHOCEDURES:         SIGNATURE OF AUTHORIZED AGENT / TITLE       DATE         SIGNATURE OF AUTHORIZED AGENT / TITLE       DATE         SIGNATURE OF AUTHORIZED AGENT / TITLE       DATE         CENERATING FOR UP AND A STORE ORDER OF THE ADDRESS AND A STATE OF A STATE	(510) 873-8880		TY-VEK	X SAFET	TY VEST		
SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE       ★     J.R. D.A.     S/27/67       CORFERENCE OF INCLOSE ON INvestored in the above named material in or a hazardous water a defendence of a providence water and material in or a hazardous water a defendence of a providence water and material in or a hazardous water a defendence of a providence water and material in or a hazardous water a defendence of a providence water and material in or a hazardous water and material in or a hazardous water and an or toget a non-transference of a providence water and material in or a hazardous water and and the work is hown the work is			SPECIAL HA	ANDLING	PROCEDURES	S:	
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weeke addingd yd OFF Part Sti or tile 22 of the 2	* H.B. Duty 8/27/0	7					
WASTE TYPE:       DISPOSAL       DISLUDGE         DISPOSAL       DISLUDGE         DONSTRUCTION       DIWOOD         DISPECIAL WASTE       GENERATING FACILITY         4090 3an Pablo Avenue       EMERYVIILLE         TRANSPORTER       NOTES:         DEDERIS       DISPOSAL         DISPOSAL       DISPOSAL         GENERATING FACILITY         4090 3an Pablo Avenue       EMERYVIILLE         TRANSPORTER       NOTES:         VEHICLE LICENSE NUMBER       TRUCK NUMBER         ZH5789 9       194         ADDRESS       SAE         GITY, STATE, ZIP       SAE         OALLand       END DUMP         TRANSPORTER       END DUMP         TOTAL       PHONE         SIGNATUBE OF AUTHORIZED AGENT OR DRIVER       DATE         REMARKS       CUBIC YARDS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing       DISPOSAL METHOD:         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing       DISPOSAL METHOD:         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing       DISPOSAL METHOD:         I hereby certify that the above named mate	waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a co- regulations; AND, if the waste is a treatment residue of a previously restricted he subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous of	has been properly rding to applicable <b>izardous waste</b> en treated in	RECEIVING	FACILITY	4		
CONSTRUCTION       Q WOOD         DEBRIS       Q OTHER         GENERATING FACILITY       GENERATING FACILITY         4090 San Pablo Avenue       EMERYVILLE         TRANSPORTER       NOTES:         VEHICLE LICENSE NUMBER       TRUCK NUMBER         ADDRESS       D WOOD         CITY, STATE, ZIP       SAE Truck         Op Kluss       END DUMP         BORK       SAE Truck         Op Kluss       END DUMP         BIGNATUBE OF AUTHORIZED AGENT OR DRIVER       DATE         ROUBLOFF(S)       FLAT-BED         VAN       DRUMS         GUBIC YARDS       CUBIC YARDS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       DISPOSAL METHOD:         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       DISPOSE         DISPOSE       OTHER         SIGNATURE OF AUTHORIZED AGENT       DATE         Q CONSTRUCTION       DEBRIS         DISPOSE       OTHER         SIGNATURE OF AUTHORIZED AGENT       DATE         Q WOOD       Q WOOD         Q MOOD       Q MOOD         Q MOOD       Q ASH	WASTE TYPE:						
4090 San Pablo Avenue       EMERYVILLE         TRANSPORTER       NOTES:         MDRESS       TRUCK NUMBER         ADDRESS       TRUCK NUMBER         ADDRESS       TRUCK NUMBER         CITY, STATE, ZIP       SAE         OAKLund       END DUMP         BIGNATUBE OF AUTHORIZED AGENT OR DRIVER       DATE         Recepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS         CUBIC YARDS       OTHER         REMARKS       OCONSTRUCTION DEBRIS         FACILITY TICKET NUMBER       DATE         SIGNATURE OF AUTHORIZED AGENT       DATE         ONH-FRIABLE ASBESTOS       ONH-FRIABLE ASBESTOS	CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE						
TRANSPORTER       NOTES:       VEHICLE LICENSE NUMBER       TRUCK NUMBER         ADDRESS       2.457899       794         ADDRESS       2.457899       794         CITY, STATE, ZIP       SAE       Truck mumber         Garding       SAE       Truck mumber         Garding       SAE       Truck mumber         SIGNATURE OF AUTHORIZED AGENT OR DRIVER       DATE       ROLL-OFF(S)         FLAT-BED       VAN       DRUMS         SIGNATURE OF AUTHORIZED AGENT OR DRIVER       DATE       CUBIC YARDS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)         DISPOSE       OTHER         SIGNATURE OF AUTHORIZED AGENT       DATE       U CONSTRUCTION DEBRIS         SIGNATURE OF AUTHORIZED AGENT       DATE       U WOOD       U ASH	GENERATING FACILITY						
ADDRESS       2/457899       /94         ADDRESS       SAE       Tracking         CITY, STATE, ZIP       SAE       Tracking         Oakland       END DUMP       BOTTOM DUMP       TRANSFER         Oakland       END DUMP       BOTTOM DUMP       TRANSFER         SIGNATUBE OF AUTHORIZED AGENT OR DRIVER       DATE       ROLL-OFF(S)       FLAT-BED       VAN         SIGNATUBE OF AUTHORIZED AGENT OR DRIVER       DATE       CUBIC YARDS       Image: Cubic Yards       Image: Cubic Yards         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS       Image: Cubic Yards         REMARKS       Image: Cubic Yards       Image: Cubic Yards       Image: Cubic Yards         FACILITY TICKET NUMBER       Image: Cubic Yards       Image: Cubic Yards       Image: Cubic Yards         SIGNATURE OF AUTHORIZED AGENT       DATE       Image: Cubic Yards       Image: Cubic Yards       Image: Cubic Yards         SIGNATURE OF AUTHORIZED AGENT       DATE       Image: Cubic Yards       Image: Cubic Yards       Image: Cubic Yards         SIGNATURE OF AUTHORIZED AGENT       DATE       Image: Cubic Yards       Image: Cubic Yards       Image: Cubic Yards         SIGNATURE OF AUTHORIZED AGENT       DATE       Image: Cub	4090 San Pablo Avenue EMERY	VILLE					
PHONE       END DUMP       BOTTOM DUMP       TRANSFER         SIGNATUBE OF AUTHORIZED AGENT OR DRIVER       DATE       ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS       CUBIC YARDS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing       DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)         DISPOSE       OTHER         FACILITY TICKET NUMBER       DATE       ONN-FRIABLE         SIGNATURE OF AUTHORIZED AGENT       DATE       WOOD         I ASH       I ASH       I		2.5%					UCK NUMBER
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PHONE       END DUMP       BOTTOM DUMP       TRANSFER         SIGNATUBE OF AUTHORIZED AGENT OR DRIVER       DATE       ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS       CUBIC YARDS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing       DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)         DISPOSE       OTHER         FACILITY TICKET NUMBER       DATE       ONN-FRIABLE         SIGNATURE OF AUTHORIZED AGENT       DATE       WOOD         I ASH       I ASH       I			SA	E TI	reckmy	<b></b>	
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SIGNATUBE OF AUTHORIZED AGENT OR DRIVER       DATE       ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS       CUBIC YARDS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS       CUBIC YARDS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS       CUBIC YARDS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS       CUBIC YARDS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS       CUBIC YARDS         I SPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)       DISPOSE       OTHER         SEQUE       CONSTRUCTION DEBRIS       CONSTRUCTION DEBRIS       DEBRIS         SIGNATURE OF AUTHORIZED AGENT       DATE       WOOD       WOOD         WOOD       ASH       ASH       I				vit:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS         CUBIC YARDS       CUBIC YARDS         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)         DISPOSE       OTHER         PSONL       DISPOSE         FACILITY TICKET NUMBER       ONN-FRIABLE         SIGNATURE OF AUTHORIZED AGENT       DATE         WOOD       ONN         ASH       ONN	SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE		F(S)		VAN	
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       Isposal METHOD: (TO BE COMPLETED BY LANDFILL)         DISPOSE       OTHER         REMARKS       CONSTRUCTION DEBRIS         FACILITY TICKET NUMBER       ON-FRIABLE ASBESTOS         SIGNATURE OF AUTHORIZED AGENT       DATE         WOOD       ASH	MM Y M	0					
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REMARKS     DISPOSE     OTHER       FACILITY TICKET NUMBER     CONSTRUCTION DEBRIS     CONSTRUCTION DEBRIS     CONSTRUCTION DEBRIS       SIGNATURE OF AUTHORIZED AGENT     DATE     WOOD     CONSTRUCTION       U NON-FRIABLE ASBESTOS     CONSTRUCTION     CONSTRUCTION       DISPOSE     OTHER		foregoing	DISPOSAL M	ETHOD:	(TO BE COMPLE	ETED BY	LANDFILL)
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FACILITY TICKET NUMBER     ID NON-FRIABLE ASBESTOS       SIGNATURE OF AUTHORIZED AGENT     DATE       Image: Construction of the second seco							
SIGNATURE OF AUTHORIZED AGENT DATE WOOD			D NON-FRI				
I = ASH		DATE		DS			
		1,92-87					
	*	$\Psi$		OTHER			

#### Sanitary Landfill 901 Bailey Road

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗌 Oy Mountain

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR				WASTE ACCEPTA	NCE NO.
Bay Rock Oaks, LLC MAILING ADDRESS				A4A378	10070
1300 Clay St., Buite 6	20			<del>2</del> 12Y7	/9860
CITY, STATE, ZIP			<b>REQUIRED P</b>	PERSONAL PROTEC	CTIVE EQUIPMENT
Oakland, CA 94612					IRATOR X HARD HAT
PHONE			DITY-VEK 12	SAFETY VEST	
CONTACT PERSON					
Marilyn Ponte			SPECIAL HAN	DLING PROCEDURES	6:
SIGNATURE OF AUT	HORIZED AGENT / TITLE	DATE			
* 1.183	nity	8/27/07	3		
waste as defined by 40 CFR F described, classified and pack	ION: I hereby certify that the above named m Part 261 or title 22 of the California code of re taged, and is in proper condition for transport is a treatment residue of a previously res	gulations, has been properly ation a cording to applicable			
subject to the Land Disposal F accordance with the requirem 40 CFR Part 261.	Pestrictions, I certify and warrant that the was ents of 40 CFR Part 268 and is no longer a h	te has been treated in	RECEIVING FA	ACILITY	
DISPOSAL					
				,	
SPECIAL WASTE GENERATING FACIL					
4090 San Pablo Aven		MERYVILLE			
TRANSPORTER			NOTES: VEHI	CLE LICENSE NUMBER	TRUCK NUMBER
Rock	Transport Inc		Q1	707605	101
ADDRESS	Ti too Ular			<u>79200</u>	
CITY, STATÉ, ZIP	Julie Anti Way			J. A Truc	Vina
Ookland	CA 94621		`		shing
PHONE			END DUMP	BOTTOM DU	MP TRANSFER
510.62	3 · 1528 HORIZED AGENT OR DRIVE	R DATE			
SIGNATURE OF AUT	HORIZED AGENT OR DRIVE		ROLL-OFF(S	) FLAT-BED	VAN DRUMS
*	Jøe	8/27/07		4	
			CUBIC YARDS		
	that the above named may the best of my knowledge			20	,
	is true and accurate.		DISPOSAL METH	HOD: (TO BE COMPLE	ETED BY LANDFILL)
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			La-soil		
REMARKS					~
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FACILITY TICKET NU			NON-FRIABL ASBESTOS	.E	
SIGNATURE OF AUT	HORIZED AGENT	DATE			
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JLING MUST BE USAL UPON A	MADE PRIOR TO 3:00 P.M. TH RRIVAL. ONGOING DAILY	E DAY PRIOR TO EXE DELIVERIES MUST	BE SCHEDUL	AL • ANY UNSCHEDUL ED WITH THE LAND	ED LOADS ARE SUBJECT
		GENERATOR C		MANIF	

#### Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## 4ountain Sanitary Landf

 $\Box$ 

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

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

Fax (408) 262-2871

□ Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC MAILING ADDRESS	
1300 Clay St., Suite 620	- <b>212Y79860</b>
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland,CA 94612 PHONE	GLOVES GOGGLES GRESPIRATOR X GHARD HAT
CONTACT PERSON	SPECIAL HANDLING PROCEDURES:
Marílyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
* H.B. Dit 8/27/0	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined the 40 CFR Part 261.	
WASTE TYPE:	
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE	
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	· · · · · ·
TRANSPORTER	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS ROCK Transport INC.	9092605 101
725 Julie Ann Uby	
CITY, STATE, ZIP	J-A Trucking
PHONE Oakland, CA 94621	END DUMP BOTTOM DUMP TRANSFER
510.633.1528	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
* )2 8/27/0	1
	CUBIC YARDS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	
14 14	DISPOSE OTHER
REMARKS	
FACILITY TICKET NUMBER	
SIGNATURE OF AUTHORIZED AGENT DATE	
	WOOD
4.777	
*	

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

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## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# CX Mountain

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

# □ Newby Island Sanitary Landfill Milpitas, CA 95035

1601 Dixon Landing Road Phone (408) 945-2800 Fax (408) 262-2871

□ Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR				WAST	TE ACCEPT/	ANCE N	0.	
Bay Rock Oaks, LLC MAILING ADDRESS					A1A37	700/	<u></u>	I
1300 Clay St., Suite 620					<del>2</del> 12Y			
CITY, STATE, ZIP			REQUIRE	D PERSC	NAL PROTE	CTIVE E		MENT
<u>Oakland,CA 94612</u> PHONE						PIRATOR	ХDН	ARD HAT
(510) 873-8880			D TY-VEK	🗴 SAFET	TY VEST			
CONTACT PERSON			SPECIAL H	IANDLING	PROCEDURE	S:		
Marilyn Fonte SIGNATURE OF AUTHO	RIZED AGENT / TITLE	DATE						
* 1.1. B. Ju	<u>4 81</u>	27/07						
waste as defined by 40 CFR Part 26 described, classified and packaged, regulations; AND, if the waste is a subject to the Land Disposal Restric	hereby certify that the above named material is no 1 or tille 22 of the California code of regulations, h and is in proper condition for transportation a cor- reatment residue of a previously restricted has tions, I certify and warrant that the waste has been 1 40 CFR Part 268 and is no longer a hazardous w	has been properly ding to applicable <b>zardous waste</b> n treated in		G FACILITY	1			
WASTE TYPE:	÷							
DISPOSAL CONSTRUCTION DEBRIS SPECIAL WASTE	© SLUDGE © WOOD © OTHER							
GENERATING FACILITY			l ———					
4090 San Pablo Avenue	EMERY	VILLE						
TRANSPORTER			NOTES: N	/EHICLE LIC	ENSE NUMBER	R TR	UCK N	UMBER
ADDRESS KOCK T	iansport, Ivc			9D9	2605		01	
715 Tulia	Ann Way		-			````		
CITY, STATE, ZIP			1	J+	ATru	ckin	9	
Oakland (	A 94621						<u>ں</u>	NOTER
PHONE /	1520			JMP		UMP	IRA	
	RIZED AGENT OR DRIVER	DATE	ROLL-OF	FF(S)	FLAT-BED	VAN		DRUMS
* 🔆		8/27/07			ū	Ģ		
			CUBIC YAF	RDS				
Lhovebu contifuethe	t the charge named material	has been			7	0		
	t the above named material e best of my knowledge the							
	s true and accurate.	···· j···· j	DISPOSAL N	METHOD:	(TO BE COMPL	ETED'BY	LANDFIL	LL)
					DISPOSE		ΟΤΙ	HER
REMARKS						-		
FACILITY TICKET NUMB	ER		DEBRIS					
SIGNATURE OF AUTHOR		DATE	ASBEST					
	L	7.16-0						
* 1		0-00-1						
	DE PRIOR TO 3:00 P.M. THE DAY				VINSCHEDI			

TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. **GENERATOR COPY** 

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018

# 🗌 Ox Mrentain

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

1601 Dixon Landing Ro Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

#### □ Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR	WASTE ACCEPTANCE NO.
Bay Body Oaks LLC	
1300 Clay St., Suite 620	<u>- 212Y79860</u>
	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland CA 94612	GLOVES GOGGLES GRESPIRATOR X HARD HAT
CONTACT PERSON	
Marilyn Ponte	SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
* H.B. Diel - 8/27/07	7
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or tille 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a -cording to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordinance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined b	
40 CFR Part 261.	· · · · · · · · · · · · · · · · · · ·
DISPOSAL     SLUDGE     CONSTRUCTION     DEBRIS     SPECIAL WASTE	
GENERATING FACILITY	
4090 San Fablo Avenue EMERYVILLE	×
TRANSPORTER JIRCON TRACLUM	NOTES: VEHICLE LICENSE NUMBER TRUCK AUMBER
ADDRESS / MILLER PI	- 4020613 1091
ADDRESS MAN CO	
CITY, STATE, ZIP / MIL EY DRINGS	
PHONE 299 - 472 - 1083	END DUMP BOTTOM DUMP TRANSFER
	ROLL-OFE(S) FLAT-BED VAN DRUMS
+ min to bon 8.27	
I hereby certify that the above named material has been	
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
REMARKS	
FACILITY TICKET NUMBER	DEBRIS     DEBRIS     NON-FRIABLE
SIGNATURE OF AUTHORIZED AGENT DATE	ASBESTOS
SIGNATURE OF AUTHORIZED AGENT DATE	ASBESTOS
1 1 1 1 1 1 1	v
SIGNATURE OF AUTHORIZED AGENT DATE	ATWOOD

**GENERATOR COPY** 

TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565

Phone (925) 458-9800 Fax (925) 458-9891

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🖳 🔍 🗴 Mountain

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

## □ Newby Island Sanitary Landfill 1601 Dixon Landing Road

Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

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

Fax (209) 982-1009

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Cales LLC	
MÅILING ADDRESS	
1300 Clay St., Suite 620 CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland.CA 94612	
PHONE	XΩ GLOVES □ GOGGLES □ RESPIRATOR X□ HARD HAT
(\$10) \$73-\$880	TY-VEK SAFETY VEST
CONTACT PERSON	SPECIAL HANDLING PROCEDURES:
Marilyn Ponte: SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
* H.B.Dick 8/27/L	7
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardour	
waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been prop described, classified and packaged, and is in proper condition for transportation a cording to applic	ble
regulations; AND, If the waste is a treatment residue of a previously restricted hazardous wast subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in	
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as define 40 CFR Part 261.	
WASTE TYPE:	
	*
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GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	
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CITY, STATE, ZIP PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoin is true and accurate. REMARKS FACILITY TICKET NUMBER	ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         NO       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS       Image: Cubic YARDS         Image: Cubic YARDS       Image: Cubic YARDS
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### Sanitary Landfill 901 Bailey Road

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WA	STE ACCEPTANCE	E NO.
Bay Rock Cales LLC MAILING ADDRESS				2.4.0
1300 Clay St., Suite 620			<b>- 212Y798</b>	860
CITY, STATE, ZIP		REQUIRED PERS	SONAL PROTECTIV	E EQUIPMENT
Oakland,CA 94612 PHONE		🛱 GLOVES 🗖 GOO		
•		DITY-VEK 👷 SAF	ETY VEST	
CONTACT PERSON		SPECIAL HANDLIN		
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
SIGNATORE OF AUTHORIZED AGENT / TITLE		-		
* H & Der	5/27/07			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or tille 22 of the California code of regulations; described, classified and packaged, and is in proper condition for transportation a corregulations; AND, if the waste is a treatment residue of a previously restricted h subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261.         WASTE TYPE: <ul> <li>DISPOSAL</li> <li>SLUDGE</li> <li>CONSTRUCTION</li> <li>WOOD</li> <li>DEBRIS</li> <li>OTHER</li> <li>SPECIAL WASTE</li> <li>GENERATING FACILITY</li> <li>4090 San Pablo Avenue</li> <li>EMER3</li> </ul>	has been properly ording to applicable azardous waste en treated in		TY	
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TRANSPORTER GIBSON TRUCK	149	NOTES: VEHICLE		
ADDRESS 4059 LUNN R		76		
PHONE 209 - 1772 - 00	P3	END DUMP	BOTTOM DUMP	TRANSFER
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SIGNATI IRE OF ALITHORIZED AGENT OR DRIVER	DATE			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED	VAN DRUMS
1 11	DATE	ROLL-OFF(S)		VAN DRUMS
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#### Sanitary Landfill 901 Bailey Road

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

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Landfill 28972 Coffin Butte Road Corvallis, OR 97330 \* Phone (541) 745-2018 Fax (541) 745-3826

#### ☐ Ox ≮.∋untain Sanitary Landf

 ■ Sanitary Landfill
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Forward
Landfill
9999 S. Austin Ro

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR			WAS	TE ACCEPTA	NCE N	0.
Bay Rock Caks, LLC MAILING ADDRESS					000 -	
MAILING ADDRESS 1300 Clay St., Suite 620				-212Y7	'986	0
CITY, STATE, ZIP		REQUIR	ED PERSO	DNAL PROTEC		
Oakland, CA 54612						
PHONE						<b></b>
CONTACT PERSON						
Marilyn Ponte		SPECIAL	HANDLING	PROCEDURES	S:	
	ATE					
* H. B Dut 2/	27/0-7					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has i described, classified and packaged, and is in proper condition for transportation a cording regulations; AND, if the waste is a treatment reaidue of a previously restricted hazard subject to the Land Disposal Restrictions, I certify and warrant that the waste has been tre accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste 40 CFR Part 261.	been properly g to applicable <b>Jous waste</b> eated in	RECEIVIN	IG FACILIT	Y		
WASTE TYPE:						
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE						·
GENERATING FACILITY						·
4090 San Pablo Avenue EMERYVI	LLE					
TRANSPORTER DAVE'S ES		NOTES:	VEHICLE LIC	CENSE NUMBER	TR	
ADDRESS 17866 Seidnen R	cl		9/381	926	$\overline{\mathcal{D}}$	- 99
CITY, STATE, ZIP ESCALON CA, 953	°20		46K4	/ 7 Y /		
PHONE 709 838-6024		END D	UMP	BOTTOM DU	MP	TRANSFER
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SIGNATURE OF AUTHORIZED AGENT OR DRIVER D	ATE	ROLL-C		FLAT-BED		
* Hand Iff 8	1-2707					. 🗅
		CUBIC YA	RDS	·		,
I hereby certify that the above named material has accepted and to the best of my knowledge the fo						
is true and accurate.	- going	DISPOSAL	METHOD:	(TO BE COMPLE	TED BY I	LANDFILL)
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REMARKS		SOIL				
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*			ALOTHER			

#### Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565

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# Sani ary I andfi

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□ Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

MAILING ADDRESS     212Y79860       SUD Clay St, Naite 620     REQUIRED PERSONAL PROTECTIVE EQUIPMENT       Oatland/CA 94612     Decourse of concernsion of the second state of the second state of the concernsion of the second state of the	GENERATOR			WAS	TE ACCEPTA	NCE N	Э.	
Construct and CA 24612       REQUIRED PERSONAL PROTECTIVE EQUIPMENT         Cakland CA 24612       Construct Person         Construct PERSON       Construct Person         Marityn Drate       DT-VEK 20 SAFETY VEST         Signature of Authomized agent / Title       DATE         *       Marityn Drate         Signature of Authomized agent / Title       DATE         *       Marityn Drate         Signature of Authomized agent / Title       DATE         *       Marityn Drate         Signature of Authomized agent / Title       DATE         *       Marityn Drate         Signature of Authomized agent / Title       DATE         *       Marityn Drate         Signature of Authomized agent / Title       DATE         *       Marityn Drate         Signature of Authomized agent / Title       DATE         *       Marityn Drate         Signature of Authomized agent / Title       DATE         *       Marityn Drate         Signature of Authomized agent / Title       DATE         *       Disposal         *       Disposal         *       Disposal         *       Signature of Authomized agent								
Sakiand CA 24612       D GLOVES D GOGGLES D RESPIRATOR XD HARD HAT         PHONE       DTY-VEK XD SAFETY VEST         SONTACTPERSON       SPECIAL HANDLING PROCEDURES:         SIGNATURE OF AUTHORIZED AGENT / TITLE       DATE         Washe as oldered to an advect on the 20 the Calculation a rooting to applicate and packaged, and is in proof advectation a rooting to applicate and packaged, and is in proof advectation a rooting to applicate and packaged, and is in proof advectation a rooting to applicate advect to the advect on the 20 the Calculation and order applicate advectation a rooting to applicate advectation a rooting to applicate advectation a rooting to applicate advectation and the regulation by washe advectation and break advectation a rooting to applicate advectation and the regulation advectation and rooting to advect the set of the Calculation advectation and the regulation advectation and the regulation advectation and the regulation advectation advectation and the regulation advectation and the regulation advectation and the regulation advectation advectation advectation advectation advectatin advectation advectation advectatin advectati								
PHONE     District Status     Dispose     Dispose     Dispose     Disp								
CÓRTACTPÉRSON     SPECIAL HANDLING PROCEDURES:       Marithy Prode     SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE       SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE       SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE       Sector     SPECIAL HANDLING PROCEDURES:       SIGNATURE OF AUTHORIZED AGENT / TITLE     DATE       Sector     SPECIAL HANDLING PROCEDURES:       Signature of a proproceduring the above named material is not a heardous average to apply adverted, classification are been proprint adverted in a heardous average to apply adverted, classification average to apply adverted, classification average to apply adverted in a heardous average at defined by acceleration of the appletion of the appletion average to apply adverted in a heardous average at defined by acceleration of the appletion of the appletion of the appletion average at defined by acceleration of the appletion					GLES 🗅 RESPI	RATOR	X I HARD HAT	
Marilem Perde       SPECIAL HANDLING PROCEDURES:         SIGNATURE OF AUTHORIZED AGENT / TITLE       DATE         ★       A.B. Juk       SI 2 7 / 6 7         GENERATORS CERTIFICATION: foreign and in a bown material in on a hazardous wests as defined and programmer and in the tweet many material in an anazona material materinal material	(510) 573-5889			XI SAFE	TY VEST			
SIGNATURE OF AUTHORIZED AGENT / TITLE       DATE         ★       J.B. Juk       S (27/07)         GENERATORS CERTIFICATION: Instable central diagname, material is not a nexarbour wases as defined by 40 CFR Part 260 or the 26 or he califormic order or againtons. This beek properly and warent that the water that he water that			SPECIAL H	HANDLING	PROCEDURES	6:		
GENERATOPS CERTIFICATION: hereby carify that the above named material is not a hazardous wests as defined by 40 CPF Part 281 or the 22 of the Californi code of regulations; has been properly instructed hazardous wests as defined by 40 CPF Part 281 or the 22 of the Californi code of regulations; has been properly instructed hazardous wests as defined by 40 CPF Part 281.            BENERATOPS CERTIFICATION: hereby carify and variant that the waste has been freated in according and variant that the waste has been freated in according and variant that the waste has been freated in according and variant that the waste has been freated in according and variant that the waste has been freated in according and variant that the waste has been freated in according and variant that the waste has been freated in according and variant that the waste has been freated in according and variant that the waste has been freated in according and variant that the waste has been freated in according and variant that the waste has been freated in according and variant that the waste has been freated in according and variant that the waste has been freated in according and variant that the waste has been accepted and to the best of my knowledge the foregoing is true and accurate.             BENERATOPS CERTIFICATION           Disposel             BENERATOPS CERTIFICATION           Disposel             DISPOSAL           DISPOSAL             DISPOSAL METHOD:            DISPOSAL METHOD:            DISPOSAL METHOD:            DISPOSAL METHOD:            DISPOSAL METHOD:            DISPOSAL METHOD:<	SIGNATURE OF AUTHORIZED AGENT / TITLE	ATE						
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adjorer Pair and         WASTE TYPE:         DISPOSAL         SUDGE         CONSTRUCTION         DISPOSAL         SPECIAL WASTE         GEENERATING FACILITY         40000         MADDRESS         TRANSPORTER         D.A.V.C.         DISPOSAL         GENERATING FACILITY         40000         ADDRESS         TRANSPORTER         D.A.V.C.         ADDRESS         TRANSPORTER         D.A.V.C.         CITY, STATE, ZIP         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         DATE         CUBIC YARDS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.         DISPOSAL METHOD:         (TO BE COMPLETED BY LANDFILL)         DISPOSE       OTHER	waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has l described, classified and packaged, and is in proper condition for transportation a cording regulations; AND, if the waste is a treatment residue of a previously restricted hazard subject to the Land Disposal Restrictions, I centify and warrant that the waste has been tre	been properly g to applicable dous waste eated in	BECEIVIN	G FACILIT	Y			
□ DISPOSAL       □ SLUDGE         □ CONSTRUCTION       □ WOOD         □ DEBRIS       □ OTHER         □ SPECIAL WASTE       □ OTHER         GENERATING FACILITY       4090 San Pablo Average         EMERYVILLE       Image: Construction of the constructi	40 CFR Part 261.	e as defined by			·			
4090 San Pablo Avenue       EMERYVILLE         TRANSPORTER       DAVE       Es         ADDRESS       DAVE       Es         ADDRESS       DAVE       Es         OTTY, STATE, ZIP       Sendow       CH         PHONE       CO       9-830         PHONE       CO       9-830         SIGNATURE OF AUTHORIZED AGENT OR DRIVER       DATE         RolL-OFF(S)       FLAT-BED         VAN       DRUMS         ADDRESS       CUBIC VARDS         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC VARDS         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)	DISPOSAL     DISPOSAL     ONSTRUCTION     DEBRIS     DOTHER     SPECIAL WASTE							
TRANSPORTER       DAVE       Eg       NOTES:       VEHICLE LICENSE NUMBER       TRUCK NUMBER         ADDRESS       7866       Seindard       988/826       D-99         GITY, STATE, ZIP       Secondard       95320       46K499/         PHONE       209-830       -6024       END DUMP       BOTTOM DUMP       TRANSFER         SIGNATURE OF AUTHORIZED AGENT OR DRIVER       DATE       ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         *       Address       622-0       D       D       D       D         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS       CUBIC YARDS         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)       DISPOSE       OTHER							·	
ADDRESS       7866       Seidwer         CITY, STATE, ZIP       Scalow       CA       95320         PHONE       CO       Signature       Hokkup       Hokkup         SIGNATURE OF AUTHORIZED AGENT OR DRIVER       DATE       ROLL-OFF(S)       FLAT-BED       VAN         K       Address       Borrow Dump       TRANSFER         SIGNATURE OF AUTHORIZED AGENT OR DRIVER       DATE       ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         K       Address       Borrow Date       Date       Date       Date       Date       Date         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS       Disposal METHOD:       (TO BE COMPLETED BY LANDFILL)         DISPOSE       OTHER	4090 San Pablo Avenue EMERYVI	LLE						
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CITY, STATE, ZIP       CM       93520         PHONE       CO       9-830       -6024         SIGNATURE OF AUTHORIZED AGENT OR DRIVER       DATE       ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         *       Additional accurate       822-0       CUBIC YARDS       Image: Cub	ADDRESS 17861 Sevelalar			<u> 4881</u>	1976	D	-99	
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SIGNATURE OF AUTHORIZED AGENT OR DRIVER       DATE       ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         ★       Auto       B       B       C	PHONE 209-830 - 6024			JMP		MP	_	
* Aud       & 27-00         I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.       CUBIC YARDS         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)         DISPOSE       OTHER				FF(S)				
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		;			DISPOSE		OTHER	
REMARKS	REMARKS		SOIL					
FACILITY TICKET NUMBER	FACILITY TICKET NUMBER		D NON-FR	RIABLE				
SIGNATURE OF AUTHORIZED AGENT DATE	SIGNATURE OF AUTHORIZED AGENT	DATE	1					
A □ ASH		XO	U ASH					
* SPECIAL OTHER		21 11 71						

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### □ 0 1ountain

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

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

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC	
MAILING ADDRESS 1300 Clay St., Suite 620	- <b>212Y79860</b>
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland, CA 94612	
PHONE	
CONTACT PERSON	
Marilyn Ponte	SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
* H.B.Dut 5/27/	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been proper described, classified and packaged, and is in proper condition for transportation ar-cording to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined 40 CFR Part 261.	
WASTE TYPE:	
DISPOSAL       DISPOSAL         CONSTRUCTION       WOOD         DEBRIS       OTHER         SPECIAL WASTE       SPECIAL WASTE	
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER DAVE'S ES	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
	- 9881976 D-99
ADDRESS 1)866 Joldyen	
CITY, STATE, ZIP Escalor CA 95320	- 46K499/
PHONE 209-828-6624	END DUMP BOTTOM DUMP TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
* ford Liff 8-27-0	
	CUBIC YARDS
I hereby certify that the above named material has been	
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
REMARKS	
FACILITY TICKET NUMBER	NON-FRIABLE ASBESTOS
SIGNATURE OF AUT PORIZED AGENT DATE	
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* +	

SC ' PRI TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller Canyon	Coffin Butte	🗌 🖒 🛛 າປ	ıntain	🗌 Newby	isiand		ard
Sanitary Landfill	Landfill		y Landfill		y Landfill	Land	lfill
901 Bailey Road	28972 Coffin Butte Road	•	Mateo Road		n Landing Road		. Austin Road
Pittsburg, CA 94565	Corvallis, OR 97330		Bay, CA 94019	Milpitas, C			a, CA 95336
Phone (925) 458-9800 Fax (925) 458-9891	Phone (541) 745-2018 Fax (541) 745-3826	Fax (650) 7	)) 726-1819 /26-9183	Fax (408)	8) 945-2800 262-2871		(209) 982-4298 )9) 982 <b>-</b> 1009
·		-HAZARDOUS					557 562-1663
GENERATOR							
Bay Rock Oaks, LLC MAILING ADDRESS	او	ji		ļīA			
1300 Clay St., Suite 620	0				<b>- 212Y</b> 7	<b>986</b> 0	
CITY, STATE, ZIP			REQU	RED PERS	ONAL PROTEC	TIVE EQ	UIPMENT
Oakland.CA 94612 PHONE			GLOV	ES 🗅 GOG	GLES 🖸 RESPI	RATOR 3	
(510) 873-8880		•		K 👷 SAFE	TY VEST		
CONTACT PERSON			SPECIA		PROCEDURES	:	
Marilyn Ponte SIGNATURE OF AUTH	ORIZED AGENT / TITLE	DATE					
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* [1].12.2		·	7 - 7	,			
waste as defined by 40 CFR Par	W: I hereby certify that the above named rt 261 or title 22 of the California code of red, and is in proper condition for transp	f regulations, has been pr	operly				
regulations; AND, If the waste is subject to the Land Disposal Res	ged, and is in proper condition for transp s a treatment realdue of a previously strictions, I certify and warrant that the v	restricted hazardous wa waste has been treated in			24		
accordance with the requiremen 40 CFR Part 261.	its of 40 CFR Part 268 and is no longer	a hazardous waste as def	ined by RECEN	ING FACILIT	Y		
WASTE TYPE:					_		
DISPOSAL     CONSTRUCTION	L SLUD L WOO						
GENERATING FACILI	TV						
4090 San Pablo Avenue		EMERYVILLE			•		
	-		NOTES			7010	
TRANSPORTER	1 B Star		NOTES			TRUC	
	11 B Son		NOTES	VEHICLE LI	CENSE NUMBER	TRUC	-87
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Keller Canyon Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891	Coffin Butte Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826	Or Sanitary La 12310 San Mateo Half Moon Bay, C Phone (650) 726- Fax (650) 726-91	n <b>dfill</b> Road A 94019 1819	1601 Dixo Milpitas, C	r <b>y Landfill</b> n Landing Road XA 95035 08) 945-2800	Forward Landfill 9999 S. Austin Road Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009
	NON-	HAZARDOUS WA	STE MAN		بو مربع	
GENERATOR			1	WAS	TE ACCEPTA	NCE NO.
Bay Rock Oalos, LLC MÁILING ADDRESS					214377	0020
1300 Clay St., Suite 62 CITY, STATE, ZIP	0		BEQUIE	ED PERS	212Y7	
Oakland, CA 94612 PHONE				S		
(510) 872,9880	- · · · · · · · · · · · · · · · · · · ·	-			ETY VEST	
CONTACT PERSON Marilyn Ponte	· · ·	i	SPECIAL		G PROCEDURES	:
	ORIZED AGENT / TITLE	DATE				
* H.B.D.	int	8/27/07				
waste as defined by 40 CFR Par described, classified and packag regulations; AND, if the waste is subject to the Land Disposal Re	N: I hereby certify that the above named rt 261 or title 22 of the California code of ged, and is in proper condition for transpi a treatment residue of a previously strictions, I certify and warrant that the w	regulations, has been properly ortation a cording to applicable restricted hazardous waste vaste has been treated in				
40 CFR Part 261.	its of 40 CFR Part 268 and is no longer a	a hazardous waste as defined by				
		D				
SPECIAL WASTE		.n 				<u> </u>
GENERATING FACILI 4090 San Pablo Avenu		EMERYVILLE				·
	4	Linniar I V Harmi	NOTEO			
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CITY, STATE ZIP	in the de	·> 7 (2)	7	Low.	sill	
PHONE	PA (14 45	340	END		BOTTOM DU	MP TRANSFER
SIGNATURE OF AUTH	IORIZED AGENT OR DRIV	ER DATE	ROLL-C	CFF(S)	FLAT-BED	VAN DRUMS
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	the best of my knowled			ARDS	20	TED BY LANDFILL)
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MANIFEST # 597833

#### Sanitary Landfill 901 Bailey Road

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

# □ Newby Island **Sanitary Landfill** 1601 Dixon Landing Road

Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

□ Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WAS	STE ACCEPTANCE	NO.
Bay Rock Oaks, LLC MAILING ADDRESS			A4A378AC	
1300 Clay 3t., 3uite 620			<u>-212Y798</u>	
CITY, STATE, ZIP	_	REQUIRED PERS	ONAL PROTECTIV	E EQUIPMENT
<u>Oakland.CA 94612</u> PHONE		Kai Gloves 🗖 Gog	GLES CRESPIRATO	
(\$10) 873-8880	· · ·	TY-VEK 👷 SAFE	ETY VEST	
CONTACT PERSON		SPECIAL HANDLING	G PROCEDURES:	
Marilyn Ponte: SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* H.B. Suly	5/27			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a "cou- regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v	has been properly rding to applicable zardous waste n treated în		ГҮ	
40 CFR Part 261. WASTE TYPE:		·		
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     OTHER				· · · · · · · · · · · · · · · · · · ·
GENERATING FACILITY				
4090 San Fablo Avenue EMERY	VILLE			
TRANSPORTER		NOTES: VEHICLE L	ICENSE NUMBER	TRUCK NUMBER
ADDRESS		9Ar	79043	M-87
CITY, STATE, ZIP		Low	19043	
PHONE		END DUMP	BOTTOM DUMP	TRANSFER
209 838-2960				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)		AN DRUMS
* Dennis Marlomed	8/27/0-7			
		CUBIC YARDS		e %
I hereby certify that the above named material accepted and to the best of my knowledge the			2	
is true and accurate.	lorogonig	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
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REMARKS		S SOIL		
FACILITY TICKET NUMBER				
SIGNATURE OF AUTHORIZED AGENT	DATE			
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*	fil'		ites_	

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

MANIFEST #

597828

# Sanitary Landfill

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

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# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗆 Ox Mc: atain

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

 Forward Landfill

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

GENERATOR Bay Rock Oaks, LLC MAILING ADDRESS 1300 Clay St., Suite 620	WASTE A	
MÁILING ADDRESS 1300 Clay St., Suite 620		CCEPTANCE NO.
	2	12V70960
		12Y79860
CITY, STATE, ZIP Oakland,CA 94612		PROTECTIVE EQUIPMENT
PHONE		
CONTACT PERSON		ST
Marilyn Ponte	SPECIAL HANDLING PRO	CEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE		
* H.B. Dut 8/28/07		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a -cording to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	RECEIVING FACILITY	
WASTE TYPE:		
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE		
GENERATING FACILITY		
4090 San Pablo Avenue EMERYVILLE	· · ·	
TRANSPORTER	NOTES: VEHICLE LICENSE	NUMBER TRUCK NUMBER
ADDRESS ADDRESS	2H578	99 194
CITY, STATE, ZIP	SAE Truck	ing
PHONE PHONE	END DUMP BO	TTOM DUMP TRANSFER
(510) 133-1578		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE		T-BED VAN DRUMS
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Keller Canyon	□ Coffin Butte	🗇 🗇 🗇 🗇 🗇
Sanitary Landfill	Landfill	San ary Landfill
901 Bailey Road	28972 Coffin Butte Road	12310 San Mateo Road
Pittsburg, CA 94565	Corvallis, OR 97330	Half Moon Bay, CA 94019

Phone (541) 745-2018

Fax (541) 745-3826

Phone (925) 458-9800

Fax (925) 458-9891

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

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

#### **NON-HAZARDOUS WASTE MANIFEST**

Phone (650) 726-1819

Fax (650) 726-9183

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PECIAL	HANDLING	PROCEDURES		
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SPOSAL	METHOD:	(TO BE COMPLE	TED BY LA	NDFILL)
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SOIL				
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		ZH3         SAE         SAE         SIC VARDS         DLL-OFF(S)         DIC YARDS         SIC YARDS         SOIL         COSAL METHOD:         SOIL         CONSTRUCTION         DEBRIS         NON-FRIABLE         SBESTOS         VOOD         SSH         SPECIAL OTHER         ED ARRIVAL - AN	ZH57899         SAE         Truck         IND DUMP         BOTTOM DUN         DLL-OFF(S)         FLAT-BED         Image: Stress of the stre	2H57899     194       SAE     Truck mg       SND DUMP     BOTTOM DUMP       DLL-OFF(S)     FLAT-BED       VAN     I       I     I       SIC YARDS     I       POSAL METHOD:     (TO BE COMPLETED BY LAND)       DISPOSE     I       SOIL     I       DISPOSE     I       SOIL     I

**GENERATOR COPY** 

MANIFEST #

597848

#### Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

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

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

Fax (209) 982-1009

ON-HAZARDOUS WASTE MANIFEST

	WASTE MANIFEST
GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC	
MAILING ADDRESS 1300 Clay St., Suite 620	<u>– 212Y79860</u>
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland.CA 94612	
PHONE	
(510) 873-8880	CITY-VEK XO SAFETY VEST
	SPECIAL HANDLING PROCEDURES:
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
* 11. B Duity 8/28,	67
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardor waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been pro described, classified and packaged, and is in proper condition for transportation a cording to appli regulations; AND, If the waste is a treatment residue of s previously restricted hazardous wa subject to the Land Disposal Restrictions. Learlify and warrant that the waste has been treated in	
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defi 40 CFR Part 261.	
WASTE TYPE:	
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER	·
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
Rock Trans	2467865 194
ADDRESS	2457899 194
CITY, STATE, ZIP	
	SAE Trucking
PHONE	END DUMP BOTTOM DUMP TRANSFER
(510) 633-1828	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
* Tun Area 8-2	d-at
	CUBIC YARDS
I hereby certify that the above named material has be	en SZ
I hereby certify that the above named material has be accepted and to the best of my knowledge the forego	en SZ
I hereby certify that the above named material has be	
I hereby certify that the above named material has be accepted and to the best of my knowledge the forego is true and accurate.	ing DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
I hereby certify that the above named material has be accepted and to the best of my knowledge the forego	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER SOIL
I hereby certify that the above named material has be accepted and to the best of my knowledge the forego is true and accurate.	Disposal method:     (TO BE COMPLETED BY LANDFILL)       Disposal method:     Dispose       OTHER       Soll       Construction       DEBRIS
I hereby certify that the above named material has be accepted and to the best of my knowledge the forego is true and accurate. REMARKS FACILITY TICKET NUMBER	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER SOIL
I hereby certify that the above named material has be accepted and to the best of my knowledge the forego is true and accurate.	Ing     Image: Disposal method:     (TO BE COMPLETED BY LANDFILL).       DISPOSE     OTHER       Soll     Image: Dispose       Image: Dispose     OTHER       Image: Dispose     OTHER       Image: Dispose     Image: Dispose       Image: Dispose     Image: Dispose<
I hereby certify that the above named material has be accepted and to the best of my knowledge the forego is true and accurate. REMARKS FACILITY TICKET NUMBER	Ing     Image: Disposal method:     (TO BE COMPLETED BY LANDFILL)       DISPOSE     OTHER       SOIL     Image: Dispose       Image: Dispose     OTHER       Image: Dispose     OTHER       Image: Dispose     OTHER       Image: Dispose     OTHER       Image: Dispose     Image: Dispose

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

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

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

Fax (408) 262-2871

. . Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR			WAS	STE ACCEPTA	NCE N	0.
Bay Rock Oaks, LLC MAILING ADDRESS						
1300 Clay St., Suite 620		4		- <del>2</del> 12Y7	7986	0
CITY, STATE, ZIP		REQUIRE	ED PERS	ONAL PROTEC		
Oakland.CA 94612					IRATOR	
PHONE						
(510) 873-8880 CONTACT PERSON				ETY VEST		
Marilyn Ponte		SPECIAL	HANDLING	G PROCEDURES	S:	17 × 17
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	]				<b>`</b> .
* H. S. Duty 8	128/07					
GENERATOR'S CERTIFICATION: 1 hereby certify that the above named material is no waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, 1 described, classified and packaged, and is in proper condition for transportation a cor regulations; AND, If the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, i certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w 40 CFR Part 261.	nas been properly ding to applicable <b>zardous waste</b> n treated in	RECEIVIN	IG FACILIT	TY		
WASTE TYPE:		1				
DISPOSAL     DISPOSAL     CONSTRUCTION     DEBRIS     DEBRIS     SPECIAL WASTE						
GENERATING FACILITY		]				
4090 San Pablo Avenue EMERY	VILLE					
TRANSPORTER		NOTES:	VEHICLE LI	ICENSE NUMBER	TR	UCK NUMBER
ADDRESS Rock Transport, INC.			9D9	2605	IC	
725 Julie ADD WAY						
CITY, STATE, ZIP		1	し、	ATruc	cKir	na l
Oakland, CA 94621						J
PHONE 510.633-1528		END D		BOTTOM DU	MP	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-O	FF(S)	FLAT-BED	VAN	
* Jæ	8/28/07					
		CUBIC YA	RDS			
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I hereby certify that the above named material accepted and to the best of my knowledge the				$\partial \mathcal{O}$		0 V
is true and accurate.	loregoing	DISPOSAL	METHOD:	(TO BE COMPLE	ETED BY L	ANDFILL)
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REMARKS						
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	DATE	ASBES	TOS			
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HEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY				W UNCOLIED UI	EDLOAD	

<b>∐}Kelle</b> r	Canyon
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Fax (925) 458-9891

#### Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800

# 

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗆 Ox Mou

Sanitary L I 12310 San Mateo L. ad Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183

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

Fax (408) 262-2871

Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WAS	STE ACCEPTANCE	NO.
Bay Rock Oaks, LLC MÁILING ADDRESS				
1300 Clay St., Suite 620			-212Y798	60
CITY, STATE, ZIP		REQUIRED PERS	ONAL PROTECTIVE	EQUIPMENT
Oakiand,CA 94612 PHONE		🗴 GLOVES 🗅 GOG		
(510) 873-8860 CONTACT PERSON			ETY VEST	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	SPECIAL HANDLIN	G PROCEDURES:	
* H. B. Duty 8	28/01			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is r waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a co- regulations; <b>AND</b> , if the waste is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261.	has been properly ording to applicable azardous waste en treated in	RECEIVING FACILI	ΓΥ	
WASTE TYPE:				
DISPOSAL     DISPOSAL       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     VANTE				
GENERATING FACILITY				
4090 San Pablo Avenue EMERY	VILLE			
TRANSPORTER		NOTES: VEHICLE L	ICENSE NUMBER	RUCK NUMBER
ADDRESS Rock Transport, Ivc		909	2605	101
725 Julie Ann Way				
CITY, STATE, ZIP			*A-Irucki	ng I
PHONE OGLAOND, CA 94621			BOTTOM DUMP	J
510.633.1528				TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED VA	
* \&	8/28/07			
		CUBIC YARDS		
I hereby certify that the above named material accepted and to the best of my knowledge the			19	
is true and accurate.	loregoing	DISPOSAL METHOD:	(TO BE COMPLETED B	Y LANDFILL)
			DISPOSE	OTHER
REMARKS				
FACILITY TICKET NUMBER	· \	DEBRIS		
SIGNATURE OF AUTHORIZED AGENT	DATE	WOOD		
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*	61D0		· · · · · · · · · · · · · · · · · · ·	
	V			

#### Sanitary Landfill

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

Coffin	Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### 

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island
 Sanitary Landfill
 1601 Dixon Landing Road

1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
Landfill
9999 S. Austin Bo

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

GENERATOR	WAS	TE ACCEPTANC	E NO.
Bay Rock Oaks, LLC			
		212Y79	860
1300 Clay St., Suite 620			
CITY, STATE, ZIP Oakland,CA 94612			
Dakimo, CA 54612	🛱 GLOVES 🗖 GOG	GLES 🖸 RESPIRAT	OR X I HARD HAT
(510) 873-8880		ETY VEST	
CONTACT PERSON			
Marilyn Ponte	SPECIAL HANDLING	a PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	]		
* 1.1 B, Duit, 5/28/07			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261. WASTE TYPE:		ΓY	
GENERATING FACILITY			
4090 San Pablo Avenue EMERYVILLE			
TRANSPORTER	NOTES: VEHICLEL	ICENSE NUMBER	TRUCK NUMBER
Rock Transport Two.			+ 25 J
ADDRESS	$+$ $\square UD9$	2605	_0[
725 Julie Ann Way	CARGE THE PARTY PARTY	A more to a	
CITY, STATE, ZIP		ATrucki	na
Oakland, CA 94621			
PHONE		BOTTOM DUMP	
ジロ・633・1528 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S)	FLAT-BED	VAN DRUMS
Sidika one of Aothonized Adelyt on Driven Date			
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* <u>v</u> 8128107	_		
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·	CUBIC YARDS		
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I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing		. 20	
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
accepted and to the best of my knowledge the foregoing	DISPOSAL METHOD:	(TO BE COMPLETED	
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD:	1	1
accepted and to the best of my knowledge the foregoing		1	1
accepted and to the best of my knowledge the foregoing is true and accurate.		1	1
accepted and to the best of my knowledge the foregoing is true and accurate.	CONSTRUCTION DEBRIS NON-FRIABLE	1	1
accepted and to the best of my knowledge the foregoing is true and accurate.	CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	1	1
accepted and to the best of my knowledge the foregoing is true and accurate.	CONSTRUCTION DEBRIS NON-FRIABLE	1	1
accepted and to the best of my knowledge the foregoing is true and accurate.         REMARKS         FACILITY TICKET NUMBER         SIGNATURE OF ADTHORIZED AGENT	CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	1	1
Accepted and to the best of my knowledge the foregoing is true and accurate.           REMARKS           FACILITY TICKET NUMBER	SOIL     CONSTRUCTION     DEBRIS     NON-FRIABLE     ASBESTOS     WOOD	1	1
accepted and to the best of my knowledge the foregoing is true and accurate.         REMARKS         FACILITY TICKET NUMBER         SIGNATURE OF ADTHORIZED AGENT	CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS WOOD ASH SPECIAL OTHER	DISPOSE	OTHER

Keller Canyon Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891	Coffin Butte Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826 NON-	Phone (Compared of the State of	Sanit         Sanit           San Mat         1601 Di           Joon Bay         Milpitas,           350) 72         Phone (           26.9         Fax (408)	<b>by Island</b> <b>ary Landfill</b> xon Landing Road , CA 95035 408) 945-2800 8) 262-2871	<ul> <li>Forward</li> <li>Landfill</li> <li>9999 S. Austin Road</li> <li>Manteca, CA 95336</li> <li>Phone (209) 982-4298</li> <li>Fax (209) 982-1009</li> </ul>
GENERATOR			WA	STE ACCEPTAI	NCE NO.
Bay Rock Oaks, LLC MAILING ADDRESS	·			<b>212Y7</b>	9860
1300 Clay St., Suite 62 CITY, STATE, ZIP	<u> </u>		REQUIRED PER		TIVE EQUIPMENT
Oakland.CA 94612 PHONE			GLOVES GO		
(510) 873-8880		· .		FETY VEST	
CONTACT PERSON Marilyn Ponte		· · · · · · · · · · · · · · · · · · ·			
SIGNATURE OF AUTH	IORIZED AGENT / TITLE	DATE	7	ť.	
* H.B.D.	it	8/28/07			
GENERATOR'S CERTIFICATIO waste as defined by 40 CFR Pa described, classified and packag regulations; AND, If the waste	I W: I hereby certify that the above named it 261 or title 22 of the California code of ged, and is in proper condition for transp s a treatment residue of a previously i strictions, I certify and warrant that the w	I material is not a hazardous regulations, has been properly ortation a cording to applicable restricted hazardous waste		100.4	
accordance with the requirement 40 CFR Part 261.	strictions, I certify and warrant that the w its of 40 CFR Part 268 and is no longer a			.ITY	
WASTE TYPE: DISPOSAL					
		D			
		:n			
GENERATING FACILI 4090 San Pablo Avenu		EMERYVILLE			
TRANSPORTER	BSON THE	icting	NOTES: VEHICLE		
ADDRESS	INN KL	)		4100	/07/
CITY, STATE, ZIP	NILGY S	PRING S-	-		
PHONE 209	-997+1	JAR3	END DUMP	BOTTOM DUN	IP TRANSFER
	IORIZED AGENT OR DRIV		ROLL-OFF(S)	FLAT-BED	VAN DRUMS
		1			
* lan	n th	2 8.28.0	28		
$\sim$			CUBIC YARDS		
I hereby certify t	∕ hat the above named r	naterial has been			0
	the best of my knowle		DISPOSAL METHOD		
	is true and accurate.			DISPOSE	
REMARKS	1				· · · · · · · · · · · · · · · · · · ·
FACILITY TICKET NUN	MBER				
SIGNATURE OF AUTH		DATE	ASBESTOS		
SIGNATURE OF AUTH		DATE			
SIGNATURE OF AUTH		DATE	ГИ <sup></sup>		

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

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MANIFEST # 597840

Coffin Butte	🔲 Ox Mountain
Landfill	Sanitary Landfill
28972 Coffin Butte Road	12310 San Mateo Road
Corvallis, OR 97330	Half Moon Bay, CA 94019
Phone (541) 745-2018	Phone (650) 726-1819
	Landfill 28972 Coffin Butte Road Corvallis, OR 97330

Fax (541) 745-3826

Fax (925) 458-9891

Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Landfill 9999 S. Austin Road Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### **NON-HAZARDOUS WASTE MANIFEST**

Fax (650) 726-9183

GENERATOR	WAS		NO.
Bay Rock Oaka, LLC MAILING ADDRESS			
1300 Clay St., Suite 620		<b>-212Y798</b>	60
CITY, STATE, ZIP	REQUIRED PERS	ONAL PROTECTIVE	EQUIPMENT
Oskiand,CA 54612 PHONE		GLES 🗅 RESPIRATOR	
(510) 873-8880 CONTACT PERSON		ETY VEST	
Marilyn Ponte	SPECIAL HANDLING	G PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	-		
* H. B. Diety 8/28/07			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	RECEIVING FACILIT	Υ	
WASTE TYPE:	]———		
DISPOSAL     DISLUDGE       CONSTRUCTION     DWOOD       DEBRIS     OTHER       SPECIAL WASTE     D			
GENERATING FACILITY		-	
4050 San Pablo Avenue EMERYVILLE			
TRANSPORTER 1 ROAD / RUCKAR	NOTES: VEHICLE L	CENSE NUMBER 1	RUCK NUMBER
ADDRESS JAN RIP	906	20613	109]
CITY, STATE, ZIP MALLISY DEINGS	-		
PHONE 109 - 172. 0083			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S)	FLAT-BED VA	
	2		
	CUBIC YARDS		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing		20	
is true and accurate.	DISPOSAL METHOD:	(TO BE COMPLETED B	Y LANDFILL)
		DISPOSE	OTHER
REMARKS		>	
FACILITY TICKET NUMBER	DEBRIS		
	ASBESTOS		
SIGNATURE OF AUTHORIZED AGENT			4
1 1 12/0			۹
SIGNATURE OF AUTHORIZED AGENT DATE			4

Fax (925) 458-9891

#### Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800

### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗆 Ox Mountain

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800

Fax (408) 262-2871

#### Forward Landfill

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

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC MAILING ADDRESS	
1300 Clay St., Suite 620	<b></b>
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland,CA 94612 PHONE	SQ GLOVES GOGGLES GRESPIRATOR SG HARD HAT
CONTACT PERSON	SPECIAL HANDLING PROCEDURES:
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
* 14 b Dick 8/28/07	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a "cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
CONSTRUCTION UWOOD DEBRIS UOTHER SPECIAL WASTE	
GENERATING FACILITY	]
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER ( SCAN / KUCANG	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS JUNN R.J.	70000 1091
PHONE 209 772-0083	END DUMP BOTTOM DUMP TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
* Jam Takson 8-28.0	27
I hereby certify that the above named material has been	20
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
REMARKS	
SIGNATURE OF AUTHORIZED AGENT ) DATE	
H.79-1	ASH
* + + 20-07	

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

Sanitary Landfill 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800

Fax (408) 262-2871

#### Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

GENERATOR	WASTE ACCEPTANCE NO.
Bay Rock Oaks, LLC	010V70020
1300 Clay St., Suite 620	
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
<u>Oakland,CA 94612</u>	XO GLOVES O GOGGLES O RESPIRATOR XO HARD HAT
(510) 873-8880	
CONTACT PERSON	SPECIAL HANDLING PROCEDURES:
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
* H, B. Dietz 8/28/07	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 for title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined b 40 CFR Part 261.	
WASTE TYPE:	
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE	
GENERATING FACILITY	
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER ()AVES ES	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS 17866 Seidnen Rd	- 9881926 D-99
CITY, STATE, ZIP SSCALONI CA, 55520	4GR4991
PHONE 209-838-6074	END DUMP BOTTOM DUMP TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       Image: Constraint of the second se
	CUBIC YARDS
I hereby certify that the above named material has been	
accepted and to the best of my knowledge the foregoing is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
REMARKS	
FACILITY TICKET NUMBER	DEBRIS     DEBRIS     ONN-FRIABLE
	ASBESTOS
*	

TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Keller	Canyon
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# Sanitary Landfill

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

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	С	of	fįn	Butte	

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

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

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

Fax (408) 262-2871

#### □ Forward Landfill

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

GENERATOR			WAS	TE ACCEPTA	NCE N	0.
Bay Rock Oaks, LLC						
MÁILING ADDRESS 1300 Clay St., Suite 620				<b>212Y</b> 7	7986	0
CITY, STATE, ZIP		REQUIRE	ED PERSO	DNAL PROTEC		-
Oakland,CA 94612 PHONE						
(510) 873-8880			X SAFE	TY VEST		
CONTACT PERSON Marílyn Ponte		SPECIAL	HANDLING	PROCEDURES	S:	
	DATE					
* H. B. Duitz SI	28/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, ha described, classified and packaged, and is in proper condition for transportation a "cord regulations; AND, if the waste is a treatment residue of a previously restricted haza subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous wa 40 CFR Part 261.	as been properly ling to applicable ardous waste treated in	RECEIVIN	G FACILIT	Y		
WASTE TYPE:						
CONSTRUCTION     WOOD     DEBRIS     SPECIAL WASTE						i
GENERATING FACILITY						
4090 San Pablo Avenue EMERYV	/ILLE					
TRANSPORTER DAVISE		NOTES:	VEHICLE LIC	CENSE NUMBER	TR	UCK NUMBER
ADDRESS 17866 Suidmen			<u>9881</u>	976	D	-88
CITY, STATE, ZIP SECALON CA, S	5320		96R4	77/		
PHONE 209-858-6024		END D			MP	
SIGNATORE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-O		FLAT-BED	VAN	
* Hight	8-28-07					
			550			
/		CUBIC YA	RDS		-	
I hereby certify that the above named material				2	$\mathcal{S}$	
accepted and to the best of my knowledge the f	foregoing	DISPOSAL	METHOD:	(TO BE COMPLE	ETED BY I	LANDFILL)
is true and accurate.				DISPOSE		OTHER
the second se	k - 1	SOIL	1.4			
REMARKS	1		BUCTION			
	* 3	DEBRIS	S			
	\					
SIGNATURE OF AUTHORIZED AGENT	DATE					
	1 Od AR					
	1-18					
*	640					
	PRIOR TO EXP			Y UNSCHEDUL	ED LOAI	DS ARE SUBJECT
CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PO REFUSAL UPON ARRIVAL ONGOING DAILY DELIVE			RIVAL•AN			

Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565

Phone (925) 458-9800 Fax (925) 458-9891

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# Coffin Butte

Landfill \* 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

# □ Newby Island Sanitary Landfill 1601 Dixon Landing Road

Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

Landfill 9999 S. Austin Road

Forward

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

GENERATOR	WASTE ACCEPTANCE NO.
MAILING ADDRESS	
1300 Clay St., Suite 620	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
Oakland.CA 94612PHONE	- XO GLOVES O GOGGLES O RESPIRATOR XO HARD HA
CONTACT PERSON	SPECIAL HANDLING PROCEDURES:
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
SIGNATURE OF AUTHORIZED AGENT7 TITLE	-
* H. B. Dut 5/28/07	`
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in	RECEIVING FACILITY
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.	
WASTE TYPE:	·
DISPOSAL     DISPOSAL       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE	
GENERATING FACILITY	· · · · · · · · · · · · · · · · · · ·
4090 San Pablo Avenue EMERYVILLE	
TRANSPORTER () AND'S EC	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
	9381926 1-99
ADDRESS 17866 Seidnen	
CITY, STATE ZIP SSCALON CA, 95370	46K4991
PHONE 209-838-6024	END DUMP BOTTOM DUMP TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
* A Det # 8-280	
*	2
* A c & A / 1 ~ 000,	CUBIC YARDS
I hereby certify that the above named material has been	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	
I hereby certify that the above named material has been	CUBIC YARDS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	CUBIC YARDS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	CUBIC YARDS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	CUBIC YARDS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	CUBIC YARDS  DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)  DISPOSE OTHER  CONSTRUCTION DEBRIS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	CUBIC YARDS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	CUBIC YARDS  DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)  DISPOSE OTHER  CONSTRUCTION  DEBRIS  NON-FRIABLE  ASBESTOS  WOOD
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS

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

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

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# 🖵 Ox Mountain

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

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

Fax (408) 262-2871

#### Landfill

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

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#### NON-HAZARDOUS WASTE MANIFEST

ENERATOR			WAS	TE ACCEPT	ANCE N	0.	
AVERAGE CONTRACT AND A CONTRACT AND				21117	7004	<u></u>	
300 Clay St., Suite 620				<u> <del>2</del>12Y</u>			
ITY, STATE, ZIP		REQUIRE	D PERSO	DNAL PROTE	CTIVE E	QUIPME	NT
<u>akland,CA 94612</u> HONE		COVES	G GOGG	BLES Q RES	PIRATOR	XO HAF	RD HAT
ONTACT PERSON			X SAFE				_
		SPECIAL H	HANDLING	PROCEDURE	ES:		
Iarilyn Ponte IGNATURE OF AUTHORIZED AGENT / TITLE	DATE						
* H.B. Duly 8/2	8/07						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, he described, classified and packaged, and is in proper condition for transportation a coord regulations; AND, if the waste is a treatment residue of a previously restricted hazz subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous wa 40 CFR Part 261.	as been properly ling to applicable ardous waste treated in	RECEIVIN	G FACILIT	Y			
VASTE TYPE:		1				_	
DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE		]					
SENERATING FACILITY		I					
090 San Pablo Avenue EMERYV	AILTE	· · · ·					
RANSPORTER		NOTES:	VEHICLE LI	CENSE NUMBEI	R TR	UCK NUM	IBER
McDonald & Con Tracting			0		1000	/	,
		1 L	9012	.671	W//	- 19	
ADDRESS 16515 Beeler Rol			901Z	.67/	<i>VV</i>	- 19	
ADDRESS 16915 Reeler Rd DITY, STATE, ZIP ESCEND CA 95320	~		arise		<u>ICEIA</u>	G TRAN	SFER
DDRESS 16919 Beeler Rod DITY, STATE, ZIP Escalon CA 95320 PHONE		END DU	JMP_	BOTTOM D	UMP		]
DDRESS 16919 Beeler Red CITY, STATE, ZIP Escalor (A 95320 PHONE 239-828-2960 SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE 8/28/07	END D	JMP_	al Tru			
ADDRESS 16315 Beeler Rod CITY, STATE, ZIP Escalou (A 95320 PHONE 239- 578-2960 SIGNATURE OF AUTHORIZED AGENT OR DRIVER	,		Grisc JMP FF(S)	BOTTOM D FLAT-BED	VAN		RUMS
ADDRESS 165/5 Beeler Red CITY, STATE, ZIP CSCG/DAL CA 95320 PHONE 259- 878-2960 SIGNATURE OF AUTHORIZED AGENT OR DRIVER	8/28/07	END DU	Grisc JMP FF(S)	BOTTOM D FLAT-BED	VAN		RUMS
IDDRESS	8/28/07 has been		FF(S)	EDTTOM D BOTTOM D FLAT-BED			RUMS
Indress Indress Intry, STATE, ZIP Escalar (A 95326 HONE 259-878-2960 INGNATURE OF AUTHORIZED AGENT OR DRIVER K I hereby certify that the above named material accepted and to the best of my knowledge the	8/28/07 has been		FF(S)	BOTTOM D FLAT-BED			RUMS
IDDRESS	8/28/07 has been		FF(S)	EDTTOM D BOTTOM D FLAT-BED			
IDDRESS 165/5 Beeler Ad DTY, STATE, ZIP ESCENT CA 95320 HONE 259-578-2960 SIGNATURE OF AUTHORIZED AGENT OR DRIVER K I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	8/28/07 has been		FF(S)	FLAT-BED			RUMS
I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	8/28/07 has been	END DU ROLL-O CUBIC YA DISPOSAL	FF(S) FF(S) RDS METHOD:	FLAT-BED			RUMS
ADDRESS 165/5 Beeler Ad CITY, STATE, ZIP ESCENAL CA 95326 PHONE 259-678-2965 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	8/28/07 has been	END DU ROLL-O CUBIC YA DISPOSAL	RDS RUCTION	FLAT-BED			RUMS
ADDRESS 165/5 Beeler Rd DTY, STATE, ZIP Escalar (A 95326 PHONE 259-878-2966 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	8/28/07 has been	END DU ROLL-O ROLL-O DISPOSAL DISPOSAL DISPOSAL	RDS RUCTION	FLAT-BED			RUMS
ADDRESS 165/5 Beeler Rd DTY, STATE, ZIP Escalar (A 95326 PHONE 259-878-2966 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	8/28/87	END DU ROLL-O ROLL-O DISPOSAL DISPOSAL	RDS RUCTION	FLAT-BED			RUMS
ADDRESS 16915 Beeler Red CITY, STATE, ZIP ESCENA CA 95320 PHONE 259- 878-2960 SIGNATURE OF AUTHORIZED AGENT OR DRIVER <b>*</b> I hereby certify that the above named material accepted and to the best of my knowledge the	8/28/07 has been foregoing	END DU ROLL-O ROLL-O DISPOSAL DISPOSAL	FF(S) FF(S) RDS METHOD:	FLAT-BED			

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Keller Canyon	Coffin Butte	🗌 Ox Mounta	in l	🗌 Newby	Island	∐ Fo	rward
Sanitary Landfill	Landfill	Sanitary La	andfill		ry Landfill	La	ndfill
901 Bailey Road	28972 Coffin Butte Road	12310 San Mate			on Landing Road		9 S. Austin Road
Pittsburg, CA 94565 Phóne (925) 458-9800	Corvallis, OR 97330 Phone (541) 745-2018	Half Moon Bay, ( Phone (650) 726		Milpitas, (	CA 95035 08) 945-2800		nteca, CA 95336
Fax (925) 458-9891	Findle (341) 745-2018 Fax (541) 745-3826	Fax (650) 726-9		•	262-2871		ne (209) 982-4298. (209) 982-1009
		HAZARDOUS W/					
GENERATOR				WAS			10.
Bay Rock Oaks, LLC MAILING ADDRESS	·		_		<del>2</del> 12Y'	7986	
1300 Clay St., Suite 620 CITY, STATE, ZIP			BEOLIIB				
Oakland CA 94612							
PHONE							ACTIVITE IN
(510) 873-8880 CONTACT PERSON		1			ETY VEST		
Marilyn Ponte SIGNATURE OF AUTHO		DATE		HANDLIN	G PROCEDURE	5:	
JI CN							
* 14.2.2	ut	8/28/07					
waste as defined by 40 CFR Part 2	I: I hereby certify that the above named a 261 or title 22 of the California code of r ad, and is in proper condition for transported.	egulations, has been properly					
regulations; AND, If the waste is a subject to the Land Disposal Restr	a treatment residue of a previously re rictions, I certify and warrant that the wa	estricted hazardous waste	DECENT	NG FACILI	TV		
accordance with the requirements 40 CFR Part 261.	of 40 CFR Part 268 and is no longer a	hazardous waste as defined by			1 T		
WASTE TYPE:							
			_				
GENERATING FACILITY			_				
4090 San Pablo Avenue	1	EMERYVILLE					
TRANSPORTER	155. 1		NOTES:	01	ICENSE NUMBER	TA	UCK NUMBER
ADDRESS	d É Son Truck	ing	NOTES:	01	ICENSE NUMBER 6つ/	MT	-74
ADDRESS	d É Son Truck der Rd.	ing		9012	67/	MT	-74
ADDRESS 16919 Bee CITY, STATE, ZIP	ered.	ing	m	9012 arisa	671 al Truc	MT	-74
ADDRESS 16919 Bee CITY, STATE, ZIP Escalon PHONE	CA. 95320	ð		9012 arisa	671 L. Truch BOTTOM DL	MT	TRANSFER
MCD>nala ADDRESS 16919 Bee CITY, STATE, ZIP Escalon PHONE	ered.	ð		9612 <u>arise</u> DUMP	671 al Truc	MT	TRANSFER
MCDonald ADDRESS 16919 Bee CITY, STATE, ZIP Escalon PHONE	CA. 95320	ER DATE	END C ROLL-C	9612 Arisco DUMP DFF(S)	67/ EDTTOM DU	MT KING	TRANSFER
MCD>nala ADDRESS 16919 Bee CITY, STATE, ZIP Escalon PHONE	CA. 95320	ð	END C ROLL-C	9612 Arisco DUMP DFF(S)	67/ BOTTOM DL FLAT-BED	MT C, ng MP VAN	TRANSFER
ADDRESS 16919 Bee CITY, STATE, ZIP Escalen PHONE 209-8 SIGNATURE OF AUTHO	CA. 95320	ER DATE	END C ROLL-C	9612 DUMP DFF(S)	67/ BOTTOM DL FLAT-BED	MT C, ng MP VAN	TRANSFER
ADDRESS /6G/G_Bee CITY, STATE, ZIP Escalen PHONE 205-8 SIGNATURE OF AUTHO * I hereby certify th	$\frac{CA}{SS^2 + 2S}$ $\frac{CA}{SS^2 + 2S}$ $\frac{2S - 2S}{S}$ $2S -$	ER DATE $\delta/2s/o_7$ naterial has been	END É ROLL-C	9612 DUMP DFF(S)	67/ BOTTOM DL FLAT-BED	MT C, ng MP VAN	TRANSFER
ADDRESS /6G/G_Bee CITY, STATE, ZIP Escalen PHONE 205-8 SIGNATURE OF AUTHO * I hereby certify th accepted and to th	2/e - Rd CA, $9532s38-2.96sDRIZED AGENT OR DRIVEwhere the above named make best of my knowled$	ER DATE $\delta/2s/o_7$ naterial has been		9612 DUMP DFF(S)	67/ BOTTOM DL FLAT-BED	MT	TRANSFER
ADDRESS /69/9 Bee CITY, STATE, ZIP Escalen PHONE 209-8 SIGNATURE OF AUTHO * I hereby certify th accepted and to th	$\frac{CA}{SS^2 + 2S}$ $\frac{CA}{SS^2 + 2S}$ $\frac{2S - 2S}{S}$ $2S -$	ER DATE $\delta/2s/o_7$ naterial has been		9612 DUMP DFF(S)	6 7/ BOTTOM DU FLAT-BED		TRANSFER
ADDRESS <u>I 69/9</u> Bee CITY, STATE, ZIP <u>Escalen</u> PHONE <u>2 5 9 - 8</u> SIGNATURE OF AUTHO <b>X</b> I hereby certify th accepted and to th	2/e - Rd CA, $9532s38-2.96sDRIZED AGENT OR DRIVEwhere the above named make best of my knowled$	ER DATE $\delta/2s/o_7$ naterial has been		9612 DUMP DFF(S)	67/ BOTTOM DL FLAT-BED		TRANSFER
ADDRESS / 6G/G Bee CITY, STATE, ZIP Escalen PHONE 205-8 SIGNATURE OF AUTHO * I hereby certify th accepted and to th	2/e - Rd CA, $9532s38-2.96sDRIZED AGENT OR DRIVEwhere the above named make best of my knowled$	ER DATE $\delta/2s/o_7$ naterial has been	CUBIC V/	9612 DUMP DFF(S)	6 7/ BOTTOM DU FLAT-BED		TRANSFER
ADDRESS <u>/69/9</u> Bee CITY, STATE, ZIP <u>Escalen</u> PHONE <u>209-8</u> SIGNATURE OF AUTHO <b>X</b> I hereby certify th accepted and to th	A = A CA = 532.5 28-2.565 DRIZED AGENT OR DRIVE what the above named m he best of my knowled is true and accurate.	ER DATE $\delta/2s/o_7$ naterial has been	CUBIC V/	METHOD:	6 7/ BOTTOM DU FLAT-BED		TRANSFER
ADDRESS <u>/6G/A</u> <u>Bee</u> CITY, STATE, ZIP <u>Escalen</u> PHONE <u>2 0 9 - 8</u> SIGNATURE OF AUTHO <b>X</b> I hereby certify th accepted and to th REMARKS FACILITY TICKET NUM	$\frac{2}{2} + \frac{2}{2} + \frac{2}$	ER DATE <i>B/25/07</i> naterial has been lige the foregoing	CUBIC V/	METHOD:	6 7/ BOTTOM DU FLAT-BED		TRANSFER
ADDRESS <u>/69/9 Bee</u> CITY, STATE, ZIP <u>Escalen</u> PHONE <u>209-8</u> SIGNATURE OF AUTHO <b>X</b> I hereby certify th accepted and to th REMARKS	$\frac{2}{2} + \frac{2}{2} + \frac{2}$	ER DATE $\delta/2s/o_7$ naterial has been	CUBIC V DISPOSAL	METHOD:	6 7/ BOTTOM DU FLAT-BED		TRANSFER
ADDRESS <u>/6G/A_Bee</u> CITY, STATE, ZIP <u>Escalen</u> PHONE <u>2 0 9 - 8</u> SIGNATURE OF AUTHO <b>*</b> I hereby certify th accepted and to th <u>REMARKS</u> FACILITY TICKET NUM	$\frac{2}{2} + \frac{2}{2} + \frac{2}$	ER DATE <i>B/25/07</i> naterial has been lige the foregoing	CUBIC Y/ DISPOSAL DISPOSAL	METHOD:	6 7/ BOTTOM DU FLAT-BED		TRANSFER

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

MANIFEST # 597847

#### Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

# 

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road

1601 Dixon Landing Roa Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
 Landfill
 9999 S. Austin Road

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

GENERATOR			WAS	TE ACCEPT	ANCE N	Ю.
Bay Rock Oaks, LLC						
MÀILING ADDRESS 1300 Clay St., Suite 620				<b>- 212Y</b>	7986	0
CITY, STATE, ZIP		REQUIRE	D PERS	ONAL PROTE		
Oakland.CA 94612 PHONE		C GLOVES		GLES 🗅 RESP	PIRATOR	X 🗆 HARD HAT
			🗴 SAFE	ETY VE <b>ST</b>		
CONTACT PERSON				PROCEDURE	:S·	
Marilyn Ponte SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* H. B.Suk	8/29/07					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is in	not a hazardous					
waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations; described, classified and packaged, and is in proper condition for transportation a cor regulations; AND, if the waste is a treatment residue of a previously restricted hi subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261.	has been properly ording to applicable azardous waste en treated in	RECEIVIN	G FACILIT	TY		
	,					
CONSTRUCTION CONSTRUCTURA CONST						
GENERATING FACILITY		]				
4090 San Pablo Avenue EMER ?	VILLE					
TRANSPORTER		NOTES:	VEHICLE LI	CENSE NUMBER		UCK NUMBER
			<b>^ ^</b>			
Rock Transport, INC.			900	2/205	1 1	
ADDRESS 725 Tulia Augo War	ï		<u>9D9</u>	2605		0
Rock Transport, INC.			9 <u>09</u> 1	2605 A Tru	 ckin	0[ 19
ADDRESS 725 Julie Ann Way CITY, STATE, ZIP Oakland, CA 94621			9D9 J	2605 A Tru		<u> </u>
ADDRESS 725 Julie Ann Way CITY, STATE, ZIP Oakland, CA 94621 PHONE			9D9 J	BOTTOM DU		TRANSFER
ADDRESS 725 Julie Ann Way CITY, STATE, ZIP Oakland, CA 94621	DATE	END DU ROLL-OI				
ADDRESS ADDRESS 725 Julie Ann Way CITY, STATE, ZIP Oakland, CA 94621 PHONE 510:633:1578	DATE				UMP	
ADDRESS ADDRESS 725 Julie Ann Way CITY, STATE, ZIP Oakland, CA 94621 PHONE 510:633:1578	DATE 8 29 07	ROLL-OI		BOTTOM DU		
Rock Transport, Inc. ADDRESS 725 Julie Ann Way CITY, STATE, ZIP Oakland, CA 94621 PHONE 510.633.1528 SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE 82907	ROLL-OI	FF(S)	BOTTOM DU		
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ADDRESS 725 Julie, Ann Way CITY, STATE, ZIP Oakland, CA 94621 PHONE 510.633.1528 SIGNATURE OF AUTHORIZED AGENT OR DRIVER *	8 29 07 I has been		FF(S)	BOTTOM DU		
ADDRESS 725 Julie Ann Way CITY, STATE, ZIP Oakland, CA 94621 PHONE 510.633.1578 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate.	8 29 07 I has been		FF(S)	BOTTOM DU		
ADDRESS 725 Julie Ann Way CITY, STATE, ZIP Oakland, CA 94621 PHONE 510.633.1528 SIGNATURE OF AUTHORIZED AGENT OR DRIVER *	8 29 07 I has been	CUBIC YAP	FF(S) RDS METHOD:	BOTTOM DU		
ADDRESS 725 Julie Ann Way CITY, STATE, ZIP Oakland, CA 9462.1 PHONE 510.633.1578 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate.	8 29 07 I has been	CUBIC YAP	FF(S) RDS METHOD:	BOTTOM DU		
ADDRESS 725 Julie. Ann Way CITY, STATE, ZIP Oakland, CA 94621 PHONE 510.633.1578 SIGNATURE OF AUTHORIZED AGENT OR DRIVER <b>*</b> I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	I has been foregoing	CUBIC YAP	RUCTION	BOTTOM DU		
ADDRESS 725 Julie. Ann Way CITY, STATE, ZIP Oakland, CA 94621 PHONE 510.633.1578 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named materia accepted and to the best of my knowledge the is true and accurate. REMARKS	8 29 07 I has been	CUBIC YAP	RUCTION	BOTTOM DU		
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Keller Canyon Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891	Coffin Butte Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826	12310 Half Mo Phone	<b>lountain</b> tary Lan San Mateo F Soon Bay, CA (650) 726-18 50) 726-9183	<b>dfill</b> Road 94019 819	1601 Dixor Milpitas, C	<b>y Landfill</b> n Landing Road A 95035 8) 945-2800	Lai 9999 Man Phoi	rward ndfill 9 S. Austin Road teca, CA 95336 ne (209) 982-4298 (209) 982-1009
	NON	HAZARDO	OUS WAS		FEST			
GENERATOR					WAS	TE ACCEPT	TANCE N	0.
Bay Rock Oaks, LLC MAILING ADDRESS						<del>2</del> 12Y	7086	<u>.</u>
1300 Clay St., Suite 62 CITY, STATE, ZIP				REQUIRE	D PERS			
Oakland, CA 94612 PHONE							PIRATOR	
(510) 873-8880					🗴 SAFE	TY VEST		
CONTACT PERSON Marilyn Porte				SPECIAL H	IANDLING	PROCEDUR	ES:	
SIGNATURE OF AUTI	HORIZED AGENT / TITLE	DA	TE					14. 
* H.B. De	K	8	29/07		•••			
waste as defined by 40 CFR Pa described, classified and packa regulations; AND, If the waste subject to the Land Disposal Re	DN: I hereby certify that the above namer and 261 or title 22 of the California code or ged, and is in proper condition for transp is a treatment residue of a previously astrictions, I certify and warrant that the v nts of 40 CFR Part 268 and is no longer	f regulations, has be portation a cording to restricted hazardow waste has been treat	en properly o applicable us waste ted in	RECEIVING	G FACILIT	Y		
WASTE TYPE: DISPOSAL CONSTRUCTION DEBRIS SPECIAL WASTE	L SLUC L WOO L OTHE	D						•
GENERATING FACILI				]				
4090 San Pablo Avenu	145	TTO ATTACK TO FTT						
		EMERYVIL	LE.					
TRANSPORTER ADDRESS 725 JC CITY, STATE, ZIP Oakland PHONE	L Transport, In Julie Ann Way 1, CA 94621		LE.	END DU	9D9 J+	CENSE NUMBE 2605 ATru BOTTOM D	Ickir	
TRANSPORTER ADDRESS 725 JC CITY, STATE, ZIP Oakland PHONE 510-63	- Transport, In Julie Ann Way 1, CA 94621 3.1528	£			9D9 J+	2605 А Тги воттом с	Ickir DUMP	
TRANSPORTER ADDRESS 725 JC CITY, STATE, ZIP Oakland PHONE 5/0-63 SIGNATURE OF AUTH	L Transport, In Julie Ann Way 1, CA 94621	£		END DU	9D9 J+	2605 A Tru	Ickir	
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TRANSPORTER ROCK ADDRESS 725 JC CITY, STATE, ZIP Oak land PHONE 570-63 SIGNATURE OF AUTH	Transport, In Julie Ann Way 1, CA 94621 3.1528 HORIZED AGENT OR DRIV	/ER DA	те 29/07		9D9 J+ mp F(S)	2605 А Тги воттом с	ICKIT DUMP VAN	
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TRANSPORTER Rock ADDRESS 725 JC CITY, STATE, ZIP Oak lond PHONE 570-63 SIGNATURE OF AUTH * I hereby certify to accepted and to REMARKS	Transport, In Jie Ann Way , CA 94621 3.1528 IORIZED AGENT OR DRIV that the above named a the best of my knowle is true and accurate.	Z /ER DA 8/ material has dge the for	TE 29/07 s been egoing		9D9 J+ MP F(S) RDS METHOD: RUCTION IABLE	2605 A Tru BOTTOM D FLAT-BED		
TRANSPORTER Rock ADDRESS 725 JC CITY, STATE, ZIP Oak lond PHONE 5/0-63 SIGNATURE OF AUTH * I hereby certify f accepted and to REMARKS FACILITY TICKET NUI	Transport, In Jie Ann Way , CA 94621 3.1528 IORIZED AGENT OR DRIV that the above named a the best of my knowle is true and accurate.	VER DA	TE 29/07 s been egoing	END DU ROLL-OF DISPOSAL M CUBIC YAF DISPOSAL M CONSTF DEBRIS NON-FR ASBEST	9D9 J+ MP F(S) RDS METHOD: RUCTION IABLE	2605 A Tru BOTTOM D FLAT-BED		

GENERATOR COPY

MANIFEST # 597863

Keller Canyon Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891	Coffin Butte Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826	X Mountain Sanitary Lan 12310 San Mateo Half Moon Bay, C/ Phone (650) 726- Fax (650) 726-918	<b>ndfill</b> Road A 94019 1819	<b>Newby Island</b> <b>Sanitary Landfill</b> 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871	<ul> <li>Forward</li> <li>Landfill</li> <li>9999 S. Austin Road</li> <li>Manteca, CA 95336</li> <li>Phone (209) 982-4298</li> <li>Fax (209) 982-1009</li> </ul>
	NON-HA	ZARDOUS WA	STE MAN	IFEST	
GENERATOR Bay Rock Oaks, LLC				WASTE ACCEP	TANCE NO.
MAILING ADDRESS 1300 Clay St., Suite 62			-	<del>2</del> 12Y	79860
CITY, STATE, ZIP	<u> </u>		REQUIRE	ED PERSONAL PROT	ECTIVE EQUIPMENT
Oakland,CA 54612 PHONE		۴			
(510) 873-8880				X SAFETY VEST	
CONTACT PERSON			SPECIAL	HANDLING PROCEDUR	RES:
Marilyn Ponte SIGNATURE OF AUTI	HORIZED AGENT / TITLE	DATE	1		
* 14.8	Duty	8/29/07			,
waste as defined by 40 CFR Pa described, classified and packa regulations; AND, If the waste subject to the Land Disposal Re	N: I hereby certify that the above named mather of 261 or title 22 of the California code of reguinged, and is in proper condition for transportation is a treatment residue of a previously restriputions, I certify and warrant that the waster its of 40 CFR Part 268 and is no longer a hazer.	lations, has been properly on a≘cording to applicable icted hazardous waste has been treated in		IG FACILITY	

**SLUDGE** 

**OTHER** 

EMERYVILLE

DATE

DATE

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WASTE TYPE: DISPOSAL

**DEBRIS** 

TRANSPORTER

CITY, STATE. ZIP

Vianc

10

· 633 · 1528

SIGNATURE OF AUTHORIZED AGENT OR DRIVER

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

is true and accurate.

ADDRESS

PHONE

\*

REMARKS

\*

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT

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CONSTRUCTION

SPECIAL WASTE GENERATING FACILITY 4090 San Pablo Avenue

VEHICLE LICENSE NUMBER

ATrucking

BOTTOM DUMP

FLAT-BED

DISPOSE

NOTES:

END DUMP

7

ROLL-OFF(S)

**CUBIC YARDS** 

**D** SOIL

ASH

**DISPOSAL METHOD:** 

CONSTRUCTION DEBRIS

**SPECIAL OTHER** 

**NON-FRIABLE** ASBESTOS

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT

TRUCK NUMBER

TRANSFER

П

OTHER

DRUMS

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VAN

(TO BE COMPLETED BY LANDFILL)

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

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800

Fax (408) 262-2871

Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |               | WAS        | TE ACCEPTA                              | NCE N  | 0.             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------|------------|-----------------------------------------|--------|----------------|
| Bay Rock Oaks, LEC<br>MÁILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |               |            |                                         |        |                |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |               |            | -212Y7                                  | 986    | 0              |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  | REQUIR        | ED PERS    | ONAL PROTEC                             | TIVE E | QUIPMENT       |
| Oakland,CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  | CO GLOVE      | s 🗆 Gogo   | GLES 🖸 RESPI                            | RATOR  | X 🗆 HARD HAT   |
| 94 d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | · · · ·                                                                          | I<br>D TY-VEK | 3/2 SAFE   | TY VEST                                 |        |                |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |               |            | PROCEDURES                              | ·.     |                |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                                                                             | SPECIAL       | HANDLING   | PROCEDURES                              |        |                |
| * 11.8. Dick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |               |            |                                         |        |                |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, i<br>described, classified and packaged, and is in proper condition for transportation a "col<br>regulations; AND, if the waste is a treatment residue of a previously restricted ha<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v<br>40 CFR Part 261.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | has been properly<br>rding to applicable<br><b>zardous weste</b><br>n treated in | RECEIVIN      | NG FACILIT | • • • • • • • • • • • • • • • • • • •   |        |                |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | ]             | . ·        |                                         |        |                |
| DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |               |            |                                         |        |                |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                  | ]             |            |                                         |        |                |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VILLE                                                                            |               |            |                                         |        | -              |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | NOTES:        | VEHICLE LI | CENSE NUMBER                            | ŢR     | UCK NUMBER     |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |               |            | 7819                                    | 19     | <i>y</i>       |
| 725 Julie Ann Way<br>CITY, STATE, ZIP,<br>Oh Kland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  | 54            | Etro       | d ing                                   |        |                |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  | END D         | UMP        | BOTTOM DU                               | MP     | TRANSFER       |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE                                                                             | ROLL-C        |            | FLAT-BED                                | VAN    | DRUMS          |
| * MM Jam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8-29-07                                                                          |               | l .        |                                         | Q      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  | CUBIC YA      | RDS        | •                                       |        |                |
| I hereby certify that the above named material accepted and to the best of my knowledge the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | DISPOSAL      | METHOD:    | (TO BE COMPLE                           |        | LANDFILL)      |
| is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |               |            | DISPOSE                                 |        | OTHER          |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  | DISOID        |            | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |        |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |               | RUCTION    |                                         |        |                |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  | D NON-F       | RIABLE     |                                         |        |                |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DATE                                                                             | ř             |            |                                         |        |                |
| and the second s | C.P                                                                              |               |            |                                         |        |                |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1.121                                                                            |               |            |                                         |        |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ↓-V                                                                              |               | AL OTHER   | •                                       |        |                |
| HEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PRIOR TO EXP                                                                     | PECTED AF     |            | IY UNSCHEDUL                            | ED LOA | DS ARE SUBJECT |

S TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

### Sanitary Landfill

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

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road

1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Landfill 9999 S. Austin Road Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

□ Forward

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | WAS            | TE ACCEPTA    | NCE N  | 0.         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------|---------------|--------|------------|
| Bay Rock Cake, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                |               | 000    |            |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                | <b>-212Y7</b> | 986    | 0          |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | REQUIR   | ED PERSO       | DNAL PROTEC   |        | QUIPMENT   |
| Oakland.CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | s 🗆 GOGO       |               | RATOR  | X HARD HAT |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C TY-VEK |                | TVVEET        |        |            |
| ( <u>510) 973-9990</u><br>CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                |               |        |            |
| Marilyn Ponte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SPECIAL  | HANDLING       | PROCEDURES    | :      |            |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                |               |        |            |
| * H.B. Duik                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                |               |        |            |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is r<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a "co-<br>regulations; AND, If the waste is a treatmant residue of a previously restricted he<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has ber<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous | has been properly<br>ording to applicable<br>azardous waste<br>en treated in and | RECEIVIN | NG FACILIT     | Y             |        |            |
| 40 CFR Part 261.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                |               |        |            |
| DISPOSAL     DISPOSAL     CONSTRUCTION     DEBRIS     DEBRIS     SPECIAL WASTE     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                |               |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                |               |        |            |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                |               |        |            |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ţ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NOTES:   | VEHICLE LI     | CENSE NUMBER  | TR     |            |
| Rock Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | 245            | 7899          | 19     | <i>i</i> 4 |
| ADDRESS<br>725 Julie Ann Way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                |               |        |            |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.       | SAE 1          | rucking       |        |            |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                | BOTTOM DU     |        | TRANSFER   |
| 510) 637-1528                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                |               |        |            |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ROLL-C   |                | FLAT-BED      | VAN    |            |
| * The land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8-29-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                |               | ū      |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CUBIC Y  | ARDS           |               |        |            |
| I have by eastify that the above named water's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                |               | >      |            |
| I hereby certify that the above named materia<br>accepted and to the best of my knowledge the                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                |               |        |            |
| is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | loregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DISPOSAL | METHOD:        | (TO BE COMPLE | TED BY | LANDFILL)  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                | DISPOSE       |        | OTHER      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SOIL     | _              |               |        |            |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | TRUCTION       |               |        |            |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DEBRI    | s              |               |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ASBES    | RIABLE<br>STOS |               |        |            |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                |               |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (-191A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                |               |        |            |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BUIJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          | ALOTHER        |               |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                |               |        |            |

#### Sanitary Landfill

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

# 

Landfill 28972 Coffin Butte Road. Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### □ Ox \_\_\_\_\_ntain Sanit: √ Landf

**Sanit**: y Landfill 12316 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183

# Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

1601 Dixon Landing Roa Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
 Landfill
 9999 S. Austin Road
 Manteca, CA 95336

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                          | WAS                             | TE ACCEPTA    | NCE NO   | ).           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------|---------------------------------|---------------|----------|--------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                          |                                 | A4A378        | 00/      |              |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                          |                                 | <b>212Y</b> 7 | 7901     | )            |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              | REQUIR                                   | ED PERSO                        | ONAL PROTEC   | TIVE EC  |              |
| Oakland, CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                          | s 🗅 Gogo                        | GLES 🗅 RESPI  | RATOR    | X 🗆 HARD HAT |
| (510) 873-8880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                          |                                 | TY VEST       |          |              |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              | SPECIAL                                  |                                 | PROCEDURES    | •        |              |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE                                                                         | SFECIAL                                  | HANDLING                        | FNOCEDURES    |          |              |
| * H.B.Dit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                          |                                 |               |          | 1            |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is in<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a co-<br>regulations; AND, If the waste is a treatment residue of a previously restricted he<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous | has been properly<br>ording to applicable<br>azardous waste<br>en treated in | RECEIVI                                  | NG FACILIT                      | Y             |          |              |
| 40 CFR Part 261.<br>WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                          |                                 |               |          |              |
| DISPOSAL     DISPOSAL     CONSTRUCTION     DEBRIS     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                          |                                 |               |          |              |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                          |                                 |               |          |              |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VILLE                                                                        |                                          |                                 |               |          | <i>.</i>     |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | NOTES:                                   | VEHICLE LI                      |               | TRU      | ICK NUMBER   |
| ADDRESS<br>ZZ 5 Julie Ann Way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                          | 2#57                            | 7899          | 194      | /            |
| CITY, STATE, ZIP,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | 5                                        | AF T                            | Frecking      |          |              |
| Oakland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                          |                                 |               |          |              |
| PHONE 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | END D                                    |                                 | BOTTOM DU     | MP       | TRANSFER     |
| (5/0) 6 33 - 15 28<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE                                                                         | ROLL-C                                   |                                 | FLAT-BED      | VAN      |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                          |                                 |               |          |              |
| * two thom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8-27-07                                                                      |                                          | •                               | -             | -        |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              | CUBIC YA                                 |                                 |               |          |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                          |                                 | $\frown$      |          |              |
| I hereby certify that the above named materia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                          |                                 | 20            | >        |              |
| accepted and to the best of my knowledge the is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | accepted and to the best of my knowledge the foregoing                       |                                          | METHOD:                         | (TO BE COMPLE | TED BY L | ANDFILL)     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              | DISPOSAL                                 |                                 |               |          |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                          |                                 | DISPOSE       |          | OTHER        |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                          |                                 |               |          | OTHER        |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                          |                                 |               |          | OTHER        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                          | TRUCTION<br>S<br>RIABLE         |               |          | OTHER        |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE                                                                         | CONS<br>DEBRI<br>NON-F<br>ASBES          | TRUCTION<br>S<br>RIABLE<br>STOS |               |          | OTHER        |
| REMARKS<br>FACILITY TICKE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE                                                                         |                                          | TRUCTION<br>S<br>RIABLE<br>STOS |               |          | OTHER        |
| REMARKS<br>FACILITY TICKE NUMBER<br>SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE                                                                         | CONS<br>DEBRI<br>NON-F<br>ASBES          | TRUCTION<br>S<br>RIABLE<br>STOS |               |          | OTHER        |
| REMARKS<br>FACILITY TICKE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE                                                                         | CONS<br>DEBRI<br>DEBRI<br>NON-F<br>ASBES | TRUCTION<br>S<br>RIABLE<br>STOS |               |          | OTHER        |

TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

| Keller Canyon |
|---------------|
|---------------|

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

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# COx Mountain

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

# Newby Island Sanitary Landfill

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

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

#### **NON-HAZARDOUS WASTE MANIFEST**

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |          | WAS       | STE ACCEPTA    | NCE NO.    |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|-----------|----------------|------------|-----------------------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |          |           | ····           |            |                             |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     | 1        |           | <b>- 212Y7</b> | 9860       |                             |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | REQUIR   | ED PERS   | ONAL PROTEC    | TIVE EQ    | UIPMENT                     |
| Oakland CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |          | ်း 🗖 ဝေဝ  | GLES 🗅 RESPI   |            |                             |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |          | SAFE      | ETY VEST       |            |                             |
| · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | SPECIAL  | HANDLING  | G PROCEDURES   |            | <b>4</b> .                  |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE                | 4        |           |                |            |                             |
| * H.B. Sich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     |          |           | C.             | e          |                             |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly<br>described, classified and packaged, and is in proper condition for transportation a cording to applicable<br>regulations; AND, if the waste is a treatment residue of a previous/perticted hazardous waste<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in |                     | RECEIVI  |           | ry ,           | Ĩ          |                             |
| accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w<br>40 CFR Part 261.<br>WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                         | vaste as defined by |          |           |                |            | <u></u>                     |
| DISPOSAL     SLUDGE     CONSTRUCTION     WOOD     DEBRIS     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     | <br>     |           |                |            | بِدِّ <sup>م</sup> َّ .<br> |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     | ]——      |           |                |            |                             |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VILLE               |          |           |                |            |                             |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                     | NOTES:   | VEHICLE L | ICENSE NUMBER  | TRUC       | KNUMBER                     |
| ADDRESS Transportation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     | -        | 2#5.      | 7899           | 190        | 7                           |
| 725 Julie Ann way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     | ]        |           |                |            |                             |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | -        | SAE       | Trucking       | ,          |                             |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     | END      |           | BOTTOM DU      |            | TRANSFER                    |
| (510) 633-1528                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | 8        |           |                |            |                             |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE                | ROLL-C   |           | FLAT-BED       | VAN        | DRUMS                       |
| * Tun provi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8-30-0              |          | 1         |                |            |                             |
| V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     | CUBIC YA | ARDS      |                |            |                             |
| I hereby certify that the above named material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |          |           | 20             |            |                             |
| accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                         | foregoing           | DISPOSAL | METHOD:   | (TO BE COMPLE  | TED BY LAN | NDFILL)                     |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |          | ສູ        | DISPOSE        |            | OTHER                       |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     | U SOIL   | -         |                |            |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |          | TRUCTION  | $\sim$         |            |                             |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |          |           |                |            |                             |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DATE                | ASBES    |           |                |            |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LAT AT              |          | )         |                |            |                             |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1.200/              |          |           |                |            |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |          | ALOTHER   |                |            |                             |

| Keller | Canyon |
|--------|--------|
|--------|--------|

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

S

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### 🗆 Ox Mounte

**Sanitary Lanc...i** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

#### Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                  | WASTE         | ACCEPTA       | NCE N    | 0.         |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------|---------------|---------------|----------|------------|-------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                  |               |               |          | <u>^</u>   |       |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                  | -             | <b>212Y</b> 7 | 986      | 0          |       |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | REQUIRED         | PERSONA       | AL PROTEC     | CTIVE E  | QUIPMEN    | Т     |
| Oakland,CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          | C GLOVES         |               | S 🖸 RESPI     | RATOR    |            | HAT   |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | *                                                                        | отү-үек 🐒        | SAFETY \      | /EST          |          |            | · · · |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          | SPECIAL HAN      | NDLING PR     | OCEDURES      | S:       |            |       |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE                                                                     |                  |               |               |          |            |       |
| * 11.8. Sul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8/30/07                                                                  |                  |               |               |          |            |       |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, I<br>described, classified and packaged, and is in proper condition for transportation a cor<br>regulations; AND, If the waste is a treatment residue of a previously restricted ha<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v<br>40 CFR Part 261. | has been properly<br>ding to applicable<br>zardous waste<br>n treated in |                  | FÁCILITY      |               |          |            |       |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          | l                |               |               |          |            |       |
| DISPOSAL       SLUDGE         CONSTRUCTION       WOOD         DEBRIS       OTHER         SPECIAL WASTE       OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                  |               |               |          |            |       |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                  |               |               |          |            |       |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VILLE                                                                    |                  | :             |               |          |            |       |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          | NOTES: VEH       | HICLE LICEN   | SE NUMBER     | TR       | UCK NUMBE  | ER i  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          | 2                | 4578          | 99            | 19       | <i>i</i> 4 |       |
| 725 Julia Ann Lak                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |                  |               |               |          |            |       |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | SAE              | HS 78<br>True | Km            |          |            |       |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          | END DUM          |               | BOTTOM DU     | MD       | TRANSFI    |       |
| (510) 633-1528                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                  |               |               |          |            | En    |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE                                                                     | ROLL-OFF(        | (S) Fl        | LAT-BED       | VAN      | DRU        |       |
| * Jan Mar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8-30-07                                                                  |                  |               |               |          |            |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                  |               |               |          |            |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          | CUBIC YARDS      | 5             | <u> </u>      |          |            |       |
| I hereby certify that the above named material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                  |               | NO            |          |            |       |
| accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | toregoing                                                                | DISPOSAL MET     | THOD: (TO     | D BE COMPLE   | TED BY I | ANDFILL)   |       |
| , t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                  |               | DISPOSE       |          | OTHER      |       |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ~                                                                        | _ <b>⊡-SO</b> IL |               | $\sim$        |          |            |       |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                  | CTION         |               |          |            |       |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          | NON-FRIAE        |               |               |          |            |       |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE                                                                     |                  |               |               |          | · ·        |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | hond3                                                                    |                  |               |               |          |            |       |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6.9 1                                                                    |                  |               |               |          |            |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                  |               |               |          |            |       |

**GENERATOR COPY** 

TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

#### Sanitary Landfill 16 901 Bailey Road Pittsburg, CA 94565

Phone (925) 458-9800 Fax (925) 458-9891

# □ Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### الالم دي **Dux** Mountain Sanitary Landfill

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

## □ Newby Island Sanitary Landfill 1601 Dixon Landing Road

Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

□ Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### **NON-HAZARDOUS WASTE MANIFEST**

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    | WAS                                                                               | STE ACCEPTANCE          | ENO.                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------|--------------------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                                                   |                         |                          |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    | -                                                                                 | <del>2</del> 12Y798     | 60                       |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    | REQUIRED PERS                                                                     | ONAL PROTECTIV          |                          |
| Dakland CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |                                                                                   |                         |                          |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                                                                                   | GLES GINESFINAN         |                          |
| (510) 873-8880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    | UTY-VEK XO SAFE                                                                   | ETY VEST                |                          |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    | SPECIAL HANDLING                                                                  | G PROCEDURES:           |                          |
| Marilyn Ponte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE                                                                               | 4                                                                                 |                         |                          |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    | -                                                                                 |                         |                          |
| * H.B. Duly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8/30/07                                                                            |                                                                                   |                         |                          |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations<br>described, classified and packaged, and is in proper condition for transportation a c-<br>regulations; AND, if the waste is a treatment residue of a previously restricted is<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has be<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous<br>40 CFR Part 261.<br>WASTE TYPE:<br>DISPOSAL DISPOSAL DISPOSAL<br>CONSTRUCTION WOOD<br>DEBRIS OTHER<br>SPECIAL WASTE<br>GENERATING FACILITY<br>4090 San Pablo Avenue EMER | s, has been properly<br>cording to applicable<br>hazardous waste<br>een treated in |                                                                                   |                         |                          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    | I I A                                                                             | Trucking                | <u>)92605 (101.</u><br>1 |
| 725 Julie Ann Way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                   | Irucking<br>BOTTOM DUMP | 192605 (101)<br>TRANSFER |
| 725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510.633-1528                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                                                                                   |                         |                          |
| CITY, STATE, ZIP<br>CITY, STATE, ZIP<br>Opkland CA 94621                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE<br>83007                                                                      |                                                                                   | BOTTOM DUMP             |                          |
| 725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510.633-1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE<br>83007                                                                      | ROLL-OFF(S)                                                                       | BOTTOM DUMP             | /AN DRUMS                |
| 125 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510 633-1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8 30 07<br>al has been                                                             | ROLL-OFF(S)                                                                       | BOTTOM DUMP             | /AN DRUMS                |
| 125 Julie, Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*<br>I hereby certify that the above named materia<br>accepted and to the best of my knowledge th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8 30 07<br>al has been                                                             | ROLL-OFF(S)                                                                       | BOTTOM DUMP             | AN DRUMS                 |
| 125 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510 633-1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8 30 07<br>al has been                                                             |                                                                                   | BOTTOM DUMP             | AN DRUMS                 |
| 725       Tulke       Ann       Way         CITY, STATE, ZIP       Oakland, CA       94621         PHONE       510       633-1528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★       PR         I hereby certify that the above named materia accepted and to the best of my knowledge th is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                     | 8 30 07<br>al has been                                                             | CUBIC YARDS                                                                       | BOTTOM DUMP             | AN DRUMS                 |
| 125 Julie, Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510 633-1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*<br>I hereby certify that the above named materia<br>accepted and to the best of my knowledge th                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8 30 07<br>al has been                                                             | ROLL-OFF(S)                                                                       | BOTTOM DUMP             | AN DRUMS                 |
| 725       Julie: Ann Way         CITY, STATE, ZIP       Oakland, CA 94621         PHONE       510       633-1528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★       PR         I hereby certify that the above named materia accepted and to the best of my knowledge th is true and accurate.         REMARKS                                                                                                                                                                                                                                                                                                                                                                                      | 8 30 07<br>al has been                                                             | CUBIC YARDS                                                                       | BOTTOM DUMP             | AN DRUMS                 |
| 725       Julie: Ann Way         CITY, STATE, ZIP       Oakland, CA 94621         PHONE       510.633-1528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         *       PR         I hereby certify that the above named materia accepted and to the best of my knowledge th is true and accurate.         REMARKS                                                                                                                                                                                                                                                                                                                                                                                            | 8 30 07<br>al has been                                                             | CUBIC YARDS<br>CUBIC YARDS<br>DISPOSAL METHOD:                                    | BOTTOM DUMP             | AN DRUMS                 |
| 125 Julie, Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510 633-1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*<br>I hereby certify that the above named materia<br>accepted and to the best of my knowledge th<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8 30 07<br>al has been                                                             | CUBIC YARDS CUBIC YARDS DISPOSAL METHÓD: CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS | BOTTOM DUMP             | AN DRUMS                 |
| 725       Julie, Ann Way         CITY, STATE, ZIP       Oakland, CA 94621         PHONE       510       633-1528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★       PR         I hereby certify that the above named materia accepted and to the best of my knowledge th is true and accurate.         REMARKS         FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                       | 8 30 07<br>al has been<br>e foregoing<br>DATE                                      | CUBIC YARDS<br>CUBIC YARDS<br>DISPOSAL METHOD:                                    | BOTTOM DUMP             | AN DRUMS                 |
| 725       Julie: Ann Way         CITY, STATE, ZIP       Oak land, CA 94621         PHONE       512.633-1528         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         I hereby certify that the above named materia accepted and to the best of my knowledge th is true and accurate.         REMARKS         FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                     | 8 30 07<br>al has been<br>e foregoing                                              | CUBIC YARDS CUBIC YARDS DISPOSAL METHÓD: CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS | BOTTOM DUMP             | AN DRUMS                 |

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#### Sanitary Landfill 901 Bailey Road

901 Balley Hoad Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

# Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗌 Ox Mo<u>untain</u>

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitae CA 95035

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

Fax (209) 982-1009

#### **NON-HAZARDOUS WASTE MANIFEST**

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 | WAS                    | TE ACCEPTAN                           | NCE NO.  |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------|---------------------------------------|----------|----------|
| Bay Rock Oaks, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                        | A1A378                                | 00/0     |          |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |                        | <b>212Y7</b>                          | 7900     |          |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 | <b>REQUIRED PERS</b>   | ONAL PROTEC                           | TIVE EQU | IPMENT   |
| Oakland.CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 | 🗘 GLOVES 🗔 GOG         | GLES 🖸 RESPIR                         | RATOR X  | HARD HAT |
| (510) 873-8880                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                        | TY VEST                               |          |          |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | SPECIAL HANDLING       |                                       |          |          |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                      | DATE                                                                            |                        |                                       | •        | ``       |
| SIGNATURE OF AUTHORIZED AGENT/TITLE                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                        |                                       |          |          |
| * H.B. Duck                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8/30/07                                                                         |                        |                                       |          |          |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, h<br>described, classified and packaged, and is in proper condition for transportation a corn<br>regulations; AND, if the waste is a treatment residue of e previously restricted has<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has been | nas been properly<br>ding to applicable<br><b>zardous waste</b><br>n treated in |                        | · · · · · · · · · · · · · · · · · · · | ,        |          |
| accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w<br>40 CFR Part 261.                                                                                                                                                                                                                                                                                                                                                      | aste as defined by                                                              |                        | •<br>                                 |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                        |                                       |          |          |
| DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                        |                                       |          |          |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                        |                                       |          |          |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                 | VILLE                                                                           |                        |                                       |          |          |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                 | NOTES: VEHICLE LI      | CENSE NUMBER                          | TRUCK    | NUMBER   |
| ADDRESS Kock Transport, Twc.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 | 9D9                    | 2605                                  | 10       | ļ        |
| 725 Julie Ann Way                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                                               |                        | $\Lambda - $                          |          | ,        |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 | 4                      | ATruc                                 | KING     |          |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 | END DUMP               | BOTTOM DUN                            | ИРТ      | RANSFER  |
| 510.633.1528                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                               | Z                      |                                       |          |          |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE                                                                            | ROLL-OFF(S)            | FLAT-BED                              | VAN      | DRUMS    |
| * æ                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8 30/07                                                                         |                        |                                       |          | ũ        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | CUBIC YARDS            |                                       |          |          |
| I hereby certify that the above named material                                                                                                                                                                                                                                                                                                                                                                                                              | has been                                                                        |                        | 20                                    | ,        |          |
| accepted and to the best of my knowledge the                                                                                                                                                                                                                                                                                                                                                                                                                | foregoing                                                                       | DISPOSAL METHOD:       | (TO BE COMPLE                         |          | DFILL)   |
| is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |                        | -                                     | 1        |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,<br>,                                                                          |                        | DISPOSE                               | (        | DTHER    |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 |                        |                                       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 | CONSTRUCTION<br>DEBRIS |                                       |          |          |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 |                        |                                       | •        |          |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE                                                                            |                        |                                       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A                                                                               |                        |                                       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 25                                                                              |                        |                                       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ···· \                                                                          |                        |                                       |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                        |                                       |          |          |

| Keller | Canyon |
|--------|--------|
|--------|--------|

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

Fax (925) 458-9891

| Coff | in | В | ut | te |
|------|----|---|----|----|
|      |    |   |    |    |

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 💭 Ox Mountain

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

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

Fax (408) 262-2871

□ Forward Landfill

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

| GENERATOR Bay Rock Oaks, LLC MAILING ADDRESS 1300 Clay St., Suite 620 CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                         |                                   |                          |          |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------|----------|-----------------|
| MÅILING ADDRESS 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | WAS                               | TE ACCEPTA               | NCE NO.  |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                   | <del>2</del> 12Y7        | 100ZA    |                 |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                   |                          |          |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                   | ONAL PROTEC              |          |                 |
| Oakland, CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - Ka GLOVE                                | S GOG                             | GLES 🗅 RESPI             | RATOR XC | HARD HAT        |
| (510) 873-9990<br>CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | SAFE                              | TY VEST                  |          |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SPECIAL                                   | HANDLING                          | PROCEDURES               |          |                 |
| Marilén Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                                         |                                   |                          |          |                 |
| * H.B. July 5/31/0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7                                         |                                   |                          |          |                 |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly<br>described, classified and packaged, and is in proper condition for transportation a cording to applicable<br>regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by<br>40 CFR Part 261. | RECEIVI                                   | NG FACILIT                        | Ŷ                        |          |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                   | ,                        |          | -               |
| DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                   |                          |          |                 |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                   |                          |          |                 |
| 4090 San Pablo Avenue EMERYVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                   |                          |          |                 |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NOTES:                                    | VEHICLE LI                        | CENSE NUMBER             | TRUCK    | NUMBER          |
| ADDRESS Trumsportation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                                   |                          | 194      |                 |
| 725 Julie Ann way<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SA                                        | 2.457<br>E True                   | Kins                     |          |                 |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | END                                       |                                   | BOTTOM DU                | MP T     | RANSFER         |
| (510) 633-1528                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ę                                         |                                   |                          |          |                 |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                   | FLAT-BED                 |          |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                   |                          |          |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CUBIC Y                                   | ARDS                              |                          |          |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                   | しい                       | )        |                 |
| I hereby certify that the above named material has been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                   | $\sim$                   | /        |                 |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DISPOSA                                   | L METHOD:                         | (TO BE COMPLE            |          | OFILL)          |
| accepted and to the best of my knowledge the foregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DISPOSA                                   | L METHOD:                         | (TO BE COMPLE<br>DISPOSE | 1        | DFILL)<br>DTHER |
| accepted and to the best of my knowledge the foregoing is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DISPOSAI                                  | L METHOD:                         | •                        | 1        |                 |
| accepted and to the best of my knowledge the foregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | TRUCTION                          | •                        | 1        |                 |
| accepted and to the best of my knowledge the foregoing is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           | TRUCTION                          | •                        | 1        |                 |
| accepted and to the best of my knowledge the foregoing<br>is true and accurate.<br>REMARKS<br>FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | TRUCTION<br>IS<br>FRIABLE         | •                        | 1        |                 |
| accepted and to the best of my knowledge the foregoing<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SOIL     CONS     DEBR     NON-F     ASBE | TRUCTION<br>IS<br>FRIABLE<br>STOS | •                        | 1        |                 |
| accepted and to the best of my knowledge the foregoing is true and accurate.          REMARKS         FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SOIL<br>CONS<br>DEBR<br>NON-F<br>ASBE     | TRUCTION<br>IS<br>FRIABLE<br>STOS | •                        | 1        |                 |

#### ;anyon

#### *i* **Landfill** , Road , CA 94565

, CA 94565 ,...ne (925) 458-9800 Fax (925) 458-9891

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a an g

#### □ Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# 🗆 Ox Mountain

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800

Fax (408) 262-2871

Forward
 Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                            | WAS           | TE ACCEPT/       | ANCE N    | 10.         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------|---------------|------------------|-----------|-------------|
| Bay Rock Oaks, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    |                            |               | -010V            | 7004      | <u>.</u>    |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    |                            |               | 212Y'            |           |             |
| CITY, STATE, ZIP<br>Oakland CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                            |               |                  |           |             |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | COUCE                      |               |                  | THATUR    | X□ HARD HAT |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |                            |               | ETY VEST         |           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    | SPECIAL                    | HANDLING      | <b>PROCEDURE</b> | S:        |             |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE                                                                               |                            |               |                  |           |             |
| * H.B. Dut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10/1/07                                                                            |                            |               |                  |           |             |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a cor<br>regulations; AND, if the waste is a treatment residue of a previously restricted ha<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v<br>40 CFR Part 261. | has been properly<br>rding to applicable<br><b>izardous waste</b><br>en treated in |                            | NG FACILIT    | ſY               |           |             |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                            |               |                  |           |             |
| DISPOSAL     SLUDGE     CONSTRUCTION     WOOD     DEBRIS     OTHER     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |                            |               |                  |           |             |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    |                            |               |                  |           |             |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VILLE                                                                              |                            | ·             | . <u>.</u>       | · .       |             |
| TRANSPORTER DAVE'S Eq                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | NOTES:                     |               |                  | TF        |             |
| ADDRESS 17866 Seidnen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Rd                                                                                 |                            | 958           | 1926             | $\square$ | -98         |
| CITY, STATE, ZIP ESCALON (LA, 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5320                                                                               |                            | 4GK           | 4941             |           |             |
| PHONE 209-858-6024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                    | END D                      | UMP           | BOTTOM DU        | JMP       | TRANSFER    |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    |                            |               |                  |           |             |
| * Control Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE<br>/01-07                                                                     |                            |               | FLAT-BED         |           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    | CUBIC YA                   | ARDS          | _                |           |             |
| I hereby certify that the above named material accepted and to the best of my knowledge the                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                            |               |                  |           | · · · ·     |
| is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | DISPOSAL                   | METHOD:       | (TO BE COMPL     | ETED BY   | LANDFILL)   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |                            |               | DISPOSE          |           | OTHER       |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                    |                            |               |                  |           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    | CONS <sup>-</sup><br>DEBRI | TRUCTION<br>S |                  |           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    | D NON-F                    | RIABLE        |                  |           |             |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                            |               |                  |           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ¥/                                                                                 |                            |               |                  |           |             |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    |                            | AL OTHER      |                  |           |             |

#### Sanitary Landfill 901 Bailey Road

Pittsburg, CA°94565 Phone (925) 458-9800 Fax (925) 458-9891

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

#### □ Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800 Fax (408) 262-2871

Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    | . · ·                                                   | WASTE ACCEPTANC                          | E NO.         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------|---------------|
| Bay Rock Oaks, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                         |                                          |               |
| MÁILING ADDRESS<br>1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                                         | <del>2</del> 12Y79                       | 860           |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    | REQUIRED P                                              | ERSONAL PROTECTIV                        |               |
| Oakland, CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                                                         |                                          |               |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                         |                                          |               |
| (510) 873-8880<br>CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                                         | SAFETY VEST                              |               |
| Marilyn Ponte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    | SPECIAL HAND                                            | DLING PROCEDURES:                        |               |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE                                                                               | ]                                                       |                                          |               |
| * H.B. Suit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10/1/07                                                                            |                                                         |                                          |               |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations<br>described, classified and packaged, and is in proper condition for transportation a ro<br>regulations; AND, if the waste is a treatment residue of a previously restricted i<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has be<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous<br>40 CFR Part 261.<br>WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s, has been properly<br>cording to applicable<br>hazardous waste<br>een treated in |                                                         | CILITY                                   | ,             |
| DISPOSAL       DISPOSAL         CONSTRUCTION       DWOOD         DEBRIS       OTHER         SPECIAL WASTE       DISPOSAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •<br>•<br>•<br>•                                                                   | <br>                                                    |                                          |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | *<br>                                                                              |                                                         |                                          |               |
| 4090 San Pablo Avenue EMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | YVILLE                                                                             | · · · · · · · · · · · · · · · · · · ·                   |                                          |               |
| TRANSPORTER DAVE'S Eq.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    | NOTES: VEHIC                                            | CLE LICENSE NUMBER                       | TRUCK NUMBER  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |                                                         | 2-10-1 1                                 | $\nabla - 99$ |
| CITY, STATE, ZIP ESCALON CH, 9:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rd<br>53.20                                                                        | 40                                                      | 5-14991                                  |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rd<br>53.20                                                                        | END DUMP                                                | <u>527726</u><br>5-1<4997<br>воттом DUMP | TRANSFER      |
| CITY, STATE, ZIP & S CALDA (14, 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | R d<br>53 Z O                                                                      | END DUMP                                                |                                          |               |
| CITY, STATE, ZIP $\mathcal{E}_{SC} \mathcal{A}(\mathcal{D}_{A}) = \mathcal{O}_{C} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} A$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5370                                                                               | END DUMP                                                |                                          |               |
| CITY, STATE, ZIP $\mathcal{E}_{SCALDA}$ $\mathcal{C}_{\mathcal{A}}$ $\mathcal{G}_{\mathcal{A}}$<br>PHONE $\mathcal{ZOS} - \mathcal{BSB} - \mathcal{COZ4}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 53 Z <i>O</i>                                                                      | END DUMP                                                | BOTTOM DUMP                              | VAN DRUMS     |
| CITY, STATE, ZIP $\mathcal{E}_{SCALDA}$ $\mathcal{C}_{A}$ , $\mathcal{P}_{S}$<br>PHONE $\mathbb{ZOS} - \mathbb{B3B} - \mathbb{GOZ4}$<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>$\star$ $\mathcal{M}$ $\mathcal{A}$ $\mathcal{M}$<br>I hereby certify that the above named materia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 53 Z <i>O</i><br>DATE<br>10-1-07<br>al has been                                    | END DUMP<br>ROLL-OFF(S)                                 | BOTTOM DUMP                              | VAN DRUMS     |
| CITY, STATE, ZIP $E_{SCALDA}$ $C_{A}$ , $9$<br>PHONE $ZOS - 838 - 6024$<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>$\star$ $A$ $aid$ $Ji/fi$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 53 Z <i>O</i><br>DATE<br>10-1-07<br>al has been                                    | END DUMP<br>ROLL-OFF(S)                                 | BOTTOM DUMP                              | VAN DRUMS     |
| CITY, STATE, ZIP ESCALOAC CH, 99<br>PHONE ZOS - 838 - 6024<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>* Dail Market Control Contr | 53 Z <i>O</i><br>DATE<br>10-1-07<br>al has been                                    | END DUMP<br>ROLL-OFF(S)                                 | BOTTOM DUMP                              | VAN DRUMS     |
| CITY, STATE, ZIP ESCALOAC CH, 99<br>PHONE ZOS - 838 - 6024<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>* Dailow Julian<br>I hereby certify that the above named materia<br>accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 53 Z <i>O</i><br>DATE<br>10-1-07<br>al has been                                    | END DUMP<br>ROLL-OFF(S)                                 | BOTTOM DUMP                              | VAN DRUMS     |
| CITY, STATE, ZIP ESCALOAC CH, 99<br>PHONE ZOS - 838 - 6024<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>* Dailow Julian<br>I hereby certify that the above named materia<br>accepted and to the best of my knowledge the<br>is true and accurate.<br>FREMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 53 Z <i>O</i><br>DATE<br>10-1-07<br>al has been                                    | END DUMP<br>ROLL-OFF(S)                                 | BOTTOM DUMP                              | VAN DRUMS     |
| CITY, STATE, ZIP ESCALOAC CH, 99<br>PHONE ZOS - 838 - 6024<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>* David Minimum<br>I hereby certify that the above named materia<br>accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 53 Z <i>O</i><br>DATE<br>10-1-07<br>al has been                                    | END DUMP<br>ROLL-OFF(S)                                 | BOTTOM DUMP                              | VAN DRUMS     |
| CITY, STATE, ZIP ESCALOA (A) 99<br>PHONE ZOS - 838 - 6024<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>* Ward Multi-<br>I hereby certify that the above named materia<br>accepted and to the best of my knowledge the<br>is true and accurate.<br>FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE                                                                               | END DUMP<br>ROLL-OFF(S)                                 | BOTTOM DUMP                              | VAN DRUMS     |
| CITY, STATE, ZIP ESCALOAC CH, 99<br>PHONE ZOS - 838 - 6024<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>* Dailow Julian<br>I hereby certify that the above named materia<br>accepted and to the best of my knowledge the<br>is true and accurate.<br>FREMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 53 Z <i>O</i><br>DATE<br>10-1-07<br>al has been                                    | END DUMP<br>ROLL-OFF(S)                                 | BOTTOM DUMP                              | VAN DRUMS     |
| CITY, STATE, ZIP ESCALOAC CA, 99<br>PHONE ZOS - 838 - 6024<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>* A and Additional Action of the set of the set of the material accepted and to the best of my knowledge the is true and accurate.<br>REMARKS<br>FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE                                                                               | END DUMP<br>ROLL-OFF(S)<br>CUBIC YARDS<br>DISPOSAL METH | BOTTOM DUMP                              | VAN DRUMS     |

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

### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

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

Forward Landfill

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

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |          | WAS        | TE ACCEPTA        | NCE NO     |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------|------------|-------------------|------------|---------------------------------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |          |            |                   |            |                                       |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |          |            | <del>2</del> 12Y7 | 79860      |                                       |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                | REQUIR   | ED PERS    | ONAL PROTE        | CTIVE EC   | UIPMENT                               |
| Oakland CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                | GLOVE    | s 🗆 GOG    | GLES 🗅 RESP       | IRATOR ;   | K 🗆 HARD HAT                          |
| (510) 072 0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                |          |            | ETY VEST          |            |                                       |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                | SPECIAL  | HANDLIN    | G PROCEDURE       | S:         |                                       |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE                                                                           |          | · · ·      |                   |            |                                       |
| * H & Dick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10/1/07                                                                        |          |            |                   |            |                                       |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a "corregulations; AND, If the waste is a treatment residue of a previously restricted h subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261.  WASTE TYPE:  DISPOSAL DISPOSAL DEBRIS DEBRIS SPECIAL WASTE | , has been properly<br>ording to applicable<br>azardous waste<br>en treated in |          | NG FACILIT | ГY                |            | · · · · · · · · · · · · · · · · · · · |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                | j        |            |                   |            |                                       |
| 4090 San Pablo Avenue EMERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VVILLE                                                                         | ]        |            |                   |            |                                       |
| TRANSPORTER DAVES ES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | NOTES:   | VEHICLE    | ICENSE NUMBER     | TBU        | CK NUMBER                             |
| MANOFONIEN DATES CZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |          |            | 1826              |            | -99                                   |
| ADDRESS 17866 Seidnen R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | é                                                                              |          | -          | 4991              |            |                                       |
| CITY, STATE, ZIP SCALDAR CA, 95.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>ट्रूट</u> 0                                                                 | -        | 701        | / / //            |            |                                       |
| PHONE 7 07-838-6024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                                                                              | END D    |            | BOTTOM DU         | MP         | TRANSFER                              |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE                                                                           | ROLL-C   |            | FLAT-BED          | VAN        |                                       |
| * Dain Life                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 101-07                                                                         |          |            |                   |            |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                | CUBIC Y  | NDDS       |                   |            |                                       |
| , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |          |            | _                 |            |                                       |
| I hereby certify that the above named materia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |          |            | 20                |            |                                       |
| accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e foregoing                                                                    | DISPOSAL | METHOD:    | (TO BE COMPLI     | eted by LA | NDFILL)                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |          |            | DISPOSE           |            | OTHER                                 |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                | LOSOL    |            |                   |            |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |          | TRUCTION   |                   |            |                                       |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | D NON-F  | RIABLE     |                   |            |                                       |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE                                                                           | ASBES    |            |                   |            |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A A                                                                            |          |            |                   |            |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |          |            |                   |            |                                       |
| * 7 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100(0)                                                                         |          |            |                   |            |                                       |
| * 7 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10-0(-0)                                                                       |          | AL OTHER   |                   |            |                                       |

#### Sanitary Landfill

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

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 Forward Landfill

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

',**,**,

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                | WAS                             | TE ACCEPTA        | NCE NO | •    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------|---------------------------------|-------------------|--------|------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                |                                 | <del>2</del> 12Y7 | 0860   | •    |
| 1300 Clay St., Snite 620<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                |                                 |                   |        |      |
| Oakland CA 34612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                |                                 |                   |        |      |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              | [-                                             |                                 |                   |        |      |
| (510) 873-8880<br>CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ÷.,                                                                          |                                                |                                 |                   |        |      |
| Marilyn Ponte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | SPECIAL                                        | HANDLING                        | PROCEDURES        | 8:     |      |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE                                                                         |                                                |                                 |                   |        |      |
| * H. B. Diel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10/1/07                                                                      |                                                |                                 |                   |        |      |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is in<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations;<br>described, classified and packaged, and is in proper condition for transportation a co-<br>regulations; AND, If the waste is a treatment residue of a previously restricted h<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has be<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous<br>40 CFR Part 261. | has been properly<br>ording to applicable<br>azardous waste<br>en treated in | RECEIVI                                        | NG FACILIT                      | Υ                 |        |      |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                |                                 |                   |        |      |
| DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                |                                 |                   |        |      |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                                |                                 |                   |        |      |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VILLE                                                                        |                                                |                                 |                   |        |      |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | NOTES:                                         | VEHICLE LI                      | CENSE NUMBER      | TRU    |      |
| Ma long & Son                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                | 9ATHO                           | 043               | Λ      | 7-87 |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | -                                              |                                 |                   |        |      |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              | -                                              | 4AX33                           | 58                |        |      |
| Bealm, (A, 9532C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                | 1 Kailor                        |                   |        |      |
| PHONE (222-261 O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              | END                                            |                                 |                   | MP     |      |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE                                                                         | ROLL-C                                         |                                 | <br>FLAT-BED      | VAN    |      |
| + # 2 2-4-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10.1.15                                                                      |                                                |                                 |                   |        | Q    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                |                                 |                   |        |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | CUBIC YA                                       | ARDS                            |                   | ,      |      |
| I hereby certify that the above named materia<br>accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              | DISPOSAL                                       | <br>METHOD:                     | (TO BE COMPLE     |        | ,    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                |                                 | DISPOSE           |        |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                                                            |                                                |                                 |                   |        |      |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                |                                 |                   |        |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                | TRUCTION                        |                   |        |      |
| REMARKS<br>FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              | CONS<br>DEBRI                                  | S<br>RIABLE                     |                   |        |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE                                                                         | CONS<br>DEBRI<br>NON-F<br>ASBES                | S<br>RIABLE<br>STOS             |                   |        |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | CONS<br>DEBRI                                  | S<br>RIABLE<br>STOS             |                   |        |      |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              | CONS<br>DEBRI<br>NON-F<br>ASBES                | S<br>RIABLE<br>STOS             |                   |        |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 100108                                                                       | CONS<br>DEBRI<br>NON-F<br>ASBES<br>WOOD<br>ASH | S<br>RIABLE<br>STOS<br>AL OTHER |                   |        |      |

TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. **GENERATOR COPY** 

# Sanitary Landfill

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

| Coffir | n Butte | è |
|--------|---------|---|
|        |         | 2 |

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 \* Fax (541) 745-3826

# Ox Mountain

Sanitary Landfill 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island
Sanitary Landfill
1601 Dixon Landing Road
Milpitae CA 95035

1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
Landfill
9999 S. Austin Re

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

#### **NON-HAZARDOUS WASTE MANIFEST**

| GENERATOR *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | WA                                | STE ACCEPTA   | NCE NO.  |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------|---------------|----------|----------|
| Bay Rock Oaks, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                   | 0103/7        | 0020     |          |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                   | 212Y7         |          | DMENT    |
| CITY, STATE, ZIP<br>Oakland,CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                   |               |          |          |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                   |               | RAIOR XL |          |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                   | ETY VEST      |          |          |
| Marilyn Ponte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -                                                                            | SPECIAL HANDLIN                   | G PROCEDURES  | S:       |          |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE                                                                         | -                                 |               |          |          |
| * H.B. Sief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10/1                                                                         |                                   |               |          |          |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a co-<br>regulations; AND, if the waste is a treatment residue of a previously restricted hu-<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous<br>40 CFR Part 261. | has been properly<br>ording to applicable<br>azardous waste<br>en treated in |                                   | ТҮ            |          |          |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | ]                                 |               |          |          |
| DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                   |               |          |          |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                   |               |          |          |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VILLE                                                                        | ·                                 |               | 1<br>I   |          |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                   | ICENSE NUMBER |          | NUMBER / |
| CITY, STATE, ZIP<br>CALON OA 95320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              | HAX 333                           | )_            |          |          |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | END DUMP                          | BOTTOM DUI    | MP T     | RANSFER  |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE                                                                         | ROLL-OFF(S)                       | FLAT-BED      | VAN      | DRUMS    |
| * ++ 8. July                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10/1/07                                                                      |                                   |               | ü        |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | CUBIC YARDS                       |               |          |          |
| I hereby certify that the above named materia accepted and to the best of my knowledge the                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                   | $\mathcal{V}$ | 0        |          |
| is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ····j···j                                                                    | DISPOSAL METHOD:                  | (TO BE COMPLE |          | OFILL)   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                   | DISPOSE       | 0        | DTHER    |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              | THE SOLL                          |               | -        |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | D CONSTRUCTION                    | 1             |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                   |               |          |          |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              | DEBRIS<br>NON-FRIABLE<br>ASBESTOS |               |          |          |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                                                                         | DEBRIS                            |               |          |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE                                                                         | DEBRIS                            |               |          |          |

90 Bailey Road

Pittisburg, CA 94565

- Phone (925) 458-9800

Fax (925) 458 9891

#### Coffin Butte Sanitary Landfill Landfill

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

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

□ Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |          | WAS        | TE A     | CCEPTA       | NCE N  | 0.        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------|------------|----------|--------------|--------|-----------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |          |            | 2        | 12Y7         | 006    | <u> </u>  |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             | DEOLID   |            |          |              |        |           |
| CITY, STATE, ZIP<br>Oakland,CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |          | _          |          |              | _      |           |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |          | s 🗆 GOGO   | GLES     |              | RATOR  |           |
| (510) 873-8880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |          | X SAFE     | TY VES   | ST           |        | 1         |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | SPECIAL  | HANDLING   | PROC     | CEDURES      | <br>}: |           |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                                                                        |          |            |          |              |        |           |
| * H & Dut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10/2/07                                                                     |          |            |          |              |        | ۰ م       |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a coo-<br>regulations; AND, if the waste is a treatment residue of a previously restricted has<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w | has been properly<br>rding to applicable<br>azardous waste<br>on treated in | RECEIVIN | NG FACILIT | Y        |              |        |           |
| 40 CFR Part 261.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |          |            |          |              |        |           |
| DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |          |            |          |              |        |           |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |          |            |          |              |        |           |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VILLE                                                                       | ·        |            |          |              | 2      | an,       |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | NOTES:   | VEHICLE LI | CENSE    | NUMBER       | TR     |           |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |          | 947900     | 43       |              | •      | m-87      |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             | 110      | ¥3332      | )        |              | ,      |           |
| PARALM (14 95324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             | 41       | weide      |          |              |        |           |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             | END D    | UMP        | BO       | TTOM DU      | MP     | TRANSFER  |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE                                                                        |          |            |          | · 🛄<br>T-BED | VAN    |           |
| SIGNATORE OF AUTHORIZED AGENT ON DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |          |            |          |              |        |           |
| * Jennis Mir Comall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10/2/07                                                                     |          |            |          | -            |        | -         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             | CUBIC YA | RDS        |          | - m.         |        |           |
| I hereby certify that the above named material<br>accepted and to the best of my knowledge the                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |          |            | <u> </u> |              |        | *<br>*    |
| is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | loregoing                                                                   | DISPOSAL | METHOD:    | (ТО В    | ECOMPLE      | TED BY | LANDFILL) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |          |            | _D       | ISPOSE       |        | OTHER     |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | SOIL     |            |          |              |        |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |          | RUCTION    |          |              |        |           |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |          |            |          |              |        |           |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DATE                                                                        |          |            |          | . *          |        | -<br>     |
| Lach- Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5                                                                           |          |            |          |              |        |           |
| * (11- 0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | K /                                                                         |          |            |          | _            |        |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |          | ALOTHER    |          |              |        |           |

TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

#### Keller Canyon Sanitary Landfill

Pittsburg, CA 94565

Fax (925) 458-9891

Phone (925) 458-9800

901 Bailey Road

# 

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

# Ox Mountain

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

# Newby Island Sanitary Landfill 1601 Dixon Landing Road

1601 Dixon Landing Roa Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
 Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WAS                                                   | TE ACCEPTAI   | NCE NO.  |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|----------|-------------|
| Bay Rock Oaks, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       | A 4 A 3 78    | 0070     |             |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       | <b>212Y7</b>  | 7800     |             |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             | REQUIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ED PERSO                                              | DNAL PROTEC   | TIVE EQ  | JIPMENT     |
| Oakland.CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s 🗅 Goge                                              | ALES 🗅 RESPIR | RATOR X  | CI HARD HAT |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 🗴 SAFE                                                | TY VEST       |          |             |
| (510) 873-8880<br>CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             | SPECIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HANDLING                                              | PROCEDURES    | <u>.</u> |             |
| Marilyn Ponte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               |          |             |
| 11024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10/3/07                                                     | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |               |          |             |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has<br>described, classified and packaged, and is in proper condition for transportation a cording<br>regulations; AND, If the waste is a treatment residue of a previously restricted hazard<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has been tra<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous wast<br>40 CFR Part 251. | been properly<br>g to applicable<br>dous waste<br>reated in | RECEIVIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NG FACILIT                                            | Y             |          |             |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               |          |             |
| DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               |          |             |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               |          |             |
| 4090 San Pablo Avenue EMERYVI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ILE                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               |          |             |
| TRANSPORTER DRVC'S FG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             | NOTES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VEHICLE LI                                            |               | TRUC     | KNUMBER     |
| ADDRESS 17 SIG Seid 11 en                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 9B81                                                  | 1926          | D-       | .98         |
| ADDITION I ( FGB Je ( STATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 46K                                                   | 4991          |          |             |
| CITY, STATE, ZIP 25 (ALD CA, 94)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5320                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1011                                                  | , ·           |          |             |
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| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DATE                                                        | ROLL-C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       | FLAT-BED      | VAN      |             |
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| * Maid Alf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0-3-07                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |               |          |             |
| * Maid Art 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0-3-07                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -                                                     |               |          |             |
| * Dail And I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -                                                     |               |          |             |
| I hereby certify that the above named material h accepted and to the best of my knowledge the for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | as been                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -                                                     |               | -<br>-   |             |
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| I hereby certify that the above named material h accepted and to the best of my knowledge the for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | as been                                                     | CUBIC YA<br>DISPOSAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ARDS                                                  | 20            | -<br>-   |             |
| I hereby certify that the above named material h accepted and to the best of my knowledge the for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | as been                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ARDS<br>METHOD:                                       | (TO BE COMPLE | -<br>-   | NDFILL)     |
| I hereby certify that the above named material h<br>accepted and to the best of my knowledge the for<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                           | as been<br>pregoing                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       | (TO BE COMPLE | -<br>-   | NDFILL)     |
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| I hereby certify that the above named material h<br>accepted and to the best of my knowledge the for<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                           | as been<br>pregoing                                         | CUBIC YA<br>DISPOSAL<br>DISPOSAL<br>CONST<br>DEBRI<br>DEBRI<br>DEBRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | METHOD:<br>METHOD:<br>FRUCTION<br>S<br>RIABLE<br>STOS | (TO BE COMPLE | -<br>-   | NDFILL)     |
| I hereby certify that the above named material h<br>accepted and to the best of my knowledge the for<br>is true and accurate.<br>REMARKS<br>FACILITY TICKET NUMBER<br>SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                     | DATE                                                        | CUBIC YA<br>DISPOSAL<br>DISPOSAL<br>CONST<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEBRI<br>DEB | METHOD:<br>METHOD:<br>FRUCTION<br>S<br>RIABLE<br>STOS | (TO BE COMPLE | -<br>-   | NDFILL)     |
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TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

| Sa initary Landfill         Landfill         S           90* / Bailey Road         28972 Coffin Butte Road         12           Pt itsburg, CA 94565         Corvallis, OR 97330         H           P, hone (925) 458-9800         Phone (541) 745-2018         Pt           Fax (925) 458-9891         Fax (541) 745-3826         Fax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A Mountain<br>anitary Lan<br>2310 San Mateo<br>alf Moon Bay, CA<br>hone (650) 726-1<br>ax (650) 726-918 | <b>dfill</b><br>Road<br>94019<br>819<br>3                                   | 1601 Dixo<br>Milpitas, (<br>Phone (40<br>Fax (408) | ry Landfill           | 9999<br>Man<br>Phoi | rward<br>ndfill<br>9 S. Austin Road<br>teca, CA 95336<br>ne (209) 982-4298<br>(209) 982-1009 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------|-----------------------|---------------------|----------------------------------------------------------------------------------------------|
| NON-HAZAF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RDOUS WAS                                                                                               | STE MANI                                                                    |                                                    |                       |                     |                                                                                              |
| GENERATOR<br>Bay Rock Oaks, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |                                                                             | WAS                                                | STE ACCEPTA           | NCE N               | <b>0.</b>                                                                                    |
| MÄILING ADDRESS<br>1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |                                                                             |                                                    | -212Y7                | 7986                | 0                                                                                            |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         | REQUIRE                                                                     | D PERS                                             | ONAL PROTEC           |                     |                                                                                              |
| Oskland,CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         | SQ GLOVES                                                                   | GOG GOG                                            | GLES 🖸 RESP           | IRATOR              |                                                                                              |
| (510) 873-8880<br>CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |                                                                             | X SAFI                                             | ETY VEST              |                     |                                                                                              |
| Marilyn Ponte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         | SPECIAL I                                                                   | HANDLIN                                            | G PROCEDURES          | 6:                  |                                                                                              |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE                                                                                                    | -                                                                           |                                                    |                       |                     |                                                                                              |
| * H.B. Duty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10/3                                                                                                    |                                                                             |                                                    |                       |                     | ч.<br>1                                                                                      |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a co-<br>regulations; AND, if the waste is a treatment residue of a previously restricted he<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | has been properly<br>ording to applicable<br>azardous waste<br>en treated in                            | RECEIVIN                                                                    | GFACILI                                            | TY                    |                     |                                                                                              |
| 40 CFR Part 261.<br>WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |                                                                             |                                                    |                       |                     |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |                                                                             |                                                    |                       |                     |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |                                                                             |                                                    |                       |                     |                                                                                              |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         |                                                                             | _                                                  |                       |                     |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         | 1                                                                           |                                                    |                       |                     |                                                                                              |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VILLE                                                                                                   |                                                                             |                                                    |                       |                     |                                                                                              |
| 4090 San Pablo Avenue EMERY TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VILLE                                                                                                   |                                                                             | VEHICLEL                                           | ICENSE NUMBER         | TR                  | UCK NUMBER                                                                                   |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         | NOTES:                                                                      |                                                    | ICENSE NUMBER         |                     |                                                                                              |
| TRANSPORTER<br>ADDRESS<br>3763 LILONO 25<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         |                                                                             |                                                    |                       |                     |                                                                                              |
| ADDRESS 2763 LILMO 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                             | 9310                                               |                       | <u>)</u>            |                                                                                              |
| TRANSPORTER<br>ADDRESS<br>3763 LILONO 25<br>CITY, STATE, ZIP<br>TAY CA 95309<br>PHONE<br>209-8365135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                             | GB10                                               | BOTTOM DU             | );<br>MP            | TRANSFER                                                                                     |
| TRANSPORTER<br>M, P July TH<br>ADDRESS<br>3763 LILNO 25<br>CITY, STATE, ZIP<br>TAY CA 95309<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | END, DU                                                                     | GB10                                               | 6334<br>BOTTOM DU     | <u>)</u>            |                                                                                              |
| TRANSPORTER<br>ADDRESS<br>3763 LILONO 25<br>CITY, STATE, ZIP<br>TAY CA 95309<br>PHONE<br>209-8365135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         |                                                                             | GB10                                               | BOTTOM DU             | );<br>MP<br>VAN     | TRANSFER                                                                                     |
| TRANSPORTER<br>M, P July T-<br>ADDRESS<br>3763 LINNO 25<br>CITY, STATE, ZIP<br>TAY CA 95309<br>PHONE<br>209-8365135<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         | END DL<br>Zi<br>ROLL-OI                                                     | <u>G</u> B10<br>JMP<br>=F(S)                       | BOTTOM DU             | );<br>MP<br>VAN     | TRANSFER                                                                                     |
| TRANSPORTER<br>ADDRESS<br>3763 LINNO 25<br>CITY, STATE, ZIP<br>TAY CA 95309<br>PHONE<br>209-8365135<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>* MAMM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE<br>/0-13-0                                                                                         |                                                                             | <u>G</u> B10<br>JMP<br>=F(S)                       | BOTTOM DU             | );<br>MP<br>VAN     | TRANSFER                                                                                     |
| TRANSPORTER         ADDRESS         3743       Linno         CITY, STATE, ZIP         TAY       C4         PHONE         209-8365135         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         M. P         TAY         CITY, STATE, ZIP         TAY         CA         95309         PHONE         209-8365135         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         MAM         I hereby certify that the above named material accepted and to the best of my knowledge the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE<br>/0-13-0<br>has been                                                                             |                                                                             | GBIC<br>JMP<br>FF(S)                               | BOTTOM DU<br>FLAT-BED | MP<br>VAN           |                                                                                              |
| TRANSPORTER       M, P       Muly       The second seco | DATE<br>/0-13-0<br>has been                                                                             | END DL<br>Zi<br>ROLL-OI                                                     | GBIC<br>JMP<br>FF(S)                               | BOTTOM DU<br>FLAT-BED | MP<br>VAN           | TRANSFER                                                                                     |
| TRANSPORTER         ADDRESS         3743       Linno         CITY, STATE, ZIP         TAY       C4         PHONE         209-8365135         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         M. P         TAY         CITY, STATE, ZIP         TAY         CA         95309         PHONE         209-8365135         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         MAM         I hereby certify that the above named material accepted and to the best of my knowledge the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE<br>/0-13-0<br>has been                                                                             |                                                                             | GBIC<br>JMP<br>FF(S)                               | BOTTOM DU<br>FLAT-BED | MP<br>VAN           |                                                                                              |
| TRANSPORTER         ADDRESS         3743       Linno         CITY, STATE, ZIP         TAY       C4         PHONE         209-8365135         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         M. P         TAY         CITY, STATE, ZIP         TAY         CA         95309         PHONE         209-8365135         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         MAM         I hereby certify that the above named material accepted and to the best of my knowledge the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE<br>/0-13-0<br>has been                                                                             |                                                                             | GBIC<br>JMP<br>FF(S)<br>RDS                        | BOTTOM DU<br>FLAT-BED | MP<br>VAN           | TRANSFER                                                                                     |
| TRANSPORTER         ADDRESS         3763       Linno         CITY, STATE, ZIP         TMY       A         TMY       A         9       9         209       8         31GNATURE OF AUTHORIZED AGENT OR DRIVER         ★       MMM         I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.         REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE<br>/0-13-0<br>has been                                                                             | END DU<br>ROLL-OI<br>DISPOSAL I<br>DISPOSAL I                               | GBIC<br>JMP<br>FF(S)<br>RDS<br>METHOD:             | BOTTOM DU<br>FLAT-BED | MP<br>VAN           | TRANSFER                                                                                     |
| TRANSPORTER         ADDRESS         3763       Linno         CITY, STATE, ZIP         TMY       A         TMY       A         95349         PHONE         209-8365135         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         MADDRESS         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         MADDRESS         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         MADDRESS         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         Hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.         REMARKS         FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE                                                                                                    |                                                                             | GBIC<br>JMP<br>FF(S)<br>RDS<br>METHOD:<br>RUCTION  | BOTTOM DU<br>FLAT-BED | MP<br>VAN           | TRANSFER                                                                                     |
| TRANSPORTER         ADDRESS         3763       Linno         CITY, STATE, ZIP         TMY       A         TMY       A         9       9         209       8         31GNATURE OF AUTHORIZED AGENT OR DRIVER         ★       MMM         I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.         REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE<br>/0-13-0<br>has been                                                                             |                                                                             | GBIC<br>JMP<br>FF(S)<br>RDS<br>METHOD:<br>RUCTION  | BOTTOM DU<br>FLAT-BED | MP<br>VAN           | TRANSFER                                                                                     |
| TRANSPORTER         ADDRESS         3763       Linno         CITY, STATE, ZIP         TMY       A         TMY       A         95349         PHONE         209-8365135         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         MADDRESS         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         MADDRESS         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         MADDRESS         SIGNATURE OF AUTHORIZED AGENT OR DRIVER         ★         Hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.         REMARKS         FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE                                                                                                    | END DU<br>ROLL-OI<br>DISPOSAL I<br>DISPOSAL I<br>DEBRIS<br>NON-FR<br>ASBEST | GBIC<br>JMP<br>FF(S)<br>RDS<br>METHOD:<br>RUCTION  | BOTTOM DU<br>FLAT-BED | MP<br>VAN           | TRANSFER                                                                                     |

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

MANIFEST # 597881

# Sanitary Landfill

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

# Coffin Butte

ð

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

#### Ox Mountain Sanitary Landfill

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

# Forward Landfill

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

#### **NON-HAZARDOUS WASTE MANIFEST**

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | WASTE ACCEPTANCE NO.                    |                |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|----------------|---------------------------------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | A4A3780070                              |                |                                       |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <b>212Y79860</b>                        |                |                                       |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | <b>REQUIRED PERS</b>                    | ONAL PROTEC    | TIVE EQUIPMENT                        |
| Oakland,CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | CIOVES GOGGLES GRESPIRATOR X HARD HAT   |                |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                         |                |                                       |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | SPECIAL HANDLING PROCEDURES:            |                |                                       |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                         | PROCEDURES:    |                                       |
| * H.B. Dity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10/3      |                                         |                |                                       |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly<br>described, classified and packaged, and is in proper condition for transportation a "cording to applicable<br>regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by<br>40 CFR Part 261. |           |                                         |                |                                       |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                         |                |                                       |
| □ DISPOSAL □ SLUDGE<br>□ CONSTRUCTION □ WOOD<br>□ DEBRIS □ OTHER<br>□ SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                         |                |                                       |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | [                                       |                |                                       |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VILLE 27  |                                         |                |                                       |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | NOTES: VEHICLE L                        | ICENSE NUMBER  | TRUCK NUMBER                          |
| MEDDALICE SUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           | 9012671 74                              |                |                                       |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                         |                |                                       |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ling .    | , , , , , , , , , , , , , , , , , , , , |                |                                       |
| Escolon CA. 95320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           | Mariscal Trucking                       |                |                                       |
| PHONE 71-2560                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                         |                | IP TRANSFER                           |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE      | ROLL-OFF(S)                             | FLAT-BED       | VAN DRUMS                             |
| * Jud                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10/3/07   |                                         |                |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | CUBIC YARDS                             |                |                                       |
| I hereby certify that the above named material has been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                         | 20             |                                       |
| accepted and to the best of my knowledge the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | foregoing | DISPOSAL METHOD:                        | (TO BE COMPLET | ED BY LANDFILL)                       |
| is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | ,                                       |                |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                         | DISPOSE        | OTHER                                 |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | SOIL                                    | مر             |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                         |                |                                       |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                         |                | ·                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | ASBESTOS                                |                |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                         |                |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nozor     |                                         |                | · · · · · · · · · · · · · · · · · · · |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1001      |                                         |                |                                       |
| CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                         |                |                                       |

| Keller Canyon     | 🗆 Coffin Butte |
|-------------------|----------------|
| Sanitary Landfill | Landfill       |

3

901 Bailey Road

Pittsburg, CA 94565

Fax (925) 458-9891

Phone (925) 458-9800

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (54.1) 745-2018 Fax (54.1) 745-3826

## 🗆 Ox Mountain

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island
 Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800

Fax (408) 262-2871

□ Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |          | WAS       | STE ACCEPTA      | NCE N  | 0.         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------|-----------|------------------|--------|------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |          |           |                  |        |            |
| 1300 Clay St., Juite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   | 72       | 287       | <del>2</del> 12¥ | 与66    | θ          |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | REQUÍR   | ED PERS   | ONAL PROTEC      |        | QUIPMENT   |
| Oakland,CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   | C GLOVES | s 🗆 GOG   |                  | RATOR  |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |          | XQ SAFE   | ETY VEST         |        |            |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   | SPECIAL  | HANDLING  | G PROCEDURES     | <br>S: |            |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE                                                                              |          |           |                  |        |            |
| * H. B. Sily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10/3                                                                              |          |           | •                |        |            |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a col<br>regulations; AND, if the waste is a treatment residue of a previously restricted ha<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v<br>40 CFR Part 261. | has been properly<br>rding to applicable<br><b>zardous waste</b><br>en treated in |          | IG FACILI | ГҮ               | î ",   |            |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |          |           |                  |        |            |
| DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE     OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   |          |           |                  |        |            |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   | · · ·    |           | k                |        |            |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VILLE                                                                             |          |           |                  |        |            |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   | NOTES:   | VEHICLE L | ICENSE NUMBER    | TRU    | JCK NUMBER |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |          | GR        | 76336            | 10     | 4          |
| 3763 LINNO RUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |          |           | 10227            | ,      | 7          |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |          |           |                  |        |            |
| PHONE / CA 9'530                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4                                                                                 |          |           |                  |        | TRANGEER   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | END D    | _         |                  | мР     |            |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                                                                              | ROLL-C   |           | FLAT-BED         | VAN    | DRUMS      |
| * Miller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10-3-07                                                                           |          |           |                  |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | CUBIC YA | RDS       |                  |        |            |
| I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | DISPOSAL | Method:   | (TO BE COMPLE    |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |          |           | DISPOSE          |        | OTHER      |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   | SOIL     |           |                  |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |          | RUCTION   |                  |        |            |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | NON-FI   | RIABLE    |                  |        |            |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE                                                                              |          | _         |                  |        |            |
| + 1 10 2 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BIM                                                                               |          |           |                  |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | $\Gamma(U)$                                                                       |          | AL OTHER  |                  |        |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |          |           |                  |        |            |

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

| Y r Canyon           | 🗌 Coffin Butte          | 🖸 Ox Mountain           |
|----------------------|-------------------------|-------------------------|
| tary Landfill فراند  | Landfill                | Sanitary Landfill       |
| 9( Bailey Road       | 28972 Coffin Butte Road | 12310 San Mateo Road    |
| Pittsburg, CA 94565  | Corvallis, OR 97330     | Half Moon Bay, CA 94019 |
| Phone (925) 458-9800 | Phone (541) 745-2018    | Phone (650) 726-1819    |

Fax (541) 745-3826

X

Fax (925) 458-9891

## Newby Island Sanitary Landfill 1601 Dixon Landing Road

Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

## K Forward Landfill

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

r`

#### **NON-HAZARDOUS WASTE MANIFEST**

Fax (650) 726-9183

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             | WAS                                   | STE ACCEPTANC                         | E NO.          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|---------------------------------------|----------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                       |                                       |                |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             | 7287                                  | - XXXXXX                              | 860            |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | REQUIRED PERS                         | ONAL PROTECTIV                        | VE EQUIPMENT   |
| Oskland,CA \$4612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             | CORES GLOVES GOG                      |                                       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | TY-VEK 🗴 SAFI                         | ETY VEST                              |                |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | SPECIAL HANDLIN                       | G PROCEDURES                          |                |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE                                                                        |                                       |                                       |                |
| * H.B. Suil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10/3                                                                        |                                       |                                       |                |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a "co-<br>regulations; AND, if the waste is a treatment residue of a previously restricted he<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous to<br>40 CFR Part 261. | has been properly<br>rding to applicable<br>azardous waste<br>en treated in |                                       | TY                                    | · · · ·        |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | · · · · · · · · · · · · · · · · · · · |                                       |                |
| DISPOSAL     SLUDGE     CONSTRUCTION     WOOD     DEBRIS     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                       |                                       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                       |                                       |                |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VILLE                                                                       |                                       |                                       |                |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | NOTES: VEHICLE L                      | ICENSE NUMBER                         | TRUCK NUMBER   |
| ADDRESS ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | 901                                   | 2671                                  | 74             |
| 16919 Becler Rd.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                       |                                       |                |
| ESCALON CA 95320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | mari                                  | Scal Truc.<br>BOTTOM DUMP             | Kino           |
| PHÔNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             | END DUMP                              | BOTTOM DUMP                           | TRANSFER       |
| 205-838-2560                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                       |                                       |                |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE                                                                        | ROLL-OFF(S)                           | FLAT-BED                              | VAN DRUMS      |
| * he M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15/3/07                                                                     |                                       |                                       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | CUBIC YARDS                           |                                       |                |
| I hereby certify that the above named materia<br>accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | DISPOSAL METHOD:                      | (TO BE COMPLETED                      | O BY LANDFILL) |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                       |                                       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                       |                                       |                |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | NON-FRIABLE<br>ASBESTOS               | · · · · · · · · · · · · · · · · · · · |                |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE                                                                        |                                       |                                       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RM                                                                          |                                       |                                       |                |
| * lary f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 107                                                                         |                                       | · · · · ·                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                                                           |                                       |                                       |                |

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

| ler Canyon       | Coffin Butte            |  |
|------------------|-------------------------|--|
| Initary Landfill | Landfill                |  |
| 901 Bailey Road  | 28972 Coffin Butte Road |  |

이야 아니랑

Pittsburg, CA 94565

Fax (925) 458-9891

Phone (925) 458-9800

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800

Fax (408) 262-2871

Landfill

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

### **NON-HAZARDOUS WASTE MANIFEST**

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WASTE ACCEPTANCE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7287 <del>212¥79860</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | REQUIRED PERSONAL PROTECTIVE EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Oakland, CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (510) 873-8980<br>CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Marilyn Ponte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SPECIAL HANDLING PROCEDURES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| * H. 8. July 10/3/07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly<br>described, classified and packaged, and is in proper condition for transportation a coording to applicable<br>regulations; AND, If the wasta is a treatment residue of a previously restricted hazardous waste<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by<br>40 CFR Part 261. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 4090 San Pablo Avenue EMERYVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| TRANSPORTER DAVE'S ES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - 9381926 D-99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ADDRESS 17866 Surdaven Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CITY, STATE, ZIPSSCALON CIA, 55320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 46K4991                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| PHONE 209-838-2624                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | END DUMP BOTTOM DUMP TRANSFER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ROLL-OFF(S) FLAT-BED VAN DRUMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| * A addithe 10-3-07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| / V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| I hereby certify that the above named material has been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| accepted and to the best of my knowledge the foregoing is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| accepted and to the best of my knowledge the foregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| accepted and to the best of my knowledge the foregoing is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| accepted and to the best of my knowledge the foregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DISPOSE OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| accepted and to the best of my knowledge the foregoing is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DISPOSE OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| accepted and to the best of my knowledge the foregoing<br>is true and accurate.<br>REMARKS<br>FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DISPOSE OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| accepted and to the best of my knowledge the foregoing<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DISPOSE OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| accepted and to the best of my knowledge the foregoing is true and accurate.         REMARKS         FACILITY TICKET NUMBER         SIGNATURE OF AUTHORIZED AGENT         DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DISPOSE OTHER  SOIL CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| accepted and to the best of my knowledge the foregoing is true and accurate.         REMARKS         FACILITY TICKET NUMBER         SIGNATURE OF AUTHORIZED AGENT         DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DISPOSE OTHER  DISPOSE OTHER  CONSTRUCTION DEBRIS  NON-FRIABLE ASBESTOS  WOOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Accepted and to the best of my knowledge the foregoing is true and accurate.  REMARKS FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DISPOSE OTHER   Image: Solid solid   Image: Solid s |

| Sanitary Landfill<br>901 Railey Road<br>Pittsburg, CA 94565<br>Phone (925) 458-9800<br>Fax (925) 458-9891 | Coffin Butte<br>Landfill<br>28972 Coffin Butte Road<br>Corvallis, OR 97330<br>Phone (541) 745-2018<br>Fax (541) 745-3826 | Ox Moun<br>Sanitary<br>12310 San M<br>Half Moon Ba<br>Phone (650)<br>Fax (650) 726 | <b>Landfill</b><br>ateo Road<br>y, CA 94019<br>726-1819<br>-9183 | 1601 Dixon<br>Milpitas, C/<br>Phone (408<br>Fax (408) 2 | <b>y Landfill</b><br>Landing Road<br>A 95035<br>8) 945-2800 | 9999<br>Mante<br>Phon | ward<br>dfill<br>S. Austin Road<br>eca, CA 95336<br>e (209) 982-429<br>209) 982-1009 |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------|
| GENERATOR                                                                                                 |                                                                                                                          |                                                                                    |                                                                  |                                                         |                                                             | ANCE NO               | ).<br>).                                                                             |
| Bay Rock Oaks, LLC<br>MAILING ADDRESS<br>1300 Clay St., Suite 62                                          | 20                                                                                                                       |                                                                                    | <u>´</u>                                                         | 287                                                     | ZIZY                                                        | 7986                  | Ð                                                                                    |
| CITY, STATE, ZIP<br>Oakland, CA 94612<br>PHONE                                                            |                                                                                                                          |                                                                                    | REQU                                                             |                                                         | DNAL PROTE                                                  | CTIVE E               | QUIPMENT                                                                             |
| (510) 873-8880<br>CONTACT PERSON                                                                          |                                                                                                                          |                                                                                    |                                                                  |                                                         |                                                             | S:                    |                                                                                      |
| Marilyn Ponte<br>SIGNATURE OF AUT                                                                         |                                                                                                                          | DATE                                                                               |                                                                  |                                                         |                                                             |                       |                                                                                      |
|                                                                                                           | Sug                                                                                                                      | 10-4.                                                                              | 07                                                               |                                                         |                                                             |                       |                                                                                      |

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hszardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40. CFR Part 261

O

6024

1A

SIGNATURE OF AUTHORIZED AGENT OR DRIVER

SLUDGE

OTHER

EMERYVILLE

89370

04-0

DATE

1-04

-n,

\*

40 CFR Part 261. WASTE TYPE: DISPOSAL

DEBRIS

TRANSPORTER

CITY, STATE, ZIP

Z ()

ADDRESS

PHONE

\*

**CONSTRUCTION** 

SPECIAL WASTE GENERATING FACILITY 4090 San Pablo Avenue

| Forward |
|---------|
| <br>1   |

ndfill S. Austin Road teca, CA 95336 ne (209) 982-4298 (209) 982-1009

> X HARD HAT .....

TRUCK NUMBER

TRANSFER

DRUMS

Ş 9

VAN

## 

END DUMP

ROLL-OFF(S)

NOTES:

RECEIVING FACILITY

VEHICLE LICENSE NUMBER

9381926

K4991

BOTTOM DUMP

FLAT-BED

|                                                                                 | CUBIC YARDS      |                  |                |  |
|---------------------------------------------------------------------------------|------------------|------------------|----------------|--|
| I hereby certify that the above named material has been                         |                  |                  |                |  |
| accepted and to the best of my knowledge the foregoing<br>is true and accurate. | DISPOSAL METHOD: | (TO BE COMPLETED | D BY LANDFILL) |  |
|                                                                                 |                  | DISPOSE          | OTHER          |  |
|                                                                                 |                  |                  |                |  |
| REMARKS                                                                         |                  |                  |                |  |
|                                                                                 |                  |                  |                |  |
| FACILITY TICKET NUMBER                                                          |                  |                  |                |  |
|                                                                                 |                  |                  |                |  |
| SIGNATURE OF AUTHORIZED AGENT                                                   |                  |                  |                |  |
|                                                                                 |                  |                  |                |  |
| - North Charles Charles                                                         |                  |                  |                |  |
| <b>*</b> \(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                  |                  |                  |                |  |

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

**GENERATOR COPY** 

MANIFEST # 597885

### Keller Canyon

## Sanitary Landfill

901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 "Fax (925) 458-9891

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## 🗌 Ox Mountain

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island
 Sanitary Landfill
 1601 Dixon Landing Road
 Milpitas, CA 95035
 Phone (408) 945-2800

Fax (408) 262-2871

### □ Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |                | NASTE ACCEPTA     | NCE NO.          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------|-------------------|------------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                |                   |                  |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                | <b>- 212Y</b> 7   | /9860            |
| CITY, STATE, ZIP '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | REQUIRED PE    | ERSONAL PROTEC    | TIVE EQUIPMENT   |
| Oakland,CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | xog GLOVES ⊡ ( |                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | DTY-VEK 1203   | SAFETY VEST       |                  |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                | LING PROCEDURES   | ····             |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE                                                                      |                |                   |                  |
| * H.B. Duity 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0/4/07                                                                    |                | r                 |                  |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a cor<br>regulations; AND, If the waste is a treatment residue of s previously restricted ha<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v<br>40 CFR Part 261. | has been properly<br>rding to applicable<br>zardous waste<br>n treated in |                |                   | i                |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                |                   |                  |
| DISPOSAL     DISPOSAL       CONSTRUCTION     WOOD       DEBRIS     OTHER       SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                | ·                 |                  |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                |                   |                  |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VILLE                                                                     |                |                   |                  |
| TRANSPORTER TO AVE'S Eq                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | NOTES: VEHIC   | LE LICENSE NUMBER | TRUCK NUMBER     |
| ADDRESS 17866 SeidNen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                | 81926             | D-99             |
| CITY, STATE, ZIPE SCALON CA, 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5320                                                                      | 461            | K4991             |                  |
| PHONE 209-838-6024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | END DUMP       | BOTTOM DU         | MP TRANSFER      |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                                                                      |                |                   | VAN DRUMS        |
| * A) C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10-407                                                                    | ROLL-OFF(S)    | FLAT-BED          |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                |                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | CUBIC YARDS    |                   |                  |
| I hereby certify that the above named material<br>accepted and to the best of my knowledge the                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                |                   | C                |
| is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | loregoing                                                                 | DISPOSAL METH  | OD: (TO BE COMPLE | TED BY LANDFILL) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | _              | DISPOSE           | OTHER            |
| demarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | 9 SQL          | K                 |                  |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                | ION               |                  |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                | E                 |                  |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE                                                                      |                |                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                |                   | -                |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10-407                                                                    |                |                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | ``             |                   |                  |

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

### Keller Canyon

## Sanitary Landfill

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

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## □ Ox Mountain

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

## □ Newby Island Sanitary Landfill 1601 Dixon Landing Road

Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

 Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR<br>Bay Rock Oaks, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WASTE ACCEPTANCE NO.                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |
| 1300 Clay St., 3uite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | REQUIRED PERSONAL PROTECTIVE EQUIPMENT                                                        |
| Oakland;CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |
| (510) 873-8880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                               |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SPECIAL HANDLING PROCEDURES:                                                                  |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ÿ                                                                                             |
| * H.B.Dul 10/34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation a cording to applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.         WASTE TYPE: <ul> <li>DISPOSAL</li> <li>SLUDGE</li> <li>CONSTRUCTION</li> <li>WOOD</li> <li>DEBRIS</li> <li>OTHER</li> <li>SPECIAL WASTE</li> </ul> GENERATING FACILITY         4090 San Pablo Avenue       EMERYVILLE         TRANSPORTER       DAV'S Eg         ADDRESS       DAVG San Pablo Avenue | RECEIVING FACILITY<br>NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER<br>9/38/926 D-99<br>4/6/499/ |
| CITY, STATE, ZIP Scalor CH, 95320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |
| PHONE 209-838-6024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | END DUMP BOTTOM DUMP TRANSFER                                                                 |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ROLL-OFF(S) FLAT-BED VAN DRUMS                                                                |
| * and sift 10407                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CUBIC YARDS                                                                                   |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2-0                                                                                           |
| is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DISPOSE OTHER                                                                                 |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ASBESTOS                                                                                      |
| SIGNATURE OF AUTHORIZED AGENT DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |
| . h-4-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                               |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |
| * 72 10-4-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                               |

### anyon 🛛 🗌

**y Landfill** Road CA 94565 ,25) 458-9800

≥5) 458-9891

#### Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## □ Ox Mortain

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

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

Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | WA                      | STE ACCEPTAN                          | NCE NO.           |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------|---------------------------------------|-------------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                       |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                         | A1A377                                | 00/0              |
| 1300 Clay St., Juite 620                                                                                                                    | )                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                         | <b>212Y7</b>                          |                   |
| CITY, STATE, ZIP<br>Oakland, CA 94612                                                                                                       |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                         |                                       |                   |
| PHONE                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                         |                                       | RATOR XO HARD HAT |
| (510) 873-8880<br>CONTACT PERSON                                                                                                            |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | TY-VEK 32 SAF           | ETY VEST                              |                   |
| Marilyn Ponte                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | SPECIAL HANDLIN         | IG PROCEDURES:                        | :                 |
| SIGNATURE OF AUTH                                                                                                                           | IORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                        | DATE                                                                            |                         |                                       |                   |
| * 1.1.8,                                                                                                                                    | Dut                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |                         |                                       |                   |
| waste as defined by 40 CFR Par<br>described, classified and packag<br>regulations; AND, if the waste is<br>subject to the Land Disposal Res | N: I hereby certify that the above named material is no<br>t 261 or title 22 of the California code of regulations, h<br>led, and is in proper condition for transportation a corn<br>a treatment residue of a previously restricted has<br>strotions, I certify and warrant that the waste has been<br>ts of 40 CFR Part 268 and is no longer a hazardous w | nas been properiy<br>ding to applicable<br><b>zardous waste</b><br>n treated in | RECEIVING FACIL         | ITY                                   | )                 |
| WASTE TYPE:                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                         |                                       |                   |
| DISPOSAL<br>CONSTRUCTION<br>DEBRIS<br>SPECIAL WASTE                                                                                         | □ SLUDGE<br>□ WOOD<br>□ OTHER                                                                                                                                                                                                                                                                                                                                |                                                                                 |                         | · · · · · · · · · · · · · · · · · · · |                   |
| GENERATING FACILI                                                                                                                           | ТҮ                                                                                                                                                                                                                                                                                                                                                           |                                                                                 |                         |                                       |                   |
| 4090 San Fablo Avenu                                                                                                                        | e EMERY                                                                                                                                                                                                                                                                                                                                                      | VILLE                                                                           |                         |                                       |                   |
| TRANSPORTER                                                                                                                                 | SAVE'S Eq                                                                                                                                                                                                                                                                                                                                                    |                                                                                 | NOTES: VEHICLE          | LICENSE NUMBER                        | TRUCK NUMBER      |
| ADDRESS / 75                                                                                                                                | 66 Seidnen                                                                                                                                                                                                                                                                                                                                                   |                                                                                 | 9B8                     | 1926                                  | D-99 .            |
|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | 4GK                     | 4991                                  |                   |
| CITY, STATE, ZIP                                                                                                                            | CALON CA, 95                                                                                                                                                                                                                                                                                                                                                 | 320                                                                             | 4                       |                                       | ,                 |
| PHONE 20978                                                                                                                                 | 338-6624                                                                                                                                                                                                                                                                                                                                                     |                                                                                 | END DUMP                | BOTTOM DUN                            | P TRANSFER        |
|                                                                                                                                             | ORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                       | DATE                                                                            | ROLL-OFF(S)             | FLAT-BED                              | VAN DRUMS         |
| * A find                                                                                                                                    | Life.                                                                                                                                                                                                                                                                                                                                                        | 10-8-07                                                                         |                         |                                       |                   |
|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | CUBIC YARDS             |                                       |                   |
|                                                                                                                                             | ·// ′                                                                                                                                                                                                                                                                                                                                                        | <b></b>                                                                         |                         | 70                                    |                   |
|                                                                                                                                             | hat the above named material<br>the best of my knowledge the                                                                                                                                                                                                                                                                                                 |                                                                                 |                         |                                       |                   |
|                                                                                                                                             | is true and accurate.                                                                                                                                                                                                                                                                                                                                        | lorogonig                                                                       | DISPOSAL METHOD:        | (TO BE COMPLE                         | TED BY LANDFILL)  |
|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                         | DISPOSE                               | OTHER             |
| REMARKS                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | JESOIL                  |                                       |                   |
| $\sim$                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                         |                                       |                   |
| FACILITY TICKET NUN                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | NON-FRIABLE<br>ASBESTOS |                                       |                   |
| SIGNATURE OF AUTH                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                              | DATE                                                                            |                         |                                       |                   |
| 1 <i>1</i>                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                              | 0-4-07                                                                          |                         |                                       |                   |
| *                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                              | 0-0                                                                             |                         |                                       |                   |
|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                         |                                       |                   |

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

#### Keller Canyon

#### **Sanitary Landfill** 901 Bailey Road Pittsl irg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

٠.

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## 🗆 Ox Mountain

Sanitary Landfill 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800

Fax (408) 262-2871

Forward Landfill

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

### **NON-HAZARDOUS WASTE MANIFEST**

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WASTE ACCEPTANCE NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>– 212Y79860</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | REQUIRED PERSONAL PROTECTIVE EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Oakland.CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (510) 873-8880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| * 11. B. Suh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous<br>waste as defined by 40 CFR Part 261 or tille 22 of the California code of regulations, has been properly<br>described, classified and packaged, and is in proper condition for transportation a "cording to applicable<br>regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined to<br>40 CFR Part 261.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| WASTE TYPE:         DISPOSAL       DSLUDGE         CONSTRUCTION       DWOOD         DEBRIS       DOTHER         DSPECIAL WASTE       GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 4090 San Pablo-Avenue EMERYVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| TRANSPORTER ( KAV +' S Fe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| ADDRESS 17866 Suidnen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 46K4991                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CITY, STATE, ZIP Escalon Ch, 95370                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PHONE 209-838-6074                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | END DUMP BOTTOM DUMP TRANSFER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ROLL-OFF(S) FLAT-BED VAN DRUMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ROLL-OFF(S) FLAT-BED VAN DRUMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ROLL-OFF(S) FLAT-BED VAN DRUMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| * A circle Alf 10-8-0<br>I hereby certify that the above named material has been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       2     0     0     0       CUBIC YARDS     0     0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| * paid Stf. 1080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       2     0     0     0       CUBIC YARDS     0     0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| * A circle And A 10-8-0<br>I hereby certify that the above named material has been<br>accepted and to the best of my knowledge the foregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ROLL-OFF(S)     FLAT-BED     VAN     DRUMS       2     Image: Cubic yards     Image: Cubic yards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| K A circle And A for the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.      REMARKS      FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         2       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         2       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)       Image: Cubic yards         Image: Dispose       OTHER       Image: Cubic yards         Image: Construction DEBRIS       Image: Cubic yards       Image: Cubic yards         Image: Construction DEBRIS       Image: Cubic yards       Image: Cubic yards         Image: Construction DEBRIS       Image: Cubic yards       Image: Cubic yards         Image: Construction DEBRIS       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         Image: Cubic yards <t< td=""></t<> |
| A Control of AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ROLL-OFF(S)       FLAT-BED       VAN       DRUMS         2       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         2       Image: Cubic yards       Image: Cubic yards       Image: Cubic yards         DISPOSAL METHOD:       (To be completed by Landfill)         DISPOSE       OTHER         Asoli       Image: Cubic yards         Image: Cubic yards       Image: Cubic yards         Imag                                                                                                |

### Keller Canyon Sanitary Landfill

#### Sanitary Landfill 901 Bailey Road

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

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

### Forward Landfill

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

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#### **NON-HAZARDOUS WASTE MANIFEST**

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |          | WAS        | TE ACCEPTA    | NCE NO.         |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------|------------|---------------|-----------------|----------|
| Bay Rock Oaks, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |          |            |               |                 |          |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 | 5-       | 287        | -212¥7        | <del>9860</del> |          |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                 |          |            | ONAL PROTEC   |                 |          |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |          |            |               |                 |          |
| Oakland, CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 | Kũ GLOVE | S 🗅 GOG    | GLES 🗅 RESPI  | RATOR X         |          |
| (510) 873-8880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |          |            | TY VEST       |                 |          |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |          |            | PROCEDURES    |                 |          |
| Marilyn Ponte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 | SPECIAL  | HANDLING   | PROCEDURES    |                 |          |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE                                                                            |          |            |               |                 |          |
| * H.B. Duik                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |          |            |               |                 |          |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, i<br>described, classified and packaged, and is in proper condition for transportation a cor<br>regulations; AND, if the waste is a treatment residue of a previously restricted her<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has been<br>accordance with the requirements of 40 CFR Part 268 and is rio longer a hazardous w | nas been properly<br>ding to applicable<br><b>zardous waste</b><br>n treated in | RECEIVI  | NG FACILIT | Y             |                 |          |
| 40 CFR Part 261                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                                                                               |          |            |               |                 |          |
| DISPOSAL     DISPOSAL     CONSTRUCTION     DEBRIS     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |          |            |               |                 |          |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |          |            |               |                 |          |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VILLE                                                                           |          |            |               |                 |          |
| TRANSPORTER DAVES E9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 | NOTES:   | VEHICLE LI | CENSE NUMBER  | TRUC            | KNUMBER  |
| ADDRESS 17866 Stidne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | м                                                                               |          | 938<br>GK4 | 1926          | $\sum$          | -99      |
| CITY, STATE, ZIP Escalor City, 93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5370                                                                            | 7        | GKT        | ///           |                 |          |
| PHONE 2015-838-6024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 | END D    | DUMP       | BOTTOM DUI    | MP              | TRANSFER |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 | Z        |            |               |                 |          |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE                                                                            | ROLL-C   |            | FLAT-BED      |                 | DRUMS    |
| * Aad Alf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10807                                                                           |          | J          |               | <b>.</b> ,      |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 | CUBIC YA | ARDS       |               |                 |          |
| /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | h                                                                               |          |            |               |                 |          |
| I hereby certify that the above named material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |          |            |               |                 |          |
| accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | loregoing                                                                       | DISPOSAL | METHOD:    | (TO BE COMPLE | TED BY LA       | NDFILL)  |
| is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |          |            | DIODOOF       |                 | OTUED    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |          |            | DISPOSE       |                 | OTHER    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |          |            |               |                 |          |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 |          | TRUCTION   | •             |                 |          |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 | DEBRI    | S          |               |                 |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |          |            |               |                 |          |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE                                                                            |          |            |               | _               |          |
| 1 / / / / / / / / / / / / / / / / / / /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 60                                                                              |          | )          |               |                 |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |          |            |               |                 |          |
| L MAN L'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BUT                                                                             |          |            |               |                 |          |
| * Mary Fil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | B(/-}                                                                           |          | AL OTHER   |               | _               | :        |

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

## □ Keller Canyon

## Sanitary Landfill 901 Bailey Road

Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

## 🖉 🕼 Coffin Butte Landfill

4

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

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

### □ Newby Island **Sanitary Landfill** 1601 Dixon Landing Road

Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871

□ Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

659230

MANIFEST #

### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WAS                                                                                                                                         | STE ACCEPTAN                                       | CE NO.       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                             |                                                    |              |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                             | <b>-212Y7</b>                                      | 9860         |
| DITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | REQUIRED PERS                                                                                                                               |                                                    | +            |
| Oakland CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                             |                                                    |              |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                             |                                                    | <b>N</b>     |
| (510) 673-8880<br>CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                             | ETY VEST                                           |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SPECIAL HANDLIN                                                                                                                             | G PROCEDURES:                                      |              |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -                                                                                                                                           |                                                    |              |
| * H. B. Duik 01091                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 03                                                                                                                                          | ·· · · · ·                                         | · · ·        |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a frazardous<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been proper<br>described, classified and packaged, and is in proper condition for transportation a cording to applicat<br>regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                             | TY ,                                               |              |
| 40 CFR Part 261                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |                                                    |              |
| DISPOSAL     DISPOSAL     CONSTRUCTION     DEBRIS     DOTHER     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                             |                                                    |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |                                                    |              |
| 4090 San Pablo Avenue EMERYVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                             |                                                    |              |
| TRANCRODIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |                                                    |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |                                                    | TRUCK NUMBER |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | — ZHS                                                                                                                                       | 7899                                               | 194          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |                                                    |              |
| 10520 Hollow Free Ln.<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                             |                                                    |              |
| 10520 Hoffow Free Lan.<br>CITY, STATE, ZIP<br>STOCKTON Con 95209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                             | Domosion                                           |              |
| 10520 Hoffourtree La.<br>CITY, STATE, ZIP<br>STOCKTON Con 95209<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                             |                                                    |              |
| 10520 Hoffow Free Ln.<br>CITY, STATE, ZIP<br>STOCKTON CA 95209<br>PHONE<br>(209) 487-4/63/5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |                                                    | ũ            |
| 10520 Hollow Free LA.<br>CITY, STATE, ZIP<br>STOCKTON Con 95209<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ROLL-OFF(S)                                                                                                                                 |                                                    | VAN DRUMS    |
| 10520 Hoffour free LA.<br>CITY, STATE, ZIP<br>STOCKTON CO 95209<br>PHONE<br>(209) US 2-163/5<br>SIGNATURE OF ANTHORIZED AGENT OR DRIVER DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ROLL-OFF(S)                                                                                                                                 | FLAT-BED                                           | VAN DRUMS    |
| I hereby certify that the above named material has bee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CUBIC YARDS                                                                                                                                 | FLAT-BED                                           | VAN DRUMS    |
| I hereby certify that the above named material has bee<br>accepted and to the best of my knowledge the foregoin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ROLL-OFF(S)<br>CUBIC YARDS                                                                                                                  | FLAT-BED                                           | VAN DRUMS    |
| I hereby certify that the above named material has bee<br>accepted and to the best of my knowledge the foregoin<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CUBIC YARDS                                                                                                                                 | FLAT-BED                                           | VAN DRUMS    |
| I hereby certify that the above named material has bee<br>accepted and to the best of my knowledge the foregoin<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ROLL-OFF(S)<br>ROLL-OFF(S)<br>CUBIC YARDS<br>CUBIC YARDS<br>DISPOSAL METHOD:                                                                |                                                    | VAN DRUMS    |
| I hereby certify that the above named material has bee<br>accepted and to the best of my knowledge the foregoin<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ROLL-OFF(S)<br>ROLL-OFF(S)<br>CUBIC YARDS<br>21,99 ton<br>DISPOSAL METHOD:<br>SOIL                                                          |                                                    | VAN DRUMS    |
| 10520 Hollow free       La.         CITY, STATE, ZIP       570cKbn       6       95209         PHONE       12091 H87-463/5       DATE         Isignature OF AOTHORIZED AGENT OR DRIVER       DATE         I hereby certify that the above named material has bee accepted and to the best of my knowledge the foregoin is true and accurate.         REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ROLL-OFF(S)<br>ROLL-OFF(S)<br>CUBIC YARDS<br>21.99 to<br>DISPOSAL METHOD:                                                                   |                                                    | VAN DRUMS    |
| 10520 Ho/low free       La.         CITY, STATE, ZIP       570 c.Kton       95209         PHONE       (209] 487.463/5       DATE         SIGNATURE OF AOTHORIZED AGENT OR DRIVER       DATE         I hereby certify that the above named material has bee accepted and to the best of my knowledge the foregoin is true and accurate.         REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ROLL-OFF(S)<br>ROLL-OFF(S)<br>CUBIC YARDS<br>21.99 Jon<br>DISPOSAL METHOD:<br>SOIL<br>CONSTRUCTION<br>DEBRIS<br>NON-FRIABLE                 | FLAT-BED<br>FLAT-BED<br>(TO BE COMPLETE<br>DISPOSE | VAN DRUMS    |
| 10520 Hoffourfree       La.         CITY, STATE, ZIP       570cKton       6         STOCKton       Co.       95209         PHONE       (209] H82-4/(3/5)       DATE         SIGNATURE OF AOTHORIZED AGENT OR DRIVER       DATE         I hereby certify that the above named material has bee accepted and to the best of my knowledge the foregoin is true and accurate.         REMARKS       FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ROLL-OFF(S)<br>ROLL-OFF(S)<br>CUBIC YARDS<br>21.99 Jon<br>DISPOSAL METHOD:<br>SOIL<br>CONSTRUCTION<br>DEBRIS                                | FLAT-BED<br>FLAT-BED<br>(TO BE COMPLETE<br>DISPOSE | VAN DRUMS    |
| 10520 Hollow free       La.         CITY, STATE, ZIP       570cKbn       6         STOCKbn       Co.       95209         PHONE       (209) H87.4/(3/5)       DATE         SIGNATURE OF AOTHORIZED AGENT OR DRIVER       DATE         I hereby certify that the above named material has bee accepted and to the best of my knowledge the foregoin is true and accurate.         REMARKS       5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ROLL-OFF(S)<br>ROLL-OFF(S)<br>CUBIC YARDS<br>21.99 Jon<br>DISPOSAL METHOD:<br>SOIL<br>CONSTRUCTION<br>DEBRIS<br>NON-FRIABLE                 | FLAT-BED<br>FLAT-BED<br>(TO BE COMPLETE<br>DISPOSE | VAN DRUMS    |
| 10520 Hoffourfree       La.         CITY, STATE, ZIP       570cKton       6         STOCKton       Co.       95209         PHONE       2091 Http://www.com/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status/status | CUBIC YARDS<br>CUBIC YARDS<br>CUBIC YARDS<br>DISPOSAL METHOD:<br>CONSTRUCTION<br>DEBRIS<br>CONSTRUCTION<br>DEBRIS<br>CONSTRUCTION<br>DEBRIS | FLAT-BED<br>FLAT-BED<br>(TO BE COMPLETE<br>DISPOSE | VAN DRUMS    |

GENERATOR COPY

## 🗆 Keller Canyon 🔢 🚛 Coffin Butte

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

# Landfill

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

Sanitary Landfill 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650)<sup>5</sup>726-1819 Fax (650) 726-9183

#### Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800

Fax (408) 262-2871

□ Forward Landfill

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

659229

MANIFEST #

#### NON-HAZARDOUS WASTE MANIFEST

| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |                                                                 | WAS                                 | STE ACCEPTA   | NCE NO.      |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------|---------------|--------------|-----------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            | 1<br>                                                           |                                     |               | ·            |                 |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | ~                                                               |                                     | - <b>212Y</b> | 79860        |                 |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            | REQUIR                                                          | ED PERS                             | SONAL PROTEC  | CTIVE EQU    | IPMENT          |
| <u>Oakland,CA 94612</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            | 🙀 GLOVES                                                        | s 🗆 GOO                             |               | IRATOR 👷     | HARD HAT        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                                 | SAF                                 | ETY VEST      |              |                 |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |                                                                 |                                     | G PROCEDURES  |              |                 |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DATE                                                       | SPECIAL                                                         |                                     | GFNOCEDONES   |              |                 |
| * HiB, Duty 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7/09/28                                                    | · · · · · ·                                                     | ν, τ <b>α</b> της τ                 | • •           |              | • .             |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has<br>described, classified and packaged, and is in proper condition for transportation a cording<br>regulations; AND, if the waste is a treatment residue of a previously restricted hazard<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has been tre<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste<br>40 CFR Part 261.<br>WASTE TYPE: | been properly<br>g to applicable<br>dous waste<br>eated in | RECEIVIN                                                        | IG FACILI                           | TY            |              |                 |
| DISPOSAL     DISPOSAL     ONSTRUCTION     DEBRIS     DEBRIS     SPECIAL WASTE  GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                                                 |                                     |               |              |                 |
| 4090 San Pablo Avenue EMERYV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ILLE                                                       |                                                                 |                                     |               |              |                 |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            | NOTES:                                                          | VEHICLE                             | ICENSE NUMBER | TRUCK        | NUMBER          |
| J+A Trucking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                                 | 90                                  | 92604         | 10           | 1               |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            | L                                                               |                                     | 1200          |              |                 |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |                                                                 |                                     |               |              |                 |
| Oakland, CA 94621                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                                                 |                                     |               |              |                 |
| PHONE 510 672 1578                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            | END D                                                           |                                     | BOTTOM DU     | <u>IMP T</u> | RANSFER         |
| 510 633 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            | ROLL-O                                                          |                                     | FLAT-BED      | VAN          |                 |
| * 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7/9/08                                                     |                                                                 |                                     |               | <u> </u>     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _                                                          | CUBIC YA                                                        | RDS                                 |               |              | _               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            |                                                                 |                                     |               |              |                 |
| I hereby certify that the above named material ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | as been                                                    |                                                                 | 9 from                              | 1, 20         | ッ            |                 |
| I hereby certify that the above named material has accepted and to the best of my knowledge the fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            | DISPOSAL                                                        |                                     |               |              | FILL)           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            | 22.6                                                            |                                     |               |              | DFILL)<br>DTHER |
| accepted and to the best of my knowledge the fo<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | DISPOSAL                                                        |                                     | (TO BE COMPLE |              | -               |
| accepted and to the best of my knowledge the fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            | DISPOSAL<br>DISPOSAL                                            | METHOD:                             | (TO BE COMPLE |              | -               |
| accepted and to the best of my knowledge the fo<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | DISPOSAL                                                        | METHOD:<br>RUCTION                  | (TO BE COMPLE |              | -               |
| Accepted and to the best of my knowledge the for is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | pregoing                                                   | DISPOSAL<br>DISPOSAL<br>CONST<br>DEBRIS                         |                                     | (TO BE COMPLE |              | -               |
| Accepted and to the best of my knowledge the for is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            | 22.6<br>DISPOSAL<br>CONST<br>DEBRIS                             | METHOD:<br>RUCTION<br>RIABLE<br>TOS | (TO BE COMPLE |              | -               |
| Accepted and to the best of my knowledge the for is true and accurate.          REMARKS         FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | pregoing                                                   | 22.69<br>DISPOSAL<br>SOIL<br>CONST<br>DEBRIS<br>NON-FR<br>ASBES | METHOD:<br>RUCTION<br>RIABLE<br>TOS | (TO BE COMPLE |              | -               |

GENERATOR COPY

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| <b>∐ X</b> eller | Canyon      |
|------------------|-------------|
| Sanita           | ry Landfill |

Pittsburg, CA 94565

Fax (925) 458-9891

Phone (925) 458-9800

901 Bailey Road

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

**Sanitary Landfill** 12310 San Mateo Roâd Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward
 Landfill

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

659227

MANIFEST #

#### **NON-HAZARDOUS WASTE MANIFEST**

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       | WA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STE ACCEPTA                           | NCE NO.       |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------|----------|
| Bay Rock Oaks, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | t                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | 70020         |          |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -212Y7                                |               |          |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       | REQUIRED PERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |               |          |
| Oakland,CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                       | ୁକ୍ଲ GLOVES 🗅 GOO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GGLES 🗅 RESPI                         | RATOR X       | IARD HAT |
| (510) 873-8890<br>CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |               |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·                                                                                                     | - SPECIAL HANDLIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IG PROCEDURES                         |               |          |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE                                                                                                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |               |          |
| * H.B. Duck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 07/09/0                                                                                               | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |               |          |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named mate<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regul<br>described, classified and packaged, and is in proper condition for transportatio<br>regulations; AND, if the waste is a treatment residue of a previously restrict<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste I<br>accordance with the requirements of 40 CFR Part 268 and is no longer a haza<br>40 CFR Part 261.<br>WASTE TYPE: | ations, has been properly<br>n a cording to applicable<br>ated hazardous waste<br>has been treated in |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ITY                                   |               |          |
| DISPOSAL     DISPOSAL     CONSTRUCTION     DEBRIS     SPECIAL WASTE     GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>.</u>                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |               |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ERYVILLE                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · · |               |          |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                       | NOTES: VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LICENSE NUMBER                        | TRUCK N       | UMBER    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |               |          |
| J-A Trucking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7605                                  |               |          |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12605                                 | 101           |          |
| ADDRESS 725 Julie ADD Way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | g                                                                                                     | - <u>1909</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12605                                 | 101           |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | g                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12605                                 | 101           | _        |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ş                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | воттом ри                             |               | ANSFER   |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510 633 1528                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | MP TR/        |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE                                                                                                  | END DUMP<br>ROLL-OFF(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BOTTOM DU                             |               |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510 633 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                             | DATE<br>7/9/08                                                                                        | ROLL-OFF(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FLAT-BED                              |               |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510 633 1528                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1.1                                                                                                   | ROLL-OFF(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FLAT-BED                              |               |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510 633 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                             | 1.1                                                                                                   | ROLL-OFF(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FLAT-BED                              |               |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 9462J<br>PHONE<br>510 633 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*                                                                                                                                                                                                                                                                                                                                                                                        | 7/9/08<br>erial has been                                                                              | ROLL-OFF(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FLAT-BED                              |               |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510 633 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*                                                                                                                                                                                                                                                                                                                                                                                        | 7/9/08<br>erial has been                                                                              | ROLL-OFF(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FLAT-BED                              |               |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 9462J<br>PHONE<br>510 633 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*                                                                                                                                                                                                                                                                                                                                                                                        | 7/9/08<br>erial has been                                                                              | CUBIC YARDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FLAT-BED                              | MP TR/<br>VAN |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510 633 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*<br>I hereby certify that the above named mat<br>accepted and to the best of my knowledge<br>is true and accurate.                                                                                                                                                                                                                                                                      | 7/9/08<br>erial has been                                                                              | CUBIC YARDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FLAT-BED                              | MP TR/<br>VAN |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510 633 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*                                                                                                                                                                                                                                                                                                                                                                                        | 7/9/08<br>erial has been                                                                              | ROLL-OFF(S)<br>CUBIC YARDS<br>20, 49, 40<br>DISPOSAL METHOD:<br>DISPOSAL METHOD:<br>DISPOSAL METHOD:<br>CONSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FLAT-BED                              | MP TR/<br>VAN |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 94621<br>PHONE<br>510 633 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*<br>I hereby certify that the above named mat<br>accepted and to the best of my knowledge<br>is true and accurate.                                                                                                                                                                                                                                                                      | 7/9/08<br>erial has been                                                                              | ROLL-OFF(S)<br>CUBIC YARDS<br>20, 49, 40<br>DISPOSAL METHOD:<br>DISPOSAL METHOD:<br>SOIL<br>CONSTRUCTION<br>DEBRIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FLAT-BED                              | MP TR/<br>VAN |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 9462J<br>PHONE<br>510 633 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*<br>I hereby certify that the above named mat<br>accepted and to the best of my knowledge<br>is true and accurate.<br>REMARKS<br>FACILITY TICKET NUMBER                                                                                                                                                                                                                                 | erial has been<br>the foregoing                                                                       | ROLL-OFF(S)<br>CUBIC YARDS<br>20, 49, 40<br>DISPOSAL METHOD:<br>DISPOSAL METHOD:<br>DISPOSAL METHOD:<br>CONSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FLAT-BED                              | MP TR/<br>VAN |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 9462J<br>PHONE<br>510 633 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*<br>I hereby certify that the above named mat<br>accepted and to the best of my knowledge<br>is true and accurate.<br>REMARKS                                                                                                                                                                                                                                                           | 7/9/08<br>erial has been                                                                              | CUBIC YARDS<br>20, 49, 40<br>DISPOSAL METHOD:<br>DISPOSAL METHOD:<br>DISPO | FLAT-BED                              | MP TR/<br>VAN |          |
| ADDRESS<br>725 Julie Ann Way<br>CITY, STATE, ZIP<br>Oakland, CA 9462J<br>PHONE<br>510 633 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*<br>I hereby certify that the above named mat<br>accepted and to the best of my knowledge<br>is true and accurate.<br>REMARKS<br>FACILITY TICKET NUMBER                                                                                                                                                                                                                                 | erial has been<br>the foregoing                                                                       | CUBIC YARDS<br>20, 49, 400<br>DISPOSAL METHOD:<br>DISPOSAL METHOD:<br>CONSTRUCTION<br>DEBRIS<br>NON-FRIABLE<br>ASBESTOS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FLAT-BED                              | MP TR/<br>VAN |          |

GENERATOR COPY

## Keller Canyon

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

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

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

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

Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | WAS        | STE ACCE   |                           | Ю.            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|------------|---------------------------|---------------|
| Bay Bock Oaks LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |            |            |                           |               |
| 1300 Clay St., Suite 620<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DEALUE           |            |            | <b>Y798</b>               |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |            |            |                           | EQUIPMENT     |
| Oskland,CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | St GLOVES        | GOG GOG    | GLES 🗅 F   | ESPIRATOR                 | XI HARD HAT   |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TY-VEK           | SAF        | ETY VEST   |                           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SPECIAL          | HANDLIN    | G PROCEDI  | JRES:                     |               |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |            |            |                           |               |
| * N.B. Dut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 07/08/08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |            | ۰,         | -)                        |               |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a co-<br>regulations; AND, If the waste is a treatment residue of a previously restricted has<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous to<br>40 CFR Part 261.<br>WASTE TYPE: | has been properly<br>rding to applicable<br>szardous waste<br>en treated in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RECEIVIN         | IG FACILI  | TY         |                           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |            |            |                           |               |
| CONSTRUCTION     WOOD     DEBRIS     OTHER     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |            | <u>.</u>   |                           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |            |            |                           |               |
| 4090 San Pablo Avenue EMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | YVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |            |            |                           |               |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |            | ICENSE NUM | BER TI                    | RUCK NUMBER   |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  | 245        | 7899       |                           | 94            |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and the second se |                  |            | 51         | AET                       |               |
| PHONE Ca 95209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | END D            |            | BOTTO      |                           | TRANSFER      |
| 1209 482-6315                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | X                |            | - C        |                           |               |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ROLL-O           | FF(S)      | FLAT-BE    |                           |               |
| * Min / ham                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7/9/08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | ··.<br>•·. |            | <b>لی</b> ا<br>۳ <i>.</i> |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CUBIC YA         | RDS        |            |                           |               |
| I hereby certify that the above named materia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 21.46            |            | 2          | 2                         | Ĺ             |
| accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | foregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DISPOSAL         | METHOD:    | (TO BE CO  | MPLETED BY                | LANDFILL) ~   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |            | DISPO      | DSE                       | OTHER         |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2. <sup>47</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | la soil          |            |            |                           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | `                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | RUCTION    |            |                           |               |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D NON-FI         | RIABLE     | †          |                           | 3             |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ASBES            | 105        |            |                           |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | □ ĮWOOD<br>□ ASH |            |            |                           |               |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |            |                           |               |
| CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY<br>D REFUSAL UPON ARRIVAL. ONGOING DAILY DELIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PRIOR TO EXP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ECTED AR         | RÍVAL • A  | NY UNSCHE  | DULED LOA                 | DS ARE SUBJEC |

| Xeller CanyonCoffin ButteSanitary LandfillLandfill901 Bailey Road28972 Coffin Butte RoadPittsburg, CA 94565Corvallis, OR 97330Phone (925) 458-9800Phone (541) 745-2018Fax (925) 458-9891Fax (541) 745-3826                                                                                                                                                                                                                                                                                                                | Ox Mountain<br>Sanitary Lan<br>12310 San Mateo F<br>Half Moon Bay, CA<br>Phone (650) 726-9183<br>Fax (650) 726-9183 | <b>dfill</b><br>Roåd<br>94019<br>819<br>3 | Newby Islar<br>Sanitary La<br>1601 Dixon Landi<br>Milpitas, CA 9503<br>Phone (408) 945-<br>Fax (408) 262-28 | <b>ndfill</b><br>ng Road<br>15<br>2800 | Forward<br>Landfill<br>9999 S. Austin Road<br>Manteca, CA 95336<br>Phone (209) 982-4298<br>Fax (209) 982-1009 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|
| NON-HA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ZARDOUS WAS                                                                                                         | STE MAN                                   | FEST                                                                                                        |                                        |                                                                                                               |
| GENERATOR<br>Bay Rock Only, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     |                                           | WASTE A                                                                                                     | CCEPTANCE                              | E NO.                                                                                                         |
| MAILING ADDRESS<br>1300 Clay St., Suite 620<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     | REQUIRE                                   |                                                                                                             | PROTECTIV                              | 860<br>E EQUIPMENT                                                                                            |
| Oskland, CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     | କୁ GLOVES                                 |                                                                                                             |                                        |                                                                                                               |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     | D TY-VEK                                  | SAFETY VE                                                                                                   |                                        |                                                                                                               |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE                                                                                                                |                                           |                                                                                                             | OEDONES.                               |                                                                                                               |
| * H.B. Deitz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | on lo be                                                                                                            |                                           |                                                                                                             |                                        |                                                                                                               |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named mater<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regula<br>described, classified and packaged, and is in proper condition for transportation<br>regulations; AND, if the waste is a treatment residue of a previously restric<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste h<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazar<br>40 CFR Part 261. | ations, has been properly<br>n a~cording to applicable<br>ted hazardous waste<br>as been-treated in                 | RECEIVIN                                  | G FACILITY                                                                                                  |                                        |                                                                                                               |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                                           |                                                                                                             |                                        |                                                                                                               |
| DISPOSAL     SLUDGE     CONSTRUCTION     DEBRIS     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ·                                                                                                                   |                                           |                                                                                                             |                                        |                                                                                                               |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                           |                                                                                                             |                                        | <u>_</u>                                                                                                      |

| 4090 San Pablo Avenue | EMERYVILLE |        |                        |
|-----------------------|------------|--------|------------------------|
| TRANSPORTER           |            | NOTES: | VEHICLE LICENSE NUMBER |
| J.A Trucking          |            |        | 9092604                |
| ADDRESS               |            | 1      |                        |

| _      | END DUMP      | BOTTOM DU | MP      | TRANSFER |
|--------|---------------|-----------|---------|----------|
|        |               | Q         |         |          |
| DATE   | ROLL-OFF(S)   | FLAT-BED  | VAN     | DRUMS    |
|        |               |           | a.      |          |
| 1/1/19 | 34            |           |         |          |
| 11100  |               |           | 15 Sec. | 1        |
|        | DATE<br>11108 |           |         |          |

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

CUBIC YARDS 33tons, 20

Ø DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

| is true and accurate.                 |       |               |         |       |
|---------------------------------------|-------|---------------|---------|-------|
|                                       |       |               | DISPOSE | OTHER |
| REMARKS                               |       | à coil        | X       |       |
| · · · · · · · · · · · · · · · · · · · |       |               |         |       |
| FACILITY TICKET NUMBER                |       | D NON-FRIABLE |         |       |
|                                       |       | ASBESTOS      |         |       |
| SIGNATURE OF AUTHORIZED AGENT         | DATE  |               |         | ,     |
|                                       | 1     |               |         |       |
|                                       | 2.200 |               | ,       |       |
| *                                     | 11    |               |         | • •   |
|                                       |       |               |         |       |

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

659226

TRUCK NUMBER

ĺÔĺ

| Sanitary LandfillL901 Bailey Road28Pittsburg, CA 94565CoPhone (925) 458-9800Phone                                                                                                                 | offin Butte<br>andfill<br>1972 Coffin Butte Road<br>prvallis, OR 97330<br>none (541):745-2018<br>ax (541) 745-3826 | Ox Mountain<br>Sanitary Lan<br>72310 San Mateo<br>Half Moon Bay, CA<br>Phone (650) 726-1<br>Fax (650) 726-918 | dfill Sanita<br>Road 1601 Dixo<br>94019 Milpitas, (<br>819 Phone (44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | r <b>y Landfill</b><br>on Landing Road     | <ul> <li>Forward</li> <li>Landfill</li> <li>9999 S. Austin Road</li> <li>Manteca, CA 95336</li> <li>Phone (209) 982-4298</li> <li>Fax (209) 982-1009</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                   | NON-HA                                                                                                             | ZARDOUS WAS                                                                                                   | TE MANIFEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                 |
| GENERATOR                                                                                                                                                                                         |                                                                                                                    |                                                                                                               | WAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TE ACCEPTAN                                | CE NO.                                                                                                                                                          |
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                             |                                                                                                                    |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -010377                                    | 0070                                                                                                                                                            |
| 1300 Clay St., Suite 620<br>CITY, STATE, ZIP                                                                                                                                                      |                                                                                                                    |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -212Y7                                     |                                                                                                                                                                 |
| Oskland,CA 94612                                                                                                                                                                                  |                                                                                                                    |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                 |
| PHONE                                                                                                                                                                                             |                                                                                                                    |                                                                                                               | DITY-VEK 🛐 SAFI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ETY VEST                                   |                                                                                                                                                                 |
| CONTACT PERSON                                                                                                                                                                                    |                                                                                                                    |                                                                                                               | SPECIAL HANDLIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G PROCEDURES:                              |                                                                                                                                                                 |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZ                                                                                                                                                            | ED AGENT / TITLE                                                                                                   | DATE                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                 |
| ★ A. B. Dutt<br>GENERATOR'S CERTIFICATION: I heret<br>waste as defined by 40 CFR Part 261 or t<br>described, classified and packaged, and i                                                       | by certify that the above named ma<br>itle 22 of the California code of regu                                       | lations, has been properly                                                                                    | ß                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | <i>.</i>                                                                                                                                                        |
| regulations; AND, If the waste is a treat-<br>subject to the Land Disposal Restrictions,<br>accordance with the requirements of 40 C<br>40 CFR Part 261.                                          | nent residue of a previously restr<br>I certify and warrant that the waste                                         | has been treated in                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ТҮ                                         |                                                                                                                                                                 |
|                                                                                                                                                                                                   |                                                                                                                    |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                          |                                                                                                                                                                 |
|                                                                                                                                                                                                   |                                                                                                                    | · ·                                                                                                           | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | /<br>* '                                                                                                                                                        |
| GENERATING FACILITY                                                                                                                                                                               |                                                                                                                    |                                                                                                               | ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                                                                                                 |
| 4090 San Pablo Avenue                                                                                                                                                                             | E                                                                                                                  | MERYVILLE                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                 |
|                                                                                                                                                                                                   | the star is a                                                                                                      |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                 |
|                                                                                                                                                                                                   | menort In                                                                                                          |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                                                                                                 |
| ADDRESS<br>725 Juli<br>CITY, STATE, ZIP<br>COKLAND, C                                                                                                                                             | ansport Inc.<br>ie Ann Way<br>A 94621                                                                              |                                                                                                               | 90<br>* J+A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 72604<br>Truckin                           | 101<br>hg                                                                                                                                                       |
| ADDRESS<br>725 Juli<br>CITY, STATE, ZIP<br>CAKLAND, C.<br>PHONE                                                                                                                                   | A 94621                                                                                                            |                                                                                                               | 9D'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 92604                                      | 101<br>hg                                                                                                                                                       |
| ADDRESS<br>T25 Juli<br>CITY, STATE, ZIP<br>CAKIAND, C.<br>PHONE<br>510 633 1                                                                                                                      | ie Ann Way<br>A 94621                                                                                              | • • • • • • • • • • • • • • • • • • •                                                                         | 9D<br>T+A<br>END DUMP<br>ROLL-OFF(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 92604<br>Truckin<br>BOTTOM DUM<br>FLAT-BED | IDI<br>IP TRANSFER<br>VAN DRUMS                                                                                                                                 |
| ADDRESS<br>T25 Juli<br>CITY, STATE, ZIP<br>CAKIAND, C.<br>PHONE<br>510 633 1                                                                                                                      | ie Ann Way<br>A 94621<br>528                                                                                       | • • • • • • • • • • • • • • • • • • •                                                                         | 9D<br>X J+A<br>END DUMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 92604<br>Truckii<br>BOTTOM DUM             | 101<br>IP TRANSFER                                                                                                                                              |
| Rock Trans<br>ADDRESS<br>725 Juli<br>CITY, STATE, ZIP<br>COKIANO, C.<br>PHONE<br>510 633 I<br>SIGNATURE OF AUTHORIZI                                                                              | ie Ann Way<br>A 94621<br>528                                                                                       | • • • • • • • • • • • • • • • • • • •                                                                         | 9D<br>T+A<br>END DUMP<br>ROLL-OFF(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 92604<br>Truckin<br>BOTTOM DUM<br>FLAT-BED | IDI<br>IP TRANSFER<br>VAN DRUMS                                                                                                                                 |
| ADDRESS<br>725 Juli<br>CITY, STATE, ZIP<br>CITY, STATE, ZIP<br>CAKIANO, CA<br>PHONE<br>510 633 12<br>SIGNATURE OF AUTHORIZI<br>X<br>I hereby certify that the<br>accepted and to the b            | A 9462.1<br>528<br>ED AGENT OR DRIVER                                                                              | DATE<br>1/2/08<br>terial has been                                                                             | PD<br>FIND DUMP<br>ROLL-OFF(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 92604<br>Truckin<br>BOTTOM DUM<br>FLAT-BED | 101<br>P TRANSFER<br>VAN DRUMS<br>Q Q                                                                                                                           |
| ADDRESS<br>725 Juli<br>CITY, STATE, ZIP<br>CITY, STATE, ZIP<br>CAKIANO, CA<br>PHONE<br>510 633 12<br>SIGNATURE OF AUTHORIZI<br>X<br>I hereby certify that the<br>accepted and to the b            | A 94621<br>528<br>ED AGENT OR DRIVER                                                                               | DATE<br>1/2/08<br>terial has been                                                                             | PD<br>END DUMP<br>ROLL-OFF(S)<br>CUBIC YARDS<br>19.42 for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 92604<br>Truckin<br>BOTTOM DUM<br>FLAT-BED | 101<br>P TRANSFER<br>VAN DRUMS<br>Q                                                                                                                             |
| ADDRESS<br>725 Juli<br>CITY, STATE, ZIP<br>CAKIANO, CA<br>PHONE<br>510 633 I<br>SIGNATURE OF AUTHORIZI<br>*<br>I hereby certify that the<br>accepted and to the b<br>is tr                        | A 9462.1<br>528<br>ED AGENT OR DRIVER                                                                              | DATE<br>1/2/08<br>terial has been                                                                             | PD<br>END DUMP<br>ROLL-OFF(S)<br>CUBIC YARDS<br>19.42 for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 92604<br>Truckh<br>BOTTOM DUM<br>FLAT-BED  | 101<br>IP TRANSFER<br>VAN DRUMS<br>I I<br>ED BY LANDFILL)                                                                                                       |
| ADDRESS<br>725 Juli<br>CITY, STATE, ZIP<br>CAKIANO<br>PHONE<br>510 633 I<br>SIGNATURE OF AUTHORIZI<br>*<br>I hereby certify that the<br>accepted and to the b<br>is tr<br>REMAI KS                | A 9462.1<br>528<br>ED AGENT OR DRIVER                                                                              | DATE<br>1/2/08<br>terial has been                                                                             | PD<br>END DUMP<br>ROLL-OFF(S)<br>CUBIC YARDS<br>19.42 for<br>DISPOSAL METHOD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 92604<br>Truckh<br>BOTTOM DUM<br>FLAT-BED  | 101<br>IP TRANSFER<br>VAN DRUMS<br>I I<br>ED BY LANDFILL)                                                                                                       |
| ADDRESS<br>T25 Juli<br>CITY, STATE, ZIP<br>CAKIAND, C<br>PHONE<br>SIGNATURE OF AUTHORIZI<br>*<br>I hereby certify that the<br>accepted and to the b<br>is tr<br>REMAINS<br>FACILITY TICKET NUMBER | A 94621<br>528<br>ED AGENT OR DRIVER<br>est of my knowledg<br>ue and accurate.                                     | DATE<br>1/2/08<br>terial has been                                                                             | PD<br>END DUMP<br>ROLL-OFF(S)<br>CUBIC YARDS<br>19.42-Jon<br>DISPOSAL METHOD:<br>DISPOSAL METHOD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 92604<br>Truckh<br>BOTTOM DUM<br>FLAT-BED  | 101<br>IP TRANSFER<br>VAN DRUMS<br>I I<br>ED BY LANDFILL)                                                                                                       |
| ADDRESS<br>725 Juli<br>CITY, STATE, ZIP<br>CAKIANO<br>PHONE<br>510 633 I<br>SIGNATURE OF AUTHORIZI<br>*<br>I hereby certify that the<br>accepted and to the b<br>is tr<br>REMAI KS                | A 94621<br>528<br>ED AGENT OR DRIVER<br>est of my knowledg<br>ue and accurate.                                     | DATE<br>1/2/08<br>terial has been                                                                             | PD<br>END DUMP<br>ROLL-OFF(S)<br>CUBIC YARDS<br>19.42-fon<br>DISPOSAL METHOD:<br>DISPOSAL METHOD:<br>CONSTRUCTION<br>DEBRIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 92604<br>Truckh<br>BOTTOM DUM<br>FLAT-BED  | 101<br>IP TRANSFER<br>VAN DRUMS<br>I I<br>ED BY LANDFILL)                                                                                                       |
| ADDRESS<br>T25 Juli<br>CITY, STATE, ZIP<br>CAKIAND, C<br>PHONE<br>SIGNATURE OF AUTHORIZI<br>*<br>I hereby certify that the<br>accepted and to the b<br>is tr<br>REMAINS<br>FACILITY TICKET NUMBER | A 94621<br>528<br>ED AGENT OR DRIVER<br>est of my knowledg<br>ue and accurate.                                     | DATE<br>1/2/08<br>terial has been<br>e the foregoing                                                          | CUBIC YARDS<br>POLL-OFF(S)<br>CUBIC YARDS<br>POLL-OFF(S)<br>CUBIC YARDS<br>POLL-OFF(S)<br>CUBIC YARDS<br>CUBIC | 92604<br>Truckh<br>BOTTOM DUM<br>FLAT-BED  | 101<br>IP TRANSFER<br>VAN DRUMS<br>I I<br>ED BY LANDFILL)                                                                                                       |
| ADDRESS<br>T25 Juli<br>CITY, STATE, ZIP<br>CAKIAND, C<br>PHONE<br>SIGNATURE OF AUTHORIZI<br>*<br>I hereby certify that the<br>accepted and to the b<br>is tr<br>REMAINS<br>FACILITY TICKET NUMBER | A 94621<br>528<br>ED AGENT OR DRIVER<br>est of my knowledg<br>ue and accurate.                                     | DATE<br>1/2/08<br>terial has been<br>e the foregoing                                                          | CUBIC YARDS<br>POLL-OFF(S)<br>CUBIC YARDS<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL-OFF(S)<br>POLL- | 92604<br>Truckh<br>BOTTOM DUM<br>FLAT-BED  | 101<br>IP TRANSFER<br>VAN DRUMS<br>I I<br>ED BY LANDFILL)                                                                                                       |

| 🗆 Keller Canyon 👌 🔎 | Coffin Butte            | 🗌 Ox I |
|---------------------|-------------------------|--------|
| Sanitary Landfill   | Landfill                | San    |
| 001 Bailou Deed     | 00070 Coffin Butto Dood | 100010 |

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

28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Mountain

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

## Newby Island Sanitary Landfill

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

 Forward Landfill 9999 S. Austin Road

Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009

#### **NON-HAZARDOUS WASTE MANIFEST**

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |          | WAS       |                 |        | 0.                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------|-----------|-----------------|--------|---------------------------------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |          |           |                 |        |                                       |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |          |           | - <b>212Y</b> 7 | 7986   | 60                                    |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | REQUIR   | ED PERS   | ONAL PROTEC     | TIVE E | QUIPMENT                              |
| Oakland.CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | SI GLOVE | s 🗆 GOG   | GLES 🗅 RESPI    | RATOR  |                                       |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |          |           | TY VEST         |        |                                       |
| (510) 873-8880<br>CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | SPECIAL  |           | PROCEDURES      |        |                                       |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE                                                                                |          |           | THOOLDONES      | •      |                                       |
| * H. B. Dietz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 07/02/01                                                                            | 8        |           |                 |        |                                       |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a coo<br>regulations; AND, if the waste is a treatment residue of a previously restricted has<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v<br>40 CFR Part 261. | has been properly<br>rding to applicable<br>a <b>zardous waste</b><br>en treated in | RECEIVI  |           | Υ               |        |                                       |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |          |           |                 |        |                                       |
| DISPOSAL     SLUDGE     CONSTRUCTION     WOOD     DEBRIS     OTHER     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -44                                                                                 |          |           |                 | •.     |                                       |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |          |           |                 |        |                                       |
| 4090 San Pablo Avenue EMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>VILLE</b>                                                                        |          |           |                 | I      |                                       |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     | NOTES:   | VEHICLE L | CENSE NUMBER    | TR     | UCK NUMBER                            |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |          | S#Z/      | 157899          | 1      | 94                                    |
| 10520 Hollow Tree La                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |          |           |                 |        |                                       |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |          |           |                 |        |                                       |
| <u>Stackton Ca 95209</u><br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |          |           | BOTTOM DU       | MP     | TRANSFER                              |
| 1209 482-6315                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |          |           |                 | · · ·  |                                       |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE                                                                                | ROLL-C   | DFF(S)    | FLAT-BED        | VAN    |                                       |
| * In Thean                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7-2-08                                                                              |          | 1         |                 |        |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     | CUBIC YA | ARDS      |                 |        |                                       |
| I hereby certify that the above named material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     | 20,3     | 8 ton     | », Z            | Ø      | · · · · · · · · · · · · · · · · · · · |
| accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | foregoing                                                                           | DISPOSAL | METHOD:   | (TO BE COMPLE   | TED BY | LANDFILL)                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |          |           | DISPOSE         |        | OTHER                                 |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     | SOIL     |           | S               |        |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |          | TRUCTION  |                 |        |                                       |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | O NON-F  | RIABLE    |                 |        |                                       |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DATE                                                                                | ASBES    |           |                 | · ·    |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                                   |          | )         |                 |        |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2-2:00                                                                              |          |           |                 |        |                                       |
| * \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 "                                                                                 |          | AL OTHER  |                 |        |                                       |
| CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |          |           |                 |        |                                       |

TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. GENERATOR COPY MANIFEST # 659225

### Keller Canyon

## Sanitary Landfill

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

## 

Landfill
 28972 Coffin Butte Road
 Corvallis, OR 97330
 Phone (541) 745-2018
 Fax (541) 745-3826

## 🗆 Ox Mountain

**Sanitary Landfill** 12310 San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                | WASTE ACCEPTANCE NO. |           |               |                                       |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------|-----------|---------------|---------------------------------------|------------|
| Bay Rock Osks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                      |           |               | 0.0 2 0                               |            |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                |                      | :         | <b>212Y</b> 7 | 79860                                 |            |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                | REQUIR               | ED PERS   | ONAL PROTEC   | CTIVE EQU                             | IPMENT     |
| Oskland CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                | - 💭 GLOVE            | s 🗆 GOG   |               | IRATOR X                              | HARD HAT   |
| (510) 972-9990                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                      | 🗶 SAFI    | ETY VEST      |                                       |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                | SPECIAL              | HANDLIN   | G PROCEDURES  |                                       |            |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE                                                                           |                      |           |               |                                       |            |
| * H.B Dietz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 07/02/0                                                                        | 8                    |           |               |                                       |            |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is in<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a co-<br>regulations; AND, If the waste is a treatment residue of a previously restricted h<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has be<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous<br>40 CFR Part 261.<br>WASTE TYPE: | , has been properly<br>ording to applicable<br>azardous waste<br>en treated in | RECEIVI              |           | ГҮ            | ·., <b>*</b>                          |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                      |           |               |                                       |            |
| □ CONSTRUCTION □ WOOD<br>□ DEBRIS □ OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                      |           | <u> </u>      |                                       |            |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                | ]——                  |           |               | · · · · · · · · · · · · · · · · · · · |            |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VILLE                                                                          |                      |           |               |                                       |            |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                | NOTES:               | VEHICLE L | ICENSE NUMBER | TRUCK                                 | NUMBER     |
| ADDRESS Trucky                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | -                    | ZHS       | 57899         | 194                                   | /          |
| 10520 Hallow Treet Lan<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | -                    |           |               |                                       |            |
| HONE Ca 95209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                      |           |               |                                       |            |
| 109 482-67/5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | END D                |           |               |                                       |            |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE                                                                           | ROLL-C               |           | FLAT-BED      | VAN                                   | DRUMS      |
| * the for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7/2/00                                                                         |                      | 1         |               |                                       | Ģ          |
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| accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | eforegoing                                                                     | DISPOSAL             | METHOD:   | (TO BE COMPLE |                                       | FILL)      |
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| CHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY<br>O REFUSAL UPON ARRIVAL. ONGOING DAILY DELIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PRIOR TO EXI                                                                   |                      |           |               |                                       | RE SUBJECT |

**GENERATOR COPY** 

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| 2-1-00                                                                                                |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                   | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |
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|                                                                                                       | ATE<br>hazardous<br>been properly<br>to applicable<br>boated in<br>e as defined by<br>ILLE<br>ATE<br>ATE<br>ATE<br>ATE<br>ATE<br>ATE<br>ATE<br>AT | ATE<br>hazardous<br>been property<br>glo applicable<br>dous weste<br>sated in<br>e as defined by<br>ILLE<br>ILLE<br>NOTES: V<br>END DU<br>ATE<br>ROLL-OF<br>DISPOSAL M<br>SOIL<br>CUBIC YAR<br>20.4/<br>DISPOSAL M<br>SOIL<br>CONSTR<br>DEBRIS<br>NON-FRI<br>ASBESTO<br>ATE<br>NON-FRI<br>ASBESTO | SPECIAL HANDLING PROV<br>ATE<br>1/01/08<br>hazardous been properly is applicable doug weste asted in e as defined by<br>END DUMP BO<br>END DUMP BO<br>END DUMP BO<br>CUBIC YARDS<br>2//-08<br>CUBIC YARDS<br>20.4/1 for ,<br>DISPOSAL METHOD: (TO E<br>DISPOSAL MET | ATE<br>SPECIAL HANDLING PROCEDURES:<br>ATE<br>SPECIAL HANDLING PROCEDURES:<br>ATE<br>Season of the season of t | SPECIAL HANDLING PROCEDURES: |

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. GENERATOR COPY MANIFEST # 659223

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| Keller Canyon     | ÷ |
|-------------------|---|
| Sanitary Landfill | 7 |

Pittsburg, CA 94565

Fax (925) 458-9891

Phone (925) 458-9800

901 Bailey Road

## 

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## 🗆 Ox Mountain

**Sanitary Landfill** 1231@ San Mateo Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183 Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035 Phone (408) 945-2800 Fax (408) 262-2871 Forward Landfill

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

#### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |          | WAST       | TE ACCEPT/   | ANCE N  | 10.    |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------|------------|--------------|---------|--------|--------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | مىمىز                                                                             | 1        |            | <u></u>      | 7004    | ()     |        |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |          |            | 212Y         |         |        |        |
| CITY, STATE, ZIP<br>Oakland,CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ,                                                                                 |          |            | ILES Q RESP  |         | _      |        |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |          |            |              |         | Yau    |        |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |          |            |              |         |        |        |
| Marilyn Ponte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                                                                              | SPECIAL  | ANDLING    | PROCEDURE    | 5:      |        |        |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DATE                                                                              |          |            |              |         |        |        |
| * H.B. Dulz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 06/23/09                                                                          |          |            |              |         | :      |        |
| GENERATOR'S CERTIFICATION: I hereb were the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a co<br>regulations; AND, if the waste is a treatment residue of a previously restricted ha<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v<br>40 CFR Part 261. | has been properly<br>rding to applicable<br><b>zardous waste</b><br>on treated in | RECEIVIN | G FACILITY | Y            |         |        |        |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |          |            | ·            |         |        |        |
| DISPOSAL       DISPOSAL         CONSTRUCTION       WOOD         DEBRIS       OTHER         SPECIAL WASTE       OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |          |            |              |         | ·····  |        |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |          |            |              |         |        | ·      |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VILLE                                                                             |          |            |              |         |        |        |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |          |            | ENSE NUMBER  | R TF    | RUCK N | UMBER  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |          | 2H570      | 899          | //      | 94     |        |
| 10520HollowTrue Ln.<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |          |            |              |         |        |        |
| Stackton Ca 91207<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   | END DU   | IMP        | BOTTOM D     |         | TD     | ANSFER |
| 1205 482.6315                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                 | X        |            |              |         |        |        |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE                                                                              | ROLL-OI  | FF(S)      | FLAT-BED     |         | N      |        |
| + Man                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6-23-0                                                                            | 2        |            |              | 4       |        |        |
| S MAN Mala                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 - 1 9                                                                           | ĩ        |            |              |         | Ϋ́.    |        |
| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   | CUBIC YA | RDS        |              | 1       |        | e      |
| I hereby certify that the above named material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   | 18.5     | Itons,     | So           |         |        |        |
| accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | toregoing                                                                         | DISPOSAL | METHOD:    | (TO BE COMPL | ETED BY | LANDFI | LL)    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |          |            | DISPOSE      |         | ΟŢ     | HER    |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                 |          |            | Ý            |         |        |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |          |            | ,            |         |        |        |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |          | RIABLE     |              |         |        |        |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                                                                              |          |            |              |         |        |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.12.00                                                                           |          |            |              |         |        |        |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6-23-18                                                                           |          | LOTHER     |              |         |        |        |
| CHEDULING MUST BE MADE PRICE TO 3:00 PM THE DAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |          |            |              |         |        |        |

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

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| , | Sanit | ary | Lan | dfill |

Pittsburg, CA 94565

Fax (925) 458-9891

Phone (925) 458-9800

901 Bailey Road

.,

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

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

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

□ Forward

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

### NON-HAZARDOUS WASTE MANIFEST

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                         | WAS         | TE ACCEPTA        |         | Ю.           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------|-------------|-------------------|---------|--------------|
| Bay Rock Oaks, LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                         |             | A4A37F            | ፣ ሰር ሰ  | <u>```</u>   |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                         |             | <b>212Y</b> 7     | /986    | 90           |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             | REQUIR                  | ED PERSO    | DNAL PROTEC       | CTIVE I | EQUIPMENT    |
| Oakland, CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4                                                                           |                         |             |                   |         | X I HARD HAT |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                         |             |                   |         |              |
| (510) 873-8880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | D TY-VEK                | XQ SAFE     | TY VEST           |         |              |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | SPECIAL                 | HANDLING    | PROCEDURES        | <br>S:  |              |
| Marilyn Ponte<br>SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE                                                                        | 1                       |             |                   |         |              |
| SIGNATORE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                         |             |                   |         |              |
| * H. & Duty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 06/00/08                                                                    | <b>\$</b>               |             |                   |         | **<br>-      |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a co-<br>regulations; AND, if the waste is a treatment residue of a previously restricted he<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v<br>40 CFR Part 261. | has been properly<br>rding to applicable<br>azardous waste<br>en treated in | RECEIVIN                | NG FACILIT  | Y                 |         |              |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _                                                                           | i                       |             |                   |         |              |
| DISPOSAL     DISPOSAL     CONSTRUCTION     DEBRIS     OTHER     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             | <br>                    |             |                   |         |              |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                         |             |                   |         |              |
| 4090 San Pablo Avenue EMERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VILLE                                                                       |                         |             |                   |         |              |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             | NOTES:                  | VEHICLE LIC | CENSE NUMBER      | TF      | RUCK NUMBER  |
| ADDRESS ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                         | 2H5,        | 1899              |         | 94           |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                         |             |                   |         |              |
| stockton (a 95209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                         |             | POTTOM DU         |         | TRANCEED     |
| PHONE // /////////////////////////////////                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             | END D                   |             |                   |         |              |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                                                                        | ROLL-C                  | ·           | FLAT-BED          | VA      |              |
| * Tun low                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6-20-6                                                                      | P                       |             | 0                 |         |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                         |             |                   |         |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             | CUBIC YA                | RDS         | 10                | 15      | 1 43 - 21    |
| I hereby certify that the above named material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             | 19,                     | 23ton       | n20               |         |              |
| accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | toregoing                                                                   | DISPOSAL                | METHOD:     | (TO BE COMPLE     | ETED BY | (LANDFILL)   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | р.<br>С                                                                     |                         |             | DISPOSE           |         | OTHER        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                                                                           |                         |             | $\langle \rangle$ |         |              |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | :                                                                           |                         |             |                   |         |              |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ,                                                                           | DEBRI<br>NON-F<br>ASBES | RIABLE      | · · ·             |         |              |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE                                                                        |                         |             |                   |         |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1.7008                                                                      |                         |             |                   |         |              |
| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6                                                                           |                         | AL OTHER    | 4                 |         |              |
| HEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                         |             |                   |         |              |

S TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

| Keller Canyon Coffin Butte<br>Sanitary Landfill Landfill<br>901 Bailey Road S28972 Coffin Butte Road                                                                                                                                                                                                                                                                                                                                                                               | CX Mountain<br>Sanitary Lan<br>12310 San Mateo                                           | ndfill Sanita                                                                                                                                              | risland L<br>ry Landfill<br>on Landing Road | Forward Landfill 9999 S. Austin Road                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------|
| Pittsburg, CA 94565         Corvallis, OR 97330           Phone (925) 458-9800         Phone (541) 745-2018           Fax (925) 458-9891         Fax (541) 745-3826                                                                                                                                                                                                                                                                                                                | Half Moon Bay, C/<br>Phone (650) 726-<br>Fax (650) 726-918                               | A 94019 Milpitas, C<br>1819 Phone (40                                                                                                                      | •                                           | Manteca, CA 95336<br>Phone (209) 982-4298<br>Fax (209) 982-1009                              |
| NON-H                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AZARDOUS WA                                                                              | STE MANIFEST                                                                                                                                               |                                             |                                                                                              |
| GENERATOR<br>Bay Rock Oaks, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | WAS                                                                                                                                                        | STE ACCEPTAN                                | CE NO.                                                                                       |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                                                            | 212Y79                                      | 0860                                                                                         |
| 1300 Clay St., Suite 620<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                          | REQUIRED PERS                                                                                                                                              |                                             |                                                                                              |
| Dakland, CA 94612<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          | - 🖾 GLOVES 🗖 GOG                                                                                                                                           |                                             | ATOR X I HARD HAT                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                                                            | ETY VEST                                    |                                                                                              |
| Marílyn Ponte                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          | SPECIAL HANDLING                                                                                                                                           | PROCEDURES;                                 | د مع<br>بر الجريجي                                                                           |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>, , , , , , , , , , , , , , , , , , , </u>                                            |                                                                                                                                                            |                                             |                                                                                              |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named m<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of re-<br>described, classified and packaged, and is in proper condition for transports<br>regulations; AND, if the waste is a treatment residue of a previously res-<br>subject to the Land Disposal Restrictions, I certify and warrant that the wast<br>accordance with the requirements of 40 CFR Part 268 and is no longer a har | gulations, has been properly<br>ation according to applicable<br>tricted hazardous waste | RECEIVING FACILIT                                                                                                                                          | ſY                                          |                                                                                              |
| 40 CFR Part 261.<br>WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                                                            |                                             |                                                                                              |
| DISPOSAL     SLUDGI     CONSTRUCTION     DEBRIS     SPECIAL WASTE     SPECIAL WASTE                                                                                                                                                                                                                                                                                                                                                                                                | E                                                                                        |                                                                                                                                                            | ~                                           |                                                                                              |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          | ]                                                                                                                                                          |                                             |                                                                                              |
| 4090 San Pablo Avenue El                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MERYVILLE                                                                                |                                                                                                                                                            |                                             | <u> </u>                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                                                            |                                             |                                                                                              |
| TRANSPORTER Transport, Iwc.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                          | NOTES: VEHICLE LI                                                                                                                                          |                                             |                                                                                              |
| ADDRESS Julie Ann Way                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                                                            | 12605                                       |                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                                                            | CENSE NUMBER                                |                                                                                              |
| ADDRESS Julie Ann Why<br>CIDRENATIONER, CA 94621                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          | 900                                                                                                                                                        | 12605                                       | 101                                                                                          |
| ADDRESS Julie Ann Way<br>CIDENTATIONER, CA 94621<br>PHONE/O · 633 · 1528                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | END DUMP                                                                                                                                                   |                                             | TRANSFER                                                                                     |
| ADDRESS JUIR ANN WAY<br>CITRENT CA 94621<br>PHONE/O · 633 · 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                        | R DATE 6/13/08                                                                           | 900                                                                                                                                                        | 12605                                       | 101                                                                                          |
| ADDRESS Julie Ann Way<br>CIDASTATIONER, CA 94621<br>PHONE/O · 633 · 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                | P DATE 6/13/08                                                                           | END DUMP<br>ROLL-OFF(S)                                                                                                                                    | BOTTOM DUMP                                 | IO1<br>TRANSFER<br>VAN DRUMS<br>DRUMS                                                        |
| ADDRESS JUIR ANN WAY<br>CITORSTATIONER, CA 94621<br>PHONE/O · 633 · 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                | 6/13/08                                                                                  | END DUMP                                                                                                                                                   | BOTTOM DUMP                                 | TRANSFER                                                                                     |
| ADDRESS Julie Ann Way<br>CITORSTATION CA 94621<br>PHONE/O · 633 · 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*                                                                                                                                                                                                                                                                                                                                                             | 6/13/08<br>aterial has been                                                              | END DUMP<br>ROLL-OFF(S)                                                                                                                                    | BOTTOM DUMF<br>FLAT-BED                     | 101<br>TRANSFER<br>VAN DRUMS<br>VAN DRUMS<br>0 75005<br>66 tons                              |
| ADDRESS Julie Ann way<br>CITORETATE REP, CA 94621<br>PHONE/O - 633 - 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*                                                                                                                                                                                                                                                                                                                                                          | 6/13/08<br>aterial has been                                                              | END DUMP<br>ROLL-OFF(S)                                                                                                                                    | BOTTOM DUMP                                 | 101<br>TRANSFER<br>VAN DRUMS<br>VAN DRUMS<br>0 75005<br>66 tons                              |
| ADDRESS Julie Ann Way<br>CIDRESS Julie Ann Way<br>CIDRETO - 633 - 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*<br>I hereby certify that the above named ma<br>accepted and to the best of my knowledg<br>is true and accurate.                                                                                                                                                                                                                                             | 6/13/08<br>aterial has been                                                              | END DUMP<br>ROLL-OFF(S)                                                                                                                                    | BOTTOM DUMF<br>FLAT-BED                     | 101<br>TRANSFER<br>VAN DRUMS<br>VAN DRUMS<br>0 7000<br>0 7000<br>0 6 fors<br>ED BY LANDFILL) |
| ADDRESS Julie Ann Way<br>CITORSTATE (2014) CA 94621<br>PHONE/O · 633 · 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*                                                                                                                                                                                                                                                                                                                                                        | 6/13/08<br>aterial has been                                                              | END DUMP<br>ROLL-OFF(S)<br>CUBIC YARDS<br>DISPOSAL METHOD:                                                                                                 | BOTTOM DUMF<br>FLAT-BED                     | 101<br>TRANSFER<br>VAN DRUMS<br>VAN DRUMS<br>0 7000<br>0 7000<br>0 6 fors<br>ED BY LANDFILL) |
| ADDRESS Julie Ann way<br>CITORSTATE REP, CA 94621<br>PHONE/O - 633 - 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*                                                                                                                                                                                                                                                                                                                                                          | 6/13/08<br>aterial has been                                                              | END DUMP<br>ROLL-OFF(S)<br>CUBIC YARDS<br>DISPOSAL METHOD:<br>SOIL<br>CONSTRUCTION<br>DEBRIS<br>NON-FRIABLE                                                | BOTTOM DUMF<br>FLAT-BED                     | 101<br>TRANSFER<br>VAN DRUMS<br>VAN DRUMS<br>0 7000<br>0 7000<br>0 6 fors<br>ED BY LANDFILL) |
| ADDRESS Julie Ann Lucy<br>CITORSTATION CA 94621<br>PHONE/O • 633 • 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVER<br>*<br>I hereby certify that the above named ma<br>accepted and to the best of my knowledg<br>is true and accurate.<br>REMARKS<br>FACILITY TICKET NUMBER                                                                                                                                                                                                       | 6/13/08<br>aterial has been                                                              | END DUMP<br>ROLL-OFF(S)<br>CUBIC YARDS<br>DISPOSAL METHOD:<br>DISPOSAL METHOD:<br>SOIL<br>DISPOSAL METHOD:<br>DISPOSAL METHOD:<br>SOIL<br>DISPOSAL METHOD: | BOTTOM DUMF<br>FLAT-BED                     | 101<br>TRANSFER<br>VAN DRUMS<br>VAN DRUMS<br>0 7000<br>0 7000<br>0 6 fors<br>ED BY LANDFILL) |
| ADDRESS Julie Ann Lay<br>CITORSTATE (CA 9462)<br>PHONE/O - 633 - 1528<br>SIGNATURE OF AUTHORIZED AGENT OR DRIVEF<br>I hereby certify that the above named ma<br>accepted and to the best of my knowledg<br>is true and accurate.<br>REMARKS                                                                                                                                                                                                                                        | terial has been ge the foregoing                                                         | END DUMP<br>ROLL-OFF(S)<br>CUBIC YARDS<br>DISPOSAL METHOD:<br>SOIL<br>CONSTRUCTION<br>DEBRIS<br>NON-FRIABLE                                                | BOTTOM DUMF<br>FLAT-BED                     | 101<br>TRANSFER<br>VAN DRUMS<br>VAN DRUMS<br>0 7000<br>0 7000<br>0 6 fors<br>ED BY LANDFILL) |

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MANIFEST # 597868

| Keller CanyonCoffin ButteSanitary LandfillLandfill901 Bailey Road28972 Coffin Butte RoadPittsburg, CA 94565Corvallis, OR 97330                                                                                                                                                | Ox Mountair<br>Sanitary Lar<br>123 <sup>1</sup> 0 San Mateo<br>Half Moon Bay, CA | n <b>dfill</b><br>Road | 1601 Dix      | <b>/ Island</b><br><b>ry Landfill</b><br>on Landing Road<br>CA 95035 |          |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------|---------------|----------------------------------------------------------------------|----------|-----------------------------------|
| Phone (925) 458-9800         Phone (541) 745-2018           Fax (925) 458-9891         Fax (541) 745-3826                                                                                                                                                                     | Phone (650) 726-<br>Fax (650) 726-918                                            | 819                    | Phone (4      | 08) 945-2800<br>) 262-2871                                           | Phone    | e (209) 982-4298<br>209) 982-1009 |
| ·                                                                                                                                                                                                                                                                             | ARDOUS WA                                                                        |                        |               | , === === , , ,                                                      | 1 001 (1 |                                   |
| GENĚRATOR                                                                                                                                                                                                                                                                     |                                                                                  |                        | WAS           | STE ACCEPTA                                                          |          | ).                                |
| Bay Rock Oska LLC<br>MAILING ADDRESS                                                                                                                                                                                                                                          | · · · · ·                                                                        |                        |               |                                                                      |          |                                   |
| 1300 Clay St., Suite 620<br>CITY, STATE, ZIP                                                                                                                                                                                                                                  |                                                                                  |                        |               | 212Y7                                                                |          | -                                 |
| Oakland,CA 94612                                                                                                                                                                                                                                                              |                                                                                  |                        |               |                                                                      |          |                                   |
| PHONE                                                                                                                                                                                                                                                                         |                                                                                  | <br>] о ТҮ-VEK         |               | ETY VEST                                                             |          |                                   |
| CONTACT PERSON<br>Marilyn Ponte                                                                                                                                                                                                                                               |                                                                                  | SPECIAL                | HANDLIN       | G PROCEDURES                                                         | S:       |                                   |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                         | DATE                                                                             |                        |               |                                                                      |          |                                   |
| * H.B.Duck                                                                                                                                                                                                                                                                    | 6-13-08                                                                          | 7                      |               |                                                                      |          |                                   |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulatio<br>described, classified and packaged, and is in proper condition for transportation a                       | ns, has been properly<br>cording to applicable                                   |                        |               |                                                                      |          | 2.3                               |
| regulations; AND, if the waste is a treatment residue of a previously restricted<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardo<br>40 CFR Part 261. | d hazardous waste<br>been treated in                                             | RECEIVII               |               | TY                                                                   | -        |                                   |
| DISPOSAL DSLUDGE                                                                                                                                                                                                                                                              |                                                                                  |                        |               |                                                                      |          |                                   |
| CONSTRUCTION UNCOD DEBRIS OTHER SPECIAL WASTE                                                                                                                                                                                                                                 |                                                                                  |                        |               |                                                                      |          | κ.                                |
| GENERATING FACILITY                                                                                                                                                                                                                                                           |                                                                                  | 1                      |               |                                                                      |          |                                   |
| 4090 San Pablo Avenue EMER                                                                                                                                                                                                                                                    | RYVILLE                                                                          | ,                      |               | - <u>}</u>                                                           |          |                                   |
| TRANSPORTER                                                                                                                                                                                                                                                                   |                                                                                  | NOTES:                 | VEHICLE L     |                                                                      | TRU      |                                   |
| ADDRESS                                                                                                                                                                                                                                                                       |                                                                                  | -                      | 245.          | 7899                                                                 | 19       | 4                                 |
| CITY, STATE, ZIP,                                                                                                                                                                                                                                                             |                                                                                  |                        |               |                                                                      |          | -                                 |
| PHONE Car 94621                                                                                                                                                                                                                                                               |                                                                                  |                        |               | BOTTOM DU                                                            |          | 70410550                          |
| (510) 633-1528                                                                                                                                                                                                                                                                |                                                                                  |                        | <u> </u>      |                                                                      |          |                                   |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                       | DATE                                                                             | ROLL-C                 | DFF(S)        | FLAT-BED                                                             |          |                                   |
| * town                                                                                                                                                                                                                                                                        | 6-13-0                                                                           | ¢                      | •             |                                                                      | ш.       |                                   |
|                                                                                                                                                                                                                                                                               |                                                                                  |                        |               |                                                                      |          | . • •                             |
|                                                                                                                                                                                                                                                                               |                                                                                  |                        | ARDS          | 40,2                                                                 | 5/ \$0   |                                   |
| I hereby certify that the above named mater<br>accepted and to the best of my knowledge the                                                                                                                                                                                   |                                                                                  |                        |               | D                                                                    |          | ,                                 |
| is true and accurate.                                                                                                                                                                                                                                                         |                                                                                  | DISPOSAL               | METHOD:       | (TO BE COMPLE                                                        | TED BY L | ANDFILL)                          |
|                                                                                                                                                                                                                                                                               |                                                                                  |                        |               | DISPOSE                                                              |          | OTHER                             |
| REMARKS                                                                                                                                                                                                                                                                       |                                                                                  |                        |               | $\propto$                                                            |          |                                   |
|                                                                                                                                                                                                                                                                               |                                                                                  |                        | TRUCTION<br>S |                                                                      |          |                                   |
|                                                                                                                                                                                                                                                                               |                                                                                  | NON-F                  | RIABLE        |                                                                      |          |                                   |
| SIGNATURE OF AUTHORIZED AGENT                                                                                                                                                                                                                                                 | DATE                                                                             |                        |               |                                                                      |          |                                   |
|                                                                                                                                                                                                                                                                               | A                                                                                |                        |               |                                                                      |          |                                   |
|                                                                                                                                                                                                                                                                               | 6-13-00                                                                          |                        |               |                                                                      |          |                                   |
| *                                                                                                                                                                                                                                                                             | 1 9 (1                                                                           |                        | AL OTHER      |                                                                      |          |                                   |

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MANIFEST # 597891

| Keller CanyonCoffin ButteOx MountainSanitary LandvillLandfillSanitary LandvillSanitary Landvill901 Bailey Road28972 Coffin Butte Road12310 San MateoPittsburg, CA 94565Corvallis, OR 97330Half Moon Bay, CAPhone (925) 458-9800Phone (541) 745-2018Phone (650) 726-18Fax (925) 458-9891Fax (541) 745-3826Fax (650) 726-918                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AdfillSanitary LandfillLandfillRoad1601 Dixon Landing Road*9999 S. Austin RoadA 94019Milpitas, CA 95035Manteca, CA 953361819Phone (408) 945-2800Phone (209) 982-4298                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NON-HAZARDOUS WAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STE MANIFEST                                                                                                                                                                           |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WASTE ACCEPTANCE NO.                                                                                                                                                                   |
| Bay Rock Oaks, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                        |
| 1300 Clay St., Suite 620                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7287                                                                                                                                                                                   |
| CITY, STATE, ZIP<br>Oakland,CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                        |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                        |
| (510) 873-8880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SPECIAL HANDLING PROCEDURES:                                                                                                                                                           |
| Marílyn Pente<br>SIGNATURE OF AUTHORIZED AGENT / TITLE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                        |
| * H. B. Dietz 6/3/08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                        |
| GENERATOR'S CERTIFICATION: Thereby certify that the above named material is not a hazardous<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly<br>described, classified and packaged, and is in proper condition for transportation a cording to applicable<br>regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |
| accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                        |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                        |
| DEBRIS DOTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                        |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                        |
| 4090 San Pablo Avenue / EMERYVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                        |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER                                                                                                                                             |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u><u><u></u></u><u><u></u><u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u>                                    |
| CITY, STATE, ZIP 27475 HE GENON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | $a \sqrt{2} / (c \sqrt{2})$                                                                                                                                                            |
| PHONE # 90,510 755-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TEND DUMP BOTTOM DUMP TRANSFER                                                                                                                                                         |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        |
| * HBDick Migrel Gon 6/3/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2 to wheel cump truck                                                                                                                                                                  |
| and a set of the set o |                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                        |
| I hereby certify that the above named material has been                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P,05 +583.                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)                                                                                                                                         |
| I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | P,05 +583.                                                                                                                                                                             |
| I hereby certify that the above named material has been<br>accepted and to the best of my knowledge the foregoing<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)                                                                                                                                         |
| I hereby certify that the above named material has been<br>accepted and to the best of my knowledge the foregoing<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER OCONSTRUCTION                                                                                                             |
| I hereby certify that the above named material has been<br>accepted and to the best of my knowledge the foregoing<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)         DISPOSE       OTHER         SOIL       ONSTRUCTION         DEBRIS       ONN-FRIABLE                                       |
| I hereby certify that the above named material has been<br>accepted and to the best of my knowledge the foregoing<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)         DISPOSE       OTHER         SOIL       OCNSTRUCTION         DEBRIS       ONN-FRIABLE         ASBESTOS       OTHER         |
| I hereby certify that the above named material has been<br>accepted and to the best of my knowledge the foregoing<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)         DISPOSE       OTHER         SOIL       ONSTRUCTION         DEBRIS       ONN-FRIABLE                                       |
| I hereby certify that the above named material has been<br>accepted and to the best of my knowledge the foregoing<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DISPOSAL METHOD:       (TO BE COMPLETED BY LANDFILL)         DISPOSE       OTHER         SOIL       OCNSTRUCTION         DEBRIS       ONON-FRIABLE         ASBESTOS       ONON-FRIABLE |

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### **Keller** Canyon

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

0.3,3,5,00

## Coffin Butte

Landfill 28972 Coffin Butte Road Corvallis, OR 97330 Phone (541) 745-2018 Fax (541) 745-3826

## Ox Mountain

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

Newby Island Sanitary Landfill 1601 Dixon Landing Road Milpitas, CA 95035

Phone (408) 945-2800

Fax (408) 262-2871

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

### **NON-HAZARDOUS WASTE MANIFEST**

| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                  |            | WAS            | STE ACCEPTA   | NCE NO.       |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------|----------------|---------------|---------------|--------------|
| Bay Rock Oaks LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |            |                |               |               |              |
| MÀILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3                                                                                  | 728        | 77             | 212Y7         | <b>-986</b> 0 |              |
| 1300 Clay St., Suite 620<br>CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                    |            |                | ONAL PROTEC   |               | MENT         |
| Oakland.CA 94612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | - I                                                                                |            |                |               |               |              |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | COVES      | GOG            | IGLES URESPI  | IRATOR XO     |              |
| (510) 873-8880                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |            | X SAFE         | ETY VEST      |               |              |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    | SPECIAL    |                | G PROCEDURES  | <u></u>       | -            |
| Marilyn Ponte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE                                                                               |            | # 4 10 E I 1 1 |               |               |              |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | -          |                |               |               |              |
| * H. & Dietz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6 [3]08                                                                            | 1          |                | ,             |               |              |
| GENERATOR'S CERTIFICATION. Thereby certify that the above named material is<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations<br>described, classified and packaged, and is in proper condition for transportation arc<br>regulations; AND, if the waste is a treatment residue of a previously restricted<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has be<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous<br>40 CFR Part 261.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s, has been properly<br>cording to applicable<br>hazardous waste<br>een treated in |            | g facili"      | TY            | -<br>-        |              |
| WASTE TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | j                                                                                  |            |                |               |               |              |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    |            | :              |               |               |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |            |                |               |               |              |
| 4090 San Pablo Avenue EMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YVILLE                                                                             |            |                |               | <u> </u>      | :4           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    | NOTES:     | VEHICLE L      | ICENSE NUMBER | TRUCK         |              |
| ROYNOS TRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                    |            | Tun            |               | ~             |              |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | 1/ Ĺ       | 1090           | 1455          | 5             |              |
| JZETG KENET D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7.                                                                                 | ], .       |                |               |               |              |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    | 1          |                |               |               | i            |
| $\frac{\mu_{AYV}AI(1)}{PHONE}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 544                                                                                | END DU     | INAD           | BOTTOM DU     |               | ANSFER       |
| SID Frank 2 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |            |                |               |               |              |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE                                                                               | ROLL-O     | FF(S)          | FLAT-BED      | VAN           | DRUMS        |
| * JESUS ROYES I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                    |            | ushe           | el dump       | 5 Truck       |              |
| The and the state of the second of the second |                                                                                    | //         |                | - <u> </u>    |               | ·            |
| ¥ 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                    | CUBIC YAI  | RDS            |               |               |              |
| I hereby certify that the above named materia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                    |            | (              | 10,70         | tons,         | 1            |
| accepted and to the best of my knowledge the<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | e toregoing                                                                        | DISPOSAL I | METHOD:        | (TO BE COMPLE | TED BY LANDF  | ILL)         |
| is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | ,<br>t     | • :            | DISPOSE       | <b>0</b>      | THER         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |            |                |               |               |              |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    |            |                |               |               |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |            |                |               |               |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    | D NON-FF   | IABLE          |               | /             |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    | ASBEST     | IOS j          |               |               | · · ·        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |            | 9-3            | 110 12        |               |              |
| * Jar. 63                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 105                                                                                |            |                | 1.100 7 /c    | 5155          | 1            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |            |                |               |               |              |
| EDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DA'<br>REFUSAL UPON ARRIVAL. ONGOING DAILY DELI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |            |                |               | FILL THE DA   | Y BEFORE.    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GENERATOR C                                                                        |            |                |               |               | <b>'8</b> 90 |

| Keller Canyon<br>Sanitary Landfill<br>901 Bailey Road<br>Pittsburg, CA 94565<br>Phone (925) 458-9800<br>Fax (925) 458-9891Ox Mountain<br>Sanitary Land<br>Half Moon Bay, CA<br>Phone (650) 726-118<br>Fax (650) 726-9183                                                                                                                                                                                                                                                                                                                                     | Road<br>94019<br>819                                                         | <b>Sạni</b> t<br>1601 E<br>Milpita<br>Phone | by Island<br>tary Land<br>Dixon Landi<br>s, CA 9503<br>(408) 945-3<br>08) 262-283 | <b>idfill</b><br>ing Road<br>5<br>2800 | Mante<br>Phone |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------|----------------|----------------------------------------|
| NON-HAZAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RDOUS WAS                                                                    | STE MAN                                     | IIFEST                                                                            |                                        |                | i a<br>i                               |
| GENERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ·····                                                                        |                                             | WAS                                                                               | STE ACCEPTA                            | NCE NO         | ).                                     |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | <u> </u>                                    | 2.0                                                                               | 1-700                                  |                |                                        |
| 1300 CUAY ST. SUITE G2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                                                                            |                                             | ED PERS                                                                           | Y - 178                                |                |                                        |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              | GLOVE                                       |                                                                                   |                                        |                |                                        |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                             |                                                                                   |                                        | incion         |                                        |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                             |                                                                                   | G PROCEDURE                            | <u></u>        |                                        |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DATE                                                                         | I SFECIAL                                   |                                                                                   |                                        | 5.             |                                        |
| $1/7 \times L$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | 4                                           |                                                                                   |                                        |                |                                        |
| * FILE Sur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 01/29/09                                                                     |                                             |                                                                                   |                                        |                |                                        |
| GENERATOR'S CERTIFICATION: I hereby certify that the above named material is r<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations,<br>described, classified and packaged, and is in proper condition for transportation a co-<br>regulations; AND, if the waste is a treatment residue of a previously restricted h-<br>subject to the Land Disposal Restrictions, 1 certify and warrant that the waste has be<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous<br>40 CFR Part 261. | has been properly<br>ording to applicable<br>ezardous waste<br>en treated in | RECEIVII                                    | NG FACILI                                                                         |                                        |                |                                        |
| WASTE TYPE:     SLUDGE       DISPOSAL     SLUDGE       CONSTRUCTION     WOOD       DEBRIS     OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                             |                                                                                   |                                        |                |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | {                                           |                                                                                   |                                        |                |                                        |
| AORO SAN PAGED AJE EMERYON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              | 1                                           |                                                                                   |                                        |                |                                        |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | la l                                     | NOTES:                                      |                                                                                   | ICENSE NUMBER                          | Три            | CKNUMBER                               |
| SAE Trucky                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                             |                                                                                   |                                        |                | ET 194                                 |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                             | 4.17                                                                              | 7899                                   | 1 2 14         |                                        |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              | Ì                                           |                                                                                   |                                        |                |                                        |
| FlackTam Cu 95209<br>PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              | END D                                       |                                                                                   | BOTTOM DU                              |                | TRANSFER                               |
| (209) 482-6313                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                             | /                                                                                 |                                        |                |                                        |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE                                                                         | ROLL-C                                      | )FF(S)                                                                            | FLAT-BED                               | VAN            | DRUMS                                  |
| * That form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1/2 2/051                                                                    |                                             | I                                                                                 |                                        |                |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | CUBIC YA                                    | RDS                                                                               |                                        |                |                                        |
| I hereby certify that the above named materia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | l has been                                                                   | 1                                           |                                                                                   |                                        |                |                                        |
| accepted and to the best of my knowledge the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              | DISPOSAL                                    | METHOD:                                                                           | (TO BE COMPLE                          | ETED BY L      | ANDFILL)                               |
| is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                             |                                                                                   | DISPOSE                                |                | OTHER                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                             | 5 514                                                                             |                                        | -              |                                        |
| REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                             | FRUCTION                                                                          |                                        |                |                                        |
| FACILITY TICKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                             |                                                                                   | <u> </u>                               |                |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DATE                                                                         | ASBES                                       |                                                                                   |                                        |                |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                             |                                                                                   |                                        |                |                                        |
| a to fair a to a t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              | 🗅 ASH                                       | _                                                                                 |                                        |                |                                        |
| */ Will / a - will will                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 129101                                                                       |                                             | ALOTHER                                                                           |                                        |                | ······································ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | -                                           |                                                                                   | · · · · · · · · · · · · · · · · · · ·  |                |                                        |

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TO REFUSAL UPON AMRIVAL. CAGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. GENERATOR COPY MANIFEST # 49709

| Keller Canyon<br>Sanitary Landfill<br>901 Bailey Road<br>Pittsburg, CA 94565<br>Phone (925) 458-9800<br>Fax (925) 458-9891                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>dfill</b><br>Road<br>A 94019<br>1819                                                | Newby Island<br>Sanitary Land<br>†801 Dixon Landin<br>Milpitas, CA 95035<br>Phone (408) 945-2<br>Fax (408) 262-287 | <b>ffill</b><br>g Road<br>800          | Mantec<br>Phone                       | -           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|-------------|
| NON-HAZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ARDOUS WA                                                                              | STE MANIFEST                                                                                                       | ·                                      |                                       | 1. 5        |
| GENERATOR<br>BAT GOCK DAKS L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        | WAS'                                                                                                               |                                        | NCE NO.                               |             |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 116 6ZA                                                                                | - 2124                                                                                                             | -7486                                  | 00                                    |             |
| CITY, STATE, ZIP DAILMANS CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        | REQUIRED PERSO                                                                                                     | NAL PROTE                              | CTIVE EQ                              | UIPMENT     |
| PHONE (5) 8-13-8680                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        | GLOVES □ GOGG                                                                                                      |                                        | IRATOR                                | SALHARD HAT |
| CONTACT PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        | SPECIAL HANDLING                                                                                                   |                                        |                                       |             |
| SIGNATURE OF AUTHORIZED AGENT / TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DATE                                                                                   |                                                                                                                    |                                        |                                       |             |
| * H.B. Dutz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 01/29/0                                                                                | 7                                                                                                                  |                                        |                                       |             |
| GENERATOR'S CERTIFICATION. I hereby certify that the above named material<br>waste as defined by 40 CFR Part 261 or title 22 of the California code of regulation<br>described, classified and packaged, and is in proper condition for transportation ar<br>regulations; AND, If the waste is a treatment residue of a previously restricted<br>subject to the Land Disposal Restrictions, I certify and warrant that the waste has a<br>accordance with the requirements of 40 CFR Part 268 and is no longer a hazardor<br>40 CFR Part 261. | ns, has been properly<br>cording to applicable<br>I hezardous waste<br>been treated in | RECEIVING FACILIT                                                                                                  | (                                      | · · · · · · · · · · · · · · · · · · · |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        | -                                                                                                                  | ······································ |                                       |             |
| CONSTRUCTION DOOD<br>DEBRIS DOTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                        |                                                                                                                    | <u></u>                                | · <u> </u>                            |             |
| GENERATING FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |                                                                                                                    |                                        | ·                                     |             |
| 1000 Sa 0 1940 An                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15-1-4                                                                                 |                                                                                                                    |                                        |                                       |             |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        | NOTES: VEHICLE LIC                                                                                                 | ENSE NUMBER                            |                                       |             |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |                                                                                                                    | 971                                    | 61                                    | - <u></u>   |
| CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        |                                                                                                                    |                                        |                                       | ·           |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        | END DUMP                                                                                                           | BOTTOM DU                              | MP                                    | TRANSFER    |
| SIGNATURE OF AUTHORIZED AGENT OR DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE                                                                                   | ROLL-OFF(S)                                                                                                        | FLAT-BED                               | VAN                                   | DRUMS       |
| * then the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. du                                                                                  |                                                                                                                    |                                        |                                       |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                        | CUBIC YARDS                                                                                                        | · · · <u> </u>                         |                                       |             |
| I hereby certify that the above named materi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        |                                                                                                                    | <br>                                   |                                       |             |
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| accepted and to the best of my knowledge th<br>is true and accurate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ie ioregoing                                                                           | DISPOSAL METHOD.                                                                                                   |                                        |                                       |             |
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S TO REFUSAL UPON AMBIVAL. CAGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. GENERATOR COPY MANIFEST # 49705

Remediation Report - Oak Walk Redevelopment Site

Waste Manifests for Disposal of Groundwater

| MASTE MANIPEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CACUU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 26187                                                                                                                       | 172                                                                                                  | 2. Page 1 of                                                                                                          | 3. Emergen<br>(300) 4                                                                                                                | 24-930                                                                                                               | e Phone<br>10                                                   | 00                                      | 1 meiling  <br>317                  | 511                                         | 3 J                             | JK                            |
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| narator's Phone:<br>Transporter & Collegeny Hill<br>ASBURY ENV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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Contai                                                                                                           | njera<br>Type                                                   | <b>11. Totel</b><br>Quantity            | 12-Jule<br>WL/Val                   | a traininf <b>S.</b> W                      | <b>aste Code</b>                |                               |
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| A               | UNI          | ORNE HAZARDOUS 1. Generator ID Number 2. Page 1                                                                                                                                                                       |                            | ency Response Pho       |                                           | Tracking No.        | mber                           |              |
|                 |              | ASTE MANIFEST CAC902618?72 1                                                                                                                                                                                          | 1 1 1 1                    | 424-9300                | levent then mailing addre                 | <u>295</u>          | <u>1654</u>                    | JJK          |
| П               | 1            | BAYROCK DAKS LLC                                                                                                                                                                                                      |                            |                         | _                                         |                     |                                |              |
|                 |              | 1300 CLAY ST, SUITE 620<br>CANGLAND CA 94612                                                                                                                                                                          |                            | SAN PABLO A             |                                           | CA                  | 64608                          |              |
|                 | Gene         | nator's Phone: 200 482 7760                                                                                                                                                                                           |                            |                         |                                           |                     |                                |              |
|                 | 6. The       | neporter 1 Company Name                                                                                                                                                                                               | ·, -                       |                         | U.S. EPAIDI                               |                     |                                | 076          |
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|                 | De.<br>HM    | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number,<br>and Packing Group (il any))                                                                                                     | ŀ                          | 10. Containers<br>No. 1 | ti. Total<br>Quantity                     | 12. Unit<br>WL/Vol. | <ul> <li>13. Wester</li> </ul> | Codes        |
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| SENERATOR       |              | NON RORA HAZARDOUS WASTE, LIQUID (OILY WATER)                                                                                                                                                                         | - 4                        | 001 7                   | T 4600                                    | G                   |                                |              |
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| H               | 14. Sp       | ecial Handling Instructions and Additional Information                                                                                                                                                                |                            |                         |                                           | L I.                |                                |              |
| ſ               | ·•- #*       | NAERGE 001 : 171 * PROFILE # 001 : * ADDITIONAL EPA COD                                                                                                                                                               | ES : 081                   | :, NONE " AP            | PROPRIATE PER                             | ISONAL              | PROTECTIV                      | E            |
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|                 |              | cardify that the waste minimization statement identified in 40 CFR 282.27(a) (if I am a large quantity ge<br>stor's/Otteror's Printed/Typed Name Si                                                                   | inensior) or (             | o) (#1 am 6 small qua   | nilly generator) is true.                 |                     | Month                          | Dev Year     |
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| Ş)              | 9. Hez       | zindoue Waste Report Management Method Codes (Le., codes for hazardous waste treatment, dispose                                                                                                                       | d, and racvo               | ing systems)            |                                           | <u></u>             |                                |              |
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a<br>conding to applic<br>and EPA Acknowl<br>rge quantity gene<br>Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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a<br>coording to applic<br>ned EPA Acknowl<br>rge quantity gene<br>Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FORM HAZARDOUS<br>ABTE MANIFEST                                                                                                             | coc 002                                                                                                                           | 118 77.2                                                                                                                                                        | 1                                                               | (800) 424                                                            | 9300                                      |                                         | 295                | 1649                    | JJK                                                                                                            |
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| 7 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ASSA BY ENV                                                                                                                                 | ROMMENTAL SER                                                                                                                     | VICES                                                                                                                                                           |                                                                 | 154                                                                  | Jal                                       | A CA                                    | 002                | \$ 2 7                  | 703.6                                                                                                          |
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| 8. Dei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | egneted Facility Nema at<br>DENENNO / X                                                                                                     | ERECON                                                                                                                            |                                                                                                                                                                 |                                                                 |                                                                      |                                           | U.S. EPA ID F                           | kedar              |                         |                                                                                                                |
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| Facilit<br>Sa.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Sb. U.S. DOT Direction                                                                                                                      | 108507-7 100<br>III (licking Proper Shipping                                                                                      | Name, Hazard Class, ID Nam                                                                                                                                      | bill,                                                           | 10.0                                                                 | Containers                                | 11. Total                               | 12. Unit           | 13. Wind                |                                                                                                                |
| HM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and Packing Group (II )<br>II.                                                                                                              | way())                                                                                                                            |                                                                                                                                                                 |                                                                 | Na.                                                                  | Туре                                      | Gunnity                                 | WENDE.             |                         |                                                                                                                |
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| n<br>E<br>I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EQUIPMENT<br>SENERATOR MOFFERO<br>nariod and labeled/places<br>Sporter, I cardly that the<br>cardly that the waste rate                     | PS CERTIFICATION: I from<br>duct, and are in all respects in<br>cristents of this consignment of<br>mizelion statement identified | : * ADDITIONAL ÉP<br>by declare that the contants of<br>a proper condition for transport<br>continue to the terms of the atta<br>in 40 CFR 282.27(a) (if I am a | this consignment is<br>according to applic<br>check EPA Acknowl | re fully and accurate<br>able international an<br>adgment of Contest | ily described above<br>d national governm | by the proper shi<br>estal regulations. | pping name,        | ,<br>and are classified |                                                                                                                |
| Gener                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | atorialOlingor's Bargard De                                                                                                                 |                                                                                                                                   |                                                                                                                                                                 | Sigr<br>t                                                       | HR                                                                   | Just                                      |                                         |                    | Month<br>1/0 (          | 3107                                                                                                           |
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981 :<br>*8 CERTIFICATION: 1 hereby<br>ed, and are in all respects in pr<br>ritents of this consignment con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | / declare that the contents of this<br>roper condition for transport acco<br>form to the terms of the attached                                                                                                                        | consignment are<br>ording to applicabl<br>d EPA Acknowled                                                                                            | fully and ac<br>a Internatio<br>ment of Co                                                     | ccurately dee<br>onal and natio<br>oneent.                                                                                            | cribed above<br>nel governme                                                   | by the proper ah<br>Intel regulations.                       | pping name                   | , and are clim                                         | alled, pack                                                                                                |                       |
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981 :<br>*** CERTIFICATION: 1 hereby<br>ed, and are in all respects in p<br>ritents of this consignment con<br>station statement identified in<br>ad Name<br>/ £ 7 2.<br>Import to U.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | declare that the contents of this<br>roper condition for transport according<br>form to the terms of the attached<br>40 CFR 282.27(a) (if I am a large                                                                                | /<br>consignment are<br>ording to applicabl<br>d EPA Acknowled<br>e quantity general                                                                 | fully and ac<br>a internatio<br>ment of Co<br>or) or (b) (il                                   | counstaily dee<br>onal and natio<br>oneent.<br>If I am & small<br>S Dur<br>Port of entr                                               | cribed above<br>nal governme<br>quantity gen                                   | by the proper ah<br>Intel regulations.                       | pping name                   | , and are class<br>pment and 1 a                       | allied, pack<br>in the Prin                                                                                |                       |
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981 :<br>*** CERTIFICATION: 1 hereby<br>ed, and are in all respects in p<br>ritents of this consignment con-<br>nization statement identified in<br>ad Name<br>/ £ 7 2.<br>Import to U.S.<br>s only):<br>*** Receipt of Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | declare that the contents of this<br>roper condition for transport according<br>form to the terms of the attached<br>40 CFR 282.27(a) (if I am a large                                                                                | a consignment are<br>ording to applicabl<br>d EPA Acknowled<br>e quantity general<br>Signets                                                         | Aufly and ac<br>s internation<br>ment of Cc<br>or) or (b) (i<br>re                             | ccurately dee<br>onal and natio<br>oneent.<br>fil em a small                                                                          | cribed above<br>nal governme<br>quantity gen                                   | by the proper ah<br>Intel regulations.                       | pping name                   | , and are class<br>pment and 1 a                       | allied, pack<br>in the Prin                                                                                |                       |
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981 :<br>*** CERTIFICATION: I hereby<br>ed, and are in all respects in p<br>intents of this consignment con-<br>ization statement identified in<br>A Name<br>/ E T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | / declare that the contants of this<br>roper condition for transport accord<br>form to the terms of the attached<br>40 CFR 282.27(a) (if I am a larg                                                                                  | A consignment are<br>ording to applicable<br>d EPA Acknowled<br>e quantity general<br>Signati                                                        | Aufly and ac<br>b internet(o<br>mient of Cc<br>or) or (b) (fi<br>re<br>// A<br>Re<br>Marifiest | courselity dee<br>mail and natio<br>onsent.<br>If I am a small<br>Port of entr<br>Date leavin                                         | cribed above<br>nal governme<br>quantity gen<br>y/exit:<br>g U.S.:             | by the proper ah<br>antai regulations.<br>evator) is true.   | ipping name<br>If export shi | , and are clea<br>pment and 1 a<br>Mon<br>L/C<br>Mont  | attled, pack<br>in the Prin<br>() 0 0<br>() 0<br>() 0<br>() 0<br>() 0<br>() 0<br>() 0<br>()                | sction                |
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981 :<br>*** CERTIFICATION: I hereby<br>ed, and are in all respects in pr<br>riterits of this consignment con-<br>station statement identified in<br>the first statement identified in<br>/ £ 7 2.<br>Import to U.S.<br>s only):<br>*** Receipt of Materials<br>*** Construction<br>*** Construction | / declars that the contents of this<br>roper condition for transport according<br>from to the terms of the stached<br>40 CFR 282.27(a) (if i am a larg                                                                                | A consignment are<br>ording to applicable<br>d EPA Acknowled<br>e quantity general<br>Signati                                                        | Aufly and ac<br>b internet(o<br>mient of Cc<br>or) or (b) (fi<br>re<br>// A<br>Re<br>Marifiest | courselity dee<br>mail and natio<br>onsent.<br>If I am a small<br>Port of entr<br>Date leavin                                         | cribed above<br>nal governme<br>quantity gen<br>y/exit:<br>g U.S.:             | by the proper an<br>entail regulations.<br>entator) is true. | ipping name<br>If export shi | , and are clea<br>pment and 1 a<br>Mon<br>L/C<br>Mont  | attled, pack<br>in the Prin<br>() 0 0<br>() 0<br>() 0<br>() 0<br>() 0<br>() 0<br>() 0<br>()                | sction                |
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Quantity<br>(or Generator)<br>************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | / declars that the contents of this<br>roper condition for transport according<br>from to the terms of the stached<br>40 CFR 282.27(a) (if i am a larg                                                                                | A consignment are<br>ording to applicable<br>d EPA Acknowledge<br>quantity general<br>Signati<br>I Export from U.S.<br>Signati<br>Signati<br>Signati | Aufly and ac<br>5 internation<br>ment of Cc<br>or) or (b) (fl<br>re<br>// A<br>Re<br>Mariffest | courselety dee<br>mai and natio<br>onsent.<br>If I am a small<br>Dort of entr<br>Date leavin<br>Seldue<br>t Reference for<br>systems) | cribed above<br>nal governme<br>l quantity gen<br>y/exit<br>g U.S.:<br>Aumber: | by the proper ah<br>antai regulations.<br>evator) is true.   | ipping name<br>If export shi | , and are clea<br>pment and 1 a<br>Mori<br>///<br>Mori | attled, pack<br>in the Prin<br>th Day<br>Day<br>th Day<br>fruit Rejuin                                     |                       |
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981 :<br>*** CERTIFICATION: 1 hereby<br>ed, and are in all respects in p<br>intents of this consignment con-<br>ization statement identified in<br>ad Name<br>/ <u>C</u> T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | vdeclare that the contants of this<br>roper condition for transport according<br>from to the terms of the attached<br>40 CFR 282.27(a) (if I am a large<br>Codes for hazardous waste treatment<br>codes for hazardous waste treatment | A disposal, and 3.                                                                                                                                   | Aufly and ac<br>5 internation<br>ment of Cc<br>or) or (b) (fl<br>re<br>// A<br>Re<br>Mariffest | courselety dee<br>mai and natio<br>onsent.<br>If I am a small<br>Dort of entr<br>Date leavin<br>Seldue<br>t Reference for<br>systems) | cribed above<br>nal governme<br>l quantity gen<br>y/exit<br>g U.S.:<br>Aumber: | by the proper ah<br>antai regulations.<br>evator) is true.   | ipping name<br>If export shi | , and are clea<br>pment and 1 a<br>Mon<br>L/C<br>Mont  | attled, pack<br>in the Prin<br>th Day<br>Day<br>th Day<br>fruit Rejuin                                     | y<br>y<br>y<br>ection |

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                                                                           | ecial Handling Instructions and Additional Information<br>NAEROIM 081: 171 * PROFILE IN<br>EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| G<br>M<br>E<br>I c<br>Inter<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAEROID 081: 171 * PROFILE IN<br>EXERATOR SAOFFEROR'S CERTIFICATION: I here<br>arted and labeled/placarded, and are in all respects in<br>sporter, I certify that the contents of this consignment<br>actify that the waste minimization statement identified<br>actify the w | DB1: * ADDITIONAL EP<br>soly deciare that the coglients of this o<br>in proper condition for transport socor<br>conform to the terms of the attached<br>in 40 CFR 262.27(a) (if I am a large                      | PA CODES : C<br>consignment are ful<br>rding to applicable i<br>EPA Acknowledgm<br>quantity generator<br>Signature                                                  | ly and a<br>internati<br>ent of C<br>or (b) (                        | eccurately deel<br>lonal and natio<br>consent.<br>[/! am a small<br>[/]                                                          | cribed above<br>nal governm<br>quantity get                                | i by the proper shi<br>ental regulations.                     | pping name,                  | , and are cla<br>present and I<br>Mor       | stified, pack<br>am the Prin<br>nth Day                                                                     |                              |
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for explorts only):<br>importer Acknowledgment of Receipt of Materials<br>rise 1 Printed/Typed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DB1: * ADDITIONAL EP<br>soy dectare that the coglerits of this o<br>in proper condition for transport secon<br>conform to the terms of the attached<br>in 40 CFR 262.27(a) (if i am a large                       | PA CODES : 0<br>consignment are full<br>rding to applicable it<br>EPA Actnowledgm<br>quantity generator)<br>Signature<br>Export from U.S.                           | y and a<br>nternati<br>ent of C<br>or (b) (<br>(/                    | Incurately designed and natio<br>consent.<br>If I am a small<br>Port of entry<br>Date leaving                                    | cribed above<br>nal governm<br>quantity ger<br>v/extit<br>g U.S.:          | by the proper shi<br>ental regulations.                       | pping name,<br>If export shi | , and are da<br>preent and I<br>Moi         | satified, pack<br>any the Prin<br>nth Day<br>/O 4<br>ath Day<br>/O 4<br>nth Day                             |                              |
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| Ganera<br>i conera<br>i con                                                                                                                                                                                                                                                                                                                                                             | NAEROIL 081: 171 * PROFILE IC<br>EQUARMENT<br>ENERATOR SADEFEROR'S CERTIFICATION: I here<br>arised and labeled/blacarded, and are in all respects in<br>spontar, I certify that the contents of this consignment<br>certify that the waste minimization statement identified<br>tor's/Olieror's Polyted/Typed Name<br>A B IET2<br>methods Shipment of Receipt of Meterials<br>riser 1 Printed/Typed Name<br>respancy<br>crepancy Indication Space<br>anate Facility (or Generator)<br>Phone:<br>meture of Allefmate Facility (or Generator)<br>and Codes (Le.<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DB1: * ADDI THOMAL EP<br>aby deciare that the coglients of this o<br>n proper condition for transport accor<br>conform to the terms of the attached<br>I in 40 CFR 262.27(a) (if I am a large<br>CP - S - M       | PA CODES : E<br>consignment are full<br>roling to applicable i<br>EPA Acknowledgm<br>quantity generatory<br>Signature<br>Export from U.S.<br>Signature<br>Signature | y and a<br>nternati<br>ent of C<br>or (b) (<br>(/<br>R<br>Manife     | ecurately desional and natio<br>consent.<br>[/] am a small<br>Port of entry<br>Date leaving<br>solue<br>asidue<br>at Reference N | utbed above<br>nel governm<br>quantity ger<br>y/exit:<br>y/exit:<br>y/o.c. | by the proper shi<br>ental regulations.                       | pping name,<br>If export shi | , and are da<br>privent and I<br>Moi<br>Mor | satified, pack<br>am the Prin                                                                               | Year<br>Year<br>Year<br>Year |
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