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*Alameda County*

*APR 09 2004*

*Environmental Health*

**SOIL REMEDIATION  
1549 32<sup>nd</sup> Street  
Oakland, California  
ERAS Project Number 02-006-03**

Prepared for:

**Mr. Francis Rush  
Rush Property Group  
2200 Adeline Street, #350  
Oakland, CA 94607**

Prepared by:

**ERAS Environmental, Inc.  
April 6, 2004**

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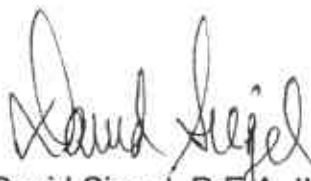
**Subject: SOIL REMEDIATION  
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ERAS Project Number 02-006-03**

Dear Mr. Rush:

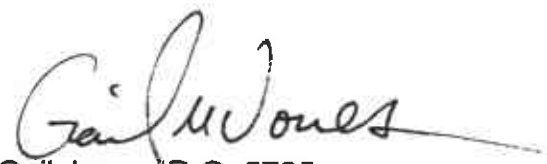
ERAS Environmental, Inc. is pleased to present the results of the Soil Remediation conducted at the former Precision Casting facility at 1549 32nd Street in Oakland, California. Soil was excavated from three areas on the Property, two within the building and one outside the south side of the building. Confirmation soil samples were collected from the excavation walls and bottom. Excavated material was removed from the Property and properly disposed. The results of the work performed at the Property are presented in the attached report.

Please call if you have any questions regarding the information presented in this report.

Respectfully,  
ERAS Environmental, Inc.



David Siegel, R.E.A. II 20200  
Project Manager



Gail Jones, R.G. 5725  
Senior Geologist

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## 1.0 Introduction

This report presents the results of the Soil Remediation conducted by ERAS Environmental, Inc. (ERAS) at 1549 32nd Street in Oakland, California (hereinafter the Property). The location of the Property is shown on **Figure 1**. The purpose of the remediation project was to remove contaminated soil to reduce the risk of exposure for the future tenants of residential condominium units to be constructed on the Property.

The current and planned layout of the Property at 1549 32<sup>nd</sup> Street, Oakland is shown on the site map on **Figure 2**. The Property was formerly operated as a steel foundry known as Precision Foundry. The operation performed heat-treating of metal products. The current owner of the Property is planning to develop the site for occupancy as live/work residential space to be known as Precision Lofts. The part of the building in the central portion of the Property will be renovated with a parking garage on the ground floor and residences on the upper floor(s). The northern and southern portions of the Property will be developed with live/work spaces on the ground floor. The location of the planned development is superimposed on the existing site plan and is shown on **Figures 2 and 7**. The locations of the planned freight elevator and open courtyard are identified on **Figure 7**.

## 2.0 Background

Soil samples collected by ERAS Environmental, Inc. (ERAS) in May 2002 were found to contain concentrations of petroleum hydrocarbons above the current regulatory levels for residential property use. Subsequent soil and groundwater samples collected by Environmental Restoration Services (Enrest) indicated concentrations of total petroleum hydrocarbons as motor oil (TPH-mo) above current regulatory levels.

As a result of these findings, ERAS conducted a soil and groundwater investigation for the Property in April 2003. The results of the project were presented in a report dated May 27, 2003. The investigation conducted by ERAS included the drilling of seventeen soil borings

to collect soil and groundwater samples for laboratory analysis. The analyses indicated that total petroleum hydrocarbons as hydraulic oil (TPH-ho) and nickel were the contaminants of concern. Concentrations of TPH-ho in soil ranged from 20 milligrams per kilogram (mg/Kg) in boring PZ-2 at 11.5-12 feet to 3,700 mg/Kg in boring E-10 at 3-4 feet. High concentrations of TPH-ho were also detected in the sample from boring E-6 at 4-5 feet (640 mg/Kg) and at 8.5 to 9 feet (2,000 mg/Kg) and in the sample from boring E-9 (1,500 mg/Kg) at 1-2 feet.

Maps from the investigation report illustrating groundwater gradient, TPH in soil and TPH and nickel in groundwater are included in **Appendix A**.

Based on ERAS March 27, 2002 borings it appeared that there were isolated areas of elevated TPH-ho concentrations at approximate 3 feet. Based on ERAS soil investigation performed in April 2003 and previous investigation by Ernest the highest concentrations were expected around 7 feet and extending as deep as 9 feet in the north area.

Samples of oil collected from machinery vaults were not found to contain PCBs, PAHs or VOCs. Some VOCs were detected in soil and groundwater samples. However, only one compound, methylene chloride, was detected at a concentration (27 micrograms per liter ( $\mu\text{g/L}$ )) in soil collected from 11 feet bgs in E-10 above the City of Oakland Risk Based Screening Level (ESL) for ingestion of groundwater impacted by leachate (8.2  $\mu\text{g/L}$ ).

Groundwater samples were found to contain TPH-ho at concentrations ranging from 670  $\mu\text{g/L}$  to 5,300  $\mu\text{g/L}$ , above the current Regional Water Quality Control Board (RWQCB) Environmental Screening Level (ESL) of 500  $\mu\text{g/L}$ . (Note: this ESL is based on threat to aquatic life. The ceiling value ESL based on odor etc is 5,000  $\mu\text{g/L}$ ). The investigation indicated two areas of concern, the area in the north portion of the current building, and the other near the southeast corner of the current building. Based upon the estimated area of TPH in groundwater above the ESL (**Figure 8 in Appendix A**), the hydrocarbon

contaminant plume does not appear to have advanced offsite to the west, and only a short distance to the east. ?

Due to the previous use of the Property as a metal foundry and the metals known to be used, the soil and groundwater samples were also analyzed for chromium, copper and nickel. None of the soil samples were found to contain concentrations of these metals above the Oakland surface soil ESL's for residential land use. However, two of the groundwater samples (E-5 and E-7) were found to exceed the Oakland ESL's for chromium and copper, and all groundwater samples were found to exceed the Oakland ESL for nickel. The analytical results for nickel did not show a correlation between the nickel concentrations in soil and groundwater samples collected from the same boring. The areas of highest nickel concentration in groundwater are in the northern and central portions of the site and seem to echo the distribution of TPH-hydraulic oil in groundwater; therefore, residual oil in the soil appears to be the most likely source of nickel in groundwater. Only the vault sample Vault G was tested for metals, and was found to contain some nickel. The area of dissolved nickel above the Oakland ESL (0.1 mg/L)✓ appears to have advanced only a short distance offsite.

The previous investigation report recommended the removal of impacted soils from the site with the intention of meeting the clean-up levels compatible with the proposed development. Mr. Barney Chan of the Alameda County Health Care Services Agency approved the recommendations with additional technical requirements, in a letter dated August 6, 2003. The Regional Water Quality Control Board (RWQCB) residential standard for middle distillates (500 mg/Kg) was determined to be the applicable cleanup level for the site where the areas to be occupied by residents were on the ground floor. In other areas, such as inside the planned garage, the applicable cleanup level was determined to be 1,000 mg/Kg.

### 3.0 Field Activities

The purpose of the remediation and investigation was to excavate and properly dispose of soil impacted by petroleum in concentrations above 500 or 1,000 mg/kg TPH-ho from the site where feasible. The excavations were started in locations <sup>and</sup> were determined from samples collected in the previous investigations on the site and continued until sidewall soil was found to contain TPH-ho concentrations below 500 or 1,000 mg/kg or until excavation was limited by site structures or property boundaries.

It was anticipated that excavation areas would be limited by the eastern and northern foundations of the building (at the Property line) and by the southern building foundation, by internal roof support post foundations and vertically by the groundwater level.

The soil samples were collected at specified intervals (approximately 30 feet along the sidewalls and approximately one sample for every 1,000 square feet of the bottom) to characterize the soil remaining on the site. ERAS Standard Operating Procedures for collection of soil samples during the project are included in **Appendix B**.

#### 3.1 Pre – Excavation Activities

Environmental Restoration Services (Enrest), a hazardous waste removal contractor, was contracted by the owner to perform the soil excavation and disposal and backfilling activities.

Prior to the start of excavation, Enrest placed steel shoring plates around two interior support columns and along part of the east and south walls of the inside of the building. Enrest excavated and removed the impacted soil. Soil that appeared to be impacted by oil was visually removed until cleaner soil was encountered or the edges of shoring or the building was reached. ERAS collected soil samples on the sidewalls and bottom of the excavation as it progressed in order to assist in guiding the extent of the excavation.

### 3.2 Excavation Soil Sampling

The limits of the soil excavations are shown on **Figure 2**. The first soil remediation excavation was begun inside the southeast portion of the building (middle excavation). The second area excavated was the area inside the northern portion of the building (north excavation). The last excavation completed was in the yard area outside the building on the south side (south excavation).

On September 26, 2003, ERAS personnel observed the soil exposed in the middle area excavation. Discolored soil (blue green) was noted in the excavation sidewalls mostly below four feet. On October 3, 2003, soil sampling was conducted by Enrest with a Mobile Chem Labs, Inc. (Mobile) mobile laboratory to facilitate sample analysis and further excavation. Thirteen samples were collected from the excavation walls and bottom and analyzed on-site. Enrest noted that concentrations of TPH-ho in soil analytical results from Mobile were substantially higher than those obtained from three soil samples collected from the same area by Enrest and analyzed by North State Labs (reported on September 29, 2003). Replicate samples from the locations of samples analyzed by the mobile lab were collected and submitted to Entech Analytical Labs (Entech) and analyzed using a silica gel cleanup to remove non-petroleum hydrocarbons. The Replicate sample concentrations were one to two orders of magnitude lower. All subsequent samples were analyzed using the silica gel cleanup to obtain accurate data.

### 3.3 Waste Removal and Disposal

Soil was stockpiled on the site pending sample analytical results and acceptance at an appropriate disposal site. Soil sample results from the previous soil borings were provided to Browning Ferris Industries Keller Canyon landfill site, a Class II disposal facility in Pittsburg, California and Forward Inc., Stockton landfill site for acceptance. The soil was hauled to these locations between October 2003 and January 2004. The Generator Waste Profile Sheet and transport documentation non-hazardous waste manifest documents are included as **Appendix C**.



Clean fill was transported from a residential property in Berkeley and used to backfill the excavation. The soil was placed in 12-inch lifts and compacted using a vibratory sheep's foot compactor. ?

#### **4.0 Results of Remediation Activities**

##### 4.1 Subsurface Conditions Encountered

Subsurface sediments beneath the approximately 4 to 5 inches of concrete floor or vaults and beneath a layer of asphalt consisted of a sandy gravel fill with bricks and fragments of wood, metal and ceramic pipe. Native soils encountered beneath the fill and vaults. Native soils were primarily brown colored silty clays with a light greenish-gray colored clay at deeper areas. Local sand lenses were encountered at depths of 9 to 11 feet bgs (below ground surface). Groundwater was observed in the excavation at a depth of approximately 10 feet.

The excavations exposed areas of discolored soil. Soil in areas of hydrocarbon impact were stained blue-green and emitted a mild to strong petroleum odor. These indicators were used to adjust the excavation limits prior to the collection of confirmation samples. Small puddles of groundwater accumulated in the excavations where they were advanced to approximately 10 feet.

Excavation limits were determined by the limitations noted above and by the concentration of TPH-ho in the previous confirmation soil samples collected. The TPH-ho concentration limit applied to the excavation areas that are inside areas planned for future residential use or for garden areas was 500 mg/kg in soil. The future planned parking areas were allowed a limit of 1,000 mg/Kg. The soil excavated from most of the inside areas of the building were well below the concentrations in soil (1,000 mg/Kg) requested by the ACHCSA to be removed in those areas.

#### 4.2 Analytical Methods and Results for Soil Samples

All samples were kept refrigerated until transport to the laboratory. Soil samples were submitted to Entech Analytical Labs, Inc., a State of California-certified environmental laboratory, in Santa Clara, California. The laboratory analytical reports and chain-of-custody forms are included as **Appendix D**.

The soil samples were analyzed for total petroleum hydrocarbons as hydraulic oil (TPH-ho). Selected samples were analyzed for VOCs by EPA Method 8260B. The soil sample analytical results for the final excavation limits are listed in **Table 1**. Results of the analysis for VOCs are included on **Table 2**. The location of the confirmatory soil samples and the final excavation limits are shown in **Figures 2 and 3**.

Confirmation samples from the north area excavation indicated that the maximum concentration of TPH-ho remaining was 160 mg/kg in soil at the north side of the excavation. All final confirmation samples analyzed were below the Environmental Screening Level (ESL) of 500 mg/kg for TPH-ho.

Confirmation samples from the south excavation were below the ESL with the exception of two samples from the east side of the excavation. The building foundation limited the excavation in this direction. Samples SWJ7' (3,400 mg/kg TPH-ho) and SWB7' (1,300 mg/kg TPH-ho) were located along the side of the excavation at 9 feet below the ground surface (bgs). Sample B5 from the bottom of the excavation (9 feet bgs) near the northeast side of the excavation contained 1,900 mg/kg of TPH-ho. This soil was left in place.

Fig 2

Analytical results for soil samples collected from the south excavation area indicated that the remaining soils were below the ESL for TPH-ho. Two soil samples from the southern excavation that contained the highest concentrations of TPH-ho were submitted to Entech

for analysis for VOCs.

The only VOC detected in soil above the ESLs was the 82 mg/Kg 1,4-DCB detected in sidewall sample SWH,4' in the from the middle excavation. The ESL for 1,4-DCB is 47 mg/kg.

## 5.0 Preliminary Risk Evaluation

Analytical results for samples collected during past subsurface investigations and the current remediation project and comparison of the results to applicable ESLs have identified TPH-ho, 1,4-DCB, and nickel as the contaminants of concern. **Figures 4, 5 and 6** show risk exposure route and receptor flowcharts for TPH-ho, 1,4-DCB and nickel, respectively. These flowcharts outline the various contaminant media and potential exposure routes along with applicable Tier I Environmental Screening Levels (ESLs) promulgated by the Regional Water Quality Control Board (July 2003) and/or the City of Oakland Public Works Department (January 2000) and maximum concentrations found in groundwater samples and soil samples collected in areas not excavated during this remediation project. Thus the potential risks posed by contamination that remains in place following the excavation project detailed in this report may be identified.

### 5.1 TPH-hydraulic oil

**Figure 4** shows the maximum concentrations of TPH-ho remaining in soil and groundwater compared to the Tier I ESLs for TPH-middle distillates. The figure indicates the TPH-ho concentration detected in surface soil sample SWJ,7', collected on the east sidewall of the middle area excavation near the east property boundary, exceeds the residential ESL based on direct exposure to the soil. This soil represents a small volume of soil, compared to the amount that was removed from the Property, and remains in an area that was inaccessible for excavation. This area of the Property will be under a paved parking area and not easily accessible to future workers and residents. In addition, due to its location under the foundation, it is unlikely this soil can be easily disturbed by any future activities

other than demolition.

Because soil containing TPH-ho above 500 mg/kg remains only along the eastern property boundary, the remaining potential risk by direct exposure to surface soil remains only to residents of the adjacent properties to the east and workers at those properties who may break ground to the depth of these TPH-ho concentrations.

Following the potential exposure route of volatilization from shallow soil to indoor air, the figure indicates that ESLs for soil samples have not been promulgated. ESLs to assess risks of contamination to indoor air exist only for soil-gas and indoor-air samples. Therefore, the risk posed by this exposure pathway cannot be assessed at this time. However, TPH-ho is known to be a non volatile chemical and is thus unlikely to migrate upward through clay soils. Following the pathway of downward migration, it is indicated the maximum concentration of TPH-ho in surface soil is well above the ESL for leaching to groundwater. This indicates that soil left in place along the eastern wall of the middle excavation and for an unknown distance to the east may continue to act as a source of TPH-ho contamination to the groundwater.

The maximum concentration of TPH-ho in subsurface soil (160 mg/kg) is well below the ESLs for residential ceiling values, direct exposure and leaching to ground. Thus soil left in place below 10 feet bgs does not appear to pose a threat neither on-site or offsite workers, visitors or residents.

The maximum concentrations of TPH-ho in groundwater (5,300 µg/L) was detected in boring E5 located in the area of the northern excavation and is above both the ceiling ESL based on the direct exposure pathway and the aquatic habitat ESL. Thus, TPH-ho contamination in groundwater may pose a risk to human health for onsite and offsite workers, if excavation results in direct contact with the groundwater. TPH-ho in groundwater may pose a risk to offsite residents if direct exposure occurs from wells

installed in the area of contamination. Since this area will be covered with a building foundation and the paving for the proposed development, it would be very unlikely that exposure to groundwater could occur, based on the planned use. If contaminated groundwater advances offsite to the west, the dissolved TPH-ho plume may pose a risk to down-gradient wells screened in the shallow groundwater or sensitive aquatic habitats.

Dissolved TPH-ho in groundwater is not expected to pose a threat to future residents of the planned development based in the assurance to ERAS by Mr. Francis Rush that no irrigation or domestic wells will be installed on the property.

*dead  
residual*

## 5.2 1,4-Dichlorobenzene

Of the volatile organic compounds detected in soil and groundwater collected onsite, only 1,4-DCB was detected in concentrations above the applicable ESL. However, that sample (SWH-4) was collected adjacent to the planned elevator (rather than directly adjacent to a living area). Two soil samples collected adjacent to the planned living area, SWA-4 and OT-1, did not contain detectable concentrations of 1,4-DCB. **Figure 5** shows the maximum concentrations of 1,4-DCB remaining in soil and groundwater onsite compared with the Tier I ESLs.

*Table 2?  
not there*

The maximum concentration of 1,4-DCB was detected at 0.082 mg/kg in surface soil sample SWH at 4 feet bgs, located along the south sidewall of the middle excavation. This concentration is below the residential ceiling ESL and the direct exposure ESL. Thus, 1,4DCB does not appear to pose a threat to human health by the direct exposure pathway. Following the volatilization to indoor air exposure route, the maximum 1,4-DCB concentration is below the commercial ESL but above the residential ESL. This result does not eliminate the contamination of indoor air by 1,4-DCB as a risk to residential human health according the to Tier I ESL. However, this soil sample was collected under the building support adjacent to the planned first floor parking area with ventilation by outdoor air, and the planned elevator area. The two confirmatory soil samples collected adjacent to

the proposed ground floor residential units (samples OT-1,7' and SW-A,4') were not found to contain 1,4-DCB or any other VOC in excess of the ESLs.

No data exists for 1,4-DCB concentrations in <sup>gw?</sup> soil. However, based on the concentrations detected in surface soil, ERAS believes it unlikely that concentrations exceed the ESLs residential ceiling, direct exposure, or leaching to groundwater that is not potential drinking water. ↵?

No concentrations of 1,4-DCB or other VOCs were detected in <sup>?</sup> groundwater. Therefore, VOCs in groundwater do not pose a potential threat to human or environmental health.

### 5.3 Nickel

Figure 6 shows the maximum concentrations of nickel remaining in soil and groundwater onsite compared with the Tier I ESLs. The maximum nickel concentrations detected in both surface soil (34 mg/kg) and subsurface soil (130 mg/kg) are well below the applicable residential ceiling and direct exposure ESLs. Thus, nickel in soil does not directly pose a risk to human health.

The maximum concentration of nickel detected in groundwater (7,200 µg/L, boring E-7), is significantly above the ESLs for both direct exposure (8.2 ug/L) and for aquatic habitat. Thus, dissolved nickel in groundwater may pose a threat to off-site human health either by direct exposure or if the groundwater migrates to down-gradient private wells. Dissolved nickel may also pose a threat to aquatic habitat located down gradient of the site. These exposure risks are applicable only if receptors down-gradient contact the contaminated groundwater.

Nickel in groundwater is not expected to pose a threat to future residents of the planned development based on the assurance to ERAS by Mr. Francis Rush that no irrigation or domestic wells will be installed on the Property. *deed restrict*

#### 5.4 Potential Receptors

Comparison of the analytical results of soil and groundwater samples collected to date with the current Tier I ESLs indicate possible risk to potential receptors as follows.

##### *Current Receptors*

Onsite construction workers may be at risk of inhalation of TPH-ho vapor volatilized to indoor air, or of ingestion or absorption of TPH-ho contamination if in direct contact with groundwater. Dissolved TPH-ho and nickel in the groundwater may pose a risk to human health if directly exposed to the groundwater. (This is not expected to occur onsite during current development plans), TPH-ho and nickel in groundwater may pose a risk to down-gradient aquatic habitat and private wells screened across the shallow groundwater.

##### *Possible Future Receptors*

Construction workers or others breaking ground may be at risk for exposure to TPH-ho by inhalation vapors volatilized from surface soil (less than 10 feet bgs). Future residents at the subject site may also be at risk of exposure to 1,4-DCB by inhalation of vapors volatilized from shallow soil.

#### **6.0 Conclusions and Identified Continued Environmental Issues**

The remediation excavation and confirmation sampling activities on the Property removed the contaminated soils from the Property in areas identified as with contamination above the regulatory levels for TPH-ho with the exception of a small area at the southeast side of the Property, which was not reasonably accessible. Therefore, TPH-ho contaminated soil that may have posed a threat to current or future human health and may have acted as a continued source of TPH-ho and nickel contamination to the groundwater has been removed to the extent possible without risk to the stability of the existing structure.

Based upon the plans presented to us by Rush Properties, **residual soil contamination**

does not pose a health hazard to future residents of the proposed development. Based upon the assertion by Mr. Francis Rush that no irrigation or other domestic well will be installed on-site, residual groundwater contamination does not pose a health hazard to future residents of the proposed development. All soil containing TPH-ho above 500 mg/kg was removed from the areas of planned residences. Therefore the indoor air of the planned residential areas will not be at risk of contamination by TPH-ho volatilizing from soil in concentrations above the ESL for indoor air.

The preliminary risk assessment identified the following areas of investigation to address gaps in data necessary to address potential risks to human and environmental health.

- **Indoor Air:** Soil-gas samples are needed to determine if further assessment of possible risk to indoor air from TPH-ho at the adjacent property to the east, and from 1,4-DCB in the area of the freight elevator is warranted. Soil-gas samples should be collected from the shallow soil in the vicinity of the maximum concentrations in soil of TPH-ho and 1,4-DCB.
- **Shallow Soil:** Based on the concentrations of TPH-ho in the eastern sidewall of the middle excavation, TPH-ho concentrations above the direct exposure ESL may be present in the shallow soil of the adjacent residential properties. At least one shallow soil sample should be collected from the property adjacent to the location of the maximum TPH-ho concentration in soil to determine if further assessment of off-site shallow soil contamination to the east of the subject site is warranted. Except for a relatively small volume of soil left in place to protect the structural integrity of the building, all of the soil containing TPH-ho above 500 mg/kg, and containing contaminant concentrations that may continue to act as a source of contamination to the groundwater has been removed from the site. Soil in the areas excavated inside the building in this area of excavation were removed to concentrations below 500 mg/Kg, well below the required target concentration of 1,000 mg/kg.



- **Groundwater:** Concentrations of TPH-ho and chromium, copper and nickel above the applicable ESLs were detected in groundwater samples collected onsite. Off-site groundwater grab-samples are needed to delineate the dissolved TPH-ho and nickel plume in the down-gradient, up-gradient, and cross-gradient directions. Because the onsite soil that may act as a source of contamination to the groundwater has been removed, TPH-ho and metals concentration in the groundwater are expected to decline more rapidly than has been the case in the past. However, on-site and off-site monitoring wells are needed to assess the down-gradient attenuation of dissolved TPH-ho and nickel, and whether the dissolved contaminant plume is advancing, shrinking, or stable. *gradient*

In summary, the remediation project was successful in removing all of the accessible soil containing concentrations of TPH-ho above 500 mg/kg. The project was successful at eliminating the risk to health of the future tenants of the planned residential condominium units to be constructed on the Property that may have been posed by TPH-ho or nickel.

## 7.0 Proposed Future Work

ERAS proposed the installation of four groundwater monitoring wells and four soil borings for the collection of grab-samples. Additionally, ERAS proposes the collection of two soil gas samples from the borings for MW-3 and angle boring B-4. The locations of wells MW-1 through MW-4 and borings B-1 through B-4 are shown on **Figure 7**. Boring B-4 will be drilled at a 45° angle to the east to collect soil-gas, soil and groundwater samples from beneath the adjacent residential property.

Well MW-1 is located adjacent to the area of maximum TPH-ho (boring E-7) in the area of the northern excavation. Well MW-2 is located down gradient of boring E-7. Well MW-3 is located adjacent to the middle and southern excavations as well as the soil sample with the *? S/B E-7*

elevated 1,4 DCB concentration. Well MW-4 is located down gradient of proposed well MW-3.

The borings for the well initially be cored for soil samples using a direct-push rig to about 16 feet bgs. A soil sample will be collected for chemical analysis at about 7 feet bgs. The borings will be reamed using 8-inch diameter augers and the boring will be converted to a 2-inch diameter PVC well to 15 feet bgs, with 0.01-inch slotted screen from 5 to 15 feet bgs. The filter pack will be set with #2/12 sand to one foot above the screened interval. The filter pack will be sealed with one-foot of hydrated bentonite, and the remaining annulus will be filled with neat cement. The wellhead will be protected with a watertight cap and a traffic-rated flush-mount vault. The new wells will be developed using a surge block and submersible pump until the silt substantially cleared or at least 10 casing volumes of water have been cleared. Standard Operating Procedures (SOP) for well construction and development are included in **Appendix B**.

Boring B-2 is located directly down-gradient of the maximum concentrations of TPH-ho in soil ((SWJ,7') and nickel in groundwater (E-7). Borings B-1 and B-3 are located to provide cross-gradient delineation of the dissolved contaminant plume. Boring B-4 will be angle drilled at about 45° to the east to provide soil and groundwater samples from the up-gradient direction. The borings will be advanced to a vertical depth of about 12 feet bgs using a direct-push sample rig (about 17 feet drill length) <sup>(for B-4)</sup>. A soil sample will be collected for chemical analysis from boring B-4 from a depth of about 7 feet bgs. A temporary 0.75-inch PVC casing with 5 feet of screen will be placed in each borehole to allow groundwater to collect. A groundwater grab sample will be collected using new polyethylene tubing and a peristaltic pump. When water sampling is complete, the borings will be filled to the surface with neat cement. The SOP for direct push borings and groundwater grab-sampling is included in **Appendix B**.

The collection of soil-gas samples is proposed for borings B-4 and MW-3. Boring B-4 is located near the excavation sidewall sample found to contain the maximum concentration

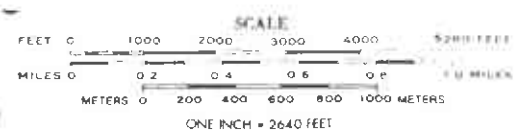
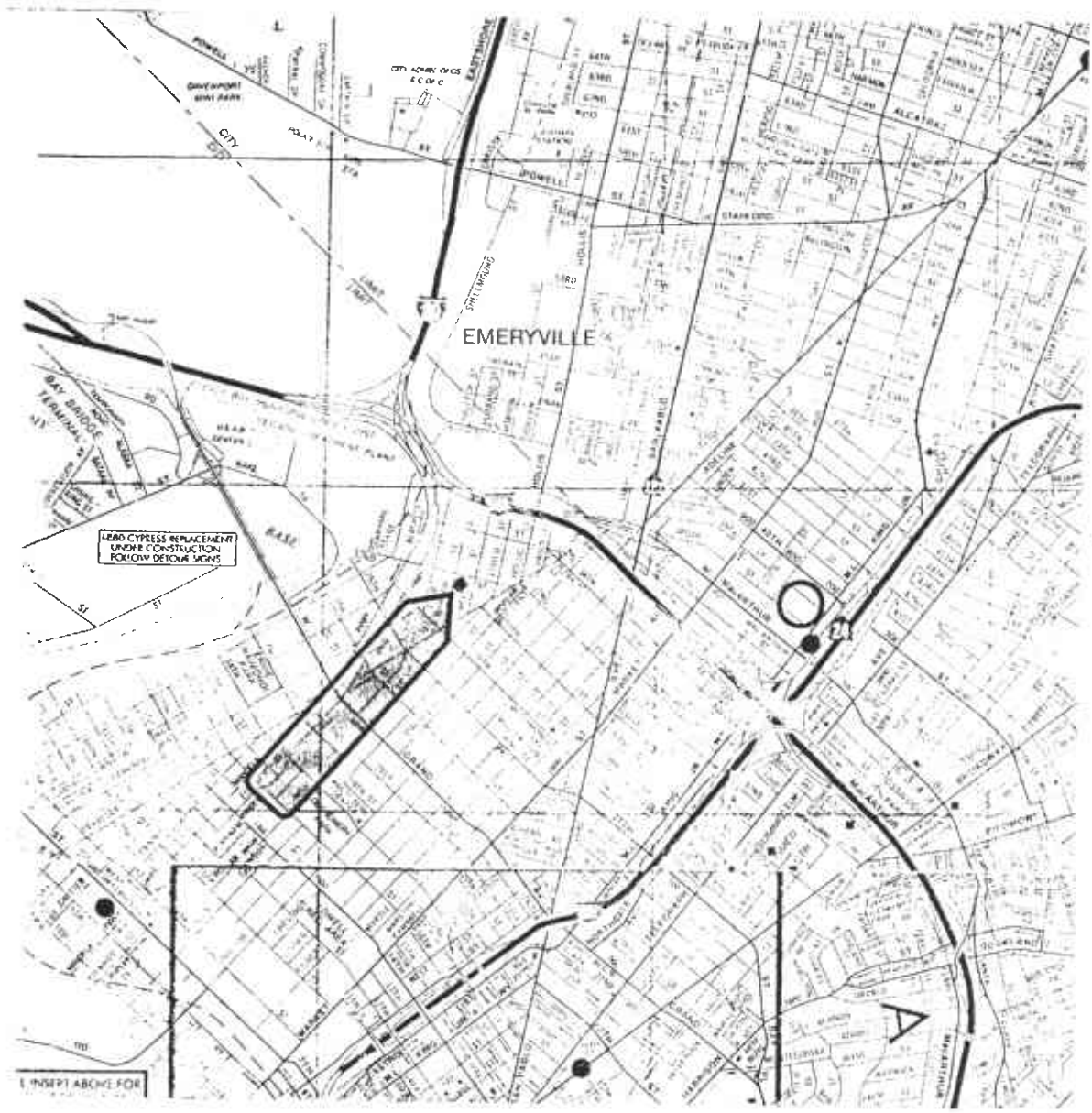
of TPH-ho (SWJ, 7'). The boring for MW-3 is located near the sidewall sample found to contain the maximum concentration of 1,4-DCB (SWH,4'). The soil gas samples will be collected into summa canisters using the direct-push rig. The SOP for soil-gas sampling using the direct-push rig is included in **Appendix B**. The soil-gas samples will be collected using procedures to conform with the guidelines in the RWQCB Advisory –Active Soil Gas Investigations (28 January 2003).

All soil and groundwater samples will be analyzed for TPH-ho (EPA Method 8015) and metals chromium, copper and nickel. The soil-gas sample collected from B-4 will be analyzed for TPH-middle distillates, and the soil-gas sample collected from MW-3, VOCs including 1,4-DCB.

## 8.0 Limitations

This report has been prepared by ERAS according to the State and local agency suggested guidance documents for these investigations and in general accordance with the accepted standard of practice that exists in Northern California at the time the investigation was performed. The interpretations, conclusions and recommendations made herein are based upon the data and analysis for the soil and water samples collected on-site. ERAS is not responsible for errors in laboratory analysis and reporting, or for information withheld during the course of the study. The purpose of this project was to remove soil with contaminant concentrations above negotiated target levels. Additional conditions and materials at the site could exist that were not encountered during this investigation. No warranty or guarantee is expressed or implied therein.

+VOCs



Base Map: AAA Street Map Oakland, CA

**SITE LOCATION MAP**

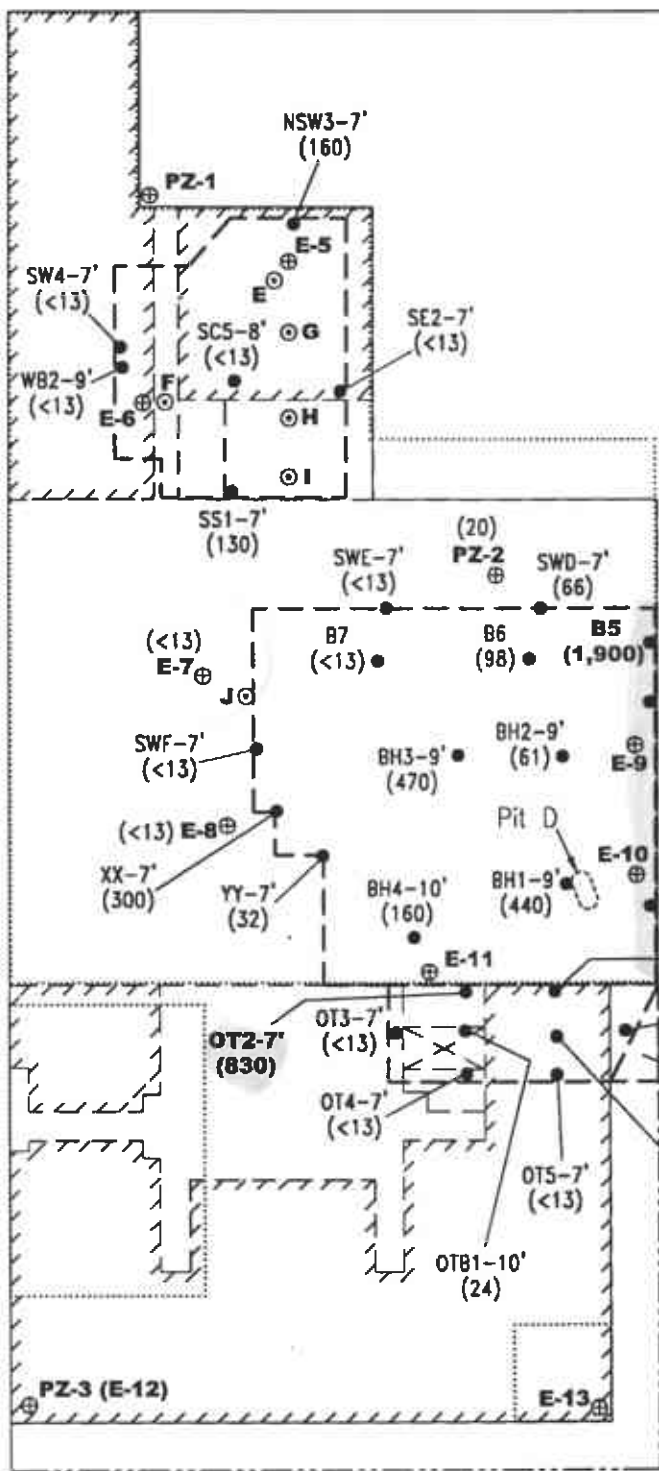
DATE  
10/02  
REVIEWED BY  
DS

FORMER PRECISION CAST  
1549 32nd Street  
Oakland, California

JOB NUMBER  
02-006-01  
FIGURE  
1

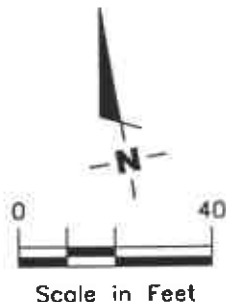
32ND STREET

HANNAH STREET



**EXPLANATION**

- ⊕ New soil boring & peizometer by ERAS Enviro
  - ⊙ Boring into vault
  - New Proposed Building Footprint
  - - - Ground Floor Footprint
  - · - · Live/Work Area Footprint
  - ⋯ Area of excavation and soil sample location
- Soil sample designation—feet below surface  
Total Petroleum Hydrocarbons as hydraulic oil (TPH-ho) in mg/Kg



Base Map: TDA site plan dated 06-28-02

**TPH-ho In CONFIRMATION SOIL SAMPLES (10-03 to 01-04)**

DATE  
03/04  
REVIEWED BY  
GMJ

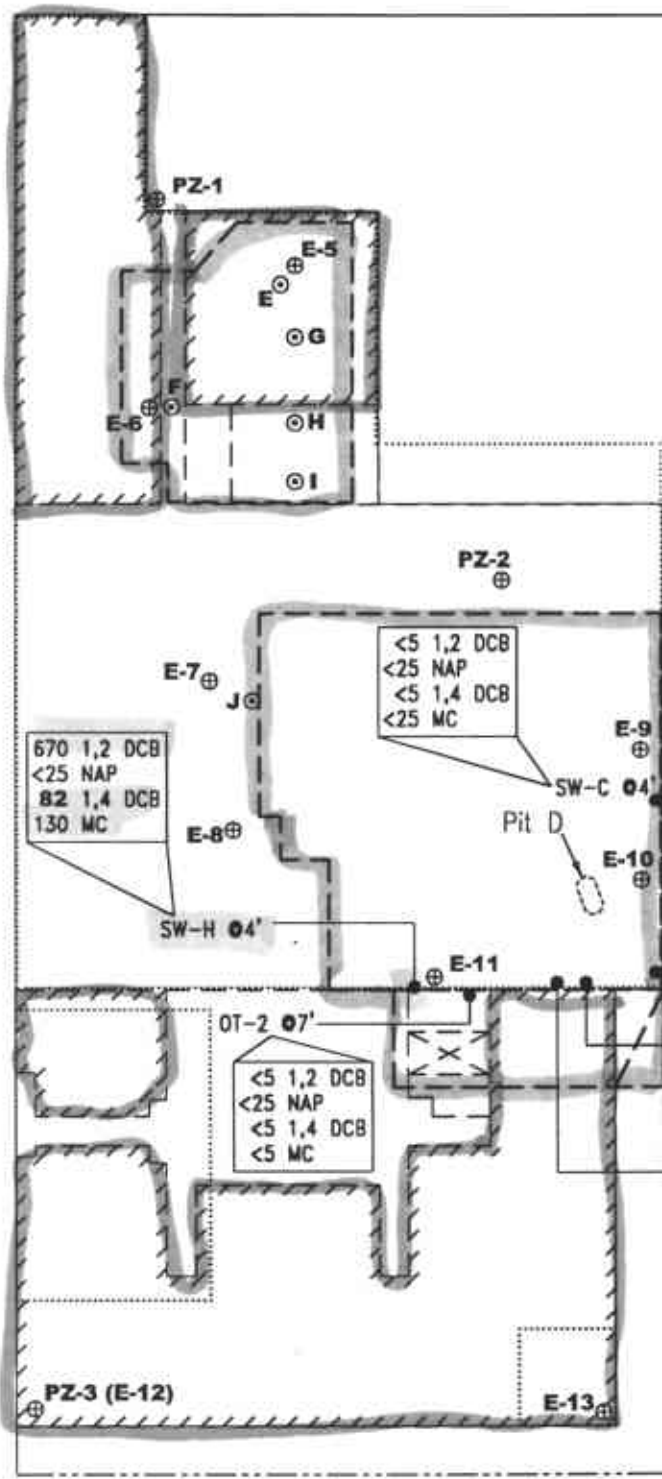
FORMER PRECISION CASTING  
1549 32nd Street  
Oakland, California

JOB NUMBER  
02-006-03  
FIGURE  
2

ERAS Environmental Inc.

32ND STREET

HANNAH STREET



**EXPLANATION**

- ⊕ New soil boring & peizometer by ERAS Enviro
- ⊙ Boring into vault
- New Proposed Building Footprint
- - - Ground Floor Footprint
- ▨ Live/Work Area Footprint
- ▩ Area of excavation and soil sample location
- SW-A 04' Soil sample designation - feet below surface
- 1,2 DCB 1,2 dichlorobenzene
- NAP Naphtholene
- 1,4 DCB 1,4 dichlorobenzene
- MC Methylene Chloride

670 1,2 DCB  
<25 NAP  
82 1,4 DCB  
130 MC

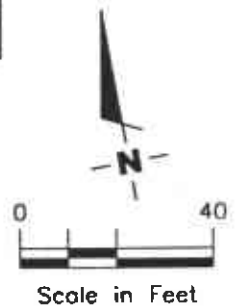
<5 1,2 DCB  
<25 NAP  
<5 1,4 DCB  
<25 MC

32 1,2 DCB  
93 NAP  
<25 1,4 DCB  
<125 MC

22 1,2 DCB  
99 NAP  
<25 1,4 DCB  
<125 MC

<5 1,2 DCB  
<25 NAP  
<5 1,4 DCB  
<5 MC

<5 1,2 DCB  
<5 NAP  
<5 1,4 DCB  
<25 MC



Base Map: TDA site plan dated 06-28-02

**VOCs in CONFIRMATION SOIL SAMPLES (10-03 to 01-04) *mg/kg (ppb)***

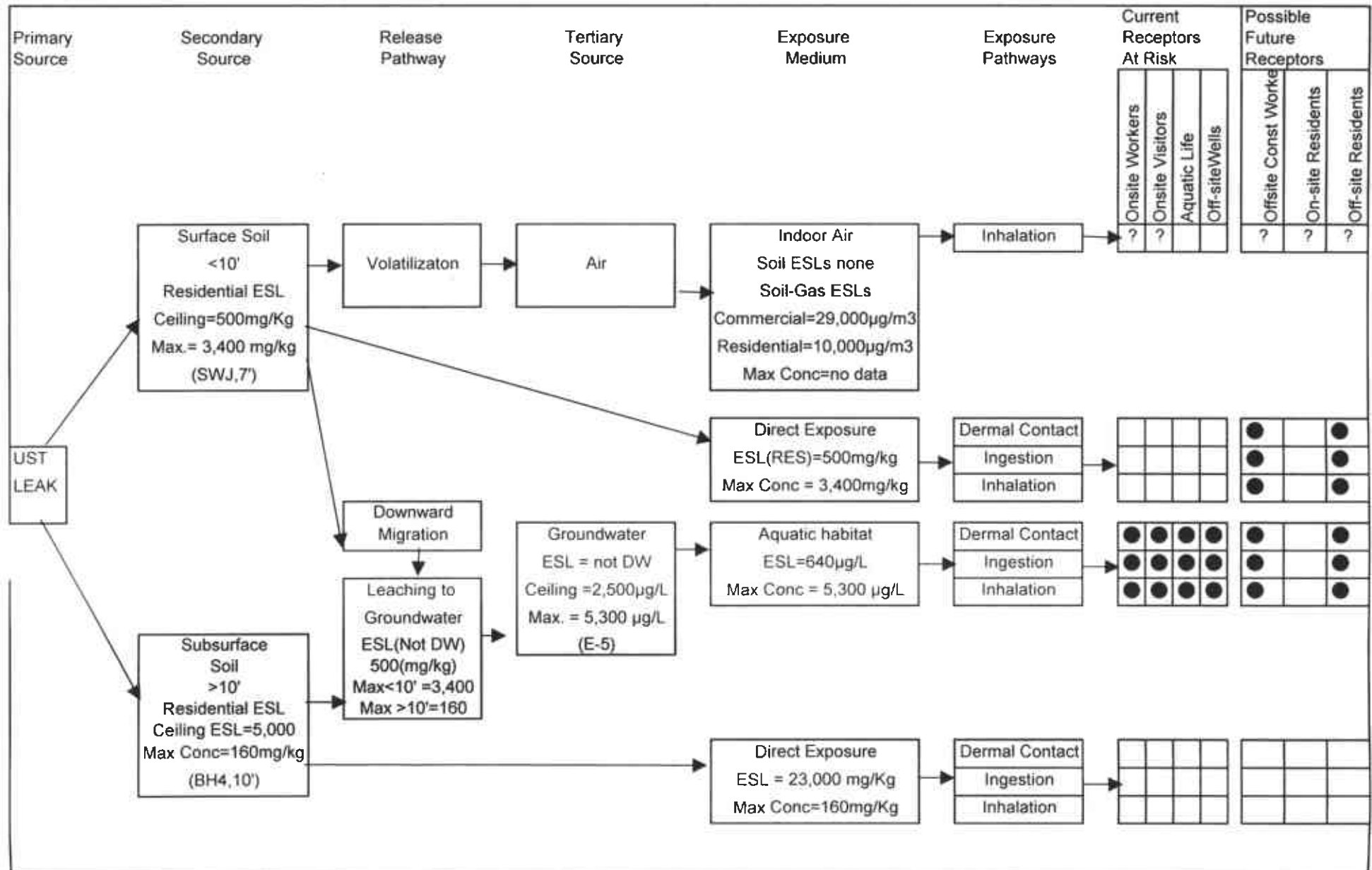
DATE  
03/04  
REVIEWED BY  
GMJ

FORMER PRECISION CASTING  
1549 32nd Street  
Oakland, California

JOB NUMBER  
02-006-03  
FIGURE  
3

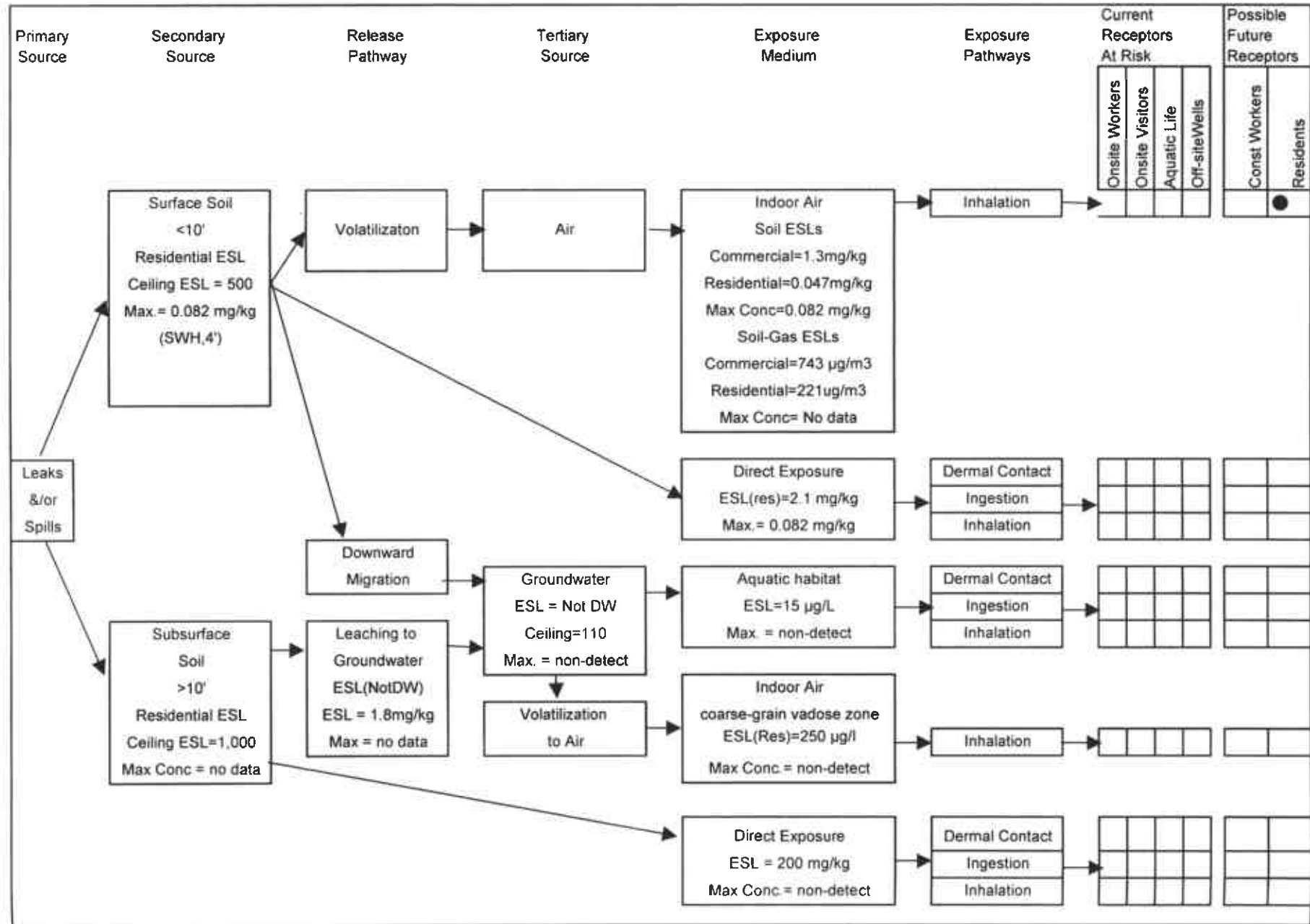
ERAS Environmental Inc.

**FIGURE 4. RISK EXPOSURE ROUTE AND RECEPTOR FLOWCHART - SCREENING LEVELS FOR TPH-middle distillates**  
 1549 32nd Street, Oakland, CA



**FIGURE 5. RISK EXPOSURE ROUTE AND RECEPTOR FLOWCHART - SCREENING LEVELS FOR 1,4-DCB**

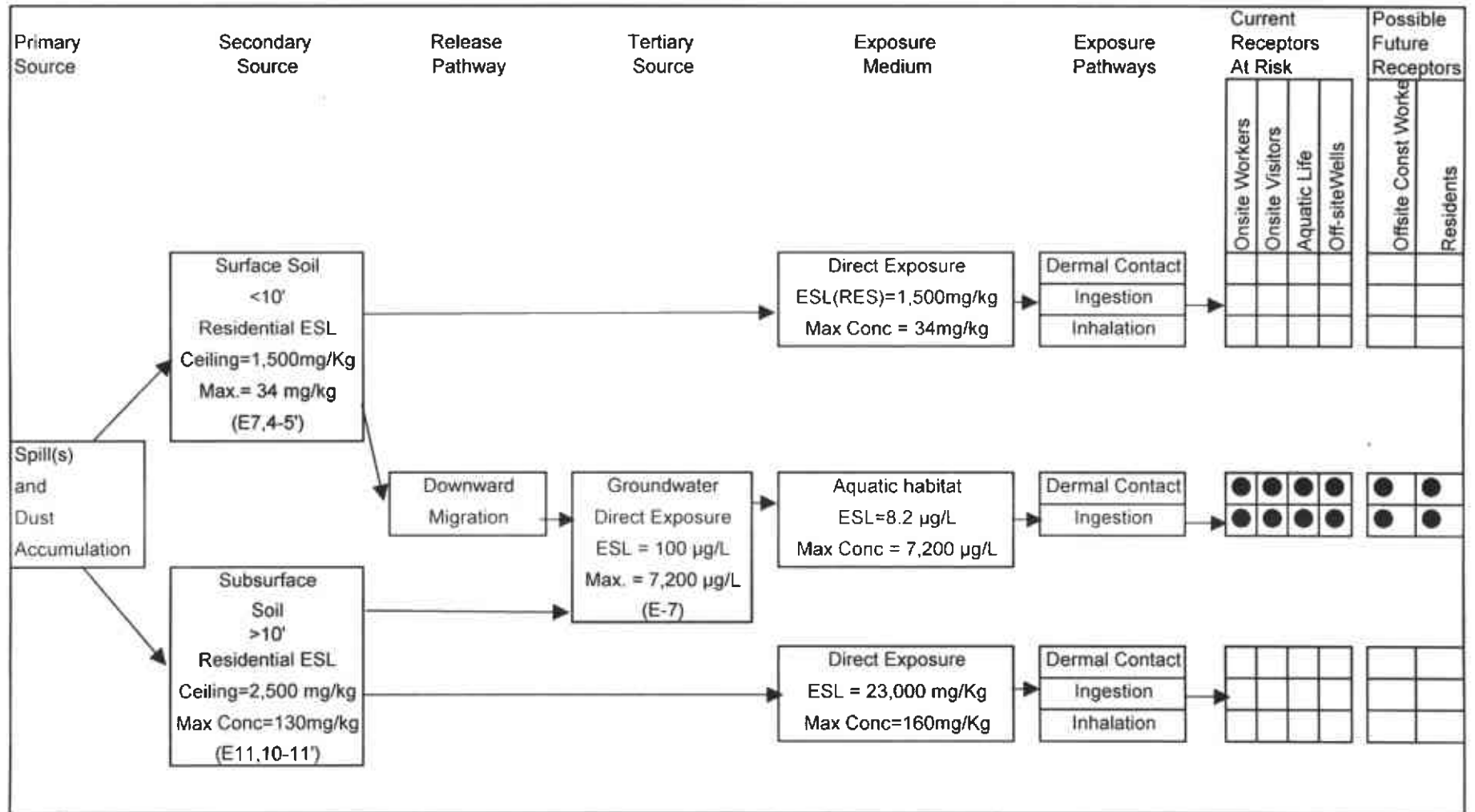
1549 32nd Street, Oakland, CA



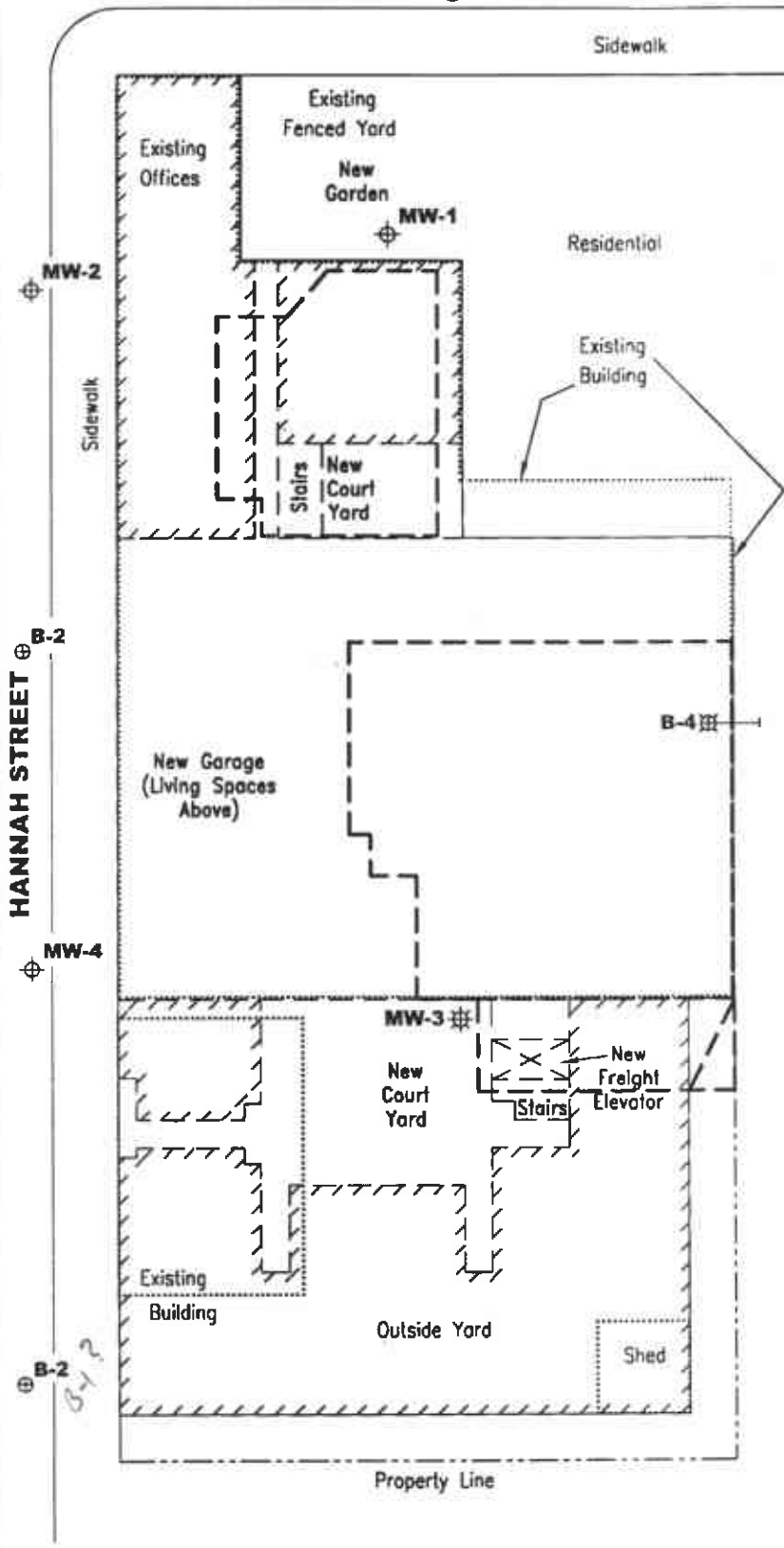


**FIGURE 6. RISK EXPOSURE ROUTE AND RECEPTOR FLOWCHART - SCREENING LEVELS FOR NICKEL**

1549 32nd Street, Oakland, CA



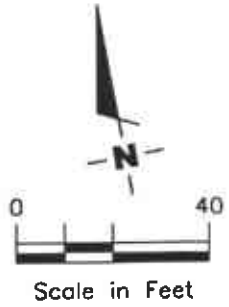
**B-3 32ND STREET**



**EXPLANATION**

- ⊕ Proposed monitoring well
- ⊕ Proposed soil and GW sample
- ⊞ Proposed soil-gas sample
- ⊞ Proposed path of 45° boring
- ⊞ Proposed soil-gas sample and GW monitoring well
- New Proposed Building Footprint
- - - Ground Floor Footprint
- ▨ Live/Work Area Footprint

Residential



Base Map: TDA site plan dated 06-28-02

**PROPOSED WELL AND SAMPLE LOCATIONS**

DATE 03/04	FORMER PRECISION CASTING 1549 32nd Street Oakland, California	JOB NUMBER 02-006-03
REVIEWED BY GMJ		FIGURE 7

ERAS Environmental Inc.

**Table 1**  
**Final Confirmation Samples**  
**1549 32nd Street**  
**Oakland, California**

Sample ID	Sample Depth (feet)	Sample Date	TPH as Hydraulic Oil (mg/Kg)
<b>Side Samples</b>			
<b>North</b>			
NSW3-7'	7	21-Jan-04	160
SE-2-7'	7	30-Dec-03	<13
SS-1-7'	7	30-Dec-03	130
SW4-7'	7	30-Dec-03	<13
<b>Middle</b>			
SW-E-7A	7	8-Dec-03	<13
SW-D-7A	7	8-Dec-03	66
SWJ-7'	7	15-Dec-03	<b>3400</b>
SWB-7'	7	23-Oct-03	<b>1300</b>
YY-7'	7	21-Jan-04	32
XX-7'	7	21-Jan-04	300
SW-F-7A	7	8-Dec-03	<13
<b>South</b>			
OT2-7' **	7	21-Jan-04	<b>830</b>
OT1-7' **	7	21-Jan-04	440
OT6-7'	7	21-Jan-04	<13
OT5-7'	7	21-Jan-04	<13
OT4-7'	7	21-Jan-04	15
OT3-7'	7	21-Jan-04	<13
<b>Bottom Samples</b>			
<b>North</b>			
WB2-9'	9	21-Jan-04	<13
SC-5-8'	8	30-Dec-03	<13
<b>Middle</b>			
B7	9.5	15-Dec-03	<13
B6	9.5	15-Dec-03	98
B5	9	15-Dec-03	<b>1900</b>
BH2-9'	9	6-Oct-03	61
BH3-9'	9	6-Oct-03	470
BH4-10'	10	6-Oct-03	160
BH1-9'	9	6-Oct-03	440
<b>South</b>			
OTB1-10'	10	21-Jan-04	24
OTB2-10'	10	21-Jan-04	26

**NOTES**

\*\* = Samples analyzed for VOC (none detected)

**Table 2**  
**VOC's in soil**  
**1549 32nd Street**  
**Oakland, California**

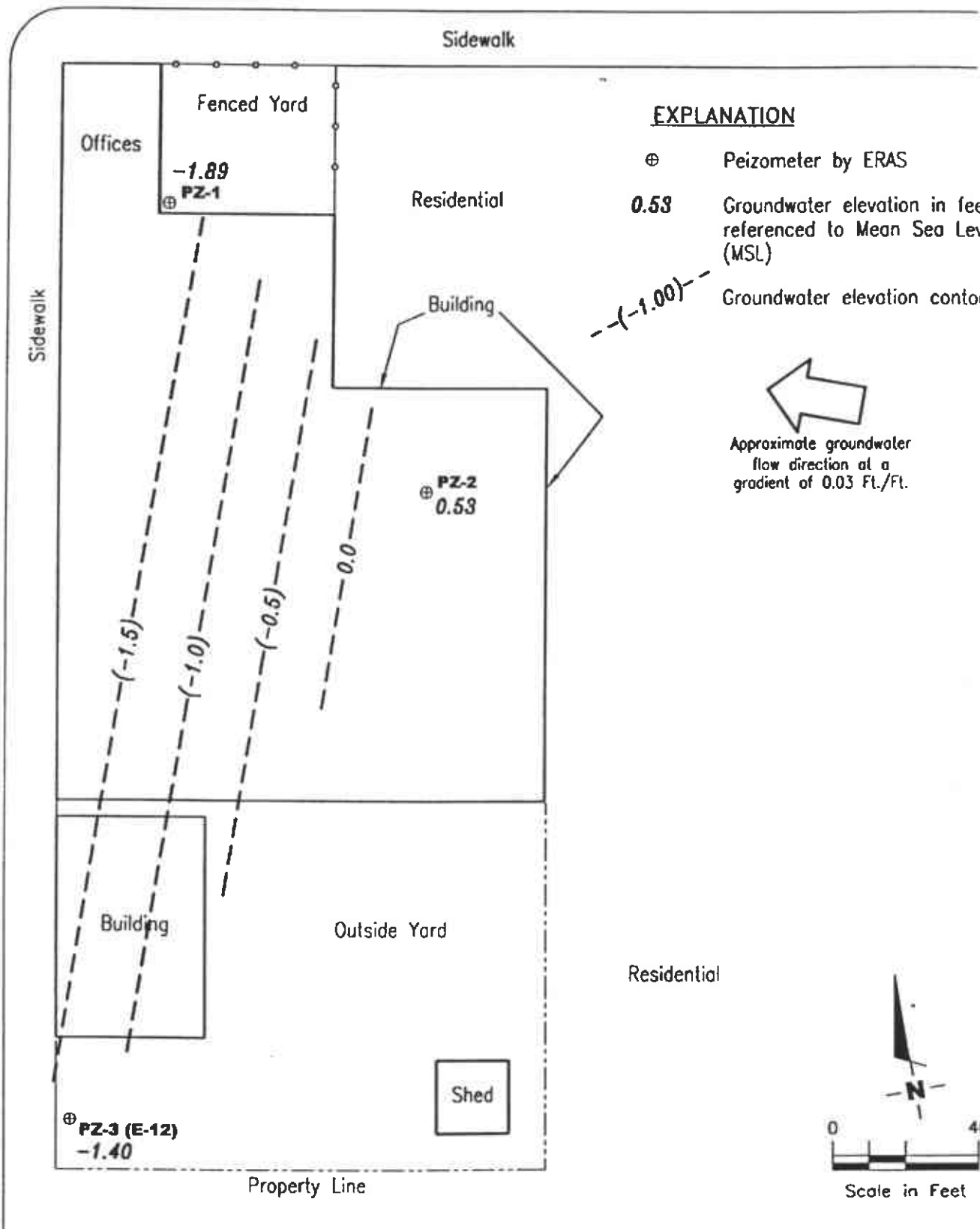
Sample	1,2 DCB (µg/L)	1,4 DCB (µg/L)	Napthalene (µg/L)	Methylene Chloride (µg/L)
SWA-1@4'	22	<25	99	<125
B @4'	32	<25	93	<125
SWH4 H@4'	670	█	<25	130
C@4'	<5	<5	<25	<25
OT1@7'	<5	<5	<5	<25
OT2@7'	<5	<5	<25	<5
ESL	1,600	47	4,500	520

NOTES  
 1,2 DCB = 1,2-Dichlorobenzene  
 1,4 DCB = 1,4-Dichlorobenzene  
 ESL = Environmental Screening Levels (July 2003) *Resid - Shallow soil ESL*  
 <5 = Analyte not detected above the laboratory method reporting limit indicated.

**Appendix A**  
**Previous Environmental Investigation Information**

**32ND STREET**

**HANNAH STREET**

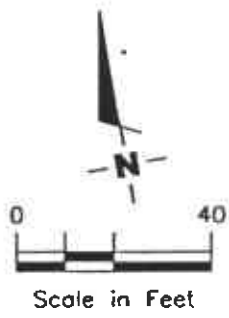


**EXPLANATION**

- ⊕ Peizometer by ERAS
- 0.53 Groundwater elevation in feet referenced to Mean Sea Level (MSL)
- (-1.00)-- Groundwater elevation contour



Approximate groundwater flow direction at a gradient of 0.03 Ft./Ft.



Base Map: TDA site plan dated 06-28-02

**GROUNDWATER ELEVATION MAP-APRIL 9, 2003**

DATE  
04/03  
REVIEWED BY  
GMJ

**FORMER PRECISION CASTING**  
1549 32nd Street  
Oakland, California

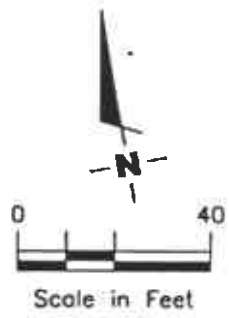
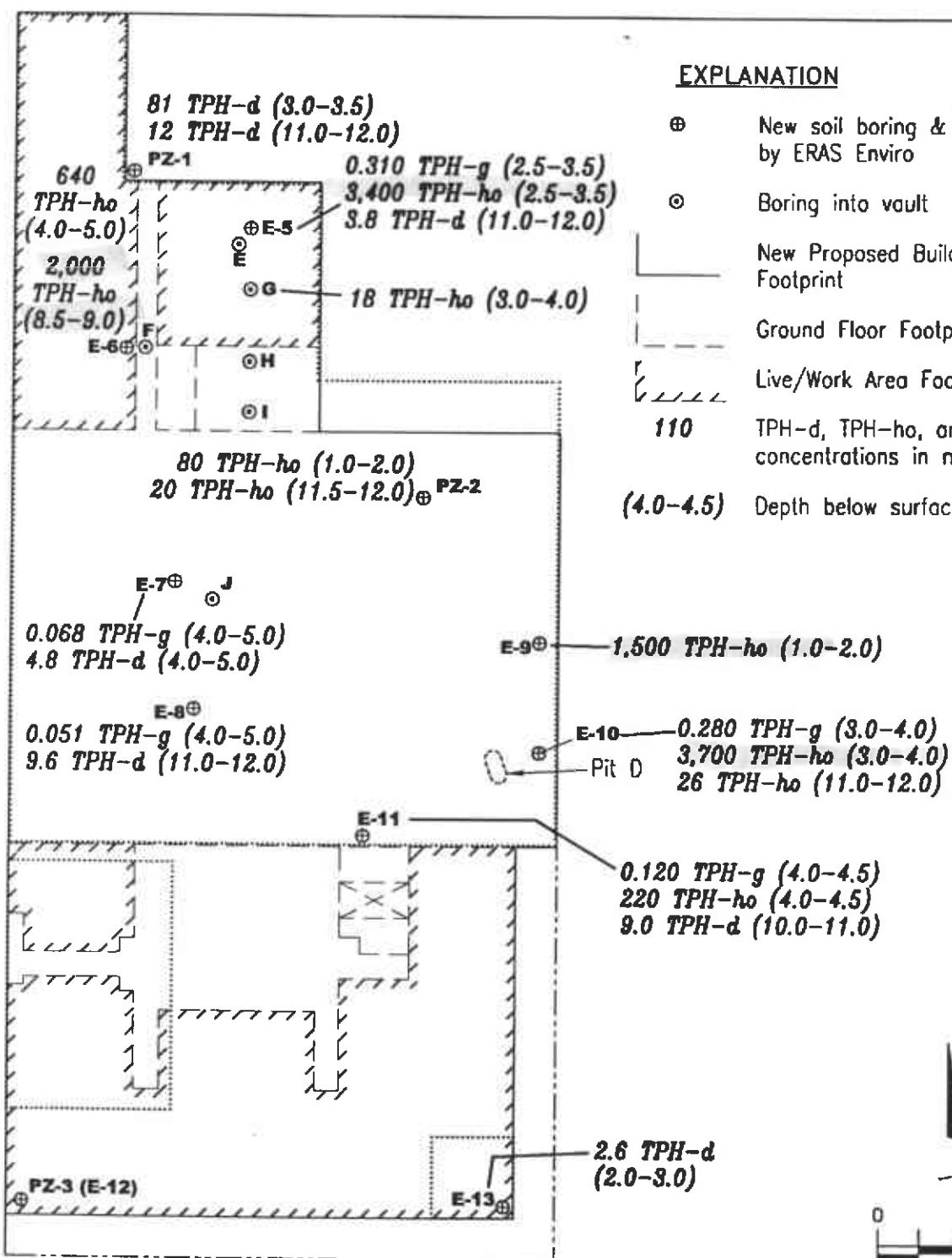
JOB NUMBER  
02-006-02  
FIGURE  
3

**32ND STREET**

**EXPLANATION**

- ⊕ New soil boring & peizometer by ERAS Enviro
- ⊙ Boring into vault
- New Proposed Building Footprint
- - - Ground Floor Footprint
- ▨ Live/Work Area Footprint
- 110 TPH-d, TPH-ho, and TPH-g concentrations in mg/Kg  
(4.0-4.5) Depth below surface in feet

**HANNAH STREET**



Base Map: TDA site plan dated 06-28-02

**TPH IN SOIL-APRIL 1-3, 2003**

DATE  
 04/03  
 REVIEWED BY  
 GMJ

**FORMER PRECISION CASTING**  
 1549 32nd Street  
 Oakland, California

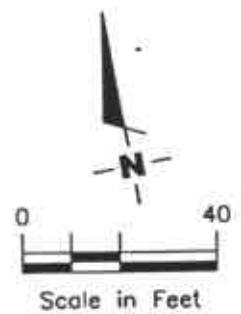
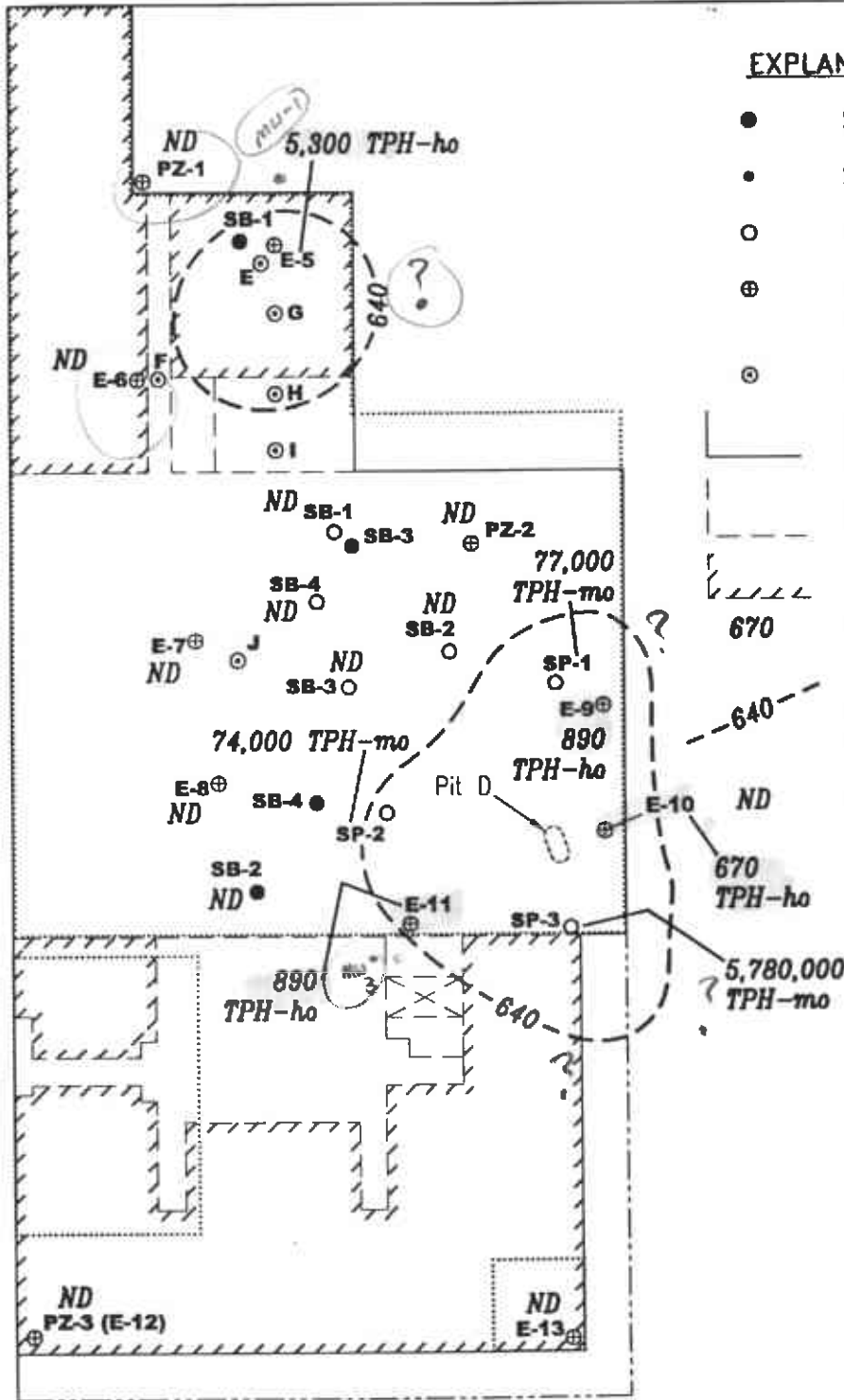
JOB NUMBER  
 02-006-02  
 FIGURE  
 5

32ND STREET

**EXPLANATION**

- Soil Boring ERAS Enviro
- Soil Sample by Enrest
- Groundwater Sample by Enrest
- ⊕ New soil boring & peizometer by ERAS Enviro
- ⊙ Boring into vault
- New Proposed Building Footprint
- - - Ground Floor Footprint
- ▨ Live/Work Area Footprint
- 670 TPH-ho and TPH-mo concentrations in ug/L
- - - 640 Isoconcentration contour TPH in ug/L
- ND Not Detected

HANNAH STREET



Base Map: TDA site plan dated 06-28-02

**ESTIMATED EXTENT OF TPH IN GROUNDWATER**

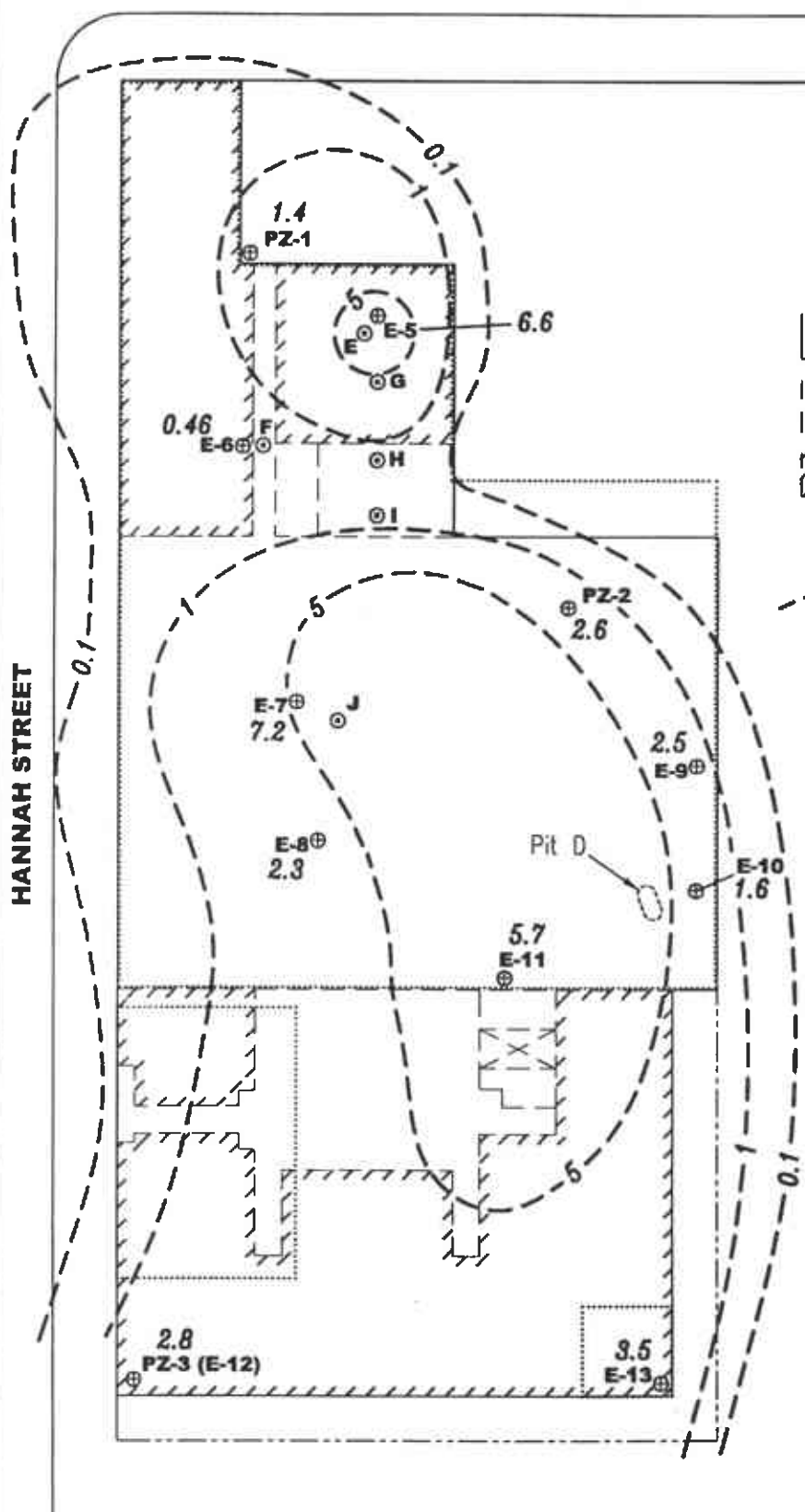
DATE  
05/03  
REVIEWED BY  
GMJ

FORMER PRECISION CASTING  
1549 32nd Street  
Oakland, California

JOB NUMBER  
02-006-02  
FIGURE  
8



**32ND STREET**



**EXPLANATION**

- ⊕ New soil boring & peizometer by ERAS Enviro
- ⊙ Boring into vault
- New Proposed Building Footprint
- - - Ground Floor Footprint
- ▨ Live/Work Area Footprint
- 7.2 Nickel concentrations in mg/L
- - - 0.1 Isoconcentration contour of Nickel in mg/L

Base Map: TDA site plan dated 06-28-02

**ESTIMATED EXTENT OF NICKEL IN GROUNDWATER**

DATE  
05/03  
REVIEWED BY  
GMJ

**FORMER PRECISION CASTING**  
1549 32nd Street  
Oakland, California

JOB NUMBER  
02-006-02  
FIGURE  
9

TABLE 2. ANALYTICAL RESULTS FOR TPH AND VOC IN SOIL

1549 32nd Street, Oakland, CA

SAMPLE ID	SAMPLE DEPTH (ft)	DATE SAMPLED	TOTAL PETROLEUM HYDROCARBONS			VOLATILE ORGANIC COMPOUNDS								
			Gasoline	Diesel	Hydraulic Oil	1,2,4-TMB	1,3,5-TMB	1,2,-DCB	1,4-DCB	Chloro-benzene	Methylene Chloride	Napthalene	Toluene	Total Xylenes
			Units	mg/Kg	mg/Kg	ug/Kg								
			Laboratory Method	GC-MS	8015 MOD	8260B								
PZ-1	3.0-3.5	04/01/03	<50	8.1	<13	<5	<5	<5	<5	<5	<25	<5	<5	<5
	11.0-12.0	04/01/03	<50	12	<13	<5	<5	<5	<5	<5	<25	<5	<5	<5
PZ-2	1.0-2.0	04/03/03	<50	<1	80	<5	<5	<5	<5	<5	<25	<5	<5	<5
	11.5-12.0	04/03/03	<50	<1	20	<5	<5	<5	<5	<5	<25	<5	<5	<5
E-5	2.5-3.5	04/02/03	310	<100	3,400	20	13	<12.5	<12.5	<12.5	<62.5	150	<12.5	23
	11.0-12.0	04/02/03	<50	3.8	<13	<5	<5	<5	<5	<5	<25	<5	<5	<5
E-6	4.0-5.0	04/01/03	<50	<20	640	<5	<5	<5	<5	<5	<25	<5	<5	<5
	8.5-9.0	04/01/03	<50	<20	2,000	<5	<5	<5	<5	<5	<25	<5	<5	<5
E-7	4.0-5.0	04/01/03	68	4.8	<13	<5	<5	<5	<5	<5	<25	<5	<5	<5
	11.0-12.0	04/01/03	<50	<1	<13	<5	<5	<5	<5	<5	<25	<5	<5	<5
E-8	4.0-5.0	04/01/03	51	<25	<312.5	<5	<5	<5	<5	<5	<25	<5	<5	<5
	11.0-12.0	04/01/03	<50	9.6	<13	<5	<5	<5	<5	<5	<25	<5	<5	<5
E-9	1.0-2.0	04/02/03	<50	<50	1,500	<5	<5	<5	<5	<5	<25	23	<5	<5
	11.0-12.0	04/02/03	<50	<1	<13	<5	<5	<5	<5	<5	<25	<5	<5	<5
E-10	3.0-4.0	04/01/03	280	<100	3,700	15	17	<12.5	<12.5	<12.5	<62.6	84	15	13
	11.0-12.0	04/01/03	<50	<1	26	<5	<5	<5	<5	<5	27	<5	<5	<5
E-11	4.0-4.5	04/02/03	120	<10	220	<5	<5	53	5.7	5.7	<25	5.9	<5	<5
	10.0-11.0	04/02/03	<50	9.0	<13	<5	<5	<5	<5	<5	<25	<5	<5	<5
E-12	2.0-3.0	04/02/03	<50	<1	<13	<5	<5	<5	<5	<5	<25	<5	<5	<5
	11.0-12.0	04/02/03	<50	<1	<13	<5	<5	<5	<5	<5	<25	<5	<5	<5
E-13	2.0-3.0	04/02/03	<50	2.6	<13	<5	<5	<5	<5	<5	<25	<5	<5	<5
	11.0-12.0	04/02/03	<50	<1	<13	<5	<5	<5	<5	<5	<25	<5	<5	<5
<b>RBSL - City of Oakland</b>										620	3.1*	1,200	9,000,000	54,000,000
<b>RBSL - RWQCB</b>			400	500	500			1,000	130					

NOTES:

<50 = Not detected above the laboratory method reporting limit.

RBSL = Risk-Based Screening Level for Residential Land Use.

RWQCB = Regional Water Quality Control Board, San Francisco Bay Region.

1,2,4-TMB = 1,2,4-Trimethylbenzene.

1,3,5-TMB = 1,3,5-Trimethylbenzene.

1,2-DCB = 1,2-Dichlorobenzene.

1,4-DCB = 1,4-Dichlorobenzene.

\* Ingestion of groundwater impacted by leachate.

**Appendix B**  
**Standard Operating Procedures**

## **STANDARD OPERATING PROCEDURE - SOIL SAMPLING BY HAND**

Sites that require shallow soil samples such as soil stockpiles, excavation sidewalls, backhoe buckets, surface contamination, shallow subsurface contamination, drums containing soil, etc., will be collected by hand. A relatively undisturbed sample shall be obtained in a clean brass liner. For shallow (generally five feet or less) subsurface soil sampling use a steel core sampler equipped with a clean brass liner and advanced into the soil with a slide hammer. For soil stockpiles excavations and surface contamination, the outer surface of the soil is removed and a clean brass liner is immediately driven into the soil by hand or with a hammer. In deep excavations where safety factors preclude the direct sampling of the bottom or sidewall, a backhoe bucket retrieves soil.

### **TOOL SELECTION AND OPERATION**

For soil stockpiles, backhoe buckets, surface contamination or drums, a shovel or trowel may be used to move the surface of the soil. Dig or scrape away at least four inches of soil at the selected sample location. A brass liner should immediately be pushed into the soil by hand or if necessary driven with a hammer. To avoid damaging the liner, hold a block of wood against the liner and hit the wood to drive the liner into the soil until full.

In cases where a deeper sample is required use a hand auger to dig to the required sample depth. Remove the hand auger and use a slide hammer sample equipped with a clean brass liner to obtain the sample. The sampler consists of a stainless steel shoe that holds the sample liner. Place a clean liner in the shoe and screw it tightly to the slide hammer. Place a chalk mark on the slide hammer six inches above the ground surface and drive the sampler until the chalk mark is at the surface. Remove the sample by back-hitting the slide weight up against the handle of the slide hammer until the shoe is free. The hand auger and sampler shoe will be cleaned with water, then soap solution and then rinsed with distilled water between samples to minimize the possibility of cross contamination.

## **STANDARD OPERATING PROCEDURE – DIRECT PUSH BORINGS**

### **SOIL CORING AND SAMPLING PROCEDURES**

Prior to drilling, all boreholes will be hand dug to a depth of 4 feet below ground surface (bgs) to check for underground utility lines.

Soil and groundwater samples are collected for lithologic and chemical analyses using a direct driven soil coring system. A hydraulic hammer drives sampling rods into the ground to collect continuous soil cores. As the rods are advanced, soil is driven into an approximately 1.5-inch-diameter sample barrel that is attached to the end of the rods. Soil samples are collected in sleeves inside the sample barrel as the rods are advanced. After being driven 3 to 4 feet into the ground, the rods are removed from the borehole. The sleeve containing the soil core is removed from the sample barrel, and can then be preserved for chemical analyses, or used for lithologic description. This process is repeated until the desired depth is reached.

A soil core interval selected for analyses is cut from the sleeve using a hacksaw. The ends of the tube are covered with aluminum foil or Teflon liner and sealed with plastic caps. The soil-filled liner is labeled with the bore number, sample depth, site location, date, and time. The samples are placed in bags and stored in a cooler containing ice. Soil from the core adjacent to the interval selected for analyses is placed in a plastic zip-top bag. The soil is allowed to volatilize for a period of time, depending on the ambient temperature. The soil is scanned with a flame-ionization detector (FID) or photo-ionization detector (PID).

All sample barrels, rods, and tools are cleaned with Alconox or equivalent detergent and de-ionized water. All rinsate from the cleaning is contained in 55-gallon drums at the project site.

### **GROUNDWATER SAMPLING FROM DIRECT PUSH BORINGS**

After the targeted water-bearing zone has been penetrated, the soil-sample barrel is removed from the borehole. Small-diameter well casing with 0.010-inch slotted well screen may be installed in the borehole to facilitate the collection of groundwater samples. Threaded sections of PVC are lowered into the borehole. Groundwater samples may then be collected with a bailer, peristaltic pump, or WaTerra pump until adequate sample volume is obtained.

Groundwater samples are preserved, stored in an ice-filled cooler, and are delivered, under chain-of-custody, to a laboratory certified by the California Department of Health Services (DHS) for hazardous materials analysis.

### **BOREHOLE GROUTING FOR DIRECT PUSH BORINGS**

Upon completion of soil and water sampling, boreholes will be abandoned with neat cement grout. If the borehole was advanced into groundwater, the grout is pumped through a grouting tube positioned at the bottom of the borehole.

## **STANDARD OPERATING PROCEDURE - SOIL-GAS SAMPLING**

Sample rods are driven to the desired depth. A soil-gas sampling tubing system is inserted into the rods and connected to an expendable point holder. The rods are retracted a desired interval and the expendable drive point on the bottom of the rods is released. A vacuum is then applied to the tubing to purge the ambient air.

The soil sample is then collected into a summa canister. A summa canister is a stainless steel vessel which has had the internal surfaces specially passivated using a "Summa" process. The summa canister arrives pre-cleaned from the laboratory and with an internal vacuum between 25" Hg and 20" Hg. Prior to use, the pressure in the summa canister is checked with a pressure gauge to ensure a vacuum of at least 25" Hg for quality control purposes. Once the tubing has been purged of ambient air, it is connected to a summa canister. A particulate filter is used in-line to filter out particles and liquids, and a pressure gauge may be used in-line or after sampling to check the final pressure. The valve on the summa canister is opened, and the soil-gas sample is drawn into the canister. A small vacuum of about 5" Hg is left inside the canister and is recorded on the chain-of-custody. The soil-gas samples will be transferred under chain-of-custody procedures to a state certified laboratory for analyses. Upon receipt, the laboratory will check the pressure in the canister and compare it to the pressure recorded on the chain-of-custody for quality control purposes.

**Appendix C**  
**Soil Disposal Documentation**

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

Sanitary Landfill  
 9999 S. Austin Road  
 Manteca, CA 95236  
 Phone (209) 982-4268  
 Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* _____			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS				
CITY, STATE, ZIP				
PHONE		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	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		
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		
		DISPOSE	OTHER	
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL		
SIGNATURE OF AUTHORIZED AGENT		DATE	<input type="checkbox"/> CONSTRUCTION DEBRIS	
			<input type="checkbox"/> NON-FRIABLE ASBESTOS	
			<input type="checkbox"/> WOOD	
			<input type="checkbox"/> ASH	
			<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # 252333



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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2971

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE			
DATE			
* _____		RECEIVING FACILITY	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS				
CITY, STATE, ZIP				
PHONE		END DUMP	BOTTOM DUMP	TRANSFER
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	FLAT-BED	VAN
DATE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* _____				

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		23	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input checked="" type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
* _____		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SO 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 # 01000

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

Sanitary Landfill  
 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) 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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* _____			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS	
* _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		<input type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

Sanitary Landfill  
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) 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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
CONTACT PERSON		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
SIGNATURE OF AUTHORIZED AGENT / TITLE		SPECIAL HANDLING PROCEDURES:	
DATE			
★ <i>[Signature]</i>			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE			
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD			
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER			
<input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER      TRUCK NUMBER	
ADDRESS		<i>012275</i> <i>12-1</i>	
CITY, STATE, ZIP			
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS	
★ <i>[Signature]</i>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY/TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input checked="" type="checkbox"/> SOIL	
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
MANIFEST # 252800

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

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1319  
 Fax (650) 726-9183

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

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
★			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER		NOTES:		VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS					
CITY, STATE, ZIP					
PHONE		END DUMP		BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)		FLAT-BED	VAN
★		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE	
SIGNATURE OF AUTHORIZED AGENT		OTHER	
DATE		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
★			

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

**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94365  
 Phone (925) 453-9800  
 Fax (925) 453-9891

**Sanitary Landfill**  
 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) 945-2800  
 Fax (408) 262-2871

**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4296  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS	
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	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
DATE			

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

Landfill  
 9999 S. Austin Road  
 Manteca, CA 95306  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
★			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER		NOTES:		VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS					
CITY, STATE, ZIP					
PHONE		END DUMP		BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)		FLAT-BED	VAN
★					

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)	
REMARKS		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1319  
 Fax (650) 726-9133

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.																				
MAILING ADDRESS																						
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:																				
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY																				
DATE																						
* _____																						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																						
WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER      TRUCK NUMBER																				
ADDRESS																						
CITY, STATE, ZIP																						
PHONE		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER																						
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																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1" style="width: 100%; text-align: center;"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT																						
DATE																						
* _____																						

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  
301 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 453-9800  
Fax (925) 453-9891

Sanitary Landfill  
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Phone (650) 726-1819  
Fax (650) 726-9183

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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>[Signature]</i>			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER		NOTES:		VEHICLE LICENSE NUMBER		TRUCK NUMBER	
ADDRESS							
CITY, STATE, ZIP							
PHONE		END DUMP		BOTTOM DUMP		TRANSFER	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)		FLAT-BED		VAN	
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
* <i>[Signature]</i>							

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
FACILITY TICKET NUMBER		<input type="checkbox"/> SPECIAL OTHER	
SIGNATURE OF AUTHORIZED AGENT		DATE	
* <i>[Signature]</i>			

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



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

**Sanitary Landfill**  
 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) 945-2800  
 Fax (408) 262-2871

**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4268  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.																				
MAILING ADDRESS																						
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:																				
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY																				
DATE																						
* <i>[Signature]</i>																						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																						
WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER      TRUCK NUMBER																				
ADDRESS																						
CITY, STATE, ZIP																						
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS																				
DATE		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
* <i>[Signature]</i>																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT																						
DATE																						
* <i>[Signature]</i>																						

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

Landfill  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4258  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
* I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<input type="checkbox"/>	<input type="checkbox"/>
REMARKS		VAN	DRUMS
FACILITY TICKET NUMBER		<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT		CUBIC YARDS	
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.		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE                      OTHER	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9133

**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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
★			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS				
CITY, STATE, ZIP				
PHONE		END DUMP	BOTTOM DUMP	TRANSFER
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED	VAN
★		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				DRUMS
				<input type="checkbox"/>

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT	DATE	<input type="checkbox"/> SOIL	
★		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

Sanitary Landfill  
 1801 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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* <i>[Signature]</i> GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
* <i>[Signature]</i>		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE	
SIGNATURE OF AUTHORIZED AGENT		OTHER	
DATE		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	

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

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

Sanitary Landfill  
 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) 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
*			
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WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER    TRUCK NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER			
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)	
REMARKS		<input type="checkbox"/> SOIL	DISPOSE    OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
DATE		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

Sanitary Landfill  
701 Bailey Road  
Humboldt, CA 94505  
Phone (925) 458-9800  
Fax (925) 458-9891

Sanitary Landfill  
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) 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	RECEIVING FACILITY	
*			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS		7019-29	3385
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	<input type="checkbox"/>	<input type="checkbox"/>
*		TRANSFER	<input type="checkbox"/>
		ROLL-OFF(S)	FLAT-BED
		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>

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

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	RECEIVING FACILITY	
* [Signature]	[Date]		
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WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS		[Handwritten]	[Handwritten]
CITY, STATE, ZIP		END DUMP	BOTTOM DUMP
PHONE		<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	TRANSFER	VAN
* [Signature]	[Date]	<input type="checkbox"/>	<input type="checkbox"/>
ROLL-OFF(S)	FLAT-BED	VAN	DRUMS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		[Handwritten]	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT	DATE	<input type="checkbox"/> CONSTRUCTION DEBRIS	
* [Signature]	[Date]	<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL. ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 MANIFEST # 52381

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

Sanitary Landfill  
 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) 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
★			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS	
★		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
FACILITY/TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
★		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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



Sanitary Landfill  
 301 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 453-9800  
 Fax (925) 458-9891

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94013  
 Phone (650) 726-1319  
 Fax (650) 726-9183

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

Landfill  
 9999 S. Austin Road  
 Manteca, CA 95306  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* [Signature]			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			1057 [unclear]
CITY, STATE, ZIP			115746
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
* [Signature]		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
* [Signature]		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL. ANY UNSCHEDULED LOADS ARE SUBJECT TO REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.  
 MANIFEST # 10878

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

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1319  
 Fax (650) 726-9133

Sanitary Landfill  
 1301 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	RECEIVING FACILITY	
★			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	VAN
★			DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
★		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1319  
 Fax (650) 726-9183

Sanitary Landfill  
 1801 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* [Signature]		[Date]	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:		[REDACTED]	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE		[REDACTED]	
GENERATING FACILITY		[REDACTED]	
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
* [Signature]		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
* [Signature]		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1319  
 Fax (650) 726-9183

Sanitary Landfill  
 1501 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
★			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS	
★		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
DATE			

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

Sanitary Landfill  
 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) 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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b> [REDACTED]	
MAILING ADDRESS			
CITY, STATE, ZIP		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		<b>SPECIAL HANDLING PROCEDURES:</b>	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
★			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		<b>RECEIVING FACILITY</b>	
<b>WASTE TYPE:</b> <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
<b>TRANSPORTER</b>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>
ADDRESS			<b>TRUCK NUMBER</b>
CITY, STATE, ZIP			
PHONE		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	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.		<b>CUBIC YARDS</b>	
REMARKS		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
FACILITY TICKET NUMBER			<input type="checkbox"/> SOIL <input type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER
SIGNATURE OF AUTHORIZED AGENT	DATE		
★			

NO 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

**Sanitary Landfill**  
 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) 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
* I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<input type="checkbox"/>	<input type="checkbox"/>
REMARKS		VAN	TRANSFER
FACILITY TICKET NUMBER		<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT		DRUMS	
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
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

30 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  
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 Fax (925) 458-9891

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 Phone (650) 726-1819  
 Fax (650) 726-9183

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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
<p>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</p>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS				
CITY, STATE, ZIP				
PHONE		END DUMP	BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED	VAN
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				DRUMS
				<input type="checkbox"/>

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

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

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2971

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE			
DATE			
* GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER		NOTES:		VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS					
CITY, STATE, ZIP					
PHONE		END DUMP		BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
DATE		ROLL-OFF(S)		FLAT-BED	VAN
*		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		DRUMS	<input type="checkbox"/>

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

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



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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2877

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
★			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS				
CITY, STATE, ZIP				
PHONE		END DUMP	BOTTOM DUMP	TRANSFER
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	FLAT-BED	VAN
DATE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
★				

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

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

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

**Sanitary Landfill**  
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) 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

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
<b>MAILING ADDRESS</b>			
<b>CITY, STATE, ZIP</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>PHONE</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
<b>CONTACT PERSON</b>		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>DATE</b>			
★			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		<b>RECEIVING FACILITY</b>	
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE			
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD			
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER			
<input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
<b>TRANSPORTER</b>		<b>NOTES:</b> <b>VEHICLE LICENSE NUMBER</b> <b>TRUCK NUMBER</b>	
<b>ADDRESS</b>			
<b>CITY, STATE, ZIP</b>			
<b>PHONE</b>		<b>END DUMP</b> <b>BOTTOM DUMP</b> <b>TRANSFER</b>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>DATE</b>		<b>ROLL-OFF(S)</b> <b>FLAT-BED</b> <b>VAN</b> <b>DRUMS</b>	
★		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> <b>DISPOSE</b> <input type="checkbox"/> <b>OTHER</b>	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> SOIL	
<b>DATE</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
★		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

GENERATOR COPY

MANIFEST # 100-000000000000000000

Sanitary Landfill  
 301 Bailey Road  
 Pittsburg, CA 94365  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Sanitary Landfill  
 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) 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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
★			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> 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	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input type="checkbox"/> SOIL	DISPOSE      OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
DATE		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

**Sanitary Landfill**  
 301 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 453-9800  
 Fax (925) 453-9891

**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1319  
 Fax (650) 726-9133

**Sanitary Landfill**  
 1801 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

**Landfill**  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4258  
 Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

<b>GENERATOR</b>	<b>WASTE ACCEPTANCE NO.</b>		
<b>MAILING ADDRESS</b>			
<b>CITY, STATE, ZIP</b>	<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>		
<b>PHONE</b>	<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER		
<b>CONTACT PERSON</b>	<b>SPECIAL HANDLING PROCEDURES:</b>		
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> <b>DATE</b>			
*			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>	<b>RECEIVING FACILITY</b>		
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
<b>TRANSPORTER</b>	<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>	<b>TRUCK NUMBER</b>
<b>ADDRESS</b>			
<b>CITY, STATE, ZIP</b>			
<b>PHONE</b>	<input type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP	<input type="checkbox"/> TRANSFER
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> <b>DATE</b>	<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED	<input type="checkbox"/> VAN <input type="checkbox"/> DRUMS
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</p>	<b>CUBIC YARDS</b>		
	<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>		
		<b>DISPOSE</b>	<b>OTHER</b>
	<input type="checkbox"/> SOIL		
	<input type="checkbox"/> CONSTRUCTION DEBRIS		
	<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<b>REMARKS</b>	<input type="checkbox"/> WOOD		
<b>FACILITY TICKET NUMBER</b>	<input type="checkbox"/> ASH		
<b>SIGNATURE OF AUTHORIZED AGENT</b> <b>DATE</b>	<input type="checkbox"/> SPECIAL OTHER		
*			

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

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

Sanitary Landfill  
 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) 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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER    TRUCK NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP    TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED    VAN    DRUMS
*		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE    OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
*		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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



Sanitary Landfill  
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 Phone (650) 726-1819  
 Fax (650) 726-9183

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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
*			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 266 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS	
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)	
REMARKS		DISPOSE                      OTHER	
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
SIGNATURE OF AUTHORIZED AGENT	DATE		
*			

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  
 501 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
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Sanitary Landfill  
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Sanitary Landfill  
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Sanitary Landfill  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
		<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	VAN
		<input type="checkbox"/>	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE	OTHER
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
DATE			

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) 453-9800  
 Fax (925) 453-9851

**Sanitary Landfill**  
 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) 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. <b>[REDACTED]</b>	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* [Signature]	[Date]		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS			[REDACTED]	[REDACTED]
CITY, STATE, ZIP			[REDACTED]	
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		DATE		
* [Signature]		[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
REMARKS		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
FACILITY TICKET NUMBER		[REDACTED]	
SIGNATURE OF AUTHORIZED AGENT		DATE	
* [Signature]		[Date]	

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

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

**Sanitary Landfill**  
 1801 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
★			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS	
DATE		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
★			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
★		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # 25221

Sanitary Landfill  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 453-9800  
 Fax (925) 453-9891

Sanitary Landfill  
 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) 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
*		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	TRANSFER
		<input type="checkbox"/>	<input type="checkbox"/>
		DRUMS	
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # 52045

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

**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9133

**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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
<b>MAILING ADDRESS</b>			
<b>CITY, STATE, ZIP</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>PHONE</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CONTACT PERSON</b>		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
★			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		<b>RECEIVING FACILITY</b>	
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
<b>TRANSPORTER</b>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> <b>TRUCK NUMBER</b>
<b>ADDRESS</b>			
<b>CITY, STATE, ZIP</b>			
<b>PHONE</b>			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>			
<b>DATE</b>			
★			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>REMARKS</b>		<input type="checkbox"/> SOIL	<input type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
<b>DATE</b>		<input type="checkbox"/> WOOD	
★		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

Sanitary Landfill  
 301 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 453-5891

Sanitary Landfill  
 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) 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
DATE			
* 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 #	

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

Sanitary Landfill  
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) 945-2800  
Fax (408) 262-2871

Landfill  
3999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4298  
Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
CONTACT PERSON		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
SIGNATURE OF AUTHORIZED AGENT / TITLE		SPECIAL HANDLING PROCEDURES:	
DATE			
* GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> DEBRIS <input type="checkbox"/> SPECIAL WASTE		<input type="checkbox"/> SLUDGE <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER	
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS		TRUCK NUMBER	
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	FLAT-BED
DATE		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.		<input type="checkbox"/>	<input type="checkbox"/>
REMARKS		<input type="checkbox"/>	<input type="checkbox"/>
FACILITY TICKET NUMBER		CUBIC YARDS	
SIGNATURE OF AUTHORIZED AGENT		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
DATE		DISPOSE	
* DISPOSE		OTHER	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

**Sanitary Landfill**  
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 Phone (650) 726-1819  
 Fax (650) 726-9183

**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) 982-1069

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
★			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
★		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
★		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

**Sanitary Landfill**  
 301 Bailey Road  
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 Phone (925) 458-9800  
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**Sanitary Landfill**  
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 Half Moon Bay, CA 94019  
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 Fax (650) 726-9183

**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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
MAILING ADDRESS			
CITY, STATE, ZIP		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		<b>SPECIAL HANDLING PROCEDURES:</b>	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* _____			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		<b>RECEIVING FACILITY</b>	
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

<b>TRANSPORTER</b>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>	<b>TRUCK NUMBER</b>
ADDRESS				
CITY, STATE, ZIP				
PHONE		<b>END DUMP</b>	<b>BOTTOM DUMP</b>	<b>TRANSFER</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<b>ROLL-OFF(S)</b>	<b>FLAT-BED</b>	<b>VAN</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* _____				<b>DRUMS</b>
				<input type="checkbox"/>

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>			
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>			
		<b>DISPOSE</b>		<b>OTHER</b>	
		<input type="checkbox"/> SOIL			
		<input type="checkbox"/> CONSTRUCTION DEBRIS			
		<input type="checkbox"/> NON-FRIABLE ASBESTOS			
		<input type="checkbox"/> WOOD			
		<input type="checkbox"/> ASH			
FACILITY TICKET NUMBER		<input type="checkbox"/> SPECIAL OTHER			
SIGNATURE OF AUTHORIZED AGENT					
* _____					
DATE					

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 # 052810



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

**Sanitary Landfill**  
 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) 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* [Signature]		_____ _____ _____ _____ _____	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
* [Signature]		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
* [Signature]		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

Sanitary Landfill  
 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) 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	RECEIVING FACILITY	
*			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	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	
		20	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input checked="" type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
*		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # 252830

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

**Sanitary Landfill**  
 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) 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.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* [Signature]		[REDACTED]	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		[REDACTED]	
WASTE TYPE:		[REDACTED]	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE		[REDACTED]	
GENERATING FACILITY		[REDACTED]	
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
* [Signature]		<input type="checkbox"/>	<input type="checkbox"/>
			VAN
			DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE	
SIGNATURE OF AUTHORIZED AGENT		OTHER	
DATE		<input type="checkbox"/> SOIL	
* [Signature]		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1319  
 Fax (650) 726-9183

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.																				
MAILING ADDRESS																						
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																				
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:																				
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY																				
DATE																						
★																						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																						
WASTE TYPE:																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
GENERATING FACILITY																						
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER																			
ADDRESS																						
CITY, STATE, ZIP																						
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>																			
DATE		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS																				
★		<input type="checkbox"/>	<input type="checkbox"/>																			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																				
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																				
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
FACILITY TICKET NUMBER																						
SIGNATURE OF AUTHORIZED AGENT																						
DATE																						
★																						

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

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1319  
 Fax (650) 726-9183

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.	
MAILING ADDRESS		12-10-85	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* <i>[Signature]</i> GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			7431 3500
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
* <i>[Signature]</i>		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		210	
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE	
DATE		OTHER	
* <i>[Signature]</i>		<input checked="" type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

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

Newby Island  
**Sanitary Landfill**  
 1801 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2871

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

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS		[REDACTED]	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* <i>[Signature]</i> GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
* <i>[Signature]</i>		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
* <i>[Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

**Sanitary Landfill**  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1319  
 Fax (650) 726-9183

**Sanitary Landfill**  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2971

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
★			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS		TRUCK NUMBER	
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
★		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		20	
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE	
DATE		OTHER	
★		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

Sanitary Landfill  
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 Phone (650) 726-1819  
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Sanitary Landfill  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
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 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS		5533	
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* <i>[Signature]</i> GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS		74-2007	2
CITY, STATE, ZIP			
PHONE			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP	BOTTOM DUMP
DATE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		ROLL-OFF(S)	FLAT-BED
		<input type="checkbox"/>	<input type="checkbox"/>
			VAN
			<input type="checkbox"/>
			DRUMS
			<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		20	
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE	
DATE		OTHER	
		<input checked="" type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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



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

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9133

Sanitary Landfill  
 1801 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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* _____		_____	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE		_____	
GENERATING FACILITY		_____	
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	FLAT-BED
* _____		DATE	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	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
* _____		DATE	

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

**Sanitary Landfill**  
 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) 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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* <i>[Signature]</i>			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		TRANSFER	<input type="checkbox"/>
* <i>[Signature]</i>		ROLL-OFF(S)	FLAT-BED
		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		20	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input checked="" type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
* <i>[Signature]</i>		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

Sanitary Landfill  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 438-9800  
 Fax (925) 453-9891

Sanitary Landfill  
 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) 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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>[Signature]</i>			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS			TRUCK NUMBER
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	VAN
DATE		FLAT-BED	DRUMS
* <i>[Signature]</i>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE	OTHER
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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 301 Bailey Road  
 Pittsburg, CA 94565  
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 Fax (925) 453-9891

Sanitary Landfill  
 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) 945-2900  
 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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE			
DATE			
* _____			
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WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS				
CITY, STATE, ZIP				
PHONE				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER				
DATE				
* _____				
		END DUMP	BOTTOM DUMP	TRANSFER
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		ROLL-OFF(S)	FLAT-BED	VAN
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				DRUMS
				<input type="checkbox"/>

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

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Sanitary Landfill  
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 Fax (925) 458-9891

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 12310 San Mateo Road  
 Half Moon Bay, CA 94013  
 Phone (650) 726-1819  
 Fax (650) 726-9183

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) 982-4238  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* <small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS				
CITY, STATE, ZIP				
PHONE		END DUMP	BOTTOM DUMP	TRANSFER
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	FLAT-BED	VAN
DATE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				

REMARKS		CUBIC YARDS	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
DATE		DISPOSE                      OTHER	
		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	

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

**Sanitary Landfill**

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

**Sanitary Landfill**

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

**Sanitary Landfill**

1801 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.	
MAILING ADDRESS			
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE		RECEIVING FACILITY	
DATE			
* <i>[Signature]</i> GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly rescribed, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			

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

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

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 Pittsburg, CA 94565  
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 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9183

**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.																						
MAILING ADDRESS																								
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																						
PHONE		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
CONTACT PERSON		SPECIAL HANDLING PROCEDURES:																						
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE																							
* <i>[Signature]</i>																								
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WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
GENERATING FACILITY																								
TRANSPORTER	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER																					
ADDRESS																								
CITY, STATE, ZIP																								
PHONE		END DUMP	BOTTOM DUMP																					
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	<input type="checkbox"/> TRANSFER																					
* <i>[Signature]</i>																								
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																						
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
FACILITY TICKET NUMBER		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
SIGNATURE OF AUTHORIZED AGENT	DATE																							
* <i>[Signature]</i>																								

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

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>	
MAILING ADDRESS			
2200 Adeline Street		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94007		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 763-7165			
CONTACT PERSON			
Francis Rush		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* [Signature] on behalf of F. Rush	12/10/03		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd Street			
OAKLAND			

TRANSPORTER		NOTES:		VEHICLE LICENSE NUMBER		TRUCK NUMBER	
Denbeste transportation				9D12253		32	
ADDRESS							
CITY, STATE, ZIP							
Windsor CA							
PHONE				END DUMP		BOTTOM DUMP	
1800 8381417				<input checked="" type="checkbox"/>		<input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		DATE		ROLL-OFF(S)		FLAT-BED	
* [Signature]		12/10/3		<input type="checkbox"/>		<input type="checkbox"/>	
				VAN		DRUMS	
				<input type="checkbox"/>		<input type="checkbox"/>	

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE	
DATE		OTHER	
* [Signature]			
12/10/03		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	



Sanitary Landfill  
 301 Bailey Road  
 Mossburg, CA 94585  
 Phone (925) 458-9900  
 Fax (925) 458-9991

Sanitary Landfill  
 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) 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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																						
Precision harts LLC		-3776																						
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
2200 Adeline St.		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
<b>CITY, STATE, ZIP</b>		<b>SPECIAL HANDLING PROCEDURES:</b>																						
Oakland Ca 94607																								
<b>PHONE</b>		<b>RECEIVING FACILITY</b>																						
510-763-7165																								
<b>CONTACT PERSON</b>																								
Francis B. Rush																								
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>																								
* [Signature] on behalf of F. Rush 12/10/03																								
<b>DATE</b>																								
12/10/03																								
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																								
<b>WASTE TYPE:</b>																								
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE																								
<b>GENERATING FACILITY</b>																								
1549 32nd St. Oakland																								
<b>TRANSPORTER</b>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>																					
Dades Trucking			BBGRAPK																					
<b>ADDRESS</b>			<b>TRUCK NUMBER</b>																					
6121 - Rowton Ave			55																					
<b>CITY, STATE, ZIP</b>																								
Oakland Ca																								
<b>PHONE</b>																								
510 655 8197																								
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>END DUMP</b> <b>BOTTOM DUMP</b> <b>TRANSFER</b>																						
* [Signature]		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>ROLL-OFF(S)</b> <b>FLAT-BED</b> <b>VAN</b> <b>DRUMS</b> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																						
<b>DATE</b>																								
12-10-03																								
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																						
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align: center;">DISPOSE</td> <td style="width:25%; text-align: center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
<b>FACILITY TICKET NUMBER</b>																								
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>																						
* [Signature]		12/10/03																						

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

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-9163

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.	
Precision Lofts L.L.C. c/o: Rush Property Group		3786	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94007			
PHONE			
(510) 763-7165			
CONTACT PERSON			
Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE		DATE	
* <i>Bill on behalf of F. Rush</i>		12/10/03	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd Street			
OAKLAND			
TRANSPORTER <i>HERERA</i>		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS <i>EAGLEVIEW WAY</i>			TRUCK NUMBER
CITY, STATE, ZIP <i>GILROY, CA 95020</i>			<i>6909813</i>
PHONE <i>408 210 9908</i>			<i>99</i>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP	BOTTOM DUMP
DATE		<input type="checkbox"/>	<input type="checkbox"/>
* <i>[Signature]</i>		ROLL-OFF(S)	FLAT-BED
12/10/03		<input type="checkbox"/>	<input type="checkbox"/>
			VAN
			<input checked="" type="checkbox"/> DRUMS
			<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE	
DATE		OTHER	
* <i>[Signature]</i>		<input type="checkbox"/> SOIL	
12/10/03		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

Sanitary Landfill  
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) 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	
Precision Lofts L.L.C. c/o: Rush Property Group	
MAILING ADDRESS	
2200 Adeline Street	
CITY, STATE, ZIP	
Oakland, CA 94007	
PHONE	
(510) 763-7165	
CONTACT PERSON	
Francis Rush	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE
<i>* Francis Rush</i>	12/10/03

WASTE ACCEPTANCE NO.
<b>3786</b>
REQUIRED PERSONAL PROTECTIVE EQUIPMENT
<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT
<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER
SPECIAL HANDLING PROCEDURES:

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

WASTE TYPE:
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER
<input checked="" type="checkbox"/> SPECIAL WASTE

GENERATING FACILITY
1549 32nd Street                              OAKLAND

RECEIVING FACILITY

TRANSPORTER	
<i>HERRERA TRUCKING</i>	
ADDRESS	
<i>1307 Peregrine Dr</i>	
CITY, STATE, ZIP	
<i>GILROY CA 95020</i>	
PHONE	
<i>408 968 8653</i>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE
<i>* [Signature]</i>	<i>12/10/03</i>

NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER	
	<i>6C36827</i>	<i>01</i>	
END DUMP	BOTTOM DUMP	TRANSFER	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
ROLL-OFF(S)	FLAT-BED	VAN	DRUMS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

REMARKS	
FACILITY TICKET NUMBER	
SIGNATURE OF AUTHORIZED AGENT	DATE
<i>* [Signature]</i>	<i>12/10/03</i>

CUBIC YARDS	
DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
DISPOSE                              OTHER	
<input type="checkbox"/> SOIL	
<input type="checkbox"/> CONSTRUCTION DEBRIS	
<input type="checkbox"/> NON-FRIABLE ASBESTOS	
<input type="checkbox"/> WOOD	
<input type="checkbox"/> ASH	
<input type="checkbox"/> SPECIAL OTHER	

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

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

Sanitary Landfill  
 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) 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.	
Precision Lofts L.L.C. c/o: Rush Property Group		3786	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94607			
PHONE		RECEIVING FACILITY	
(510) 763-7165			
CONTACT PERSON			
Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* <i>[Signature]</i> on behalf of F. Rush			
DATE			
12/10/03			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd Street		OAKLAND	
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER      TRUCK NUMBER	
Herrera Trucking		9D08740                      10	
ADDRESS			
Eagle View way			
CITY, STATE, ZIP		END DUMP              BOTTOM DUMP              TRANSFER	
Milroy CA 95020		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
PHONE		ROLL-OFF(S)              FLAT-BED              VAN              DRUMS	
(408) 2104630		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER			
* <i>[Signature]</i>			
DATE			
12/10/03			
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	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE              OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input checked="" type="checkbox"/> SPECIAL OTHER	
* <i>[Signature]</i>			
DATE			
12/10/03			

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  
 301 Saire Road  
 Pittsburg CA 94565  
 Phone (925) 458-9900  
 Fax (925) 455-9891

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2671

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>	
<b>MAILING ADDRESS</b>			
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>PHONE</b>			
(510) 763-7165			
<b>CONTACT PERSON</b>		<b>RECEIVING FACILITY</b>	
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* [Signature] of F. Rush	12/10/03		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street		OAKLAND	
<b>TRANSPORTER</b>		<b>NOTES:</b>	
DENV ESTE		VEHICLE LICENSE NUMBER   TRUCK NUMBER	
<b>ADDRESS</b>		9B38522   54030	
<b>CITY, STATE, ZIP</b>		5430	
<b>PHONE</b>		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>		
* Escorido	12/10/03		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>REMARKS</b>		DISPOSE   OTHER	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
<input type="checkbox"/> SPECIAL OTHER			
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>		
* [Signature]			

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

Sanitary Landfill  
 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) 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 Precision Lofts L.L.C. c/o: Rush Property Group		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS 2200 Adeline Street		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP Oakland, CA 94607		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
PHONE (510) 763-7165		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON Francis Rush		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>FR on behalf of F. Rush</i>		DATE 12/10/03	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY 1549 32nd Street                      OAKLAND			
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS		9B83563	1018
CITY, STATE, ZIP			
PHONE		END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>RAMON</i>		DATE 12-10	TRANSFER <input type="checkbox"/>
		ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>
		VAN <input type="checkbox"/>	DRUMS <input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE	
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		OTHER	
DATE 12/10/03		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULED DELIVERIES 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) 456-9891

**Sanitary Landfill**

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) 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 Precision Lofts L.L.C. c/o: Rush Property Group		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS 2200 Adeline Street		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP Oakland, CA 94007		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE (510) 763-7165		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>Francis Rush</i>			
DATE 12/10/03			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY 1549 32nd Street                      OAKLAND			
TRANSPORTER <i>SFS TRUCKING</i>	NOTES:	VEHICLE LICENSE NUMBER <i>1DIRTY1</i>	TRUCK NUMBER: <i>D-1</i>
ADDRESS <i>477 Roland Way</i>			
CITY, STATE, ZIP <i>Oakland</i>			
PHONE <i>510-353-3556</i>			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>Jerry</i>	DATE <i>12-10-03</i>	END DUMP <input type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
		TRANSFER <input checked="" type="checkbox"/>	ROLL-OFF(S) <input type="checkbox"/>
		FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
			DRUMS <input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE	
SIGNATURE OF AUTHORIZER AGENT <i>[Signature]</i>		OTHER	
DATE <i>12/10/03</i>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

**Sanitary Landfill**  
 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) 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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>	
<b>MAILING ADDRESS</b>			
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>PHONE</b>			
(510) 763-7165			
<b>CONTACT PERSON</b>		<b>RECEIVING FACILITY</b>	
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* [Signature] Honorable F. Rush	12/11/03		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street		OAKLAND	
<b>TRANSPORTER</b>		<b>NOTES:</b>	
		VEHICLE LICENSE NUMBER      TRUCK NUMBER	
<b>ADDRESS</b>		9B83563                      1018	
<b>CITY, STATE, ZIP</b>			
<b>PHONE</b>		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>		
* RAMON	12-11		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
<b>REMARKS</b>		DISPOSE      OTHER	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>		
* [Signature]	12/11/03		

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

Sanitary Landfill  
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) 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

<b>GENERATOR</b> Precision Lofts L.L.C. c/o: Rush Property Group	
<b>MAILING ADDRESS</b> 2200 Adeline Street	
<b>CITY, STATE, ZIP</b> Oakland, CA, 94607	
<b>PHONE</b> (510) 763-7165	
<b>CONTACT PERSON</b> Francis Rush	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>
* [Signature] of F. Rush	12/1/03

<b>WASTE ACCEPTANCE NO.</b> <b>3786</b>
--

<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>
<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT
<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER

<b>SPECIAL HANDLING PROCEDURES:</b>

**GENERATOR'S CERTIFICATION:** I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; **AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.**

<b>RECEIVING FACILITY</b>

<b>WASTE TYPE:</b>
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER
<input type="checkbox"/> SPECIAL WASTE

<b>GENERATING FACILITY</b>
1549 32nd Street                      OAKLAND

<b>TRANSPORTER</b>	
<b>ADDRESS</b>	
<b>CITY, STATE, ZIP</b>	
<b>PHONE</b>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>
* Jon Diaz	12-11-03

<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>	<b>TRUCK NUMBER</b>
	9A95871	5450

<input checked="" type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP	<input type="checkbox"/> TRANSFER	
<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED	<input type="checkbox"/> VAN	<input type="checkbox"/> DRUMS

<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>	
<b>REMARKS</b>	
<b>FACILITY TICKET NUMBER</b>	
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>
* [Signature]	12/1/03

<b>CUBIC YARDS</b>		
<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>		
<input type="checkbox"/> SOIL	<b>DISPOSE</b>	<b>OTHER</b>
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

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

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

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 1601 Dixon Landing Road  
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Landfill  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

**GENERATOR**

Precision Lofts L.L.C. c/o: Rush Property Group

**MAILING ADDRESS**

2200 Adeline Street

CITY, STATE, ZIP

Oakland, CA 94607

**PHONE**

(510) 763-7165

**CONTACT PERSON**

Francis Rush

SIGNATURE OF AUTHORIZED AGENT / TITLE

DATE

\* [Signature] on behalf of F. Rush

12/16/03

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**WASTE TYPE:**

- DISPOSAL
- CONSTRUCTION
- DEBRIS
- SPECIAL WASTE
- SLUDGE
- WOOD
- OTHER

**GENERATING FACILITY**

1549 32nd Street

OAKLAND

**WASTE ACCEPTANCE NO.**

**3786**

**REQUIRED PERSONAL PROTECTIVE EQUIPMENT**

- GLOVES
- GOGGLES
- RESPIRATOR
- HARD HAT
- TY-VEK
- OTHER

**SPECIAL HANDLING PROCEDURES:**

**RECEIVING FACILITY**

**TRANSPORTER**

**ADDRESS**

**CITY, STATE, ZIP**

**PHONE**

SIGNATURE OF AUTHORIZED AGENT OR DRIVER

DATE

\* Ramon

12-11-03

**NOTES:**

**VEHICLE LICENSE NUMBER**

**TRUCK NUMBER**

9B83563

1018

**END DUMP**

**BOTTOM DUMP**

**TRANSFER**

**ROLL-OFF(S)**

**FLAT-BED**

**VAN**

**DRUMS**

**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**

SOIL

CONSTRUCTION DEBRIS

NON-FRIABLE ASBESTOS

WOOD

ASH

SPECIAL OTHER

**REMARKS**

**FACILITY TICKET NUMBER**

SIGNATURE OF AUTHORIZED AGENT

DATE

[Signature]

12/11/03

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

**Sanitary Landfill**  
 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) 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**

<b>GENERATOR</b> Precision Lofts L.L.C. c/o: Rush Property Group		<b>WASTE ACCEPTANCE NO.</b> <b>3786</b>																						
<b>MAILING ADDRESS</b> 2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
CITY, STATE, ZIP Oakland, CA 94607		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
PHONE (510) 763-7165		<b>SPECIAL HANDLING PROCEDURES:</b>																						
<b>CONTACT PERSON</b> Francis Rush		RECEIVING FACILITY																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * [Signature] on behalf of F. Rush	<b>DATE</b> 12/11/05																							
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																								
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<b>GENERATING FACILITY</b> 1549 32nd Street                      OAKLAND																								
<b>TRANSPORTER</b>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> CA45871																					
ADDRESS			<b>TRUCK NUMBER</b> 5450																					
CITY, STATE, ZIP																								
PHONE		<b>END DUMP</b> <input checked="" type="checkbox"/>	<b>BOTTOM DUMP</b> <input type="checkbox"/>																					
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * [Signature]		<b>ROLL-OFF(S)</b> <input type="checkbox"/>	<b>TRANSFER</b> <input type="checkbox"/>																					
DATE 12-11-05		<b>FLAT-BED</b> <input type="checkbox"/>	<b>VAN</b> <input type="checkbox"/>																					
		<b>DRUMS</b> <input type="checkbox"/>																						
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>																						
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																						
<b>FACILITY TICKET NUMBER</b>		<table border="1"> <tr> <td></td> <td><b>DISPOSE</b></td> <td><b>OTHER</b></td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			<b>DISPOSE</b>	<b>OTHER</b>	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	<b>DISPOSE</b>	<b>OTHER</b>																						
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<input type="checkbox"/> WOOD																								
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SIGNATURE OF AUTHORIZED AGENT * [Signature]																								
DATE 12/11/05																								

**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.**

LANDFILL COPY

MANIFEST # 268489

Sanitary Landfill  
 Bailey Rd  
 Pittsburg, CA 95666  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-8183

Sanitary Landfill  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
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 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																			
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>																			
<b>MAILING ADDRESS</b>																					
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																			
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																			
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>																			
PHONE																					
(510) 763-7165		RECEIVING FACILITY																			
<b>CONTACT PERSON</b>																					
Francis Rush																					
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>																				
<i>FR</i> on behalf of F. Rush	12/10/03	<table border="1"> <tr> <td><b>TRANSPORTER</b></td> <td><b>NOTES:</b></td> <td><b>VEHICLE LICENSE NUMBER</b></td> <td><b>TRUCK NUMBER</b></td> </tr> <tr> <td><i>DS TRUCKING</i></td> <td></td> <td><i>6F60387</i></td> <td><i>11-1</i></td> </tr> <tr> <td><b>ADDRESS</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>CITY, STATE, ZIP</b></td> <td><i>OAKLAND</i></td> <td></td> <td></td> </tr> </table>		<b>TRANSPORTER</b>	<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>	<b>TRUCK NUMBER</b>	<i>DS TRUCKING</i>		<i>6F60387</i>	<i>11-1</i>	<b>ADDRESS</b>				<b>CITY, STATE, ZIP</b>	<i>OAKLAND</i>				
<b>TRANSPORTER</b>	<b>NOTES:</b>			<b>VEHICLE LICENSE NUMBER</b>	<b>TRUCK NUMBER</b>																
<i>DS TRUCKING</i>				<i>6F60387</i>	<i>11-1</i>																
<b>ADDRESS</b>																					
<b>CITY, STATE, ZIP</b>	<i>OAKLAND</i>																				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		<table border="1"> <tr> <td><b>WASTE TYPE:</b></td> <td><input type="checkbox"/> SLUDGE</td> </tr> <tr> <td><input type="checkbox"/> DISPOSAL</td> <td><input type="checkbox"/> WOOD</td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION</td> <td><input type="checkbox"/> OTHER</td> </tr> <tr> <td><input type="checkbox"/> DEBRIS</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> SPECIAL WASTE</td> <td></td> </tr> </table>		<b>WASTE TYPE:</b>	<input type="checkbox"/> SLUDGE	<input type="checkbox"/> DISPOSAL	<input type="checkbox"/> WOOD	<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> OTHER	<input type="checkbox"/> DEBRIS		<input checked="" type="checkbox"/> SPECIAL WASTE									
<b>WASTE TYPE:</b>	<input type="checkbox"/> SLUDGE																				
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<b>GENERATING FACILITY</b>																					
1549 32nd Street OAKLAND																					
<b>TRANSPORTER</b>		<table border="1"> <tr> <td><b>END DUMP</b></td> <td><b>BOTTOM DUMP</b></td> <td><b>TRANSFER</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><b>ROLL-OFF(S)</b></td> <td><b>FLAT-BED</b></td> <td><b>VAN</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><b>DRUMS</b></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		<b>END DUMP</b>	<b>BOTTOM DUMP</b>	<b>TRANSFER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>ROLL-OFF(S)</b>	<b>FLAT-BED</b>	<b>VAN</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<b>DRUMS</b>			<input type="checkbox"/>
<b>END DUMP</b>	<b>BOTTOM DUMP</b>	<b>TRANSFER</b>																			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																			
<b>ROLL-OFF(S)</b>	<b>FLAT-BED</b>	<b>VAN</b>																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
		<b>DRUMS</b>																			
		<input type="checkbox"/>																			
ADDRESS																					
CITY, STATE, ZIP																					
PHONE																					
SIGNATURE OF AUTHORIZED AGENT OR DRIVER																					
<i>[Signature]</i>																					
DATE																					
12/9																					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																			
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																			
		DISPOSE	OTHER																		
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL																			
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> CONSTRUCTION DEBRIS																			
<i>[Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS																			
DATE		<input type="checkbox"/> WOOD																			
11/3		<input type="checkbox"/> ASH																			
		<input type="checkbox"/> SPECIAL OTHER																			

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

Sanitary Landfill  
 971 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 455-9991

Sanitary Landfill  
 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) 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.	
Precision Metals LLC		-5786	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline St.		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland Ca 94607			
PHONE			
510-763-7665			
CONTACT PERSON			
F. Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* [Signature] on behalf of F. Rush			
DATE			
12/23/03			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER      TRUCK NUMBER	
Amijot Trucking		9888657                      1170	
ADDRESS			
P.O. Box 1603			
CITY, STATE, ZIP			
Union City CA 94587			
PHONE		END DUMP              BOTTOM DUMP              TRANSFER	
510-487-8057		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S)      FLAT-BED              VAN              DRUMS	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
* [Signature]			
DATE			
12/23/03			
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	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE                      OTHER	
DATE		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
* [Signature]			
12/23/03			

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.

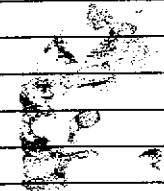
Sanitary Landfill  
 901 Bailey Road  
 Pinesburg, CA 94555  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2671

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Waste LLC		- 386	
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
2200 Abeline St		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CITY, STATE, ZIP</b>		<b>SPECIAL HANDLING PROCEDURES:</b>	
Oakland Ca 94607			
<b>PHONE</b>			
510-763-7165			
<b>CONTACT PERSON</b>		<b>RECEIVING FACILITY</b>	
F. Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* [Signature] on behalf of F. Rush	12/23/03		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above-named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
<b>TRANSPORTER</b>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>
			9B51320
<b>ADDRESS</b>			<b>TRUCK NUMBER</b>
			102
<b>CITY, STATE, ZIP</b>		<b>END DUMP</b>	<b>BOTTOM DUMP</b>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>PHONE</b>		<b>TRANSFER</b>	<input type="checkbox"/>
		<b>ROLL-OFF(S)</b>	<b>FLAT-BED</b>
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<input type="checkbox"/>	<input type="checkbox"/>
* H. S. [Signature]		<input type="checkbox"/>	<input type="checkbox"/>
<b>DATE</b>		<input type="checkbox"/>	<input type="checkbox"/>
12/23/03			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
		<b>DISPOSE</b>	<b>OTHER</b>
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
<b>DATE</b>		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
* [Signature]			

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

Sanitary Landfill  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9900  
 Fax (925) 458-9891

Sanitary Landfill  
 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) 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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Logistics MAILING ADDRESS 2700 Adeline St CITY, STATE, ZIP Oakland Ca 94607 PHONE 510-763-7165 CONTACT PERSON F. Rush		- 318	
SIGNATURE OF AUTHORIZED AGENT / TITLE * [Signature] on behalf of F. Rush		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
DATE 12/23/03		SPECIAL HANDLING PROCEDURES:	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER W/ATOR 1		NOTES:	VEHICLE LICENSE NUMBER 9B93669
ADDRESS 3433 WAYNESBORO DR			TRUCK NUMBER 49
CITY, STATE, ZIP CERES, CA 95307			
PHONE 209 531-2549		END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * [Signature]		ROLL-OFF(S) <input type="checkbox"/>	TRANSFER <input type="checkbox"/>
DATE 12/23/03		FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
		DRUMS <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT DATE			DISPOSE                      OTHER
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
<input type="checkbox"/> SPECIAL OTHER			

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

Sanitary Landfill  
 801 Baker Road  
 Pittsburg, CA 94555  
 Phone (925) 456-9800  
 Fax (925) 456-9891

Sanitary Landfill  
 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) 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.	
Precision Hott LLC		- 3786	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
7700 Adeline St		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland CA 94607			
PHONE			
510-765-7015			
CONTACT PERSON			
F. Bush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* B. J. Vanberghoff			
DATE			
12/23/03			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
			6B60587
ADDRESS		TRUCK NUMBER	
		01	
CITY, STATE, ZIP		DOABA, TRK	
PHONE		END DUMP	BOTTOM DUMP
		<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	FLAT-BED
* Sam de Geer		<input type="checkbox"/>	<input type="checkbox"/>
DATE		VAN	DRUMS
12/23/03		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE	
* [Signature]		OTHER	
DATE		<input type="checkbox"/> SOIL	
12/23/03		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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





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

Sanitary Landfill  
 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) 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.	
Precision Hauls LLC		-3786	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline St.		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland Ca 94602			
PHONE		RECEIVING FACILITY	
510-763-7118			
CONTACT PERSON			
Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* [Signature] on behalf of F. Rush			
DATE			
12/23/03			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd St, Oakland			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
Amigo Trucking			9C38321
ADDRESS			TRUCK NUMBER
1603 Multiple A-11			11
CITY, STATE, ZIP			
NATIONAL CITY			
PHONE		END DUMP	BOTTOM DUMP
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	FLAT-BED
* Bruce Smith		<input type="checkbox"/>	<input type="checkbox"/>
DATE		VAN	DRUMS
12/23/03		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE   OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
[Signature]		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

NOTES: MUST BE MADE PRIOR TO 5:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT TO REJECTION UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

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

Sanitary Landfill  
 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) 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  
*Inversion hofds LLC*  
 MAILING ADDRESS  
*2200 Adeline St.*  
 CITY, STATE, ZIP  
*Oakland Ca 94602*  
 PHONE  
*510-763-7165*  
 CONTACT PERSON  
*Francis Bush*  
 SIGNATURE OF AUTHORIZED AGENT / TITLE  
*\* B. [Signature] on behalf of F. Bush*  
 DATE  
*12/23/03*

WASTE ACCEPTANCE NO.  
*-3786*  
 REQUIRED PERSONAL PROTECTIVE EQUIPMENT  
 GLOVES  GOGGLES  RESPIRATOR  HARD HAT  
 TY-VEK  OTHER  
 SPECIAL HANDLING PROCEDURES:

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

WASTE TYPE:  
 DISPOSAL  SLUDGE  
 CONSTRUCTION  WOOD  
 DEBRIS  OTHER  
 SPECIAL WASTE  
 GENERATING FACILITY  
*1549 37th St. Oakland*

RECEIVING FACILITY

TRANSPORTER  
 ADDRESS  
 CITY, STATE, ZIP  
 PHONE  
 SIGNATURE OF AUTHORIZED AGENT OF DRIVER  
*\* H.S. [Signature]*  
 DATE  
*12/27/03*

NOTES: VEHICLE LICENSE NUMBER *9B51320* TRUCK NUMBER *102*  
*G.T.C*  
 END DUMP  BOTTOM DUMP  TRANSFER   
 ROLL-OFF(S)  FLAT-BED  VAN  DRUMS

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

REMARKS  
 FACILITY TICKET NUMBER  
 SIGNATURE OF AUTHORIZED AGENT  
*[Signature]*  
 DATE  
*12/27/03*

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

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

THIS MANIFEST MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL. ANY UNSCHEDULED LOADS ARE SUBJECT TO REJECTION ON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Sanitary Landfill  
 501 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 455-9800  
 Fax (925) 458-9891

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 726-8183

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: <i>Precision hoffs LLC</i>		WASTE ACCEPTANCE NO. <i>- 3786</i>	
MAILING ADDRESS: <i>2700 Adeline St</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP: <i>Oakland Ca 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE: <i>510-763-8165</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON: <i>F. Rush</i>		RECEIVING FACILITY:	
SIGNATURE OF AUTHORIZED AGENT / TITLE: <i>* [Signature] on behalf of F. Rush</i>		DATE: <i>12/23/03</i>	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY: <i>1549 32nd st, Oakland</i>			
TRANSPORTER: <i>WATER 1</i>	NOTES:	VEHICLE LICENSE NUMBER: <i>9B93669</i>	TRUCK NUMBER: <i>49</i>
ADDRESS: <i>3433 WAYNEBORO DR</i>			
CITY, STATE, ZIP: <i>CERES, CA 95307</i>			
PHONE: <i>209 531-2549</i>			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER: <i>* [Signature]</i>	DATE: <i>12/23/03</i>	END DUMP: <input checked="" type="checkbox"/>	BOTTOM DUMP: <input type="checkbox"/>
		TRANSFER: <input type="checkbox"/>	ROLL-OFF(S): <input type="checkbox"/>
		FLAT-BED: <input type="checkbox"/>	VAN: <input type="checkbox"/>
		DRUMS: <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS:	
REMARKS:		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER:		DISPOSE	
SIGNATURE OF AUTHORIZED AGENT: <i>* [Signature]</i>		OTHER	
DATE: <i>12/23/03</i>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

Sanitary Landfill  
 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) 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.	
Inclusion Labs LLC		-3786	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline St		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland Ca 94602			
PHONE			
510-763-7465			
CONTACT PERSON			
Francis Bush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
*B. [Signature] on behalf of F. Bush			
DATE			
12/23/02			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd St. Oakland			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
			9B24663
ADDRESS			TRUCK NUMBER
			831
CITY, STATE, ZIP			
PHONE			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER			
[Signature]			
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	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE	
DATE		OTHER	
12/23/02		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	

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

Sanitary Landfill  
 931 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9831

Sanitary Landfill  
 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) 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 <i>Procion Holdings LLC</i>		WASTE ACCEPTANCE NO. <i>-3786</i>	
MAILING ADDRESS <i>2200 Adeline St.</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>Oakland Ca 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>510-763-7165</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Francis Bush</i>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* B. Konbehalt of</i>	DATE <i>12/23/03</i>		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER	NOTES:	VEHICLE LICENSE NUMBER <i>9B24663</i>	TRUCK NUMBER <i>831</i>
ADDRESS			
CITY, STATE, ZIP			
PHONE			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>	DATE <i>12-23-03</i>	END DUMP                      BOTTOM DUMP                      TRANSFER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE <i>12/23/03</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

DELIVERIES MUST BE MADE PRIOR TO 2:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL. ANY UNSCHEDULED LOADS ARE SUBJECT TO BE REJECTED ON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

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

Sanitary Landfill  
 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) 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.	
Precision hatts LLC		- 3776	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline St.		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland Ca 94607			
PHONE			
810-763-1165			
CONTACT PERSON			
F. Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* [Signature] on behalf of F. Rush			
DATE			
12/23/03			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; <b>AND, if the waste is a treatment residue of a previously restricted hazardous waste</b> 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:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
Amjet Trucking			9C88821
ADDRESS			TRUCK NUMBER
1603 Camino Real			11
CITY, STATE, ZIP			
San Jose CA 95128			
PHONE		END DUMP	BOTTOM DUMP
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		TRANSFER	
* Bruce Simb		<input type="checkbox"/>	<input type="checkbox"/>
DATE		ROLL-OFF(S)	FLAT-BED
12/23/03		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE                      OTHER	
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
* [Signature]		<input type="checkbox"/> WOOD	
DATE		<input type="checkbox"/> ASH	
12/23/03		<input type="checkbox"/> SPECIAL OTHER	

REGULATIONS MADE PRIOR TO 6:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL. ANY UNSCHEDULED LOADS ARE SUBJECT TO REJECTION UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

Sanitary Landfill  
 931 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 456-9800  
 Fax (925) 456-9891

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2671

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR  
*Precisions hofits LLC*  
 MAILING ADDRESS  
*2700 Adeline St.*  
 CITY, STATE, ZIP  
*Oakland Ca 94602*  
 PHONE  
*510-763-7665*  
 CONTACT PERSON  
*Francis Rush*  
 SIGNATURE OF AUTHORIZED AGENT / TITLE  
*\* Francis Rush*  
 DATE  
*12/23/03*

WASTE ACCEPTANCE NO.  
*- 3786*  
 REQUIRED PERSONAL PROTECTIVE EQUIPMENT  
 GLOVES  GOGGLES  RESPIRATOR  HARD HAT  
 TY-VEK  OTHER  
 SPECIAL HANDLING PROCEDURES:

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

WASTE TYPE:  
 DISPOSAL  SLUDGE  
 CONSTRUCTION  WOOD  
 DEBRIS  OTHER  
 SPECIAL WASTE

GENERATING FACILITY  
*1549 32nd St. Oakland*

TRANSPORTER  
*Amiot Trucking*  
 ADDRESS  
*P.O. Box 1612*  
 CITY, STATE, ZIP  
*Union City CA 94587*  
 PHONE  
*510-487-8057*  
 SIGNATURE OF AUTHORIZED AGENT OR DRIVER  
*[Signature]*  
 DATE  
*12-23-03*

RECEIVING FACILITY

NOTES: VEHICLE LICENSE NUMBER *9B88657* TRUCK NUMBER *1170*  
 END DUMP  BOTTOM DUMP  TRANSFER   
 ROLL-OFF(S)  FLAT-BED  VAN  DRUMS

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

REMARKS

FACILITY TICKET NUMBER

SIGNATURE OF AUTHORIZED AGENT  
*[Signature]*  
 DATE  
*12/23/03*

CUBIC YARDS

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR <i>Precision Hoffs LLC</i>		WASTE ACCEPTANCE NO. <i>- 3786</i>	
MAILING ADDRESS <i>2200 Alcatraz St</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>Oakland Ca 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>510-763-7165</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Francis Rush</i>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
<i>* [Signature] on behalf of F Rush</i>	<i>12/10/03</i>		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <i>1549 32nd St Oakland</i>			
TRANSPORTER <i>Jack's Trucking</i>	NOTES:	VEHICLE LICENSE NUMBER <i>BBGRAPF</i>	TRUCK NUMBER <i># 55</i>
ADDRESS <i>621- Rowden Ave</i>			
CITY, STATE, ZIP <i>Oakland Ca</i>			
PHONE <i>510 655 8197</i>			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>[Signature]</i>	DATE <i>12-10-03</i>	END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
		TRANSFER <input type="checkbox"/>	ROLL-OFF(S) <input type="checkbox"/>
		FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
		DRUMS <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE <i>12/10/03</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

SCHEDULING MUST BE MADE PRIOR TO 2:00 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  
 931 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR  
 Precision Lifts LLC  
 MAILING ADDRESS  
 2200 Adeline St.  
 CITY, STATE, ZIP  
 Oakland Ca 94607  
 PHONE  
 510-763-7165  
 CONTACT PERSON  
 Francis Rush  
 SIGNATURE OF AUTHORIZED AGENT / TITLE  
 \* [Signature] on behalf of F. Rush  
 DATE  
 12/1/03

WASTE ACCEPTANCE NO.  
 - 3786  
 REQUIRED PERSONAL PROTECTIVE EQUIPMENT  
 GLOVES  GOGGLES  RESPIRATOR  HARD HAT  
 TY-VEK  OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

WASTE TYPE:  
 DISPOSAL  SLUDGE  
 CONSTRUCTION  WOOD  
 DEBRIS  OTHER  
 SPECIAL WASTE

GENERATING FACILITY  
 1549 32nd St. Oakland

TRANSPORTER  
 SIG Trucking  
 ADDRESS  
 CITY, STATE, ZIP  
 OAKLAND  
 PHONE  
 SIGNATURE OF AUTHORIZED AGENT OR DRIVER  
 [Signature]  
 DATE  
 12.9.03

SPECIAL HANDLING PROCEDURES:  
 RECEIVING FACILITY

NOTES: VEHICLE LICENSE NUMBER  
 6F60387  
 TRUCK NUMBER  
 U-1  
 END DUMP  BOTTOM DUMP  TRANSFER   
 ROLL-OFF(S)  FLAT-BED  VAN  DRUMS

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
 REMARKS  
 FACILITY TICKET NUMBER  
 SIGNATURE OF AUTHORIZED AGENT  
 [Signature]  
 DATE  
 12/1/03

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

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

SCHEDULING MUST BE MADE PRIOR TO 2:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL. ANY UNSCHEDULED LOADS ARE SUBJECT TO REJECTION UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision hofsts LLC		- 3786	
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
2200 Adeline St		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CITY, STATE, ZIP</b>		<b>SPECIAL HANDLING PROCEDURES:</b>	
Oakland Ca 94607			
<b>PHONE</b>		<b>RECEIVING FACILITY</b>	
510-763-7165			
<b>CONTACT PERSON</b>			
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>			
* Rush on behalf of F. Rush			
<b>DATE</b>			
12/10/03			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd St. Oakland			
<b>TRANSPORTER</b>		<b>NOTES:</b>	
Herrera Trucking		<b>VEHICLE LICENSE NUMBER</b>	
ADDRESS		9D08740	
Eagle View way		<b>TRUCK NUMBER</b>	
CITY, STATE, ZIP		10	
Gilroy Ca 95020			
<b>PHONE</b>		<b>END DUMP</b>	
(408) 210-4630		<input type="checkbox"/>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>BOTTOM DUMP</b>	
* [Signature]		<input type="checkbox"/>	
<b>DATE</b>		<b>TRANSFER</b>	
12/10/03		<input checked="" type="checkbox"/>	
		<b>ROLL-OFF(S)</b>	
		<input type="checkbox"/>	
		<b>FLAT-BED</b>	
		<input type="checkbox"/>	
		<b>VAN</b>	
		<input type="checkbox"/>	
		<b>DRUMS</b>	
		<input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> SOIL	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
<b>DATE</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
[Signature]		<input type="checkbox"/> WOOD	
12/10/03		<input type="checkbox"/> ASH	
[Signature]		<input type="checkbox"/> SPECIAL OTHER	

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

Sanitary Landfill  
 977 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 455-9800  
 Fax (925) 455-9891

Sanitary Landfill  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (550) 726-9183

Sanitary Landfill  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2800  
 Fax (408) 262-2671

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR <i>Precision Hoists LLC</i>		WASTE ACCEPTANCE NO. <i>- 5786</i>	
MAILING ADDRESS <i>2200 Adeline St.</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>Oakland Ca 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>510-763-7165</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Francis Rush</i>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* Bill [Signature] on behalf of F. Rush</i>	DATE <i>12/10/03</i>		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <i>1549 32nd St Oakland</i>			
TRANSPORTER <i>HERRERA</i>	NOTES:	VEHICLE LICENSE NUMBER <i>6R09813</i>	TRUCK NUMBER <i>99</i>
ADDRESS <i>FAULVIEW WAY</i>			
CITY, STATE, ZIP <i>GILROY CA 95020</i>			
PHONE <i>408 210-9908</i>	END DUMP <input type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>	TRANSFER <input checked="" type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>[Signature]</i>	ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
DATE <i>12/10/03</i>			DRUMS <input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE <i>12/10/03</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

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

Sanitary Landfill  
1501 Dixon Landing Road  
Milpitas, CA 95035  
Phone (408) 945-2800  
Fax (408) 262-2871

9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4296  
Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR <i>Precision Hofts LLC</i>		WASTE ACCEPTANCE NO. <i>-3786</i>																						
MAILING ADDRESS <i>2200 Adeline St.</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																						
CITY, STATE, ZIP <i>Oakland, Ca 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
PHONE <i>510-763-7165</i>		SPECIAL HANDLING PROCEDURES:																						
CONTACT PERSON <i>Francis Rush</i>		RECEIVING FACILITY																						
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>*Rush on behalf of F. Rush</i>	DATE <i>12/10/03</i>																							
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																								
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE																								
GENERATING FACILITY <i>1549 32nd St. Oakland</i>																								
TRANSPORTER <i>HERALDA TRUCKING</i>		NOTES:	VEHICLE LICENSE NUMBER <i>6K36887</i>																					
ADDRESS <i>1307 Peregrine Dr.</i>			TRUCK NUMBER <i>01</i>																					
CITY, STATE, ZIP <i>CAIRO CA 95020</i>																								
PHONE <i>408 969 8653</i>		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input checked="" type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>	DATE <i>12/10/03</i>																							
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																						
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
REMARKS		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
FACILITY TICKET NUMBER																								
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>	DATE <i>12/10/03</i>																							

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

Secondary Location  
 801 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Secondary Location  
 12310 San Mateo Road  
 Half Moon Bay, CA 94019  
 Phone (650) 726-1819  
 Fax (650) 725-9183

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

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

### NON-HAZARDOUS WASTE MANIFEST

<b>GENERATOR</b> Precision Staffs LLC		<b>WASTE ACCEPTANCE NO.</b> - 3786		
<b>MAILING ADDRESS</b> 2200 Adeline St.		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>		
<b>CITY, STATE, ZIP</b> Oakland Ca 94607		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER		
<b>PHONE</b> 510-763-7165		<b>SPECIAL HANDLING PROCEDURES:</b>		
<b>CONTACT PERSON</b> Francis Rush		RECEIVING FACILITY		
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>			
* [Signature] on behalf of F.F. Rush	12/10/03			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>				
<b>WASTE TYPE:</b>				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE				
<b>GENERATING FACILITY</b> 1549 32nd St. Oakland				
<b>TRANSPORTER</b>		<b>NOTES:</b> VEHICLE LICENSE NUMBER      TRUCK NUMBER		
<b>ADDRESS</b>		9B 8357      18 TO		
<b>CITY, STATE, ZIP</b>				
<b>PHONE</b>		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS		
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>			
* [Signature]	12/10/03			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>		
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>		
<b>REMARKS</b>			DISPOSE	OTHER
		<input type="checkbox"/> SOIL		
		<input type="checkbox"/> CONSTRUCTION DEBRIS		
		<input type="checkbox"/> NON-FRIABLE ASBESTOS		
		<input type="checkbox"/> WOOD		
		<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER				
<b>FACILITY TICKET NUMBER</b>				
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>			
* [Signature]	12/10/03			

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

Sanitary Landfill  
 97 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 456-9800  
 Fax (925) 456-9891

Sanitary Landfill  
 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) 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.	
Precision hofts LLC		- 3786	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Alhambra St.		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland Ca 94007			
PHONE			
510-765-7165			
CONTACT PERSON			
Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* [Signature] on behalf of F. Rush			
DATE			
12/10/03			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd St. Oakland			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
			9B83563
ADDRESS			TRUCK NUMBER
			10/8
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		TRANSFER	
* RAMON		<input type="checkbox"/>	
DATE		ROLL-OFF(S)	FLAT-BED
12-10		<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE   OTHER	
DATE		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
* [Signature]			
[Signature]			

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.

LANDFILL COPY

MANIFEST # 24621

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

Sanitary Landfill  
 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) 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 <i>Precision hfts LLC</i>		WASTE ACCEPTANCE NO. <i>-3786</i>	
MAILING ADDRESS <i>2700 Adeline St.</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>Oakland Ca 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>510-763-7165</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Francis Rush</i>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature] on behalf of F. Rush</i>	DATE <i>12/10/03</i>		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <i>1549 32nd St. Oakland</i>			
TRANSPORTER <i>S&amp;S Trucking</i>	NOTES:	VEHICLE LICENSE NUMBER <i>10JRTY1</i>	TRUCK NUMBER <i>D-1</i>
ADDRESS <i>477 Boland Way</i>			
CITY, STATE, ZIP <i>Oakland, CA</i>			
PHONE <i>510 383-3556</i>			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>	DATE <i>12-10-03</i>	END DUMP <input type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
		TRANSFER <input checked="" type="checkbox"/>	ROLL-OFF(S) <input type="checkbox"/>
		FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
		DRUMS <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE	
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		OTHER	
DATE		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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



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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

Landfill  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-2800  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR <i>Precision Infrats LLC</i>		WASTE ACCEPTANCE NO. <i>- 3776</i>																						
MAILING ADDRESS <i>2200 Adeline St</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																						
CITY, STATE, ZIP <i>Oakland Ca 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
PHONE <i>510-763-7165</i>		SPECIAL HANDLING PROCEDURES:																						
CONTACT PERSON <i>Francis Rush</i>																								
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* Rush on behalf of F. Rush</i>		DATE <i>12/10/03</i>																						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																								
WASTE TYPE:		RECEIVING FACILITY																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE																								
GENERATING FACILITY <i>1549 32nd St. Oakland</i>																								
TRANSPORTER <i>SSS Trucking</i>		NOTES:	VEHICLE LICENSE NUMBER <i>9B22167</i>																					
ADDRESS <i>477 Roland</i>			TRUCK NUMBER <i>S-28</i>																					
CITY, STATE, ZIP <i>Oakland CA</i>																								
PHONE <i>510-383-3556</i>		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		DATE <i>12-10</i>																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																						
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
REMARKS		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
FACILITY TICKET NUMBER																								
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		DATE <i>12/10/03</i>																						

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

Sanitary Landfill  
 801 Bala W Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Sanitary Landfill  
 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) 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 <i>Precision harts LLC</i>		WASTE ACCEPTANCE NO. <i>-3786</i>	
MAILING ADDRESS <i>2200 Adeline St.</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>Oakland, CA 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>510 763 7165</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Francis Rush</i>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature] on behalf of F. Rush</i>		DATE <i>12/10/03</i>	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <i>1549 32 nd St. Oakland</i>			
TRANSPORTER <i>SJS Trucking</i>		NOTES:	VEHICLE LICENSE NUMBER <i>9A86422</i>
ADDRESS <i>477 Rowland Ave</i>			TRUCK NUMBER <i>S#24</i>
CITY, STATE, ZIP <i>Oakland Ca</i>		END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
PHONE <i>510-383-3556</i>		TRANSFER <input type="checkbox"/>	ROLL-OFF(S) <input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
DATE <i>12/10/03</i>		DRUMS <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		<input type="checkbox"/> SOIL	DISPOSE
FACILITY TICKET NUMBER		<input type="checkbox"/> CONSTRUCTION DEBRIS	OTHER
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
DATE <i>12/10/03</i>		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

Sanitary Landfill  
 301 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 455-9800  
 Fax (925) 455-9891

Sanitary Landfill  
 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) 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 <i>Precision Hoists LLC</i>		WASTE ACCEPTANCE NO. <i>-3786</i>	
MAILING ADDRESS <i>2200 Adeline St.</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>Oakland Ca 94007</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>510-763-7165</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Francis Rush</i>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature] on behalf of F. Rush</i>	DATE <i>12/10/03</i>		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <i>1549 32nd St. Oakland</i>			
TRANSPORTER <i>SJS</i>	NOTES:	VEHICLE LICENSE NUMBER <i>6478769</i>	TRUCK NUMBER <i>37</i>
ADDRESS <i>477 Holland</i>	<i>SJS</i>		
CITY, STATE, ZIP <i>Oakland</i>	END DUMP <input type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>	TRANSFER <input checked="" type="checkbox"/>
PHONE	ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>	DATE <i>12/10</i>	DRUMS <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE <i>12/10/03</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

WASTE DELIVERY 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 # *24001*

Sanitary Landfill  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 456-9891

Sanitary Landfill  
 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) 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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																						
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>																						
<b>MAILING ADDRESS</b>																								
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT																						
Oakland, CA 94607		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
<b>PHONE</b>		<b>SPECIAL HANDLING PROCEDURES:</b>																						
(510) 763-7165																								
<b>CONTACT PERSON</b>																								
Francis Rush																								
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>																						
* [Signature] of F. Rush		12/11/05																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																								
<b>WASTE TYPE:</b>		<b>RECEIVING FACILITY</b>																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
<b>GENERATING FACILITY</b>																								
1549 32nd Street																								
OAKLAND																								
<b>TRANSPORTER</b>		<b>NOTES:</b>																						
DENBESTE TRANSPORT		VEHICLE LICENSE NUMBER																						
		9A9429B																						
<b>ADDRESS</b>		TRUCK NUMBER																						
		051																						
<b>CITY, STATE, ZIP</b>		<b>END DUMP</b>																						
WINDSOR, CA		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER																						
<b>PHONE</b>		<b>ROLL-OFF(S)</b>																						
1800 838 1917		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>																								
* Daniel Ortega R																								
<b>DATE</b>																								
12/10/03																								
<b>REMARKS</b>		<b>CUBIC YARDS</b>																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. /																								
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																						
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
<b>SIGNATURE OF AUTHORIZED AGENT</b>																								
[Signature]																								
<b>DATE</b>																								
12/10/03																								

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  
 801 Bailey Road  
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 Fax (925) 458-9891

Sanitary Landfill  
 12310 San Mateo Road  
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 Phone (650) 726-1819  
 Fax (650) 726-9183

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

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>	
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		<b>SPECIAL HANDLING PROCEDURES:</b>	
Oakland, CA 94007			
PHONE		<b>RECEIVING FACILITY</b>	
(510) 763-7165			
<b>CONTACT PERSON</b>			
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>	
* <i>FR</i> on behalf of F. Rush		12/10/03	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street		OAKLAND	
<b>TRANSPORTER</b>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> <b>TRUCK NUMBER</b>
ADDRESS			6K57264                      214
CITY, STATE, ZIP			
PHONE		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input checked="" type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>DATE</b>	
* <i>[Signature]</i>			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
<b>REMARKS</b>		DISPOSE                      OTHER	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
<input type="checkbox"/> SPECIAL OTHER			
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>	
* <i>[Signature]</i>		12/10/03	

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  
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Sanitary Landfill  
 12310 San Mateo Road  
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 Phone (650) 726-1819  
 Fax (650) 726-9183

Sanitary Landfill  
 1601 Dixon Landing Road  
 Milpitas, CA 95035  
 Phone (408) 945-2900  
 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Precision Lofts L.L.C. c/o: Rush Property Group		<b>WASTE ACCEPTANCE NO.</b> <h1 style="text-align: center;">3786</h1>																						
<b>MAILING ADDRESS</b> 2200 Adeline Street CITY, STATE, ZIP Oakland, CA 94007 PHONE (510) 763-7165		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b> <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
<b>CONTACT PERSON</b> Francis Rush <b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> <b>DATE</b> <i>*D. Rush on behalf of F. Rush</i> 12/10/03		<b>SPECIAL HANDLING PROCEDURES:</b>   																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		<b>RECEIVING FACILITY</b>   																						
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<b>GENERATING FACILITY</b> 1549 32nd Street                                      OAKLAND																								
<b>TRANSPORTER</b>  <b>ADDRESS</b>  <b>CITY, STATE, ZIP</b>  <b>PHONE</b> 		<b>NOTES:</b> <b>VEHICLE LICENSE NUMBER</b> <b>TRUCK NUMBER</b>  <del>425254</del> LC LC215324																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> <b>DATE</b> <i>* [Signature]</i> 12/10/03		<b>END DUMP</b> <b>BOTTOM DUMP</b> <b>TRANSFER</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>ROLL-OFF(S)</b> <b>FLAT-BED</b> <b>VAN</b> <b>DRUMS</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																						
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<b>REMARKS</b>  <b>FACILITY TICKET NUMBER</b>  <b>SIGNATURE OF AUTHORIZED AGENT</b> <b>DATE</b> <i>* [Signature]</i> 12/10/03		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b> <table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
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**Sanitary Landfill**  
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**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																				
Precision Loftis L.L.C. c/o: Rush Property Group		<b>3786</b>																				
<b>MAILING ADDRESS</b>																						
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>																				
<b>PHONE</b>																						
(510) 763-7165																						
<b>CONTACT PERSON</b>		<b>RECEIVING FACILITY</b>																				
Francis Rush																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>																					
* [Signature] on behalf of F. Rush	10/2/03																					
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
<b>WASTE TYPE:</b>																						
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<b>GENERATING FACILITY</b>																						
1549 32nd Street		OAKLAND																				
<b>TRANSPORTER</b>	<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>	<b>TRUCK NUMBER</b>																			
JJ PEREZ & SONS		9B35501	Q70-1																			
<b>ADDRESS</b>																						
CITY, STATE, ZIP																						
STOCKTON CA																						
<b>PHONE</b>																						
209. 993 7722																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>	<b>END DUMP</b>	<b>BOTTOM DUMP</b>																			
* Jesus S. Bautista	10/2/03	<input type="checkbox"/>	<input type="checkbox"/>																			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>TRANSFER</b>	<b>ROLL-OFF(S)</b>																			
		<input type="checkbox"/>	<input type="checkbox"/>																			
<b>REMARKS</b>		<b>FLAT-BED</b>	<b>VAN</b>																			
		<input type="checkbox"/>	<input type="checkbox"/>																			
<b>FACILITY TICKET NUMBER</b>		<b>DRUMS</b>	<input type="checkbox"/>																			
		<input type="checkbox"/>	<input type="checkbox"/>																			
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>CUBIC YARDS</b>																				
<b>DATE</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1"> <tr> <td></td> <td><b>DISPOSE</b></td> <td><b>OTHER</b></td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			<b>DISPOSE</b>	<b>OTHER</b>	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	<b>DISPOSE</b>	<b>OTHER</b>																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
* [Signature]																						
10/2/03																						

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 94555  
 Phone (925) 456-9800  
 Fax (925) 458-9891

**Sanitary Landfill**  
 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) 945-2800  
 Fax (408) 262-2671

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Precision Lofts L.L.C. c/o: Rush Property Group		<b>WASTE ACCEPTANCE NO.</b> <b>3786</b>	
<b>MAILING ADDRESS</b> 2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
CITY, STATE, ZIP Oakland, CA 94007		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE (510) 763-7165		<b>SPECIAL HANDLING PROCEDURES:</b>	
CONTACT PERSON Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE * [Signature] on behalf of F. Rush		DATE 10/2/03	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
<b>WASTE TYPE:</b>		<b>RECEIVING FACILITY</b>	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> 1549 32nd Street                      OAKLAND			
<b>TRANSPORTER</b> RWT		<b>NOTES:</b> VEHICLE LICENSE NUMBER    TRUCK NUMBER	
ADDRESS    4961 Griffin Rd		9A602AA                      2	
CITY, STATE, ZIP    Hughson Ca    95326			
PHONE                      209 883 0206		END DUMP                      BOTTOM DUMP                      TRANSFER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER    DATE		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
* [Signature]                      10-2-03			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
REMARKS		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
		DISPOSE                      OTHER	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
<input type="checkbox"/> ASH			
<input type="checkbox"/> SPECIAL OTHER			
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT    DATE			
* [Signature]                      10/2/03			

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**Sanitary Landfill**  
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 Milpitas, CA 95035  
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 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		3786	
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		<b>SPECIAL HANDLING PROCEDURES:</b>	
Oakland, CA 94007			
PHONE			
(510) 763-7165			
<b>CONTACT PERSON</b>			
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>			
* [Signature] on behalf of F. Rush			
<b>DATE</b>			
10/2/03			
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
<b>WASTE TYPE:</b>		<b>RECEIVING FACILITY</b>	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street			
OAKLAND			
<b>TRANSPORTER</b>		<b>NOTES:</b>	
James Byars Trucking		VEHICLE LICENSE NUMBER: 1PDX614	
ADDRESS: 700 Rhine Way		TRUCK NUMBER: 532	
CITY, STATE, ZIP: Oakley CA			
PHONE: 925-625-1886			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>END DUMP</b> <b>BOTTOM DUMP</b> <b>TRANSFER</b>	
* [Signature]		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>ROLL-OFF(S)</b> <b>FLAT-BED</b> <b>VAN</b> <b>DRUMS</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>DATE</b>			
10/2/03			
<b>REMARKS</b>		<b>CUBIC YARDS</b>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
11/2/03			
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
		DISPOSE   OTHER	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> SOIL	
[Signature]		<input type="checkbox"/> CONSTRUCTION DEBRIS	
<b>DATE</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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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 <b>Precision Lofts L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <b>(510) 763-7165</b>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <b>Francis Rush</b>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <b>* [Signature] on behalf of F. Rush</b>			
DATE <b>10/2/03</b>			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <b>1549 32nd Street                      OAKLAND</b>			
TRANSPORTER <b>Jack's Junking</b>		NOTES:	VEHICLE LICENSE NUMBER <b>BBB RAP 1</b>
ADDRESS <b>1021 - 14th Street</b>			TRUCK NUMBER <b>55</b>
CITY, STATE, ZIP <b>Oakland Ca</b>			
PHONE <b>510 655 8197</b>			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <b>* [Signature]</b>		END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
DATE <b>10-2-03</b>		ROLL-OFF(S) <input type="checkbox"/>	VAN <input type="checkbox"/>
			DRUMS <input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT <b>[Signature]</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE <b>10/2/03</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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Sanitary Landfill  
 301 Bailey Road  
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 1601 Dixon Landing Road  
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 Fax (408) 262-2871

Landfill  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-2800  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>	
<b>MAILING ADDRESS</b>			
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>	
PHONE			
(510) 763-7165			
<b>CONTACT PERSON</b>		<b>RECEIVING FACILITY</b>	
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* <i>Francis Rush</i>	10/2/03		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street		OAKLAND	

<b>TRANSPORTER</b>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>	<b>TRUCK NUMBER</b>
MACHADO TRANS			UP 22673	M-1
<b>ADDRESS</b>				
2590 LOVELACE Rd.				
<b>CITY, STATE, ZIP</b>				
MANTECA, CA				
<b>PHONE</b>				
1-209-958-9199				
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>END DUMP</b>	<b>BOTTOM DUMP</b>	<b>TRANSFER</b>
* <i>M. Machado</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>ROLL-OFF(S)</b>	<b>FLAT-BED</b>	<b>VAN</b>
DATE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-2-03				

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
		<b>DISPOSE</b>	<b>OTHER</b>
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
DATE		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
* <i>M. Machado</i>		10/2/03	

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 # 252825

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

Sanitary Landfill  
 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) 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 <b>Precision Loftis L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
PHONE <b>(510) 763-7165</b>		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON <b>Francis Rush</b>		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE <b>* [Signature] on behalf of Francis Rush</b>		DATE <b>10/2/03</b>	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <b>1549 32nd Street                      OAKLAND</b>			
TRANSPORTER <b>RON BLAND</b>		NOTES:	VEHICLE LICENSE NUMBER <b>9B94399</b>
ADDRESS <b>13912 CRISWELL RD.</b>			TRUCK NUMBER <b>99</b>
CITY, STATE, ZIP <b>LOS BANOS, CA</b>		END DUMP              BOTTOM DUMP              TRANSFER	
PHONE <b>209 8262555</b>		<input checked="" type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <b>* [Signature]</b>		DATE <b>10-2-03</b>	
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)	
REMARKS			DISPOSE              OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT <b>[Signature]</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE <b>10/2/03</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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**Landfill**  
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 Manteca, CA 95336  
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 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Precision Lofts L.L.C. c/o: Rush Property Group		<b>WASTE ACCEPTANCE NO.</b> <b>3786</b>	
<b>MAILING ADDRESS</b> 2200 Adeline Street OAKLAND, CA 94607 PHONE (510) 763-7163 CONTACT PERSON Francis Rush		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b> <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature] on behalf of F. Rush</i>		DATE 10/2/03	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>WASTE TYPE:</b> <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE		<b>RECEIVING FACILITY</b>	
<b>GENERATING FACILITY</b> 1549 32nd Street   OAKLAND		<b>TRANSPORTER</b> JS Perez & Sons	
<b>ADDRESS</b>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 9D07540
<b>CITY, STATE, ZIP</b> STOCKTON CA		<b>TRUCK NUMBER</b> #69	
<b>PHONE</b> 209 943 7726		<b>END DUMP</b> <input checked="" type="checkbox"/>	<b>BOTTOM DUMP</b> <input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<b>TRANSFER</b> <input type="checkbox"/>	<b>ROLL-OFF(S)</b> <input type="checkbox"/>
DATE 10/2/03		<b>FLAT-BED</b> <input type="checkbox"/>	<b>VAN</b> <input type="checkbox"/>
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>DRUMS</b> <input type="checkbox"/>	
<b>REMARKS</b>		<b>CUBIC YARDS</b>	
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
SIGNATURE OF AUTHORIZED AGENT		<b>DISPOSE</b>	
DATE 10/2/07		<b>OTHER</b>	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # 252816

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

Sanitary Landfill  
 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) 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.	
Precision Lofis L.L.C. c/o: Rush Property Group		3786	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94007			
PHONE		RECEIVING FACILITY	
(510) 763-7165			
CONTACT PERSON			
Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
DATE			
*S. H. on behalf of F. Rush 10/2/03			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd Street		OAKLAND	
TRANSPORTER	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
JJ Perez & Sons		9B83006	68
ADDRESS			
Stockton Ca			
CITY, STATE, ZIP			
PHONE	END DUMP	BOTTOM DUMP	TRANSFER
209-993-77-26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	ROLL-OFF(S)	FLAT-BED	VAN
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Antonio Badinez			DRUMS
			<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE                      OTHER	
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
DATE		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

Sanitary Landfill  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 456-9800  
 Fax (925) 456-9891

Sanitary Landfill  
 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) 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**

<b>GENERATOR</b> Precision Lofts L.L.C. c/o: Rush Property Group <b>MAILING ADDRESS</b> 2200 Adeline Street OAKLAND, CA 94607 PHONE (510) 763-7165 <b>CONTACT PERSON</b> Francis Rush <b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> <b>DATE</b> <i>* [Signature] on behalf of F. Rush 10/2/03</i>		<b>WASTE ACCEPTANCE NO.</b> <div style="text-align: center; font-size: 24pt; font-weight: bold;">3786</div> <b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b> <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER <b>SPECIAL HANDLING PROCEDURES:</b>																									
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; <b>AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</b>		<b>RECEIVING FACILITY</b>																									
<b>WASTE TYPE:</b> <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE		<b>TRANSPORTER</b> <i>KON BLAND</i> <b>ADDRESS</b> <i>14296 CRISWELL RD</i> <b>CITY, STATE, ZIP</b> <i>LOS BANOS CA 93635</i> <b>PHONE</b> <i>209-826-2553</i> <b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> <b>DATE</b> <i>* [Signature] 10-2-03</i>																									
<b>GENERATING FACILITY</b> 1549 32nd Street                                      OAKLAND		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">NOTES:</th> <th style="width:35%;">VEHICLE LICENSE NUMBER</th> <th style="width:35%;">TRUCK NUMBER</th> </tr> <tr> <td></td> <td style="text-align: center;"><i>9B93094</i></td> <td style="text-align: center;"><i>00</i></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>KON BLAND</i></td> </tr> <tr> <td><input checked="" type="checkbox"/> END DUMP</td> <td><input type="checkbox"/> BOTTOM DUMP</td> <td><input type="checkbox"/> TRANSFER</td> </tr> <tr> <td><input type="checkbox"/> ROLL-OFF(S)</td> <td><input type="checkbox"/> FLAT-BED</td> <td><input type="checkbox"/> VAN</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER		<i>9B93094</i>	<i>00</i>	<i>KON BLAND</i>			<input checked="" type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED	<input type="checkbox"/> VAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER																									
	<i>9B93094</i>	<i>00</i>																									
<i>KON BLAND</i>																											
<input checked="" type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP	<input type="checkbox"/> TRANSFER																									
<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED	<input type="checkbox"/> VAN																									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>																									
<b>REMARKS</b>  <b>FACILITY TICKET NUMBER</b>  <b>SIGNATURE OF AUTHORIZED AGENT</b> <b>DATE</b> <i>* [Signature] 10/2/03</i>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</th> </tr> <tr> <th style="width:60%;"></th> <th style="width:20%;">DISPOSE</th> <th style="width:20%;">OTHER</th> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)				DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																											
	DISPOSE	OTHER																									
<input type="checkbox"/> SOIL																											
<input type="checkbox"/> CONSTRUCTION DEBRIS																											
<input type="checkbox"/> NON-FRIABLE ASBESTOS																											
<input type="checkbox"/> WOOD																											
<input type="checkbox"/> ASH																											
<input type="checkbox"/> SPECIAL OTHER																											

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2671

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR <b>Precision Lofts L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <b>(510) 763-7165</b>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <b>Francis Rush</b>			
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature] on behalf of F. Rush</i>		DATE <b>10/2/03</b>	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <b>1549 32nd Street                      OAKLAND</b>			
TRANSPORTER <b>POW BLAND</b>		NOTES:	VEHICLE LICENSE NUMBER    TRUCK NUMBER
ADDRESS <b>14286 Criswell Rd</b>			<b>CA 9D35703    #97</b>
CITY, STATE, ZIP <b>LOS ANGELES CA 93635</b>			
PHONE <b>(209) 926-2555</b>		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* Michael Macias</i>		DATE <b>10-2-03</b>	
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)	
REMARKS		<input type="checkbox"/> SOIL <input type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
FACILITY TICKET NUMBER			
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		DATE <b>10/2/03</b>	



**Sanitary Landfill**  
 991 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 456-9800  
 Fax (925) 458-9891

**Sanitary Landfill**  
 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  
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 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>	
<b>MAILING ADDRESS</b>			
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>PHONE</b>			
(510) 763-7165		RECEIVING FACILITY	
<b>CONTACT PERSON</b>			
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>			
DATE			
* [Signature] on behalf of F. Rush 10/2/03			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> DEBRIS <input type="checkbox"/> SPECIAL WASTE		<input type="checkbox"/> SLUDGE <input type="checkbox"/> WOOD <input type="checkbox"/> OTHER	
<b>GENERATING FACILITY</b>			
1549 32nd Street		OAKLAND	
<b>TRANSPORTER</b>		<b>NOTES:</b>	
Rox Bland Trucking		VEHICLE LICENSE NUMBER	
ADDRESS		9D05094	
14286 Chiswell Rd		TRUCK NUMBER	
CITY, STATE, ZIP		98	
Los Banos, CA, 93635		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
<b>PHONE</b>			
209 826-2555			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>			
* Rox Bland			
DATE			
10/2/03			
<b>CUBIC YARDS</b>			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>			
		DISPOSE	
		OTHER	
<input type="checkbox"/> SOIL			
<input type="checkbox"/> CONSTRUCTION DEBRIS			
<input type="checkbox"/> NON-FRIABLE ASBESTOS			
<input type="checkbox"/> WOOD			
<input type="checkbox"/> ASH			
<input type="checkbox"/> SPECIAL OTHER			
<b>REMARKS</b>			
FACILITY TICKET NUMBER			
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>	
* [Signature]		[Signature]	

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 # 252820

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

Sanitary Landfill  
 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) 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 <b>Precision Lofis L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
PHONE <b>(510) 763-7165</b>		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON <b>Francis Rush</b>		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature] on behalf of F. Rush 10/2/03</i>		RECEIVING FACILITY	
DATE <b>10/2/03</b>			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL		<input type="checkbox"/> SLUDGE	
<input type="checkbox"/> CONSTRUCTION		<input type="checkbox"/> WOOD	
<input type="checkbox"/> DEBRIS		<input type="checkbox"/> OTHER	
<input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <b>1549 32nd Street OAKLAND</b>			
TRANSPORTER <b>JJ PEREZ &amp; SONS</b>		NOTES:	VEHICLE LICENSE NUMBER <b>9B35501</b>
ADDRESS		TRUCK NUMBER <b>Q 70-1</b>	
CITY, STATE, ZIP <b>STOCKTON CA</b>			
PHONE <b>209 993 7726</b>			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* Jesus S. Bautista</i>		END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/>	
DATE <b>10/2/03</b>		ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE   OTHER	
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		<input type="checkbox"/> SOIL	
DATE <b>10/2/03</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # **252817**

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

Sanitary Landfill  
 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) 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 <b>Precision Lofts L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
PHONE <b>(510) 763-7165</b>		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CONTACT PERSON <b>Francis Rush</b>		SPECIAL HANDLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* Francis Rush</i>	DATE <b>10/3/03</b>	RECEIVING FACILITY	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <b>1549 32nd Street                      OAKLAND</b>			
TRANSPORTER <b>MALABO TRAWLS</b>	NOTES:	VEHICLE LICENSE NUMBER <b>UP22673</b>	TRUCK NUMBER <b>M-1</b>
ADDRESS <b>2590 LOVELACE RD</b>			
CITY, STATE, ZIP <b>MANTECA, CA</b>			
PHONE <b>1-209-858-9199</b>			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* Mike Brucke</i>	DATE <b>10-2-03</b>	END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
		TRANSFER <input type="checkbox"/>	ROLL-OFF(S) <input type="checkbox"/>
		FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
		DRUMS <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT <i>* Mike Brucke</i>		<input type="checkbox"/> SOIL	
DATE <b>10/2</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # **252813**



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

Sanitary Landfill  
 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) 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 <b>Precision Lofts L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <b>(510) 763-7165</b>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <b>Francis Rush</b>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
<i>* Francis Rush on behalf of P. Rush</i>	<i>10/3/03</i>		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <b>1549 32nd Street                      OAKLAND</b>			
TRANSPORTER <b>RON BLAND Trucking</b>		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER
ADDRESS <b>14256 CHISWELL RD</b>			<b>9D05094                      98</b>
CITY, STATE, ZIP <b>LOS ANGELES, CA. 90035</b>			
PHONE <b>209 826 2555</b>		END DUMP                      BOTTOM DUMP                      TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER      DATE		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<i>* Ronnie Bland                      10/02/03</i>		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS  FACILITY TICKET NUMBER  SIGNATURE OF AUTHORIZED AGENT      DATE		DISPOSE                      OTHER	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
<i>* [Signature]                      10/3/03</i>			

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

MANIFEST # **252829**

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

Landfill  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-429  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR <b>Precision Lofis L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>																						
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																						
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
PHONE <b>(510) 763-7165</b>		SPECIAL HANDLING PROCEDURES:																						
CONTACT PERSON <b>Francis Rush</b>																								
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature] on behalf of F. Rush</i>		DATE <b>10/2/02</b>																						
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY																						
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
GENERATING FACILITY <b>1549 32nd Street                      OAKLAND</b>																								
TRANSPORTER <b>JJ PEREZ &amp; SONS</b>		NOTES:	VEHICLE LICENSE NUMBER <b>9D07540</b>																					
ADDRESS		TRUCK NUMBER <b>#69</b>																						
CITY, STATE, ZIP <b>STOCKTON CA</b>																								
PHONE <b>209 997 2726</b>		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* Daniel Gomez</i>		DATE <b>10/02/03</b>																						
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																						
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
FACILITY TICKET NUMBER		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		DATE <b>10/3/03</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.

MANIFEST # **252833**

Sanitary Landfill  
 901 Bailey Road  
 Pittsburg, CA 94555  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Sanitary Landfill  
 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) 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 <b>Precision Lofts L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>		
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT		
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER		
PHONE <b>(510) 763-7165</b>		SPECIAL HANDLING PROCEDURES:		
CONTACT PERSON <b>Francis Rush</b>		RECEIVING FACILITY		
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
<i>*Francis Rush on behalf of F. Rush</i>	<i>10/2/03</i>			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.				
WASTE TYPE:				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE				
GENERATING FACILITY <b>1549 32nd Street OAKLAND</b>				
TRANSPORTER <i>RON BLAND</i>	NOTES:	VEHICLE LICENSE NUMBER <i>9B83094</i>	TRUCK NUMBER <i>00</i>	
ADDRESS <i>14286 CRISTALL RD</i>	<i>Ron Bland</i>			
CITY, STATE, ZIP <i>LOS ANGELES CA 90035</i>				
PHONE <i>209-826-2555</i>	END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>	TRANSFER <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>*Ron Bland</i>	ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>	
DATE <i>10/2/03</i>		DRUMS <input type="checkbox"/>		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  REMARKS  FACILITY TICKET NUMBER  SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>	CUBIC YARDS			
	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)			
		DISPOSE	OTHER	
	<input checked="" type="checkbox"/> SOIL			
	<input type="checkbox"/> CONSTRUCTION DEBRIS			
	<input type="checkbox"/> NON-FRIABLE ASBESTOS			
	<input type="checkbox"/> WOOD			
<input type="checkbox"/> ASH				
<input type="checkbox"/> SPECIAL OTHER				
DATE <i>10/3/03</i>				

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

MANIFEST # **252892**

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

Sanitary Landfill  
 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) 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 <b>Precision Lofts L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <b>(510) 763-7165</b>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <b>Francis Rush</b>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
<i>* Francis Rush</i>	<i>10/3/03</i>		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <b>1549 32nd Street                      OAKLAND</b>			
TRANSPORTER <i>RON BLAND</i>	NOTES:	VEHICLE LICENSE NUMBER <i>9B83094</i>	TRUCK NUMBER <i>00</i>
ADDRESS <i>14286 CRISWELL RD</i>	<i>Ron Bland</i>		
CITY, STATE, ZIP <i>LOS BANOS CA. 93635</i>			
PHONE <i>209-826-2535</i>	END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>	TRANSFER <input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* Ron Bland</i>	ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
DATE <i>10-3-03</i>	DRUMS <input type="checkbox"/>		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE <i>10/3/03</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # **252905**



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

Sanitary Landfill  
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) 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.	
Precision Lofts L.L.C. c/o: Rush Property Group		3786 <del>3786</del> <del>5503</del>	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94007		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 763-7165			
CONTACT PERSON			
Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>[Signature]</i> on behalf of F. Rush	10/3/03		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL	<input type="checkbox"/> SLUDGE		
<input type="checkbox"/> CONSTRUCTION	<input type="checkbox"/> WOOD		
<input type="checkbox"/> DEBRIS	<input type="checkbox"/> OTHER		
<input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd Street OAKLAND			
TRANSPORTER	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
RON BLAND		9B94339	99
ADDRESS			
13392 CRISWELL RD,			
CITY, STATE, ZIP			
LOS BANOS, CA			
PHONE	END DUMP	BOTTOM DUMP	TRANSFER
209 8262555	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	ROLL-OFF(S)	FLAT-BED	VAN
* <i>[Signature]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE			
10-3-03			
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	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE OTHER	
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
<i>[Signature]</i>		<input type="checkbox"/> WOOD	
DATE		<input type="checkbox"/> ASH	
10/3/03		<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # 252903

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

Sanitary Landfill  
 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) 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**

<b>GENERATOR</b> <i>Precision Leffts LLC 46 Rusk Property Group</i>		<b>WASTE ACCEPTANCE NO.</b> <i>3786</i>	
<b>MAILING ADDRESS</b> <i>2200 Adeline St</i>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> <i>Oakland, CA 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>PHONE</b> <i>510-763-7165</i>		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>CONTACT PERSON</b> <i>Francis Rush</i>		<b>RECEIVING FACILITY</b>     	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
<i>* P. Herb. in behalf of FRush.</i>	<i>10/02/03</i>		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly desorbed, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
<b>TRANSPORTER</b> <i>Ron BLAND Trucking</i>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> <i>9D05094</i>
<b>ADDRESS</b> <i>14286 Chriswell Rd.</i>			<b>TRUCK NUMBER</b> <i>98</i>
<b>CITY, STATE, ZIP</b> <i>Los BANCOS CA 93635</i>			
<b>PHONE</b> <i>209 822 2555</i>			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<input type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP
<b>DATE</b>		<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED
<i>* Ron Bland</i>		<input type="checkbox"/>	<input type="checkbox"/> VAN
<i>10/03/03</i>		<input type="checkbox"/>	<input type="checkbox"/> DRUMS
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>	
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>REMARKS</b>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
		<input type="checkbox"/>	
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>	
<i>* [Signature]</i>		<i>10/03/03</i>	

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

MANIFEST # *256749*

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

**Sanitary Landfill**  
 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) 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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		3786 <del>3786</del> <del>3786</del>	
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>PHONE</b>			
(510) 763-7165			
<b>CONTACT PERSON</b>			
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>RECEIVING FACILITY</b>	
* [Signature] on behalf of F. Rush			
<b>DATE</b>			
10/3/03			
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE			
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD			
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER			
<input checked="" type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street			
OAKLAND			
<b>TRANSPORTER</b>		<b>NOTES:</b>	
Kou Bland		VEHICLE LICENSE NUMBER	
ADDRESS		TRUCK NUMBER	
13826 Criswell Rd			
CITY, STATE, ZIP			
Los Banos CA			
<b>PHONE</b>		<b>END DUMP</b> <input type="checkbox"/>	
1209 826 2558		<b>BOTTOM DUMP</b> <input type="checkbox"/>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>TRANSFER</b> <input type="checkbox"/>	
* Michael Maurer		<b>ROLL-OFF(S)</b> <input type="checkbox"/>	
<b>DATE</b>		<b>FLAT-BED</b> <input type="checkbox"/>	
		<b>VAN</b> <input type="checkbox"/>	
		<b>DRUMS</b> <input type="checkbox"/>	
<b>REMARKS</b>		<b>CUBIC YARDS</b>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
		<b>DISPOSE</b>	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>OTHER</b>	
[Signature]		<input type="checkbox"/> SOIL	
<b>DATE</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
10/3/03		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

**Sanitary Landfill**  
 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) 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

<b>GENERATOR</b> Precision Loftis L.L.C. c/o: Rush Property Group		<b>WASTE ACCEPTANCE NO.</b> <b>3786-5503</b>	
<b>MAILING ADDRESS</b> 2200 Adeline Street OAKLAND, CA 94607		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>PHONE</b> (510) 763-7165		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
<b>CONTACT PERSON</b> Francis Rush		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * Rush on behalf of F. Rush		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>DATE</b> 10/3/03			
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		<b>RECEIVING FACILITY</b>	
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE			
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD			
<input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER			
<input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> 1549 32nd Street                                 OAKLAND			
<b>TRANSPORTER</b> Ron Bland Trucking		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 9D0509K
<b>ADDRESS</b> 17286 CHRISWELL RD			<b>TRUCK NUMBER</b> 98
<b>CITY, STATE, ZIP</b> LOS BANOS, CA 93635			
<b>PHONE</b> 209 826 2555		<input checked="" type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> * Ron Bland		<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> TRANSFER
<b>DATE</b> 10/03/03		<input type="checkbox"/> FLAT-BED	<input type="checkbox"/> VAN
		<input type="checkbox"/>	<input type="checkbox"/> DRUMS
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> SOIL	<input type="checkbox"/> DISPOSE
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	<input type="checkbox"/> OTHER
<b>DATE</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

Landfill  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 952-1009

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
Precision Lofts L.L.C. c/o: Rush Property Group		3786	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94007			
PHONE		RECEIVING FACILITY	
(510) 763-7165			
CONTACT PERSON			
Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* <i>B. Nelson on behalf of F. Rush</i>			
DATE			
10/3/03			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd Street		OAKLAND	
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER      TRUCK NUMBER	
PWT		9A602PA                      2	
ADDRESS			
4961 Griffin Rd			
CITY, STATE, ZIP			
Hughson CA 95326			
PHONE			
209 887 0206			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP      BOTTOM DUMP      TRANSFER	
* <i>Roy Winters</i>		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S)      FLAT-BED      VAN      DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE			
10-3-03			
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	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE      OTHER	
DATE		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
* <i>Mr. Davis</i>			
10/3/03			

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 # 252884

Sanitary Landfill  
 271 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 456-9800  
 Fax (925) 456-9891

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2671

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
Precision Lofts L.L.C. c/o: Rush Property Group		3786558	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94007			
PHONE			
(510) 763-7165			
CONTACT PERSON			
Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* [Signature] on behalf of F. Rush			
DATE			
10/03/03			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.		RECEIVING FACILITY	
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd Street			
OAKLAND			

TRANSPORTER	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
RON BLAND		9B83094	00
ADDRESS	Ron Bland		
14286 CRISWELL RD.			
CITY, STATE, ZIP			
LOS BANOS CA 98035			
PHONE			
209-826-2555			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	END DUMP	BOTTOM DUMP	TRANSFER
* [Signature]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE	ROLL-OFF(S)	FLAT-BED	VAN
10-3-03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			DRUMS
			<input type="checkbox"/>

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	CUBIC YARDS		
REMARKS	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		
		DISPOSE	OTHER
	<input type="checkbox"/> SOIL		
	<input type="checkbox"/> CONSTRUCTION DEBRIS		
	<input type="checkbox"/> NON-FRIABLE ASBESTOS		
	<input type="checkbox"/> WOOD		
	<input type="checkbox"/> ASH		
SIGNATURE OF AUTHORIZED AGENT	DATE		
* [Signature]	10/03/03		
FACILITY TICKET NUMBER			
<input type="checkbox"/> SPECIAL OTHER			

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

LANDFILL COPY

MANIFEST # 252900

Sanitary Landfill  
 921 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 456-9800  
 Fax (925) 455-9891

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

**GENERATOR**  
 Precision Lofts L.L.C. c/o: Rush Property Group

**MAILING ADDRESS**  
 2200 Adeline Street  
 Oakland, CA 94607

**PHONE**  
 (510) 763-7165

**CONTACT PERSON**  
 Francis Rush

**SIGNATURE OF AUTHORIZED AGENT / TITLE**      **DATE**  
 \* [Signature] on behalf of FRush 10/3/03

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**WASTE TYPE:**  
 DISPOSAL                       SLUDGE  
 CONSTRUCTION             WOOD  
 DEBRIS                             OTHER  
 SPECIAL WASTE

**GENERATING FACILITY**  
 1549 32nd Street                      OAKLAND

**WASTE ACCEPTANCE NO.**  
 3786 ~~3786~~ ~~5583~~

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

**SPECIAL HANDLING PROCEDURES:**

**RECEIVING FACILITY**

**TRANSPORTER**      *ROV DIANO*

**ADDRESS**      *13826 Criswell Rd*

**CITY, STATE, ZIP**      *LOS BANOS*

**PHONE**      *209-826-2500*

**SIGNATURE OF AUTHORIZED AGENT OR DRIVER**      **DATE**  
 \* *Muhel Marinos*

**NOTES:**      **VEHICLE LICENSE NUMBER**      **TRUCK NUMBER**

**END DUMP**      **BOTTOM DUMP**      **TRANSFER**  
                                           

**ROLL-OFF(S)**      **FLAT-BED**      **VAN**      **DRUMS**  
                                                                 

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

**REMARKS**

**FACILITY TICKET NUMBER**

**SIGNATURE OF AUTHORIZED AGENT**      **DATE**  
 \* [Signature]      10/3/03

**CUBIC YARDS**

**DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)**

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

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

**Sanitary Landfill**  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 456-9891

**Sanitary Landfill**  
 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) 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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Loftis L.L.C. c/o: Rush Property Group		<b>3786</b>	
<b>MAILING ADDRESS</b>			
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>	
PHONE			
(510) 763-7165			
<b>CONTACT PERSON</b>		<b>RECEIVING FACILITY</b>	
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* [Signature] on behalf of F. Rush	10/3/03		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street		OAKLAND	
<b>TRANSPORTER</b>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>
[Signature] RW			9A602FA
<b>ADDRESS</b>		<b>TRUCK NUMBER</b>	2
4961 Griffin Rd			
<b>CITY, STATE, ZIP</b>		<b>END DUMP</b>	<b>BOTTOM DUMP</b>
Highson Ca 95326		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>PHONE</b>		<b>TRANSFER</b>	<input type="checkbox"/>
209 883 0206		<input type="checkbox"/>	<input type="checkbox"/>
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>	<b>ROLL-OFF(S)</b>	<b>FLAT-BED</b>
* [Signature] Roy Wilcox	10/2/03	<input type="checkbox"/>	<input type="checkbox"/>
		<b>VAN</b>	<b>DRUMS</b>
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
		<b>DISPOSE</b>	<b>OTHER</b>
<b>FACILITY TICKET NUMBER</b>		<input checked="" type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
[Signature] 10/3/03		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # 252827



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

Sanitary Landfill  
 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) 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 Precision Lofts L.L.C. c/o: Rush Property Group		WASTE ACCEPTANCE NO. <b>3786</b>		
MAILING ADDRESS 2200 Adeline Street CITY, STATE, ZIP Oakland, CA 94007		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER		
PHONE (510) 763-7165		SPECIAL HANDLING PROCEDURES:		
CONTACT PERSON Francis Rush				
SIGNATURE OF AUTHORIZED AGENT / TITLE * <i>Francis Rush</i>				
DATE		RECEIVING FACILITY		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261				
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE				
GENERATING FACILITY 1549 32nd Street OAKLAND				
TRANSPORTER <i>RON BLAND</i>		NOTES:	VEHICLE LICENSE NUMBER CA 9D35703	TRUCK NUMBER # 97
ADDRESS 14286 Criswell Rd		END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS <input type="checkbox"/>		
CITY, STATE, ZIP COS BANOS CA				
PHONE 709-825-2555		SIGNATURE OF AUTHORIZED AGENT OR DRIVER * <i>Michael Macias</i>		
DATE 10/3/03		CUBIC YARDS		
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		
		DISPOSE <input type="checkbox"/> OTHER <input type="checkbox"/>		
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL		
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS		
DATE 10/3/03		<input type="checkbox"/> NON-FRIABLE ASBESTOS		
DATE		<input type="checkbox"/> WOOD		
DATE		<input type="checkbox"/> ASH		
DATE		<input type="checkbox"/> SPECIAL OTHER		

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

MANIFEST # 252830

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																				
Precision Lofis L.L.C. c/o: Rush Property Group		<b>3786</b>																				
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
CITY, STATE, ZIP		<b>SPECIAL HANDLING PROCEDURES:</b>																				
Oakland, CA 94007																						
PHONE		<b>RECEIVING FACILITY</b>																				
(510) 763-7165																						
CONTACT PERSON																						
Francis Rush																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>																						
* <i>[Signature]</i> on behalf of F. Rush																						
<b>DATE</b>																						
11/19/03																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
<b>WASTE TYPE:</b>																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
<b>GENERATING FACILITY</b>																						
1549 32nd Street		OAKLAND																				
<b>TRANSPORTER</b>		<b>NOTES:</b>																				
SHAFPS		VEHICLE LICENSE NUMBER																				
ADDRESS		9B72841																				
1200 S. ...		TRUCK NUMBER																				
CITY, STATE, ZIP		117																				
Bakersfield CA																						
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER																						
* <i>[Signature]</i>																						
<b>DATE</b>																						
11/19/03																						
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>																				
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align:center;">DISPOSE</td> <td style="text-align:center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
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<b>FACILITY TICKET NUMBER</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT</b>																						
* <i>[Signature]</i>																						
<b>DATE</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.

MANIFEST # 252868

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

Sanitary Landfill  
 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) 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 <b>Precision Lofts L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>																						
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																						
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
PHONE <b>(510) 763-7165</b>		SPECIAL HANDLING PROCEDURES:																						
CONTACT PERSON <b>Francis Rush</b>		RECEIVING FACILITY																						
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>Francis Rush</i>																								
DATE <i>11/19/03</i>																								
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.																								
WASTE TYPE:																								
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
GENERATING FACILITY <b>1549 32nd Street                      OAKLAND</b>																								
TRANSPORTER <i>SHAFPS</i>		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER <i>111</i>																					
ADDRESS																								
CITY, STATE, ZIP																								
PHONE (cell) <i>391 4545</i>		END DUMP                      BOTTOM DUMP                      TRANSFER																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>Ben Mach</i>		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS																						
DATE <i>11-19-03</i>																								
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																						
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
REMARKS		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
FACILITY TICKET NUMBER																								
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		DATE <i>11/19</i>																						

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

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

Sanitary Landfill  
 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) 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 <b>Precision Loftis L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <b>(510) 763-7165</b>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <b>Francis Rush</b>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <b>* SAIT of Behalf on F. Rush</b>			
DATE <b>11/19/03</b>			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <b>1549 32nd Street                      OAKLAND</b>			
TRANSPORTER <b>Shaff's Transportation</b>		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS <b>12802 Snow Rd.</b>			<b>SP78896</b>
CITY, STATE, ZIP <b>Bakersfield CA 93312</b>			<b>154</b>
PHONE <b>661 391-4545</b>		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <b>* [Signature]</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
DATE <b>11-19-03</b>		ROLL-OFF(S)	FLAT-BED
		<input type="checkbox"/>	<input type="checkbox"/>
			VAN
			<input type="checkbox"/>
			DRUMS
			<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE	
SIGNATURE OF AUTHORIZED AGENT <b>[Signature]</b>		OTHER	
DATE		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

**Sanitary Landfill**  
 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) 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 <b>Precision Lofts L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <b>(510) 763-7165</b>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <b>Francis Rush</b>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature] Francis Rush</i>			
DATE <b>11/19/05</b>			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <b>1549 32nd Street OAKLAND</b>			
TRANSPORTER <b>SHAFF'S</b>		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS <b>12808 Snow Rd</b>			<b>9A33718</b>
CITY, STATE, ZIP <b>Bakersfield CA 93380</b>			<b>118</b>
PHONE <b>661-391-9598</b>		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
DATE <b>11-19-05</b>		ROLL-OFF(S)	FLAT-BED
		<input type="checkbox"/>	<input type="checkbox"/>
			VAN
			<input type="checkbox"/>
			DRUMS
			<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE	
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		OTHER	
DATE <b>11/19/05</b>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # **252857**

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

Sanitary Landfill  
 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) 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 <b>Precision Lofts L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <b>(510) 763-7165</b>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <b>Francis Rush</b>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>[Signature]</i>			
DATE <b>11/14/03</b>			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 266 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <b>1549 32nd Street OAKLAND</b>			
TRANSPORTER <b>SWAFF'S TRANSPORTATION</b>		NOTES:	VEHICLE LICENSE NUMBER <b>9A33734</b>
ADDRESS <b>12808 SNOW RD</b>			TRUCK NUMBER <b>114</b>
CITY, STATE, ZIP <b>BAKERSFIELD CA</b>			
PHONE <b>(661) 391-4545</b>			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>[Signature]</i> <b>REN BRUNST</b>		END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
DATE <b>11-19-03</b>		ROLL-OFF(S) <input type="checkbox"/>	TRANSFER <input type="checkbox"/>
		FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
			DRUMS <input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE <b>11/19/03</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

Sanitary Landfill  
 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) 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**

<b>GENERATOR</b> Precision Lofts L.L.C. c/o: Rush Property Group		<b>WASTE ACCEPTANCE NO.</b> <h1 style="text-align: center;">3786</h1>																			
<b>MAILING ADDRESS</b> 2200 Adeline Street OAKLAND, CA 94607		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b> <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																			
<b>PHONE</b> (510) 763-7165		<b>SPECIAL HANDLING PROCEDURES:</b>																			
<b>CONTACT PERSON</b> Francis Rush		<b>RECEIVING FACILITY</b>																			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>																				
<i>* [Signature] on behalf of F. Rush 11/19/03</i>																					
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<b>GENERATING FACILITY</b> 1549 32nd Street                      OAKLAND																					
<b>TRANSPORTER</b> <i>Rojas Trucking (18 Trucking)</i>		<b>NOTES:</b>	<table border="1"> <tr> <td>VEHICLE LICENSE NUMBER</td> <td>TRUCK NUMBER</td> </tr> <tr> <td>9D23907</td> <td>B4</td> </tr> </table>	VEHICLE LICENSE NUMBER	TRUCK NUMBER	9D23907	B4														
VEHICLE LICENSE NUMBER	TRUCK NUMBER																				
9D23907	B4																				
<b>ADDRESS</b> <i>1335 6th St.</i>																					
<b>CITY, STATE, ZIP</b> <i>San Francisco, Ca 94124</i>																					
<b>PHONE</b>		<table border="1"> <tr> <td>END DUMP</td> <td>BOTTOM DUMP</td> <td>TRANSFER</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>ROLL-OFF(S)</td> <td>FLAT-BED</td> <td>VAN</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>DRUMS</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>		END DUMP	BOTTOM DUMP	TRANSFER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROLL-OFF(S)	FLAT-BED	VAN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			DRUMS			<input type="checkbox"/>
END DUMP	BOTTOM DUMP	TRANSFER																			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
ROLL-OFF(S)	FLAT-BED	VAN																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
		DRUMS																			
		<input type="checkbox"/>																			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>DATE</b>																			
<i>* [Signature] David G</i>		<i>11/19/03</i>																			
<b>REMARKS</b>		<b>CUBIC YARDS</b>																			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<table border="1"> <tr> <td colspan="2">DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> </tr> </table>		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)						<input type="checkbox"/> SOIL		<input type="checkbox"/> CONSTRUCTION DEBRIS		<input type="checkbox"/> NON-FRIABLE ASBESTOS		<input type="checkbox"/> WOOD		<input type="checkbox"/> ASH		<input type="checkbox"/> SPECIAL OTHER	
DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																					
<input type="checkbox"/> SOIL																					
<input type="checkbox"/> CONSTRUCTION DEBRIS																					
<input type="checkbox"/> NON-FRIABLE ASBESTOS																					
<input type="checkbox"/> WOOD																					
<input type="checkbox"/> ASH																					
<input type="checkbox"/> SPECIAL OTHER																					
<b>FACILITY TICKET NUMBER</b>																					
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>																			
<i>* [Signature]</i>																					

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

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

Sanitary Landfill  
 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) 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 <b>Precision Lofts L.L.C. c/o: Rush Property Group</b>		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS <b>2200 Adeline Street</b>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <b>Oakland, CA 94007</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <b>(510) 763-7165</b>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <b>Francis Rush</b>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
<b>* [Signature] on behalf of F. Rush</b>	<b>11/19/03</b>		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <b>1549 32nd Street OAKLAND</b>			
TRANSPORTER <b>ROJAS TRUCKING (B) TRUCKING</b>	NOTES:	VEHICLE LICENSE NUMBER <b>9B45349</b>	TRUCK NUMBER <b>B 3</b>
ADDRESS <b>1335 6th st</b>			
CITY, STATE, ZIP <b>SAN FRANCISCO, CA 94124</b>			
PHONE	END DUMP	BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE	ROLL-OFF(S)	FLAT-BED	VAN
<b>* MARIO REYES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			DRUMS
			<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS		DISPOSE	OTHER
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SPECIAL OTHER	
DATE			
<b>* [Signature]</b>			
FACILITY TICKET NUMBER			

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 # **252867**



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

**Sanitary Landfill**  
 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) 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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>	
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT	
CITY, STATE, ZIP		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94607		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>PHONE</b>			
(510) 763-7165			
<b>CONTACT PERSON</b>			
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>RECEIVING FACILITY</b>	
*Bill on behalf of F. Rush 11/19/03			
<b>DATE</b>			
11/19/03			
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL		<input type="checkbox"/> SLUDGE	
<input type="checkbox"/> CONSTRUCTION		<input type="checkbox"/> WOOD	
<input type="checkbox"/> DEBRIS		<input type="checkbox"/> OTHER	
<input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street		OAKLAND	
<b>TRANSPORTER</b>		<b>NOTES:</b>	
SFR Trucking		VEHICLE LICENSE NUMBER	
ADDRESS		9B46220	
477 Roland Way		TRUCK NUMBER	
CITY, STATE, ZIP		92	
Oakland, CA 94621		<b>END DUMP</b> <b>BOTTOM DUMP</b> <b>TRANSFER</b>	
PHONE		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
510-383-3556		<b>ROLL-OFF(S)</b> <b>FLAT-BED</b> <b>VAN</b> <b>DRUMS</b>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
*Augusto Pasa			
<b>DATE</b>			
11-19-03		<b>CUBIC YARDS</b>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>REMARKS</b>		<b>DISPOSE</b> <b>OTHER</b>	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>	
* [Signature]			

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

**Sanitary Landfill**  
 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) 945-2800  
 Fax (408) 262-2671

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Precision Lofts L.L.C. c/o: Rush Property Group		<b>WASTE ACCEPTANCE NO.</b> <b>3786</b>	
<b>MAILING ADDRESS</b> 2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Oakland, CA 94007		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>PHONE</b> (510) 763-7165		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>CONTACT PERSON</b> Francis Rush		RECEIVING FACILITY	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>			
* [Signature] on behalf of FRUSH 11/19/03			
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> 1549 32nd Street                      OAKLAND			
<b>TRANSPORTER</b> Shell		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 4P11215
<b>ADDRESS</b> 12208 Snow Rd			<b>TRUCK NUMBER</b> 144
<b>CITY, STATE, ZIP</b> Bakersfield CA			
<b>PHONE</b> 661-391-4345			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<input checked="" type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP
<b>DATE</b> 11-19-03		<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED
* [Signature]		<input type="checkbox"/>	<input type="checkbox"/> VAN
		<input type="checkbox"/>	<input type="checkbox"/> DRUMS
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>	
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>REMARKS</b>		<input type="checkbox"/> SOIL	<input type="checkbox"/> DISPOSE
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	<input type="checkbox"/> OTHER
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
<b>DATE</b>		<input type="checkbox"/> WOOD	
* [Signature]		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # 252856

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2671

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																				
Precision Waste LLC		- 378L																				
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
2200 Adeline St.		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
<b>CITY, STATE, ZIP</b>		<b>SPECIAL HANDLING PROCEDURES:</b>																				
Oakland Ca 94007																						
<b>PHONE</b>		<b>RECEIVING FACILITY</b>																				
510-763-7165																						
<b>CONTACT PERSON</b>																						
Francis Rush																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>																				
* [Signature] on behalf of F Rush		12/6/03																				
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
<b>WASTE TYPE:</b>																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE																						
<b>GENERATING FACILITY</b>																						
1549 32nd St, Oakland																						
<b>TRANSPORTER</b>		<b>NOTES:</b>																				
S&S		<b>VEHICLE LICENSE NUMBER</b>																				
477 Rottland		6978469																				
<b>CITY, STATE, ZIP</b>		<b>TRUCK NUMBER</b>																				
Oakland		34																				
<b>PHONE</b>		S&S																				
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>END DUMP</b>																				
* [Signature]		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>																				
<b>DATE</b>		<b>ROLL-OFF(S)</b>																				
12/10		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																				
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">DISPOSE</td> <td style="text-align: center;">OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	DISPOSE	OTHER																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
<b>FACILITY TICKET NUMBER</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>																				
* [Signature]		12/10																				

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

Sanitary Landfill  
 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) 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**

<b>GENERATOR</b> Precision Metals LLC		<b>WASTE ACCEPTANCE NO.</b> - 3786	
<b>MAILING ADDRESS</b> 2200 Adeline St.		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Oakland Ca 94607		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>PHONE</b> 510-763-7165		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>CONTACT PERSON</b> Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>			
<b>DATE</b>			
* [Signature] on behalf of F. Rush		12/10/03	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>		<b>RECEIVING FACILITY</b>	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd St. Oakland			
<b>TRANSPORTER</b> - Kicks Trucking		<b>NOTES:</b>	
<b>ADDRESS</b>		<b>VEHICLE LICENSE NUMBER</b> 6213254	
<b>CITY, STATE, ZIP</b>		<b>TRUCK NUMBER</b> 664	
<b>PHONE</b>		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>			
* [Signature]		12/10/03	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>REMARKS</b>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>	
* [Signature]		12/10/03	

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

Sanitary Landfill  
 901 Bailey Road  
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 Fax (650) 726-9183

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
Precision hoffs LLC		-376	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline St.		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland Ca 94607			
PHONE		RECEIVING FACILITY	
510-763-7165			
CONTACT PERSON			
Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
*B. Ball on behalf of F. Rush	12/10/03		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd St. Oakland			
TRANSPORTER	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
		6H57264	214
ADDRESS			
CITY, STATE, ZIP			
PHONE		END DUMP	BOTTOM DUMP
		<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED
* [Signature]	12-10-03	<input type="checkbox"/>	<input type="checkbox"/>
		VAN	DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE	
DATE		OTHER	
* [Signature]		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	

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



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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR		WASTE ACCEPTANCE NO.	
Precision Lofts L.L.C. c/o: Rush Property Group		3786	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, CA 94007			
PHONE		RECEIVING FACILITY	
(510) 763-7165			
CONTACT PERSON			
Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* <i>Francis Rush</i>			
DATE			
11/19/01			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd Street                      OAKLAND			
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER      TRUCK NUMBER	
		909 3448                      841	
ADDRESS			
CITY, STATE, ZIP			
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS	
DATE		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
* <i>Leobardo Medrano</i>			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input checked="" type="checkbox"/> SPECIAL OTHER	
DATE			
* <i>[Signature]</i>			

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

MANIFEST # 268487

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>	
<b>MAILING ADDRESS</b>			
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>PHONE</b>			
(510) 763-7165			
<b>CONTACT PERSON</b>		<b>RECEIVING FACILITY</b>	
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> <b>DATE</b>			
* <i>Francis Rush</i> 1/19/04			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street		OAKLAND	
<b>TRANSPORTER</b>		<b>NOTES:</b> <b>VEHICLE LICENSE NUMBER</b> <b>TRUCK NUMBER</b>	
ADDRESS		909 3448      841	
CITY, STATE, ZIP			
PHONE		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> <b>DATE</b>			
* <i>Leobardo Medrano</i>			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
<b>REMARKS</b>		DISPOSE      OTHER	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
<input type="checkbox"/> SPECIAL OTHER			
<b>SIGNATURE OF AUTHORIZED AGENT</b> <b>DATE</b>			
* <i>[Signature]</i> 1/19/04			

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

Landfill  
 9999 S. Austin Road  
 Manteca, CA 95338  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>	
<b>MAILING ADDRESS</b>			
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94607		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>PHONE</b>			
(510) 763-7165		<b>RECEIVING FACILITY</b>      	
<b>CONTACT PERSON</b>			
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> <b>DATE</b>			
* Francis Rush      11/19/04			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street		OAKLAND	
<b>TRANSPORTER</b>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> <b>TRUCK NUMBER</b>
ADDRESS			93/8275      145
CITY, STATE, ZIP		<b>D.A. Trucking</b>	
PHONE		<input type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> <b>DATE</b>		<input type="checkbox"/> ROLL-OFF(S)	<input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS
* Driver      01/19/04			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>REMARKS</b>		DISPOSE      OTHER	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
<input type="checkbox"/> SPECIAL OTHER			
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b> <b>DATE</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.

Sanitary Landfill  
 301 Bailey Road  
 Pittsburg, CA 94565  
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 Fax (925) 458-9891

Sanitary Landfill  
 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) 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.	
Precision Lofts L.L.C. c/o: Rush Property Group		3786	
MAILING ADDRESS			
2200 Adeline Street		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94607		SPECIAL HANDLING PROCEDURES:	
PHONE			
(510) 763-7165			
CONTACT PERSON		RECEIVING FACILITY	
Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* <i>[Signature]</i> on behalf of F. Rush			
DATE			
11/19/04			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd Street			
OAKLAND			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER
FRANCO TRANS.			9D 27937
ADDRESS			TRUCK NUMBER
c/o DENBASTE			1419
227 WINDSOR CT			
CITY, STATE, ZIP		END DUMP	BOTTOM DUMP
WINDSOR, CA. 95492		<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHONE		TRANSFER	<input type="checkbox"/>
(707) 838-1407		ROLL-OFF(S)	FLAT-BED
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/>	<input type="checkbox"/>
DATE		VAN	DRUMS
* JOHN FRANCO		<input type="checkbox"/>	<input type="checkbox"/>
11/19/04		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.			
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
* <i>[Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
11/19/04		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

MANIFEST # 288491

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

Sanitary Landfill  
 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) 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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>	
<b>MAILING ADDRESS</b>			
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>PHONE</b>			
(510) 763-7165		<b>RECEIVING FACILITY</b>	
<b>CONTACT PERSON</b>			
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>		
* <i>Francis Rush</i>	11/19/04		
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street                      OAKLAND			
<b>TRANSPORTER</b>	<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>	<b>TRUCK NUMBER</b>
<i>Jack's Trucking</i>		<i>BBB RAPE</i>	<i>55</i>
<b>ADDRESS</b>			
<i>4121 - Houston</i>			
<b>CITY, STATE, ZIP</b>			
<i>Oakland CA</i>			
<b>PHONE</b>	<input type="checkbox"/> END DUMP	<input type="checkbox"/> BOTTOM DUMP	<input type="checkbox"/> TRANSFER
<i>510 655-8197</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>ROLL-OFF(S)</b>	<b>FLAT-BED</b>	<b>VAN</b>
* <i>Chuck James</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DATE</b>			
<i>11/19/04</i>			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
		<input type="checkbox"/> SOIL	<input type="checkbox"/> DISPOSE
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
<b>DATE</b>		<input type="checkbox"/> SPECIAL OTHER	
<i>11/19/04</i>			

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

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																						
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>																						
<b>MAILING ADDRESS</b>																								
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>																						
PHONE																								
(510) 763-7165																								
<b>CONTACT PERSON</b>																								
Francis Rush																								
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>																						
* <i>Francis Rush</i>		1-19-04																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																								
<b>WASTE TYPE:</b>		<b>RECEIVING FACILITY</b>																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
<b>GENERATING FACILITY</b>																								
1549 32nd Street																								
OAKLAND																								
<b>TRANSPORTER</b>		<b>NOTES: VEHICLE LICENSE NUMBER</b>																						
Manda		4DD1363																						
<b>ADDRESS</b> 2845 CARPENTER RD		<b>TRUCK NUMBER</b>																						
STOCKTON CA		449																						
<b>CITY, STATE, ZIP</b> 95205																								
<b>PHONE</b> 209-810-0911		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>																								
* <i>Manda</i>																								
<b>DATE</b>																								
1-19-04																								
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																						
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																						
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
<b>FACILITY TICKET NUMBER</b>																								
<b>SIGNATURE OF AUTHORIZED AGENT</b>																								
* <i>[Signature]</i>																								
<b>DATE</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.

MANIFEST # 268432

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

Sanitary Landfill  
 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) 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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																				
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>																				
<b>MAILING ADDRESS</b>																						
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
<b>CITY, STATE, ZIP</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>																				
<b>PHONE</b>																						
(510) 763-7165																						
<b>CONTACT PERSON</b>		<b>RECEIVING FACILITY</b>																				
Francis Rush																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>																					
* [Signature] on behalf of F. Rush 1/19/04																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
<b>WASTE TYPE:</b>																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
<b>GENERATING FACILITY</b>																						
1549 32nd Street		OAKLAND																				
<b>TRANSPORTER</b> <i>GROUND WAY TRUCKING</i>		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b>																			
ADDRESS <i>3101 BAY SHORE RD LOT A</i>			<i>9B35880</i>																			
CITY, STATE, ZIP <i>BENICIA CA 94510</i>			<b>TRUCK NUMBER</b>																			
PHONE <i>707-746-5615</i>			<i>306</i>																			
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>END DUMP</b>	<b>BOTTOM DUMP</b>																			
* [Signature]		<input type="checkbox"/>	<input type="checkbox"/>																			
DATE <i>1-19-04</i>		<b>ROLL-OFF(S)</b>	<b>FLAT-BED</b>																			
		<input type="checkbox"/>	<input type="checkbox"/>																			
		<b>VAN</b>	<b>DRUMS</b>																			
		<input type="checkbox"/>	<input type="checkbox"/>																			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																				
<b>REMARKS</b> FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT DATE		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1"> <tr> <td></td> <td><b>DISPOSE</b></td> <td><b>OTHER</b></td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			<b>DISPOSE</b>	<b>OTHER</b>	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	<b>DISPOSE</b>	<b>OTHER</b>																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						

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

MANIFEST # 268481

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																				
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>																				
<b>MAILING ADDRESS</b>																						
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>																				
<b>PHONE</b>																						
(510) 763-7165		<b>RECEIVING FACILITY</b>																				
<b>CONTACT PERSON</b>																						
Francis Rush																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>																						
* <i>Francis Rush</i>																						
<b>DATE</b>																						
11/19/04																						
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<b>WASTE TYPE:</b>																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
<b>GENERATING FACILITY</b>																						
1549 32nd Street																						
OAKLAND																						
<b>TRANSPORTER</b>		<b>NOTES:</b>																				
		VEHICLE LICENSE NUMBER      TRUCK NUMBER																				
		9B18275                      145																				
<b>ADDRESS</b>		<i>D. A. Trucking</i>																				
<b>CITY, STATE, ZIP</b>		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
<b>PHONE</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>																						
* <i>D. A. Trucking</i>																						
<b>DATE</b>																						
01/19/04																						
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																				
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1"> <tr> <td></td> <td><b>DISPOSE</b></td> <td><b>OTHER</b></td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			<b>DISPOSE</b>	<b>OTHER</b>	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	<b>DISPOSE</b>	<b>OTHER</b>																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
<b>FACILITY TICKET NUMBER</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT</b>																						
* <i>[Signature]</i>																						
<b>DATE</b>																						
11/19/04																						

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MANIFEST # 263430

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

Sanitary Landfill  
 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) 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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																				
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>																				
<b>MAILING ADDRESS</b>																						
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>																				
PHONE																						
(510) 763-7165		<b>RECEIVING FACILITY</b>																				
<b>CONTACT PERSON</b>																						
Francis Rush																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>																						
* <i>Francis Rush on behalf of E. Rush</i>																						
<b>DATE</b>																						
11/19/04																						
<p><small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small></p>																						
<b>WASTE TYPE:</b>																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
<b>GENERATING FACILITY</b>																						
1549 32nd Street		OAKLAND																				
<b>TRANSPORTER</b>		<b>NOTES:</b>																				
CALT		VEHICLE LICENSE NUMBER																				
ADDRESS		9B9137																				
3101 Bayshore		TRUCK NUMBER																				
CITY, STATE, ZIP		308																				
Benicia CA																						
PHONE		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																				
707 3731240																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>																						
* <i>E. Demock</i>																						
<b>DATE</b>																						
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<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
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	DISPOSE	OTHER																				
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Sanitary Landfill  
 901 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
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 Phone (650) 726-1819  
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 1601 Dixon Landing Road  
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Landfill  
 9999 S. Austin Road  
 Manteca, CA 95336  
 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>	
<b>MAILING ADDRESS</b>			
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>PHONE</b>			
(510) 763-7165		RECEIVING FACILITY	
<b>CONTACT PERSON</b>			
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>			
* <i>FR</i> on behalf of F. Rush 1/19/04			
<b>DATE</b>			
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<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street                      OAKLAND			
<b>TRANSPORTER</b> <i>BIRGO TRUCK INC</i>		<b>NOTES:</b> VEHICLE LICENSE NUMBER    TRUCK NUMBER	
<b>ADDRESS</b>		9B28778                      71	
<b>CITY, STATE, ZIP</b>			
<b>PHONE</b>		END DUMP                      BOTTOM DUMP                      TRANSFER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
* <i>[Signature]</i>		1-19-04	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
<b>REMARKS</b>		DISPOSE                      OTHER	
		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
<input type="checkbox"/> SPECIAL OTHER			
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>	
* <i>[Signature]</i>		1/19/04	

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 Fax (650) 726-9183

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

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																						
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>																						
<b>MAILING ADDRESS</b>																								
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
<b>CITY, STATE, ZIP</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>																						
<b>PHONE</b>																								
(510) 763-7165																								
<b>CONTACT PERSON</b>																								
Francis Rush																								
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<b>GENERATING FACILITY</b>																								
1549 32nd Street																								
OAKLAND																								
<b>TRANSPORTER</b>		<b>NOTES:</b>																						
JAVIER RESENDIZ		VEHICLE LICENSE NUMBER																						
ADDRESS		9D12278																						
1708 S. B St		TRUCK NUMBER																						
CITY, STATE, ZIP		33																						
Stockton CA																								
<b>PHONE</b>		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
209 495 6631																								
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>																								
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<b>REMARKS</b>		<b>CUBIC YARDS</b>																						
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 Phone (209) 982-4298  
 Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																				
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>																				
<b>MAILING ADDRESS</b>																						
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
CITY, STATE, ZIP		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>																				
PHONE																						
(510) 763-7165																						
<b>CONTACT PERSON</b>																						
Francis Rush																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>																				
* <i>[Signature]</i> on behalf of F. Rush		11/19/04																				
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																						
<b>WASTE TYPE:</b>		<b>RECEIVING FACILITY</b>																				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
<b>GENERATING FACILITY</b>																						
1549 32nd Street																						
OAKLAND																						
<b>TRANSPORTER</b>		<b>NOTES: VEHICLE LICENSE NUMBER</b>																				
Javier Resendiz		9D12253																				
<b>ADDRESS</b>		<b>TRUCK NUMBER</b>																				
1708 S. B st		32																				
CITY, STATE, ZIP																						
Stockton CA 95206																						
PHONE																						
(209) 495-6631																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>END DUMP</b>																				
* <i>[Signature]</i>		<input checked="" type="checkbox"/>																				
<b>DATE</b>		<b>BOTTOM DUMP</b>																				
11/19/04		<input type="checkbox"/>																				
		<b>TRANSFER</b>																				
		<input type="checkbox"/>																				
		<b>ROLL-OFF(S)</b>																				
		<input type="checkbox"/>																				
		<b>FLAT-BED</b>																				
		<input type="checkbox"/>																				
		<b>VAN</b>																				
		<input type="checkbox"/>																				
		<b>DRUMS</b>																				
		<input type="checkbox"/>																				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>																				
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%; text-align:center;"><b>DISPOSE</b></td> <td style="width:25%; text-align:center;"><b>OTHER</b></td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> TSH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			<b>DISPOSE</b>	<b>OTHER</b>	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> TSH			<input type="checkbox"/> SPECIAL OTHER
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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 # 268476

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

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																						
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>																						
<b>MAILING ADDRESS</b>																								
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
<b>CITY, STATE, ZIP</b>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
Oakland, CA 94007		<b>SPECIAL HANDLING PROCEDURES:</b>																						
<b>PHONE</b>																								
(310) 763-7165																								
<b>CONTACT PERSON</b>																								
Francis Rusta																								
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>																								
* [Signature] on behalf of F. Rush																								
<b>DATE</b>																								
1/19/04																								
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<b>WASTE TYPE:</b>		<b>RECEIVING FACILITY</b>																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
<b>GENERATING FACILITY</b>																								
1549 32nd Street																								
OAKLAND																								
<b>TRANSPORTER</b>		<b>NOTES:</b> VEHICLE LICENSE NUMBER      TRUCK NUMBER																						
[Signature]		BGGRAPE      55																						
<b>ADDRESS</b>																								
4174 Highway Ave																								
<b>CITY, STATE, ZIP</b>																								
Oakland Ca																								
<b>PHONE</b>		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input checked="" type="checkbox"/> ROLL OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
510 655 8197																								
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>																								
* [Signature]																								
<b>DATE</b>																								
1-19-04																								
<b>REMARKS</b>		<b>CUBIC YARDS</b>																						
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<b>FACILITY TICKET NUMBER</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																						
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
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Sanitary Landfill  
 301 Bailey Road  
 Pittsburg, CA 94565  
 Phone (925) 458-9800  
 Fax (925) 458-9891

Sanitary Landfill  
 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) 945-2800  
 Fax (408) 262-2871

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR Precision Lofts L.L.C. c/o: Rush Property Group		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS 2200 Adeline Street CITY, STATE, ZIP Oakland, CA 94607		REQUIRED PERSONAL PROTECTIVE EQUIPMENT <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE (510) 763-7165		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON Francis Rush		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* Rush on behalf of F. Rush 12/13/04</i>			
DATE 12/13/04			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY 1549 32nd Street OAKLAND			
TRANSPORTER <i>Meador Trucking</i>		NOTES:	VEHICLE LICENSE NUMBER <i>9D01363</i>
ADDRESS 2945 CARPENTER RD CITY, STATE, ZIP <i>Stockton CA 95205</i>			TRUCK NUMBER <i>444</i>
PHONE <i>204-810-0944</i>		END DUMP <input checked="" type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* Leo Hugo Mendez</i>		ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS <input type="checkbox"/>
DATE <i>1-14-04</i>		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 <input type="checkbox"/> OTHER <input type="checkbox"/>	
REMARKS		<input type="checkbox"/> SOIL	
FACILITY TICKET NUMBER		<input checked="" type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
DATE <i>[Signature]</i>		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

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

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

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

### NON-HAZARDOUS WASTE MANIFEST

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>																						
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>																						
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
2200 Adeline Street		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
CITY, STATE, ZIP		<b>SPECIAL HANDLING PROCEDURES:</b>																						
Oakland, CA, 94007																								
PHONE		<b>RECEIVING FACILITY</b>																						
(510) 763-7165																								
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<b>GENERATING FACILITY</b>																								
1549 32nd Street		OAKLAND																						
<b>TRANSPORTER</b>		<b>NOTES: VEHICLE LICENSE NUMBER      TRUCK NUMBER</b>																						
LEONARD MIX TRUCKING		9835580                      304																						
<b>ADDRESS</b>																								
3101 Bay Street RA																								
<b>CITY, STATE, ZIP</b>																								
BENICIA, CA																								
<b>PHONE</b>		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
707-746-5615																								
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Keller Canyon  
Sanitary Landfill  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

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

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

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

**NON-HAZARDOUS WASTE MANIFEST**

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Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>																						
<b>MAILING ADDRESS</b>																								
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Oakland, CA 94607		<b>SPECIAL HANDLING PROCEDURES:</b>																						
<b>PHONE</b>																								
(510) 763-7165		<b>RECEIVING FACILITY</b>																						
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<b>GENERATING FACILITY</b>																								
1549 32nd Street                      OAKLAND																								
<b>TRANSPORTER</b>		<b>NOTES: VEHICLE LICENSE NUMBER      TRUCK NUMBER</b>																						
CAL T		9B91379      308																						
<b>ADDRESS</b>																								
3101 Bay Shore																								
<b>CITY, STATE, ZIP</b>																								
Benicia CA																								
<b>PHONE</b>		<b>END DUMP      BOTTOM DUMP      TRANSFER</b>																						
707-373-1245		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> <b>DATE</b>		<b>ROLL-OFF(S)      FLAT-BED      VAN      DRUMS</b>																						
* Eugene Orrenmark      1-17-04		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																						
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Milpitas, CA 95035  
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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**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Lofts L.L.C. c/o: Rush Property Group		<b>3786</b>	
<b>MAILING ADDRESS</b>			
2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b>		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
Oakland, CA 94007		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>PHONE</b>		<b>SPECIAL HANDLING PROCEDURES:</b>	
(510) 763-7165			
<b>CONTACT PERSON</b>			
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>DATE</b>	
* [Signature] on behalf of F. Rush		12/19/04	
<p><small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small></p>			
<b>WASTE TYPE:</b>		<b>RECEIVING FACILITY</b>	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd Street			
OAKLAND			
<b>TRANSPORTER</b>		<b>NOTES:</b>	
Javier Resendiz		VEHICLE LICENSE NUMBER	
ADDRESS		9D12253	
1708 S. B St.		TRUCK NUMBER	
CITY, STATE, ZIP		32	
Stockton, CA		END DUMP      BOTTOM DUMP      TRANSFER	
PHONE		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
209) 495-6631		ROLL-OFF(S)      FLAT-BED      VAN      DRUMS	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
* [Signature]			
<b>DATE</b>			
1/19/04		<b>CUBIC YARDS</b>	
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
		DISPOSE      OTHER	
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
[Signature]		<input type="checkbox"/> WOOD	
<b>DATE</b>		<input type="checkbox"/> ASH	
1/19/04		<input type="checkbox"/> SPECIAL OTHER	

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



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

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

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

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

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR Precision Lofts L.L.C. c/o: Rush Property Group		WASTE ACCEPTANCE NO. <b>3786</b>	
MAILING ADDRESS 2200 Adeline Street		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP Oakland, CA 94607		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE (510) 763-7165		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON Francis Rush		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE		
* <i>Francis Rush on behalf of F. Rush</i> 12/19/04			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY 1549 32nd Street                      OAKLAND			
TRANSPORTER <i>Chavier Resendiz</i>		NOTES:	VEHICLE LICENSE NUMBER
ADDRESS 1708 S. B St			TRUCK NUMBER
CITY, STATE, ZIP Stockton CA			9D12278      33
PHONE 209 495 6635		END DUMP	BOTTOM DUMP
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	FLAT-BED
DATE			VAN
* <i>Juan Rendon</i>			DRUMS
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL	
DATE		<input type="checkbox"/> CONSTRUCTION DEBRIS	
* <i>Juan Rendon</i>		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
1/19/04		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

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

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

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Precision Lofts L.L.C. c/o: Rush Property Group		<b>WASTE ACCEPTANCE NO.</b>  <b>3786</b>		
<b>MAILING ADDRESS</b> 2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>		
<b>CITY, STATE, ZIP</b> Oakland, CA 94607		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER		
<b>PHONE</b> (510) 763-7165		<b>SPECIAL HANDLING PROCEDURES:</b>		
<b>CONTACT PERSON</b> Francis Rush/		<b>RECEIVING FACILITY</b>          		
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>			
* [Signature] on behalf of F. Rush	12/19/04			
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.				
<b>WASTE TYPE:</b>				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE				
<b>GENERATING FACILITY</b> 1549 32nd Street                      OAKLAND				
<b>TRANSPORTER</b> [Signature]		<b>NOTES:</b> VEHICLE LICENSE NUMBER      TRUCK NUMBER		
<b>ADDRESS</b> 6121-Kayton Ave		BIGRADE      #55		
<b>CITY, STATE, ZIP</b> Oakland Ca				
<b>PHONE</b> 510 655 8197		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS		
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>	<b>DATE</b>			
* [Signature]	1-19-04			
<b>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</b>		<b>CUBIC YARDS</b>		
<b>REMARKS</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>		
			DISPOSE	OTHER
		<input type="checkbox"/> SOIL		
		<input type="checkbox"/> CONSTRUCTION DEBRIS		
		<input type="checkbox"/> NON-FRIABLE ASBESTOS		
		<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH				
<input type="checkbox"/> SPECIAL OTHER				
<b>FACILITY/TICKET NUMBER</b>				
<b>SIGNATURE OF AUTHORIZED AGENT</b>	<b>DATE</b>			
* [Signature]	1/19/04			

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

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

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

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR <i>Precision Lotts L.L.C. c/o Fresh Paint Group</i>		WASTE ACCEPTANCE NO. <i>-3786</i>	
MAILING ADDRESS <i>2200 Adeline St.</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>OAKLAND CA 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>(510) 763-7165</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Francis Rush</i>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature] on behalf of F. Rush</i>		DATE <i>1/21/04</i>	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <i>1549 32nd St. OAKLAND</i>			
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER   TRUCK NUMBER	
ADDRESS		<i>SP4193873</i>	
CITY, STATE, ZIP			
PHONE		END DUMP                      BOTTOM DUMP                      TRANSFER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		ROLL-OFF(S)                      FLAT-BED                      VAN                      DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE <i>01/21/04</i>			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
DATE <i>01/21/04</i>			

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

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

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

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

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

**NON-HAZARDOUS WASTE MANIFEST**

**GENERATOR**  
Precision Watts L.L.C. c/o Rush Agency Group

**MAILING ADDRESS**  
2205 Adeline St.

**CITY, STATE, ZIP**  
OAKLAND CA 94607

**PHONE**  
(510) 763-7665

**CONTACT PERSON**  
Francis Rush

**SIGNATURE OF AUTHORIZED AGENT / TITLE**  
\* [Signature] on behalf of F. Rush

**DATE**  
1/21/01

**WASTE ACCEPTANCE NO.**  
- 3786

**REQUIRED PERSONAL PROTECTIVE EQUIPMENT**

GLOVES  GOGGLES  RESPIRATOR  HARD HAT

TY-VEK  OTHER

**GENERATOR'S CERTIFICATION:** I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**WASTE TYPE:**

DISPOSAL  SLUDGE  
 CONSTRUCTION  WOOD  
 DEBRIS  OTHER  
 SPECIAL WASTE

**GENERATING FACILITY**  
1549 32nd St. OAKLAND

**SPECIAL HANDLING PROCEDURES:**

**RECEIVING FACILITY**

**TRANSPORTER**  
[Signature]

**ADDRESS**  
Oakland CA

**CITY, STATE, ZIP**  
Oakland CA

**PHONE**

**SIGNATURE OF AUTHORIZED AGENT OR DRIVER**  
\* [Signature]

**DATE**  
1-21-01

**NOTES:** VEHICLE LICENSE NUMBER: SQ92677 TRUCK NUMBER: F85

**END DUMP**  **BOTTOM DUMP**  **TRANSFER**

**ROLL-OFF(S)**  **FLAT-BED**  **VAN**  **DRUMS**

**REMARKS**

**FACILITY TICKET NUMBER**

**SIGNATURE OF AUTHORIZED AGENT**  
\* [Signature]

**DATE**  
1/21/01

**CUBIC YARDS**

**DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)**

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input checked="" type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

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

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

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

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

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

### NON-HAZARDOUS WASTE MANIFEST

**GENERATOR**  
Precision - before L.C. of Waste Logistics Group

**MAILING ADDRESS**  
2200 Adeline St.  
OAKLAND CA 94607

**PHONE**  
(510) 763-7165

**CONTACT PERSON**  
Francis Lush

**SIGNATURE OF AUTHORIZED AGENT / TITLE**  
\* [Signature] on behalf of F. Lush

**DATE**  
1/21/04

**WASTE ACCEPTANCE NO.**  
- 3786

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

**SPECIAL HANDLING PROCEDURES:**

**RECEIVING FACILITY**

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**WASTE TYPE:**

DISPOSAL                       SLUDGE  
 CONSTRUCTION               WOOD  
 DEBRIS                             OTHER  
 SPECIAL WASTE

**GENERATING FACILITY**  
1549 32nd St. OAKLAND

**TRANSPORTER**

**ADDRESS**

**CITY, STATE, ZIP**

**PHONE**

**SIGNATURE OF AUTHORIZED AGENT OR DRIVER**  
\* [Signature]

**DATE**  
1/21/04

**NOTES:**

<b>VEHICLE LICENSE NUMBER</b> 9D08283	<b>TRUCK NUMBER</b> 5430
--	-----------------------------

END DUMP       BOTTOM DUMP       TRANSFER  
 ROLL-OFF(S)       FLAT-BED       VAN       DRUMS

**REMARKS**

**FACILITY TICKET NUMBER**

**SIGNATURE OF AUTHORIZED AGENT**  
\* [Signature]

**DATE**  
1/21/04

**CUBIC YARDS**

**DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)**

	<b>DISPOSE</b>	<b>OTHER</b>
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

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

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

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

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR  
*Precision to Fr LLC c/o Rush Property Group*  
 MAILING ADDRESS  
*2200 Adeline St.*  
 CITY, STATE, ZIP  
*OAKLAND CA 94607*  
 PHONE  
*(510) 703-7165*  
 CONTACT PERSON  
*FRANCIS RUSH*  
 SIGNATURE OF AUTHORIZED AGENT / TITLE  
*\* [Signature] on behalf of F. Rush*  
 DATE  
*1/21/04*

WASTE ACCEPTANCE NO.  
*- 3786*

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

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

WASTE TYPE:  
 DISPOSAL  SLUDGE  
 CONSTRUCTION  WOOD  
 DEBRIS  OTHER  
 SPECIAL WASTE

GENERATING FACILITY  
*1549 32nd ST. OAKLAND*

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

TRANSPORTER  
 ADDRESS  
*DHESI 3929*  
 CITY, STATE, ZIP  
 PHONE

NOTES: VEHICLE LICENSE NUMBER  
*9B25283* TRUCK NUMBER  
*06*

SIGNATURE OF AUTHORIZED AGENT OR DRIVER  
*\* Jaswant Dh...*  
 DATE

END DUMP  BOTTOM DUMP  TRANSFER   
 ROLL-OFF(S)  FLAT-BED  VAN  DRUMS

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

CUBIC YARDS

REMARKS  
 FACILITY TICKET NUMBER

DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

SIGNATURE OF AUTHORIZED AGENT  
*[Signature]*  
 DATE  
*1/22/04*

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

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

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

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR <i>Precision 1st LLC of Park Property Group</i>		WASTE ACCEPTANCE NO. <i>- 378</i>																						
MAILING ADDRESS <i>200 Alameda St</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																						
CITY, STATE, ZIP <i>OAKLAND CA 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
PHONE <i>(510) 763-7165</i>		SPECIAL HANDLING PROCEDURES:																						
CONTACT PERSON <i>Francis Rush</i>		RECEIVING FACILITY																						
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature] on behalf of F. Rush</i>																								
DATE <i>1/21/04</i>																								
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																								
WASTE TYPE:																								
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
GENERATING FACILITY <i>1549 32nd St. OAKLAND</i>																								
TRANSPORTER <i>SBS Trucking</i>		NOTES:	VEHICLE LICENSE NUMBER <i>9CU2409</i>																					
ADDRESS <i>477 Roland Way</i>			TRUCK NUMBER <i>05</i>																					
CITY, STATE, ZIP <i>Oakland</i>																								
PHONE <i>510-383-3556</i>		END DUMP                      BOTTOM DUMP                      TRANSFER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																						
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED                      VAN                      DRUMS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																					
DATE <i>01/22/04</i>																								
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																						
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
		<table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
			DISPOSE	OTHER																				
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<input type="checkbox"/> CONSTRUCTION DEBRIS																								
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REMARKS																								
FACILITY TICKET NUMBER																								
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>																								
DATE <i>1/22/04</i>																								

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL. ANY UNSCHEDULED LOADS ARE SUBJECT TO REJECTION. ALL DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

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

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

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

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

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR <i>Pace USA Lot 4 LLC. c/o Rush Property Group</i>		WASTE ACCEPTANCE NO. <i>- 3786</i>	
MAILING ADDRESS <i>7220 Adelmei</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>OAKLAND CA. 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>(510) 763-7165</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Francis [Signature]</i>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature] Humboldt F. Rush</i>			
DATE <i>1/22/04</i>			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <i>1549 32nd ST. OAKLAND</i>			
TRANSPORTER <i>S+S TRUCKING</i>		NOTES:	VEHICLE LICENSE NUMBER <i>9C15666</i>
ADDRESS <i>477 ROLAND WAY</i>		TRUCK NUMBER <i>GAPS 1</i>	
CITY, STATE, ZIP <i>OAKLAND CA.</i>		END DUMP              BOTTOM DUMP              TRANSFER	
PHONE <i>510-383-3556</i>		<input checked="" type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>		DATE <i>1-22-04</i>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
REMARKS <i>6/2/04</i>		DISPOSE	OTHER
FACILITY TICKET NUMBER		<input type="checkbox"/> SOIL	
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
DATE		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

NOTICE: THIS MANIFEST MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL. ANY UNSCHEDULED LOADS ARE SUBJECT TO THE LANDFILL'S SCHEDULING. ALL LOADS 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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR <i>Precision Metals LLC</i>		WASTE ACCEPTANCE NO. <i>-3776</i>	
MAILING ADDRESS <i>7200 Adeline St.</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>Oakland Ca 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>510 763-7165</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Francis Rush</i>		RECEIVING FACILITY	
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* Signed on behalf of F. Rush</i>	DATE <i>1/21/04</i>		
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.			
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <i>1549 32nd St., Oakland</i>			
TRANSPORTER <i>Biggi Bros.</i>	NOTES:	VEHICLE LICENSE NUMBER <i>6A00254</i>	TRUCK NUMBER <i>1002</i>
ADDRESS <i>787 Airport rd.</i>	<i>Biggi Bros.</i>		
CITY, STATE, ZIP <i>Napa, CA 94558</i>			
PHONE <i>(707) 251-9990</i>	END DUMP <input type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>	TRANSFER <input checked="" type="checkbox"/>
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* Steve Wells</i>	DATE <i>1-21-04</i>	ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		VAN <input type="checkbox"/>	DRUMS <input type="checkbox"/>
		CUBIC YARDS	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT <i>* [Signature]</i>		<input type="checkbox"/> SOIL	
DATE <i>1/21/04</i>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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Sanitary Landfill  
901 Bailey Road  
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Fax (925) 458-9891

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9999 S. Austin Road  
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**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b>		<b>WASTE ACCEPTANCE NO.</b>	
Precision Waste LLC c/o Rush Property Group		- 3786	
<b>MAILING ADDRESS</b>		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
200 Adeline St.		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
<b>CITY, STATE, ZIP</b>		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
OAKLAND CA. 94607		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>PHONE</b>			
(510) 743-7665			
<b>CONTACT PERSON</b>			
Francis Rush			
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>		<b>RECEIVING FACILITY</b>	
* [Signature] on behalf of F. Rush			
<b>DATE</b>			
1/21/04			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b>			
1549 32nd ST. OAKLAND			
<b>TRANSPORTER</b>		<b>NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER</b>	
Tajer Resend		9D12253 32	
<b>ADDRESS</b>			
1708 S. B ST. 31			
<b>CITY, STATE, ZIP</b>			
Stockton CA 95206			
<b>PHONE</b>			
		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>			
* [Signature]			
<b>DATE</b>			
1/21/04			
<b>CUBIC YARDS</b>			
<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>			
		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
<b>REMARKS</b>			
<b>FACILITY TICKET NUMBER</b>			
<b>SIGNATURE OF AUTHORIZED AGENT</b>			
* [Signature]			
<b>DATE</b>			

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

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Sanitary Landfill  
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Landfill  
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Manteca, CA 95336  
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Fax (209) 982-1009

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Precision 10 Hts L.L.C c/o Bush Property Group		<b>WASTE ACCEPTANCE NO.</b> -3786																						
<b>MAILING ADDRESS</b> 2200 Adeline Street		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																						
<b>CITY, STATE, ZIP</b> OAKLAND CA 94607		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
<b>PHONE</b> (510) 743-7665		<b>SPECIAL HANDLING PROCEDURES:</b>																						
<b>CONTACT PERSON</b> Francis Bush		<b>RECEIVING FACILITY</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>																							
<i>[Signature]</i> on behalf of F. Bush	1/2/04																							
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<b>GENERATING FACILITY</b> 1549 32nd ST. OAKLAND																								
<b>TRANSPORTER</b> JAUIER RESENDIZ		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 9D 12278																					
<b>ADDRESS</b> 1705 S. B ST			<b>TRUCK NUMBER</b> 33																					
<b>CITY, STATE, ZIP</b> Stockton Ca																								
<b>PHONE</b> 209 495 6631																								
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>																								
* <i>Javier Resendiz</i>																								
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		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																						
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	<b>DISPOSE</b>	<b>OTHER</b>																						
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Keller Canyon  
Sanitary Landfill  
901 Bailey Road  
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Phone (925) 458-9800  
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Manteca, CA 95336  
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**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> <i>Provision Lefts LLC db: Rush Property Group</i> <b>MAILING ADDRESS</b> <i>2205 Adeline ST.</i> <b>CITY, STATE, ZIP</b> <i>OAKLAND CA 94607</i> <b>PHONE</b> <i>(510) 743-7165</i> <b>CONTACT PERSON</b> <i>Francis Rush</i> <b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> <b>DATE</b> <i>* [Signature] on behalf of F. Rush</i> <i>11/21/04</i>		<b>WASTE ACCEPTANCE NO.</b>  <b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b> <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER <b>SPECIAL HANDLING PROCEDURES:</b>  																						
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<b>GENERATING FACILITY</b>  		<input type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
<b>TRANSPORTER</b> <i>Mendez</i> <b>ADDRESS</b> <i>2945 CINDYENTEN RD</i> <i>Stockton CA 95205</i> <b>CITY, STATE, ZIP</b>  <b>PHONE</b> <i>209 810-2911</i> <b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> <b>DATE</b> <i>* Mendez</i> <i>12/1-04</i>		<b>CUBIC YARDS</b>  <b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b> <table border="1"> <tr> <td></td> <td><b>DISPOSE</b></td> <td><b>OTHER</b></td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			<b>DISPOSE</b>	<b>OTHER</b>	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	<b>DISPOSE</b>	<b>OTHER</b>																						
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<b>REMARKS</b>  <b>FACILITY TICKET NUMBER</b>  <b>SIGNATURE OF AUTHORIZED AGENT</b> <b>DATE</b> <i>* [Signature]</i> <i>11/21/04</i>																								

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

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

**NON-HAZARDOUS WASTE MANIFEST**

<b>GENERATOR</b> Precision Logistics L.L.C. c/o North Pacific Group <b>MAILING ADDRESS</b> 2200 Adeline St. OAKLAND CA 94607 <b>CITY, STATE, ZIP</b> OAKLAND CA 94607 <b>PHONE</b> (510) 763-7665 <b>CONTACT PERSON</b> Francis Rush <b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * [Signature] on behalf of F. Rush <b>DATE</b> 1/21/04		<b>WASTE ACCEPTANCE NO.</b> - 3716 <b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b> <input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER <b>SPECIAL HANDLING PROCEDURES:</b>																						
<b>WASTE TYPE:</b> <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE		<b>RECEIVING FACILITY</b>																						
<b>GENERATING FACILITY</b> 1549 32nd St. Oakland		<b>NOTES:</b> VEHICLE LICENSE NUMBER: PD090712 TRUCK NUMBER: 15 <input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS																						
<b>TRANSPORTER</b> <b>ADDRESS</b> <b>CITY, STATE, ZIP</b> <b>PHONE</b> <b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> * [Signature] <b>DATE</b> 1/21/04		<b>CUBIC YARDS</b> <b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b> <table border="1"> <tr> <td></td> <td>DISPOSE</td> <td>OTHER</td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
<b>REMARKS</b> I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>SIGNATURE OF AUTHORIZED AGENT</b> * [Signature] <b>DATE</b> 1/21/04																						
<b>FACILITY TICKET NUMBER</b>		<b>SIGNATURE OF AUTHORIZED AGENT</b> * [Signature] <b>DATE</b> 1/21/04																						

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

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

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

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

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

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Precision Waste LLC		-3776	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline St		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland CA 94607			
PHONE		RECEIVING FACILITY	
510-763-7165			
CONTACT PERSON			
Francis Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* B. [Signature] on behalf of F. Rush			
DATE			
11/21/04			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd St. Oakland			
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER      TRUCK NUMBER
			3P99332                      160
ADDRESS			
CITY, STATE, ZIP			
PHONE			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUMP              BOTTOM DUMP              TRANSFER	
* [Signature]		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE		ROLL-OFF(S)              FLAT-BED              VAN              DRUMS	
12-1-04		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
DATE			
11/24/04			

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

Keller Canyon  
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Fax (925) 458-9891

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

Newby Island  
Sanitary Landfill  
1601 Dixon Landing Road  
Milpitas, CA 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

<b>GENERATOR</b> Precision Lotts LLC c/o Link Property Group		<b>WASTE ACCEPTANCE NO.</b> - 3786																				
<b>MAILING ADDRESS</b> 2200 Adeline St.		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>																				
<b>CITY, STATE, ZIP</b> OAKLAND CA - 94612		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																				
<b>PHONE</b> (706) 763-765		<b>SPECIAL HANDLING PROCEDURES:</b>																				
<b>CONTACT PERSON</b> Francis Park																						
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>	<b>DATE</b>																					
* [Signature] on behalf of F. Park 1/21/04																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>		<b>RECEIVING FACILITY</b>																				
<b>WASTE TYPE:</b>																						
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																						
<b>GENERATING FACILITY</b> 1549 32 <sup>nd</sup> ST. OAKLAND																						
<b>TRANSPORTER</b> S & S TRUCKING		<b>NOTES:</b>	<b>VEHICLE LICENSE NUMBER</b> 9C15666																			
<b>ADDRESS</b> 477 ROLAND WAY		<b>TRUCK NUMBER</b> 1																				
<b>CITY, STATE, ZIP</b> OAKLAND																						
<b>PHONE</b> 510-387-7556																						
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<b>END DUMP</b> <b>BOTTOM DUMP</b> <b>TRANSFER</b>																				
* [Signature]		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>ROLL-OFF(S)</b> <b>FLAT-BED</b> <b>VAN</b> <b>DRUMS</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
<b>DATE</b> 1-22-04		<b>CUBIC YARDS</b>																				
<p>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</p>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>																				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:25%;"><b>DISPOSE</b></td> <td style="width:25%;"><b>OTHER</b></td> </tr> <tr> <td><input type="checkbox"/> SOIL</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> CONSTRUCTION DEBRIS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> WOOD</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> ASH</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL OTHER</td> <td></td> <td></td> </tr> </table>			<b>DISPOSE</b>	<b>OTHER</b>	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER
	<b>DISPOSE</b>	<b>OTHER</b>																				
<input type="checkbox"/> SOIL																						
<input type="checkbox"/> CONSTRUCTION DEBRIS																						
<input type="checkbox"/> NON-FRIABLE ASBESTOS																						
<input type="checkbox"/> WOOD																						
<input type="checkbox"/> ASH																						
<input type="checkbox"/> SPECIAL OTHER																						
<b>REMARKS</b>																						
<b>FACILITY TICKET NUMBER</b>																						
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<b>DATE</b>																				
* [Signature]		1/22/04																				

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL. ANY UNSCHEDULED LOADS ARE SUBJECT TO REJECTION. ARRIVAL AND ON-DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.





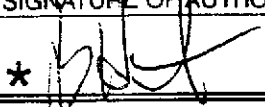
Keller Canyon  
Sanitary Landfill  
901 Bailey Road  
Pittsburg, CA 94565  
Phone (925) 458-9800  
Fax (925) 458-9891

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

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

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

### NON-HAZARDOUS WASTE MANIFEST

<b>GENERATOR</b> Preston Watts L.L.C. of Bush Property Group		<b>WASTE ACCEPTANCE NO.</b> - 3706	
<b>MAILING ADDRESS</b> 2200 Adeline St.		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Oakland CA 94607		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
<b>PHONE</b> (510) 263-2165		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CONTACT PERSON</b> Francis Rugh		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b>			
<b>DATE</b>			
*  on behalf of F. Rugh		<b>RECEIVING FACILITY</b>	
1/21/04			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> 1549 32nd St. OAKLAND			
<b>TRANSPORTER</b> Javier Resendiz		<b>NOTES:</b>	
<b>ADDRESS</b> 1708 S. B St.		<b>VEHICLE LICENSE NUMBER</b> 9D12253	
<b>CITY, STATE, ZIP</b> Stockton CA 95206		<b>TRUCK NUMBER</b> 32	
<b>PHONE</b> (209) 493-6631		<b>END DUMP</b> <b>BOTTOM DUMP</b> <b>TRANSFER</b>	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b>		<input checked="" type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
<b>DATE</b> 1/21/04		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>REMARKS</b> I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		<b>CUBIC YARDS</b>	
<b>FACILITY TICKET NUMBER</b>		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>SIGNATURE OF AUTHORIZED AGENT</b>		<input type="checkbox"/> DISPOSE <input type="checkbox"/> OTHER	
<b>DATE</b>		<input type="checkbox"/> SOIL	
		<input type="checkbox"/> CONSTRUCTION DEBRIS	
		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

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

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

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

### NON-HAZARDOUS WASTE MANIFEST

**GENERATOR**  
Perfection Left LLC c/o Rush Property Group

**MAILING ADDRESS**  
2200 Adeline St.

**CITY, STATE, ZIP**  
Oakland CA 94607

**PHONE**  
(510) 763-7165

**CONTACT PERSON**  
Francis Rush

**SIGNATURE OF AUTHORIZED AGENT / TITLE**  
\*Francis Rush on behalf of F. Rush 11/21/04

**WASTE ACCEPTANCE NO.**  
- 3786

**REQUIRED PERSONAL PROTECTIVE EQUIPMENT**

GLOVES  GOGGLES  RESPIRATOR  HARD HAT

TY-VEK  OTHER

**SPECIAL HANDLING PROCEDURES:**

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**RECEIVING FACILITY**

**WASTE TYPE:**

DISPOSAL  SLUDGE  
 CONSTRUCTION  WOOD  
 DEBRIS  OTHER  
 SPECIAL WASTE

**GENERATING FACILITY**  
1549 32nd St. Oakland

**TRANSPORTER**  
Javier Resendiz

**ADDRESS**  
1709 S. B St

**CITY, STATE, ZIP**  
Stockton CA

**PHONE**  
209 985 6671

**SIGNATURE OF AUTHORIZED AGENT OR DRIVER**  
\*Javier Resendiz

**NOTES:** **VEHICLE LICENSE NUMBER** 9D12272 **TRUCK NUMBER** 33

**END DUMP**  **BOTTOM DUMP**  **TRANSFER**

**ROLL-OFF(S)**  **FLAT-BED**  **VAN**  **DRUMS**

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

**CUBIC YARDS**

**DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)**

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

**REMARKS**

**FACILITY TICKET NUMBER**

**SIGNATURE OF AUTHORIZED AGENT**  
\* [Signature]

**DATE**  
11/21/04

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

Ox Mountain  
Sanitary Landfill  
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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

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR  
*Trusion left LLC c/o Rich Property Group*  
MAILING ADDRESS  
*2206 Adeline St.*  
CITY, STATE, ZIP  
*OAKLAND CA 94607*  
PHONE  
*(510) 763-7165*  
CONTACT PERSON  
*Francis Rich*  
SIGNATURE OF AUTHORIZED AGENT / TITLE  
*[Signature] on behalf of F. Rich* DATE  
*1/21/04*

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

WASTE TYPE:  
 DISPOSAL  SLUDGE  
 CONSTRUCTION  WOOD  
 DEBRIS  OTHER  
 SPECIAL WASTE

GENERATING FACILITY  
*1549 32nd ST. OAKLAND*

TRANSPORTER  
*DHEB: 3TRC*  
ADDRESS  
CITY, STATE, ZIP  
PHONE  
SIGNATURE OF AUTHORIZED AGENT OR DRIVER  
*[Signature]* DATE  
*1-22-04*

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

REMARKS  
FACILITY TICKET NUMBER  
SIGNATURE OF AUTHORIZED AGENT  
*[Signature]* DATE  
*[Signature]*

WASTE ACCEPTANCE NO.  
*- 3786*

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

SPECIAL HANDLING PROCEDURES:

RECEIVING FACILITY

NOTES: VEHICLE LICENSE NUMBER *9B95283* TRUCK NUMBER *06*

END DUMP  BOTTOM DUMP  TRANSFER   
ROLL-OFF(S)  FLAT-BED  VAN  DRUMS

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

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

Keller Canyon  
Sanitary Landfill  
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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

GENERATOR <i>Proceion Left LLC c/o Rush Property Group</i>		WASTE ACCEPTANCE NO. <i>- 376</i>																						
MAILING ADDRESS <i>2250 Adeline ST.</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT																						
CITY, STATE, ZIP <i>OAKLAND CA 94607</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT																						
PHONE <i>(510) 763-7665</i>		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER																						
CONTACT PERSON <i>Francis Ruck</i>		SPECIAL HANDLING PROCEDURES:																						
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* [Signature] on behalf of F. Ruck</i>	DATE <i>1/21/04</i>	RECEIVING FACILITY																						
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>																								
WASTE TYPE: <input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIAL WASTE																								
GENERATING FACILITY <i>1549 32nd ST. OAKLAND</i>																								
TRANSPORTER <i>SOS Trucks</i>	NOTES:	VEHICLE LICENSE NUMBER <i>9C42409</i>	TRUCK NUMBER <i>05</i>																					
ADDRESS <i>477 Roland way</i>																								
CITY, STATE, ZIP <i>Oakland</i>																								
PHONE <i>510-383-3550</i>	END DUMP <input checked="" type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>	TRANSFER <input type="checkbox"/>																					
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* [Signature]</i>	ROLL-OFF(S) <input type="checkbox"/>	FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>																					
DATE <i>1-22-04</i>			DRUMS <input type="checkbox"/>																					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS																						
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)																						
FACILITY TICKET NUMBER		<table border="1"><tr><td></td><td>DISPOSE</td><td>OTHER</td></tr><tr><td><input type="checkbox"/> SOIL</td><td></td><td></td></tr><tr><td><input type="checkbox"/> CONSTRUCTION DEBRIS</td><td></td><td></td></tr><tr><td><input type="checkbox"/> NON-FRIABLE ASBESTOS</td><td></td><td></td></tr><tr><td><input type="checkbox"/> WOOD</td><td></td><td></td></tr><tr><td><input type="checkbox"/> ASH</td><td></td><td></td></tr><tr><td><input type="checkbox"/> SPECIAL OTHER</td><td></td><td></td></tr></table>			DISPOSE	OTHER	<input type="checkbox"/> SOIL			<input type="checkbox"/> CONSTRUCTION DEBRIS			<input type="checkbox"/> NON-FRIABLE ASBESTOS			<input type="checkbox"/> WOOD			<input type="checkbox"/> ASH			<input type="checkbox"/> SPECIAL OTHER		
	DISPOSE	OTHER																						
<input type="checkbox"/> SOIL																								
<input type="checkbox"/> CONSTRUCTION DEBRIS																								
<input type="checkbox"/> NON-FRIABLE ASBESTOS																								
<input type="checkbox"/> WOOD																								
<input type="checkbox"/> ASH																								
<input type="checkbox"/> SPECIAL OTHER																								
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>	DATE																							

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

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

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

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

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

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.		
Precision Waste LLC		-3786		
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT		
7200 Adeline St		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER		
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:		
Oakland CA 94607				
PHONE		RECEIVING FACILITY		
510-763-7165				
CONTACT PERSON				
Francis Rush				
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* B.H. Tonbenk of F. Rush	1/19/04			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>				
WASTE TYPE:				
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE				
GENERATING FACILITY				
1549 32nd St Oakland				
TRANSPORTER		NOTES:	VEHICLE LICENSE NUMBER	
MCD's Trucking			SP 92677	
ADDRESS			TRUCK NUMBER	
3801 Holmes RD			F-5	
CITY, STATE, ZIP		END DUMP	BOTTOM DUMP	
Oakley CA		<input type="checkbox"/>	<input type="checkbox"/>	
PHONE		TRANSFER	<input type="checkbox"/>	
		ROLL-OFF(S)	FLAT-BED	
		<input type="checkbox"/>	<input type="checkbox"/>	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	VAN	DRUMS	
* [Signature]	1-21-04	<input type="checkbox"/>	<input type="checkbox"/>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		CUBIC YARDS		
		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		
			DISPOSE	OTHER
		REMARKS	<input type="checkbox"/> SOIL	
		FACILITY TICKET NUMBER	<input type="checkbox"/> CONSTRUCTION DEBRIS	
SIGNATURE OF AUTHORIZED AGENT	DATE	<input type="checkbox"/> NON-FRIABLE ASBESTOS		
* [Signature]		<input type="checkbox"/> WOOD		
		<input type="checkbox"/> ASH		
		<input type="checkbox"/> SPECIAL OTHER		

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

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

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

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

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

**NON-HAZARDOUS WASTE MANIFEST**

**GENERATOR**  
Precision Works LLC  
**MAILING ADDRESS**  
2200 Adeline St  
**CITY, STATE, ZIP**  
Oakland Ca 94607  
**PHONE**  
510-763-1165  
**CONTACT PERSON**  
Francis Rush  
**SIGNATURE OF AUTHORIZED AGENT / TITLE**  
\* [Signature] on behalf of F. Rush  
**DATE**  
1/19/04

**WASTE ACCEPTANCE NO.**  
-3786  
**REQUIRED PERSONAL PROTECTIVE EQUIPMENT**  
 GLOVES  GOGGLES  RESPIRATOR  HARD HAT  
 TY-VEK  OTHER  
**SPECIAL HANDLING PROCEDURES:**  
**RECEIVING FACILITY**

**GENERATOR'S CERTIFICATION:** I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.  
**WASTE TYPE:**  
 DISPOSAL  SLUDGE  
 CONSTRUCTION  WOOD  
 DEBRIS  OTHER  
 SPECIAL WASTE  
**GENERATING FACILITY**

**TRANSPORTER**  
[Signature]  
**ADDRESS**  
**CITY, STATE, ZIP**  
**PHONE**  
**SIGNATURE OF AUTHORIZED AGENT OR DRIVER**  
\* [Signature]  
**DATE**  
1-21-04

**NOTES:** **VEHICLE LICENSE NUMBER** 9D09019 **TRUCK NUMBER** 15  
**END DUMP**  **BOTTOM DUMP**  **TRANSFER**   
**ROLL-OFF(S)**  **FLAT-BED**  **VAN**  **DRUMS**

**I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.**  
**REMARKS**  
**FACILITY TICKET NUMBER**  
**SIGNATURE OF AUTHORIZED AGENT**  
[Signature]  
**DATE**

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

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

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

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

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

Forward  
Landfill  
9999 S. Austin Road  
Manteca, CA 95336  
Phone (209) 982-4268  
Fax (209) 982-1009

### NON-HAZARDOUS WASTE MANIFEST

**GENERATOR**  
Precision Hofts

**MAILING ADDRESS**  
2200 Adeline St

**CITY, STATE, ZIP**  
Oakland Ca 94607

**PHONE**  
510-763-1165

**CONTACT PERSON**  
Fu

SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE
* [Signature] on behalf of F. Rush	1-19-04

**WASTE ACCEPTANCE NO.**  
- 3786

**REQUIRED PERSONAL PROTECTIVE EQUIPMENT**

GLOVES    GOGGLES    RESPIRATOR    HARD HAT

TY-VEK    OTHER

**SPECIAL HANDLING PROCEDURES:**

**RECEIVING FACILITY**

**GENERATOR'S CERTIFICATION:** I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**WASTE TYPE:**

DISPOSAL    SLUDGE  
 CONSTRUCTION    WOOD  
 DEBRIS    OTHER  
 SPECIAL WASTE

**GENERATING FACILITY**  
1549 32nd St. Oakland

**TRANSPORTER**  
Food's Trucking

**ADDRESS**  
[Address]

**CITY, STATE, ZIP**  
Orkeley, CT

**PHONE**

SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE
* [Signature]	1/19/04

NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
	SP44438	F3

END DUMP	BOTTOM DUMP	TRANSFER	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ROLL-OFF(S)	FLAT-BED	VAN	DRUMS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**REMARKS**

**FACILITY TICKET NUMBER**

SIGNATURE OF AUTHORIZED AGENT	DATE
[Signature]	1/19/04

**CUBIC YARDS**

**DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)**

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		

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

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

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

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

### NON-HAZARDOUS WASTE MANIFEST

**GENERATOR**  
Precision Hotels LLC  
**MAILING ADDRESS**  
2200 Abelenie St  
**CITY, STATE, ZIP**  
Oakland Ca 94607  
**PHONE**  
510-763-7165  
**CONTACT PERSON**  
Francis Rush  
**SIGNATURE OF AUTHORIZED AGENT / TITLE**      **DATE**  
\* [Signature] on behalf of F. Rush 11/9/04

**WASTE ACCEPTANCE NO.**  
-3786  
**REQUIRED PERSONAL PROTECTIVE EQUIPMENT**  
 GLOVES    GOGGLES    RESPIRATOR    HARD HAT  
 TY-VEK    OTHER

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

**SPECIAL HANDLING PROCEDURES:**  
  
**RECEIVING FACILITY**

**WASTE TYPE:**  
 DISPOSAL                       SLUDGE  
 CONSTRUCTION               WOOD  
 DEBRIS                           OTHER  
 SPECIAL WASTE

**GENERATING FACILITY**  
1549 32nd St. Oakland

**TRANSPORTER**  
JAVIER RESENDIZ  
**ADDRESS**  
1709 S. B ST  
**CITY, STATE, ZIP**  
Stockton Ca  
**PHONE**  
209 495 6631  
**SIGNATURE OF AUTHORIZED AGENT OR DRIVER**      **DATE**  
\* [Signature]

NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
	9D1227D	33

**END DUMP**      **BOTTOM DUMP**      **TRANSFER**  
                                              
**ROLL-OFF(S)**      **FLAT-BED**      **VAN**      **DRUMS**  
                                                                 

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

**REMARKS**  
  
**FACILITY TICKET NUMBER**  
  
**SIGNATURE OF AUTHORIZED AGENT**      **DATE**  
\* [Signature]

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

	DISPOSE	OTHER
<input type="checkbox"/> SOIL		
<input type="checkbox"/> CONSTRUCTION DEBRIS		
<input type="checkbox"/> NON-FRIABLE ASBESTOS		
<input type="checkbox"/> WOOD		
<input type="checkbox"/> ASH		
<input type="checkbox"/> SPECIAL OTHER		



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

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

Newby Island  
Sanitary Landfill  
1801 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

<b>GENERATOR</b> Precision Waste LLC c/o Rush Property Group		<b>WASTE ACCEPTANCE NO.</b> - 3776	
<b>MAILING ADDRESS</b> 2200 Adelina St.		<b>REQUIRED PERSONAL PROTECTIVE EQUIPMENT</b>	
<b>CITY, STATE, ZIP</b> Oakland Ca 94607		<input checked="" type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input checked="" type="checkbox"/> HARD HAT	
<b>PHONE</b> 510-763-7165		<input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
<b>CONTACT PERSON</b> Francis Rush		<b>SPECIAL HANDLING PROCEDURES:</b>	
<b>SIGNATURE OF AUTHORIZED AGENT / TITLE</b> * [Signature] F. Rush		<b>RECEIVING FACILITY</b>	
<b>DATE</b> 1/21/04			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
<b>WASTE TYPE:</b>			
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input checked="" type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
<b>GENERATING FACILITY</b> 1549 32nd St. Oakland			
<b>TRANSPORTER</b> Javier Resendiz		<b>NOTES:</b>	
<b>ADDRESS</b> 1708 S. B St.		<b>VEHICLE LICENSE NUMBER</b> 9D12253	
<b>CITY, STATE, ZIP</b> 1708 Stockton CA 95206		<b>TRUCK NUMBER</b> 32	
<b>PHONE</b> 209 495-6631		<input checked="" type="checkbox"/> END DUMP <input type="checkbox"/> BOTTOM DUMP <input type="checkbox"/> TRANSFER	
<b>SIGNATURE OF AUTHORIZED AGENT OR DRIVER</b> * [Signature]		<input type="checkbox"/> ROLL-OFF(S) <input type="checkbox"/> FLAT-BED <input type="checkbox"/> VAN <input type="checkbox"/> DRUMS	
<b>DATE</b> 1/21/04			
<p>I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.</p>		<b>CUBIC YARDS</b>	
		<b>DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)</b>	
<b>REMARKS</b>		<input type="checkbox"/> SOIL	
<b>FACILITY TICKET NUMBER</b>		<input type="checkbox"/> CONSTRUCTION DEBRIS	
<b>SIGNATURE OF AUTHORIZED AGENT</b> * [Signature]		<input type="checkbox"/> NON-FRIABLE ASBESTOS	
<b>DATE</b> 1/21/04		<input type="checkbox"/> WOOD	
		<input type="checkbox"/> ASH	
		<input type="checkbox"/> SPECIAL OTHER	

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

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

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

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

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

### NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WASTE ACCEPTANCE NO.	
Precision habits		-3786	
MAILING ADDRESS		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
2200 Adeline St.		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
CITY, STATE, ZIP		SPECIAL HANDLING PROCEDURES:	
Oakland, Ca 94607			
PHONE			
570 763-7165			
CONTACT PERSON			
E. Rush			
SIGNATURE OF AUTHORIZED AGENT / TITLE			
* Bill on behalf of E. Rush			
DATE			
1/19/04			
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY			
1549 32nd St. Oakland			
TRANSPORTER		NOTES: VEHICLE LICENSE NUMBER      TRUCK NUMBER	
ADDRESS		934 3448                      841	
CITY, STATE, ZIP			
PHONE		END DUMP              BOTTOM DUMP              TRANSFER	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ROLL-OFF(S)              FLAT-BED              VAN              DRUMS	
* Leonardo Medrano		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
DATE		1-21-04	
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	
REMARKS			
FACILITY TICKET NUMBER		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
SIGNATURE OF AUTHORIZED AGENT		DISPOSE              OTHER	
DATE		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	

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

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

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

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

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

**NON-HAZARDOUS WASTE MANIFEST**

GENERATOR: <i>Impulsion Crafts LLC</i>		WASTE ACCEPTANCE NO. <i>-3786</i>	
MAILING ADDRESS <i>2700 Adeline St</i>		REQUIRED PERSONAL PROTECTIVE EQUIPMENT	
CITY, STATE, ZIP <i>Oakland Ca 94602</i>		<input type="checkbox"/> GLOVES <input type="checkbox"/> GOGGLES <input type="checkbox"/> RESPIRATOR <input type="checkbox"/> HARD HAT <input type="checkbox"/> TY-VEK <input type="checkbox"/> OTHER	
PHONE <i>510-763-7165</i>		SPECIAL HANDLING PROCEDURES:	
CONTACT PERSON <i>Francis Rush</i>			
SIGNATURE OF AUTHORIZED AGENT / TITLE <i>* Rush on behalf of F. Rush</i>		DATE <i>1/21/04</i>	
<small>GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.</small>			
WASTE TYPE:		RECEIVING FACILITY	
<input type="checkbox"/> DISPOSAL <input type="checkbox"/> SLUDGE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WOOD <input type="checkbox"/> DEBRIS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SPECIAL WASTE			
GENERATING FACILITY <i>1549 32nd St. Oakland</i>			
TRANSPORTER <i>MENDEZ</i>	NOTES:	VEHICLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS <i>2945 CLEVELAND DR</i>			
CITY, STATE, ZIP <i>Stockton CA 95205</i>			
PHONE <i>209-810-0944</i>			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER <i>* L. Vega</i>	DATE <i>1-21-04</i>	END DUMP <input type="checkbox"/>	BOTTOM DUMP <input type="checkbox"/>
		TRANSFER <input type="checkbox"/>	ROLL-OFF(S) <input type="checkbox"/>
		FLAT-BED <input type="checkbox"/>	VAN <input type="checkbox"/>
		DRUMS <input type="checkbox"/>	
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	
REMARKS		DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)	
FACILITY TICKET NUMBER		DISPOSE                      OTHER	
SIGNATURE OF AUTHORIZED AGENT <i>[Signature]</i>		<input type="checkbox"/> SOIL <input type="checkbox"/> CONSTRUCTION DEBRIS <input type="checkbox"/> NON-FRIABLE ASBESTOS <input type="checkbox"/> WOOD <input type="checkbox"/> ASH <input type="checkbox"/> SPECIAL OTHER	
DATE			

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



10/03 to 1/04

TPH ho +  
VOCs Analysis

**Appendix D**

**Laboratory Analytical Reports  
Chain-of-Custody Forms**

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

October 16, 2003

Andrew Savage  
ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546

**Order:** 36078  
**Project Name:**  
**Project Number:** 02-006-03  
**Project Notes:**

**Date Collected:** 10/6/2003  
**Date Received:** 10/7/2003  
**P.O. Number:** 02-006-03

On October 07, 2003, samples were received under documented chain of custody. Results for the following analyses are attached:

<u>Matrix</u>	<u>Test</u>	<u>Method</u>
Solid	TPH as Hydraulic Oil w/ Si-Gel Std	EPA 8015 MOD. (Extractable)

Chemical analysis of these samples has been completed. Summaries of the data are contained on the following pages. USEPA protocols for sample storage and preservation were followed.

Entech Analytical Labs, Inc. is certified by the State of California (#2346). If you have any questions regarding procedures or results, please call me at 408-588-0200.

Sincerely,



Patti Sandroek  
QA/QC Manager

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/16/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-001

Client Sample ID: SWA-1@4'

Sample Time: 1:30 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	2200		100	13	1300	mg/Kg	10/8/2003	10/14/2003	DS4318A	EPA 8015 MOD. (Extractable)
						Surrogate o-Terphenyl		Surrogate Recovery NR		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

Order ID: 36078

Lab Sample ID: 36078-002

Client Sample ID: SWB-1@4'

Sample Time: 1:35 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	1100		50	13	650	mg/Kg	10/8/2003	10/14/2003	DS4318A	EPA 8015 MOD. (Extractable)
						Surrogate o-Terphenyl		Surrogate Recovery NR		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

Order ID: 36078

Lab Sample ID: 36078-003

Client Sample ID: SWC-1@4'

Sample Time: 1:40 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	140		5	13	65	mg/Kg	10/8/2003	10/14/2003	DS4318A	EPA 8015 MOD. (Extractable)
						Surrogate o-Terphenyl		Surrogate Recovery 86.0		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

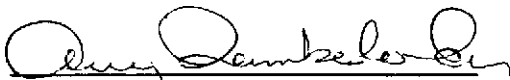
DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)



Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/16/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078	Lab Sample ID: 36078-004	Client Sample ID: SWD-1@4'								
Sample Time: 1:47 PM	Sample Date: 10/6/2003	Matrix: Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	1000		50	13	650	mg/Kg	10/8/2003	10/14/2003	DS4318A	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery NR		Control Limits (%) 39 - 111
Comment:	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

Order ID: 36078	Lab Sample ID: 36078-005	Client Sample ID: SWE-1@4'								
Sample Time: 1:52 PM	Sample Date: 10/6/2003	Matrix: Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	2800		100	13	1300	mg/Kg	10/8/2003	10/14/2003	DS4318A	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery NR		Control Limits (%) 39 - 111
Comment:	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

Order ID: 36078	Lab Sample ID: 36078-006	Client Sample ID: SWF-1@4'								
Sample Time: 2:10 PM	Sample Date: 10/6/2003	Matrix: Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	1400		50	13	650	mg/Kg	10/8/2003	10/14/2003	DS4318A	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery NR		Control Limits (%) 39 - 111
Comment:	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)



Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983



# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/16/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

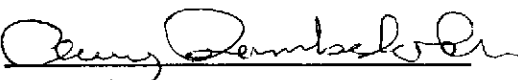
## Certified Analytical Report

<b>Order ID:</b> 36078	<b>Lab Sample ID:</b> 36078-007	<b>Client Sample ID:</b> SWG-1@4'								
<b>Sample Time:</b> 2:02 PM	<b>Sample Date:</b> 10/6/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	10/8/2003	10/13/2003	DS4318A	EPA 8015 MOD. (Extractable)
						<b>Surrogate</b> o-Terphenyl	<b>Surrogate Recovery</b> 66.0		<b>Control Limits (%)</b> 39 - 111	
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

<b>Order ID:</b> 36078	<b>Lab Sample ID:</b> 36078-008	<b>Client Sample ID:</b> SWH-1@4'								
<b>Sample Time:</b> 1:57 PM	<b>Sample Date:</b> 10/6/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	3800		100	13	1300	mg/Kg	10/8/2003	10/14/2003	DS4318A	EPA 8015 MOD. (Extractable)
						<b>Surrogate</b> o-Terphenyl	<b>Surrogate Recovery</b> NR		<b>Control Limits (%)</b> 39 - 111	
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

<b>Order ID:</b> 36078	<b>Lab Sample ID:</b> 36078-009	<b>Client Sample ID:</b> BH-1@9'								
<b>Sample Time:</b> 2:13 PM	<b>Sample Date:</b> 10/6/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	600		20	13	260	mg/Kg	10/8/2003	10/15/2003	DS4318A	EPA 8015 MOD. (Extractable)
						<b>Surrogate</b> o-Terphenyl	<b>Surrogate Recovery</b> 106.0		<b>Control Limits (%)</b> 39 - 111	
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

DF = Dilution Factor      ND = Not Detected      DLR = Detection Limit Reported      PQL = Practical Quantitation Limit  
Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/16/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-010

Client Sample ID: BH-2@6'

Sample Time: 2:17 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	4200		100	13	1300	mg/Kg	10/8/2003	10/14/2003	DS4318A	EPA 8015 MOD. (Extractable)
						Surrogate o-Terphenyl		Surrogate Recovery NR		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

Order ID: 36078

Lab Sample ID: 36078-011

Client Sample ID: BH-3@9'

Sample Time: 2:22 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	470		20	13	260	mg/Kg	10/8/2003	10/14/2003	DS4318A	EPA 8015 MOD. (Extractable)
						Surrogate o-Terphenyl		Surrogate Recovery 94.0		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

Order ID: 36078

Lab Sample ID: 36078-012

Client Sample ID: BH-4@10'

Sample Time: 2:30 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	160		5	13	65	mg/Kg	10/8/2003	10/14/2003	DS4318A	EPA 8015 MOD. (Extractable)
						Surrogate o-Terphenyl		Surrogate Recovery 83.0		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)



Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

## Quality Control Results Summary

QC Batch #: DS4318A  
 Matrix: Solid

Units: mg/Kg  
 Date Analyzed: 10/9/2003

Parameter	Method	Blank Result	Spike Sample ID	Spike Amount	Sample Result	Spike Result	QC Type	% Recovery	RPD	RPD Limits	Recovery Limits
<b>Test:</b> TPH as Diesel											
TPH as Diesel	EPA 8015 M	ND		25		21.489	LCS	86.0			52.9 - 116.0
			<b>Surrogate</b>		<b>Surrogate Recovery</b>		<b>Control Limits (%)</b>				
			o-Terphenyl		39.0		40 - 128				
<b>Test:</b> TPH as Diesel											
TPH as Diesel	EPA 8015 M	ND		25		20.409	LCSD	81.6	5.16	30.00	52.9 - 116.0
			<b>Surrogate</b>		<b>Surrogate Recovery</b>		<b>Control Limits (%)</b>				
			o-Terphenyl		39.0		40 - 128				

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

October 20, 2003

Andrew Savage  
ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546

**Order:** 36078  
**Project Name:**  
**Project Number:** 02-006-03  
**Project Notes:**

**Date Collected:** 10/6/2003  
**Date Received:** 10/7/2003  
**P.O. Number:** 02-006-03

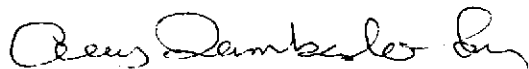
On October 07, 2003, samples were received under documented chain of custody. Results for the following analyses are attached:

<u>Matrix</u>	<u>Test</u>	<u>Method</u>
Solid	EPA 8260B	EPA 8260B

Chemical analysis of these samples has been completed. Summaries of the data are contained on the following pages. USEPA protocols for sample storage and preservation were followed.

Entech Analytical Labs, Inc. is certified by the State of California (#2346). If you have any questions regarding procedures or results, please call me at 408-588-0200.

Sincerely,



Patti Sandrock  
QA/QC Manager

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/20/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-001

Client Sample ID: SWA-1@4'

Sample Time: 1:30 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
1,1,1,2-Tetrachloroethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,1,1-Trichloroethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,1,2,2-Tetrachloroethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,1,2-Trichloroethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,1-Dichloroethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,1-Dichloroethene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,1-Dichloropropene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2,3-Trichlorobenzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2,3-Trichloropropane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2,4-Trichlorobenzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2,4-Trimethylbenzene	5.8		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2-Dibromo-3-Chloropropane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2-Dibromoethane (EDB)	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2-Dichlorobenzene	22		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2-Dichloroethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2-Dichloropropane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,3,5-Trimethylbenzene	8.0		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,3-Dichlorobenzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,3-Dichloropropane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,4-Dichlorobenzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
2,2-Dichloropropane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
2-Butanone (MEK)	ND		1	20	20	µg/Kg	10/20/2003	SMS310309	EPA 8260B
2-Chloroethyl-vinyl Ether	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
2-Chlorotoluene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
2-Hexanone	ND		1	20	20	µg/Kg	10/20/2003	SMS310309	EPA 8260B
4-Chlorotoluene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
4-Methyl-2-Pentanone(MIBK)	ND		1	20	20	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Acetone	ND		1	100	100	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Benzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Bromobenzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Bromochloromethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Bromodichloromethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Bromoform	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/20/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-001

Client Sample ID: SWA-1@4'

Sample Time: 1:30 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
Bromomethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Carbon Disulfide	ND		1	15	15	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Carbon Tetrachloride	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Chlorobenzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Chloroethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Chloroform	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Chloromethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
cis-1,2-Dichloroethene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
cis-1,3-Dichloropropene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Dibromochloromethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Dibromomethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Dichlorodifluoromethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Diisopropyl Ether	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Ethyl Benzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Freon 113	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Hexachlorobutadiene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Isopropanol	ND		1	20	20	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Isopropylbenzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Methyl-t-butyl Ether	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Methylene Chloride	ND		1	25	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
n-Butylbenzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
n-Propylbenzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Naphthalene	99		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
p-Isopropyltoluene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
sec-Butylbenzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Styrene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
tert-Amyl Methyl Ether	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
tert-Butanol (TBA)	ND		1	20	20	µg/Kg	10/20/2003	SMS310309	EPA 8260B
tert-Butyl Ethyl Ether	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
tert-Butylbenzene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Tetrachloroethene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Tetrahydrofuran	ND		1	20	20	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Toluene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/20/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-001

Client Sample ID: SWA-1@4'

Sample Time: 1:30 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
trans-1,2-Dichloroethene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
trans-1,3-Dichloropropene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Trichloroethene	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Trichlorofluoromethane	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Vinyl Chloride	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Xylenes, Total	ND		1	5	5	µg/Kg	10/20/2003	SMS310309	EPA 8260B
	Surrogate			Surrogate Recovery			Control Limits (%)		
	4-Bromofluorobenzene			84.0			70 - 130		
	Dibromofluoromethane			88.4			59 - 134		
	Toluene-d8			85.9			60 - 112		

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

Patti Sandrock, QA/QC Manager

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ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/20/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-002

Client Sample ID: SWB-1@4'

Sample Time: 1:35 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
1,1,1,2-Tetrachloroethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,1,1-Trichloroethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,1,2,2-Tetrachloroethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,1,2-Trichloroethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,1-Dichloroethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,1-Dichloroethene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,1-Dichloropropene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2,3-Trichlorobenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2,3-Trichloropropane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2,4-Trichlorobenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2,4-Trimethylbenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2-Dibromo-3-Chloropropane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2-Dibromoethane (EDB)	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2-Dichlorobenzene	32		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2-Dichloroethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2-Dichloropropane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,3,5-Trimethylbenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,3-Dichlorobenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,3-Dichloropropane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,4-Dichlorobenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
2,2-Dichloropropane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
2-Butanone (MEK)	ND		5	20	100	µg/Kg	10/17/2003	SMS310302	EPA 8260B
2-Chloroethyl-vinyl Ether	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
2-Chlorotoluene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
2-Hexanone	ND		5	20	100	µg/Kg	10/17/2003	SMS310302	EPA 8260B
4-Chlorotoluene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
4-Methyl-2-Pentanone(MIBK)	ND		5	20	100	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Acetone	ND		5	100	500	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Benzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Bromobenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Bromochloromethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Bromodichloromethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Bromoform	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)



Patti Sandroek, QA/QC Manager

Environmental Analysis Since 1983



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ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/20/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-002

Client Sample ID: SWB-1@4'

Sample Time: 1:35 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
Bromomethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Carbon Disulfide	ND		5	15	75	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Carbon Tetrachloride	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Chlorobenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Chloroethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Chloroform	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Chloromethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
cis-1,2-Dichloroethene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
cis-1,3-Dichloropropene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Dibromochloromethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Dibromomethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Dichlorodifluoromethane	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Diisopropyl Ether	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Ethyl Benzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Freon 113	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Hexachlorobutadiene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Isopropanol	ND		5	20	100	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Isopropylbenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Methyl-t-butyl Ether	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Methylene Chloride	ND		5	25	125	µg/Kg	10/17/2003	SMS310302	EPA 8260B
n-Butylbenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
n-Propylbenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Naphthalene	93		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
p-Isopropyltoluene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
sec-Butylbenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Styrene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
tert-Amyl Methyl Ether	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
tert-Butanol (TBA)	ND		5	20	100	µg/Kg	10/17/2003	SMS310302	EPA 8260B
tert-Butyl Ethyl Ether	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
tert-Butylbenzene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Tetrachloroethene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Tetrahydrofuran	ND		5	20	100	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Toluene	ND		5	5	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

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3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/20/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-003

Client Sample ID: SWC-1@4'

Sample Time: 1:40 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
1,1,1,2-Tetrachloroethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,1,1-Trichloroethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,1,2,2-Tetrachloroethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,1,2-Trichloroethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,1-Dichloroethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,1-Dichloroethene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,1-Dichloropropene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2,3-Trichlorobenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2,3-Trichloropropane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2,4-Trichlorobenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2,4-Trimethylbenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2-Dibromo-3-Chloropropane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2-Dibromoethane (EDB)	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2-Dichlorobenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2-Dichloroethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,2-Dichloropropane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,3,5-Trimethylbenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,3-Dichlorobenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,3-Dichloropropane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
1,4-Dichlorobenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
2,2-Dichloropropane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
2-Butanone (MEK)	ND		1	20	20	µg/Kg	10/17/2003	SMS310302	EPA 8260B
2-Chloroethyl-vinyl Ether	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
2-Chlorotoluene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
2-Hexanone	ND		1	20	20	µg/Kg	10/17/2003	SMS310302	EPA 8260B
4-Chlorotoluene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
4-Methyl-2-Pentanone(MIBK)	ND		1	20	20	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Acetone	ND		1	100	100	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Benzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Bromobenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Bromochloromethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Bromodichloromethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Bromoform	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

Patti Sandroek, QA/QC Manager

Environmental Analysis Since 1983

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ERAs Environmental  
20861 Wilbeam Avenue #4  
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Attn: Andrew Savage

Date: 10/20/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-003

Client Sample ID: SWC-1@4'

Sample Time: 1:40 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
Bromomethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Carbon Disulfide	ND		1	15	15	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Carbon Tetrachloride	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Chlorobenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Chloroethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Chloroform	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Chloromethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
cis-1,2-Dichloroethene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
cis-1,3-Dichloropropene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Dibromochloromethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Dibromomethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Dichlorodifluoromethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Diisopropyl Ether	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Ethyl Benzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Freon 113	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Hexachlorobutadiene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Isopropanol	ND		1	20	20	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Isopropylbenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Methyl-t-butyl Ether	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Methylene Chloride	ND		1	25	25	µg/Kg	10/17/2003	SMS310302	EPA 8260B
n-Butylbenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
n-Propylbenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Naphthalene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
p-Isopropyltoluene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
sec-Butylbenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Styrene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
tert-Amyl Methyl Ether	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
tert-Butanol (TBA)	ND		1	20	20	µg/Kg	10/17/2003	SMS310302	EPA 8260B
tert-Butyl Ethyl Ether	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
tert-Butylbenzene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Tetrachloroethene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Tetrahydrofuran	ND		1	20	20	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Toluene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B

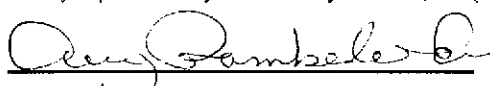
DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)



Patti Sandrock, QA/QC Manager

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Date: 10/20/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-003

Client Sample ID: SWC-1@4'

Sample Time: 1:40 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
trans-1,2-Dichloroethene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
trans-1,3-Dichloropropene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Trichloroethene	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Trichlorofluoromethane	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Vinyl Chloride	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
Xylenes, Total	ND		1	5	5	µg/Kg	10/17/2003	SMS310302	EPA 8260B
<b>Surrogate</b>		<b>Surrogate Recovery</b>			<b>Control Limits (%)</b>				
4-Bromofluorobenzene		85.0			70 - 130				
Dibromofluoromethane		87.1			59 - 134				
Toluene-d8		85.2			60 - 112				

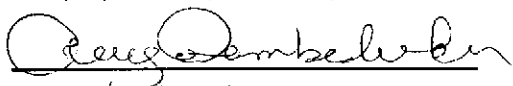
DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)



Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/20/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-008

Client Sample ID: SWH-1@4'

Sample Time: 1:57 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
1,1,1,2-Tetrachloroethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,1,1-Trichloroethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,1,2,2-Tetrachloroethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,1,2-Trichloroethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,1-Dichloroethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,1-Dichloroethene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,1-Dichloropropene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2,3-Trichlorobenzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2,3-Trichloropropane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2,4-Trichlorobenzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2,4-Trimethylbenzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2-Dibromo-3-Chloropropane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2-Dibromoethane (EDB)	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2-Dichlorobenzene	670		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2-Dichloroethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,2-Dichloropropane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,3,5-Trimethylbenzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,3-Dichlorobenzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,3-Dichloropropane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
1,4-Dichlorobenzene	82		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
2,2-Dichloropropane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
2-Butanone (MEK)	ND		5	20	100	µg/Kg	10/20/2003	SMS310309	EPA 8260B
2-Chloroethyl-vinyl Ether	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
2-Chlorotoluene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
2-Hexanone	ND		5	20	100	µg/Kg	10/20/2003	SMS310309	EPA 8260B
4-Chlorotoluene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
4-Methyl-2-Pentanone(MIBK)	ND		5	20	100	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Acetone	ND		5	100	500	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Benzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Bromobenzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Bromochloromethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Bromodichloromethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Bromoform	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/20/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-008

Client Sample ID: SWH-1@4'

Sample Time: 1:57 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
Bromomethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Carbon Disulfide	ND		5	15	75	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Carbon Tetrachloride	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Chlorobenzene	35		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Chloroethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Chloroform	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Chloromethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
cis-1,2-Dichloroethene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
cis-1,3-Dichloropropene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Dibromochloromethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Dibromomethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Dichlorodifluoromethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Diisopropyl Ether	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Ethyl Benzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Freon 113	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Hexachlorobutadiene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Isopropanol	ND		5	20	100	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Isopropylbenzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Methyl-t-butyl Ether	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Methylene Chloride	130		5	25	125	µg/Kg	10/20/2003	SMS310309	EPA 8260B
n-Butylbenzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
n-Propylbenzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Naphthalene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
p-Isopropyltoluene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
sec-Butylbenzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Styrene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
tert-Amyl Methyl Ether	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
tert-Butanol (TBA)	ND		5	20	100	µg/Kg	10/20/2003	SMS310309	EPA 8260B
tert-Butyl Ethyl Ether	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
tert-Butylbenzene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Tetrachloroethene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Tetrahydrofuran	ND		5	20	100	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Toluene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/20/03  
Date Received: 10/7/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 36078

Lab Sample ID: 36078-008

Client Sample ID: SWH-1@4'

Sample Time: 1:57 PM

Sample Date: 10/6/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
trans-1,2-Dichloroethene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
trans-1,3-Dichloropropene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Trichloroethene	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Trichlorofluoromethane	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Vinyl Chloride	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B
Xylenes, Total	ND		5	5	25	µg/Kg	10/20/2003	SMS310309	EPA 8260B

### Surrogate

### Surrogate Recovery

### Control Limits (%)

4-Bromofluorobenzene	83.4	70 - 130
Dibromofluoromethane	85.0	59 - 134
Toluene-d8	87.4	60 - 112

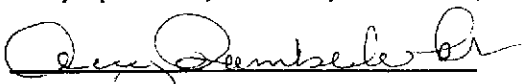
DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)



Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

## Quality Control Results Summary

QC Batch #: SMS310302  
Matrix: Solid

Units: µg/Kg  
Date Analyzed: 10/16/2003

Parameter	Method	Blank Result	Spike Sample ID	Spike Amount	Sample Result	Spike Result	QC Type	% Recovery	RPD	RPD Limits	Recovery Limits
<b>Test: EPA 8260B</b>											
1,1-Dichloroethene	EPA 8260B	ND		40		34.3	LCS	85.8			65.0 - 147.0
Benzene	EPA 8260B	ND		40		38.6	LCS	96.5			81.0 - 139.0
Chlorobenzene	EPA 8260B	ND		40		36.6	LCS	91.5			75.0 - 111.0
Methyl-t-butyl Ether	EPA 8260B	ND		40		37.4	LCS	93.5			72.0 - 136.0
Toluene	EPA 8260B	ND		40		36.6	LCS	91.5			72.0 - 103.0
Trichloroethene	EPA 8260B	ND		40		34.5	LCS	86.3			88.0 - 144.0
<b>Surrogate</b>			<b>Surrogate Recovery</b>			<b>Control Limits (%)</b>					
4-Bromofluorobenzene			87.9			70 - 130					
Dibromofluoromethane			92.3			59 - 134					
Toluene-d8			86.2			60 - 112					
<b>Test: EPA 8260B</b>											
1,1-Dichloroethene	EPA 8260B	ND		40		35.4	LCSD	88.5	3.16	30.00	65.0 - 147.0
Benzene	EPA 8260B	ND		40		43.7	LCSD	109.3	12.39	30.00	81.0 - 139.0
Chlorobenzene	EPA 8260B	ND		40		43.7	LCSD	109.3	17.68	30.00	75.0 - 111.0
Methyl-t-butyl Ether	EPA 8260B	ND		40		42.5	LCSD	106.3	12.77	30.00	72.0 - 136.0
Toluene	EPA 8260B	ND		40		43.8	LCSD	109.5	17.91	30.00	72.0 - 103.0
Trichloroethene	EPA 8260B	ND		40		40.5	LCSD	101.3	16.00	30.00	88.0 - 144.0
<b>Surrogate</b>			<b>Surrogate Recovery</b>			<b>Control Limits (%)</b>					
4-Bromofluorobenzene			89.4			70 - 130					
Dibromofluoromethane			88.5			59 - 134					
Toluene-d8			88.6			60 - 112					

Notes: The % Recovery for Trichloroethene in the LCS is outside of laboratory control limits but within method control limits (70-130) and % RPD limits. No corrective action is required.



# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

## Quality Control Results Summary

QC Batch #: SMS310309  
Matrix: Solid

Units:  $\mu\text{g/Kg}$   
Date Analyzed: 10/20/2003

Parameter	Method	Blank Result	Spike Sample ID	Spike Amount	Sample Result	Spike Result	QC Type	% Recovery	RPD	RPD Limits	Recovery Limits
<b>Test: EPA 8260B</b>											
1,1-Dichloroethene	EPA 8260B	ND		40		32.7179	LCS	81.8			65.0 - 147.0
Benzene	EPA 8260B	ND		40		38.6306	LCS	96.6			81.0 - 139.0
Chlorobenzene	EPA 8260B	ND		40		36.9735	LCS	92.4			75.0 - 111.0
Methyl-t-butyl Ether	EPA 8260B	ND		40		37.6952	LCS	94.2			72.0 - 136.0
Toluene	EPA 8260B	ND		40		37.0171	LCS	92.5			72.0 - 103.0
Trichloroethene	EPA 8260B	ND		40		35.2206	LCS	88.1			88.0 - 144.0
<b>Surrogate</b>		<b>Surrogate Recovery</b>		<b>Control Limits (%)</b>							
4-Bromofluorobenzene		85.7		70 - 130							
Dibromofluoromethane		91.0		59 - 134							
Toluene-d8		87.8		60 - 112							
<b>Test: EPA 8260B</b>											
1,1-Dichloroethene	EPA 8260B	ND		40		32.0527	LCSD	80.1	2.05	30.00	65.0 - 147.0
Benzene	EPA 8260B	ND		40		39.0218	LCSD	97.6	1.01	30.00	81.0 - 139.0
Chlorobenzene	EPA 8260B	ND		40		38.4961	LCSD	96.2	4.04	30.00	75.0 - 111.0
Methyl-t-butyl Ether	EPA 8260B	ND		40		39.8762	LCSD	99.7	5.62	30.00	72.0 - 136.0
Toluene	EPA 8260B	ND		40		38.1136	LCSD	95.3	2.92	30.00	72.0 - 103.0
Trichloroethene	EPA 8260B	ND		40		36.067	LCSD	90.2	2.37	30.00	88.0 - 144.0
<b>Surrogate</b>		<b>Surrogate Recovery</b>		<b>Control Limits (%)</b>							
4-Bromofluorobenzene		86.5		70 - 130							
Dibromofluoromethane		91.7		59 - 134							
Toluene-d8		89.0		60 - 112							

# Entech Analytical Labs, Inc.

3334 Victor Court

(408) 588-0200

Santa Clara, CA 95054

(408) 588-0201 - Fax

# Chain of Custody / Analysis Request

Attention to: <b>Andrew Savage</b>		Phone No.: <b>510-247-9885</b>	Purchase Order No (Reqd.):	Send Invoice to (if Different)	Phone
Company Name: <b>ERAS ENVIRONMENTAL</b>		Fax No.: <b>510-886-5349</b>	Project Number: <b>02-006-03</b>	Company	
Mailing Address: <b>2086 Wilbeam Ave Suite 4</b>		email: <b>ERAS@Earthlink.net</b>	Project Name:	Billing Address (if Different)	
City: <b>Castro Valley</b>	State: <b>CA</b>	Zip: <b>94546</b>	Project Location: <b>1549-32nd St</b>	City:	State Zip

Sampler: <b>Andrew Savage</b>	Field Org. Code:	Turn Around Time	
Global ID:		<input type="checkbox"/> Same Day	<input type="checkbox"/> 1 Day
		<input type="checkbox"/> 2 Day	<input type="checkbox"/> 3 Day
		<input type="checkbox"/> 4 Day	<input checked="" type="checkbox"/> 5 Day
		<input type="checkbox"/> Standard (10 Day)	

Order ID:	Sampling	Matrix	Composite	Grab	Containers
-----------	----------	--------	-----------	------	------------

Client ID:	Field PT	Lab. No.	Date	Time	Matrix	Composite	Grab	Containers	Preservative	Analysis Requested	Remarks
SWA-104	36078	001	10-6-03	13:30	S						
SWB-104		002		13:35							
SWC-104		003		13:40							
SWD-104		004		13:47							
SWE-104		005		13:52							
SWF-104		006		14:10							
SWG-104		007		14:02							
SWH-104		008		13:57							
BH-1@9		009		14:13							
BH-2@6		010		14:17							
BH-3@9		011		14:22							
BH-4@10		012		14:30							

*Preservative*

*Plastic Containers per customer request - w/ gloves*

*8228 (A) 8010 by 8280 801602 82808*

*MTBE by 82808*

*Pesticides-8081*

*TPH - Hydraulic Oil*

*TPH as Gas/BTEX*

*TPH as Gas/BTEX/MTBE*

*Base/Neutral/Acid Organics*

*5-Scan Extractable*

*Diezel Motor Oil*

*pH*

*CN*

*TPH Oil & Grease*

*Metals - Circle Below*

*Total*

*STLC*

*TLC*

Relinquished by: <i>[Signature]</i>	Received by: <i>[Signature]</i>	Date: <b>10/7/03</b>	Time: <b>1:45</b>
Relinquished by: <i>[Signature]</i>	Received by: <i>[Signature]</i>	Date: <b>10/7/03</b>	Time: <b>1:50</b>
Relinquished by:	Received by:	Date:	Time:
Relinquished by:	Received by:	Date:	Time:

Special Instructions or Comments

Metals: Al, As, Sb, Ba, Be, B, Cd, Ca, Cr, Co, Cu, Fe, Pb, Mg, Mn, Hg, Mo, Ni, K, Si, Ag, Na, Se, Sr, Ti, Sn, V, Zn, W : RCRA-8  CAM-17  Plating  PPM-13  LUFT-5

NPDES Detection Limits

EDD Report Required

EDF Report Required

PDF File Required

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

October 30, 2003

Andrew Savage  
ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546

**Order:** 36296  
**Project Name:**  
**Project Number:** 02-006-03  
**Project Notes:**

**Date Collected:** 10/23/2003  
**Date Received:** 10/24/2003  
**P.O. Number:**

On October 24, 2003, samples were received under documented chain of custody. Results for the following analyses are attached:

<u>Matrix</u>	<u>Test</u>	<u>Method</u>
Solid	TPH as Hydraulic Oil w/ Si-Gel Std	EPA 8015 MOD. (Extractable)

Chemical analysis of these samples has been completed. Summaries of the data are contained on the following pages. USEPA protocols for sample storage and preservation were followed.

Entech Analytical Labs, Inc. is certified by the State of California (#2346). If you have any questions regarding procedures or results, please call me at 408-588-0200.

Sincerely,



Patti Sandrock  
QA/QC Manager

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/30/03  
Date Received: 10/24/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number:  
Sampled By:

## Certified Analytical Report

<b>Order ID:</b> 36296	<b>Lab Sample ID:</b> 36296-001	<b>Client Sample ID:</b> SW-A-7								
<b>Sample Time:</b> 11:30 AM	<b>Sample Date:</b> 10/23/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	910		10	13	130	mg/Kg	10/23/2003	10/28/2003	DS4329A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> 97.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

<b>Order ID:</b> 36296	<b>Lab Sample ID:</b> 36296-002	<b>Client Sample ID:</b> SW-B-7								
<b>Sample Time:</b> 11:39 AM	<b>Sample Date:</b> 10/23/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	1300		50	13	650	mg/Kg	10/23/2003	10/23/2003	DS4329A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> NR		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

<b>Order ID:</b> 36296	<b>Lab Sample ID:</b> 36296-003	<b>Client Sample ID:</b> SW-D-7								
<b>Sample Time:</b> 11:41 AM	<b>Sample Date:</b> 10/23/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	5900		200	13	2600	mg/Kg	10/23/2003	10/29/2003	DS4329A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> NR		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									
<b>Comment:</b>	NR = Not Reportable. Surrogate recovery not reportable due to dilution.									

DF = Dilution Factor      ND = Not Detected      DLR = Detection Limit Reported      PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/30/03  
Date Received: 10/24/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number:  
Sampled By:

## Certified Analytical Report

<b>Order ID:</b> 36296	<b>Lab Sample ID:</b> 36296-004	<b>Client Sample ID:</b> SW-E-7								
<b>Sample Time:</b> 11:52 AM	<b>Sample Date:</b> 10/23/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	3800		50	13	650	mg/Kg	10/23/2003	10/28/2003	DS4329A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> NR		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									
<b>Comment:</b>	NR = Not Reportable. Surrogate recovery not reportable due to dilution.									

<b>Order ID:</b> 36296	<b>Lab Sample ID:</b> 36296-005	<b>Client Sample ID:</b> SW-F-7								
<b>Sample Time:</b> 12:01 AM	<b>Sample Date:</b> 10/23/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	5900		200	13	2600	mg/Kg	10/23/2003	10/29/2003	DS4329A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> NR		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									
<b>Comment:</b>	NR = Not Reportable. Surrogate recovery not reportable due to dilution.									

<b>Order ID:</b> 36296	<b>Lab Sample ID:</b> 36296-006	<b>Client Sample ID:</b> BH-1-9								
<b>Sample Time:</b> 11:15 AM	<b>Sample Date:</b> 10/23/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	440		10	13	130	mg/Kg	10/23/2003	10/23/2003	DS4329A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> 101.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
20861 Wilbeam Avenue #4  
Castro Valley, CA 94546  
Attn: Andrew Savage

Date: 10/30/03  
Date Received: 10/24/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number:  
Sampled By:

## Certified Analytical Report

Order ID: 36296

Lab Sample ID: 36296-007

Client Sample ID: BH-2-9

Sample Time: 11:22 AM

Sample Date: 10/23/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	61		2	13	26	mg/Kg	10/23/2003	10/28/2003	DS4329A	EPA 8015 MOD. (Extractable)
						Surrogate o-Terphenyl		Surrogate Recovery 98.0		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

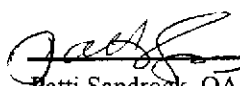
DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court  
Santa Clara, CA 95054

(408) 588-0200  
(408) 588-0201 - Fax

# Chain of Custody / Analysis Request

Attention to: <i>Andrew Savage</i>	Phone No.: <i>510-247-9888</i>	Purchase Order No (Reqd.):	Send Invoice to (if Different)	Phone
Company Name: <i>ERAS Environmental</i>	Fax No.: <i>510-886-5399</i>	Project Number: <i>02-006-03</i>	Company	
Mailing Address: <i>208601 Wilbeam Ave Suite 4</i>	email: <i>ERAS@earthlink.net</i>	Project Name: <i>1549-32nd St.</i>	Billing Address (if Different)	
City: <i>Eastro Valley</i>	State: <i>CA</i>	Zip: <i>94546</i>	Project Location: <i>1549-32nd St.</i>	City: <i>W/9/19/09 set cleanup</i>
State		State		Zip

Sampler: <i>Andrew</i>	Field Org. Code:	Turn Around Time	
Global ID:		<input type="checkbox"/> Same Day	<input type="checkbox"/> 1 Day
		<input type="checkbox"/> 2 Day	<input type="checkbox"/> 3 Day
		<input type="checkbox"/> 4 Day	<input checked="" type="checkbox"/> 5 Day
		<input type="checkbox"/> Standard (10 Day)	

Order ID: <i>36296</i>		Sampling			Matrix	Composite	Grab	Containers	Preservative	Volatile Organics by GC/MS: 824 <input type="checkbox"/> 825 <input type="checkbox"/> Fuel Organics by GC/MS: 8010 <input type="checkbox"/> 8260 <input type="checkbox"/> 601802 <input type="checkbox"/> 82808 <input type="checkbox"/> MTBE by 8260B <input type="checkbox"/> Pesticides 8081 <input type="checkbox"/> TPH - Hydraulic <input type="checkbox"/> TPH as Gas/BTEX <input type="checkbox"/> TPH as Gas/DEXT/MTBE <input type="checkbox"/> Base/Neutral/Acid Organics <input type="checkbox"/> Fuel Scan 8272-SIM <input type="checkbox"/> PNA <input type="checkbox"/> Diesel <input type="checkbox"/> Major Oil <input type="checkbox"/> w/ Surfer Standard Cleanup <input type="checkbox"/> pH <input type="checkbox"/> CN <input type="checkbox"/> TRIP <input type="checkbox"/> Oil & Grease <input type="checkbox"/> Metals - Circle Below Total <input type="checkbox"/> Dissolved <input type="checkbox"/> STLC <input type="checkbox"/> TLCC <input type="checkbox"/>	Remarks
Client ID:	Field PT	Lab. No.	Date	Time							
<i>SWA-7</i>	<i>36296-001</i>	<i>10-23-03</i>	<i>11:30</i>	<i>S</i>							
<i>SWB-7</i>	<i>-002</i>			<i>11:35</i>							
<i>SW-D-7</i>	<i>-003</i>			<i>11:41</i>							
<i>SW-E-7</i>	<i>-004</i>			<i>11:52</i>							
<i>SW-F-7</i>	<i>-005</i>			<i>12:01</i>							
<i>BH-1-9</i>	<i>-006</i>			<i>11:15</i>							
<i>BH-2-9</i>	<i>-007</i>			<i>11:22</i>							

Relinquished by: <i>[Signature]</i>	Received by: <i>[Signature]</i>	Date: <i>10/24/03</i>	Time: <i>8:12</i>	<b>Special Instructions or Comments</b> <i>Silica gel cleanup required</i> Metals: Al, As, Sb, Ba, Be, B, Cd, Ca, Cr, Co, Cu, Fe, Pb, Mg, Mn, Hg, Mo, Ni, K, Si, Ag, Na, Se, Sr, Ti, Sn, Tl, V, Zn, W : RCRA-8 <input type="checkbox"/> CAM-17 <input type="checkbox"/> Plating <input type="checkbox"/> PPM-13 <input type="checkbox"/> LUFT-5 <input type="checkbox"/>
Relinquished by:	Received by:	Date:	Time:	
Relinquished by:	Received by:	Date:	Time:	
Relinquished by:	Received by:	Date:	Time:	

- NPDES Detection Limits
- EDD Report Required
- EDF Report Required
- PDF File Required

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

December 11, 2003

David Siegel  
ERAs Environmental  
1533 B Street  
Hayward, CA 94541

**Order:** 36916  
**Project Name:**  
**Project Number:** 02-006-03  
**Project Notes:**

**Date Collected:** 12/8/2003  
**Date Received:** 12/8/2003  
**P.O. Number:**

On December 08, 2003, samples were received under documented chain of custody. Results for the following analyses are attached:

<u>Matrix</u>	<u>Test</u>	<u>Method</u>
Solid	PDF TPH as Hydraulic Oil w/ Si-Gel Std	PDF EPA 8015 MOD. (Extractable)

Chemical analysis of these samples has been completed. Summaries of the data are contained on the following pages. USEPA protocols for sample storage and preservation were followed.

Entech Analytical Labs, Inc. is certified by the State of California (#2346). If you have any questions regarding procedures or results, please call me at 408-588-0200.

Sincerely,



Patti Sandrock  
QA/QC Manager



# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
1533 B Street  
Hayward, CA 94541  
Attn: David Siegel

Date: 12/11/03  
Date Received: 12/8/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number:  
Sampled By:

## Certified Analytical Report

<b>Order ID:</b> 36916	<b>Lab Sample ID:</b> 36916-001	<b>Client Sample ID:</b> SW-F-7A								
<b>Sample Time:</b> 8:35 AM	<b>Sample Date:</b> 12/8/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	12/8/2003	12/10/2003	DS4347A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> 86.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

<b>Order ID:</b> 36916	<b>Lab Sample ID:</b> 36916-002	<b>Client Sample ID:</b> SW-E-7A								
<b>Sample Time:</b> 8:45 AM	<b>Sample Date:</b> 12/8/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	12/8/2003	12/10/2003	DS4347A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> 64.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

<b>Order ID:</b> 36916	<b>Lab Sample ID:</b> 36916-003	<b>Client Sample ID:</b> SW-D-7A								
<b>Sample Time:</b> 8:50 AM	<b>Sample Date:</b> 12/8/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	66		2	13	26	mg/Kg	12/8/2003	12/10/2003	DS4347A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> 89.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

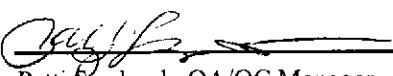
DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

## Quality Control Results Summary

QC Batch #: DS4347A  
Matrix: Solid

Units: mg/Kg  
Date Analyzed: 12/10/2003

Parameter	Method	Blank Result	Spike Sample ID	Spike Amount	Sample Result	Spike Result	QC Type	% Recovery	RPD	RPD Limits	Recovery Limits
Test: TPH as Hydraulic Oil w/ Si-Gel Std											
TPH as Hydraulic Oil	EPA 8015 M	ND		25		23.654	LCS	94.6			75.0 - 125.0
Surrogate											
o-Terphenyl				83.0		39	- 111				
Test: TPH as Hydraulic Oil w/ Si-Gel Std											
TPH as Hydraulic Oil	EPA 8015 M	ND		25		24.907	LCSD	99.6	5.16	30.00	75.0 - 125.0
Surrogate											
o-Terphenyl				89.0		39	- 111				

# Entech Analytical Labs, Inc.

3334 Victor Court  
Santa Clara, CA 95054

(408) 588-0200  
(408) 588-0201 - Fax

# Chain of Custody / Analysis Request

Attention to: <b>David Siegel</b>	Phone No.: <b>(510) 247-9885</b>	Purchase Order No (Reqd): <b>02-006-03</b>	Send Invoice to (if Different)	Phone
Company Name: <b>ERAS Environmental, Inc.</b>	Fax No.: <b>(510) 886-5399</b>	Project Number: <b>02-006-03</b>	Company	
Mailing Address: <b>1533 B Street</b>	email: <b>eras@environmental.net</b>	Project Name: <b>1549 32nd St</b>	Billing Address (if Different)	
<b>Hayward CA 94516</b>	State: <b>CA</b> Zip: <b>94516</b>	Project Location: <b>1549 32nd St</b>	City: <b>Oakland</b>	State: <b>CA</b> Zip:

Sampler: <b>David Siegel</b>	Field Org. Code:	Turn Around Time:
Global ID:		<input type="checkbox"/> Same Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input checked="" type="checkbox"/> 3 Day <input type="checkbox"/> 4 Day <input type="checkbox"/> 5 Day <input type="checkbox"/> Standard (10 Day)

Order ID: <b>36916-</b>	Sampling
-------------------------	----------

Client ID	Field PT	Lab. No.	Date	Time	Matrix	Composite	Grab	Containers
<del>SW-E-7A</del>		<del>36916-001</del>	<del>12/8/03</del>	<del>8:35</del>				
<del>SW-E-7A</del>		<del>002</del>	<del>12/8/03</del>	<del>8:45</del>				
<del>SW-D-7A</del>		<del>003</del>	<del>12/8/03</del>	<del>8:50</del>				

**Preservative**

Volatile Organics by GC/MS: 801/802  8260   
 Fuel Oxygens by 8260  8260   
 MTBE by 8260B  8260B   
 Pesticides-8081   
 PCBs - 8082   
 **IPA-NMHC/Oil**  
 TPH as Gas/BTEX   
 TPH as Gas/BTEX/MTBE   
 Base/Neutral/Acid Organics   
 8270  8270-SIM   
 Fuel Scan  Extractable  PNA   
 Diesel  Major Oil  w/ Super Standard Cleanup   
 pH  w/ Super Column Cleanup   
 CN   
 TPH  Oil & Grease   
 Metals - Circle Below  
 Total  Dissolved   
 STLC   
 TTLC

**72 HR RUSH**

Relinquished by: <b>David Siegel</b>	Received by: <b>Bella</b>	Date: <b>12/10/03</b>	Time: <b>14:36</b>
Relinquished by: <b>Bella</b>	Received by: <b>Thompson</b>	Date: <b>12-8-03</b>	Time: <b>3:20</b>
Relinquished by:	Received by:	Date:	Time:
Relinquished by:	Received by:	Date:	Time:

**Special Instructions or Comments**

**Silica gel clamp required**

Metals:  
Al, As, Sb, Ba, Be, B, Cd, Ca, Cr, Co, Cu, Fe, Pb, Mg, Mn, Hg, Mo, Ni, K, Si, Ag, Na, Se, Sr, Ti, Sn, Tl, V, Zn, W : RCRA-8  CAM-17  Plating  PPM-13  LUFT-5

NPDES Detection Limits  
 EDD Report Required  
 EDF Report Required  
 PDF File Required

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

December 30, 2003

David Siegel  
ERAs Environmental  
1533 B Street  
Hayward, CA 94541

**Order:** 37073  
**Project Name:**  
**Project Number:** 02-006-03  
**Project Notes:**

**Date Collected:** 12/15/2003  
**Date Received:** 12/16/2003  
**P.O. Number:** 02-006-03

On December 16, 2003, samples were received under documented chain of custody. Results for the following analyses are attached:

<u>Matrix</u>	<u>Test</u>	<u>Method</u>
Solid	PDF TPH as Hydraulic Oil w/ Si-Gel Std	PDF EPA 8015 MOD. (Extractable)

Chemical analysis of these samples has been completed. Summaries of the data are contained on the following pages. USEPA protocols for sample storage and preservation were followed.

Entech Analytical Labs, Inc. is certified by the State of California (#2346). If you have any questions regarding procedures or results, please call me at 408-588-0200.

Sincerely,



Patti Sandrock  
QA/QC Manager

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
1533 B Street  
Hayward, CA 94541  
Attn: David Siegel

Date: 12/30/03  
Date Received: 12/16/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

<b>Order ID:</b> 37073	<b>Lab Sample ID:</b> 37073-001	<b>Client Sample ID:</b> SWI @ 7'								
<b>Sample Time:</b> 12:51 PM	<b>Sample Date:</b> 12/15/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	670		10	13	130	mg/Kg	12/16/2003	12/24/2003	DS4353A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> 111.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

<b>Order ID:</b> 37073	<b>Lab Sample ID:</b> 37073-002	<b>Client Sample ID:</b> SWJ @ 7'								
<b>Sample Time:</b> 1:30 PM	<b>Sample Date:</b> 12/15/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	3400		100	13	1300	mg/Kg	12/16/2003	12/28/2003	DS4353A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> NR		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									
<b>Comment:</b>	NR=Not Reportable. Surrogate recovery not reportable due to dilution.									

<b>Order ID:</b> 37073	<b>Lab Sample ID:</b> 37073-003	<b>Client Sample ID:</b> B5, 9'-9.5'								
<b>Sample Time:</b> 12:06 PM	<b>Sample Date:</b> 12/15/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	1900		50	13	650	mg/Kg	12/16/2003	12/28/2003	DS4353A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> NR		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									
<b>Comment:</b>	NR=Not Reportable. Surrogate recovery not reportable due to dilution.									

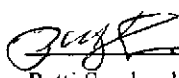
DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
1533 B Street  
Hayward, CA 94541  
Attn: David Siegel

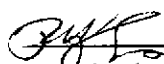
Date: 12/30/03  
Date Received: 12/16/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 37073	Lab Sample ID: 37073-004	Client Sample ID: B6, 9'-9.5'								
Sample Time: 11:55 AM	Sample Date: 12/15/2003	Matrix: Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	98		1	13	13	mg/Kg	12/16/2003	12/24/2003	DS4353A	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery 99.0		Control Limits (%) 39 - 111
Comment:	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

Order ID: 37073	Lab Sample ID: 37073-005	Client Sample ID: B7, 9'-9.5'								
Sample Time: 11:47 AM	Sample Date: 12/15/2003	Matrix: Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	12/16/2003	12/24/2003	DS4353A	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery 76.0		Control Limits (%) 39 - 111
Comment:	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

DF = Dilution Factor      ND = Not Detected      DLR = Detection Limit Reported      PQL = Practical Quantitation Limit  
Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

Date: 12/17/03

## Certified Analytical Report

Lab Sample ID: Method Blank

Matrix: Solid

Test	Parameter	Result	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
TPH as Diesel w/ Si-Gel Std	TPH as Diesel	ND	1	1	1	mg/Kg	12/17/2003	DS4353A	EPA 8015 MOD. (Extractable)
	Surrogate o-Terphenyl	Surrogate Recovery 79.0		Control Limits (%) 37 - 131					
TPH as Hydraulic Oil w/ Si-Gel Std	TPH as Hydraulic Oil	ND	1	13	13	mg/Kg	12/17/2003	DS4353A	EPA 8015 MOD. (Extractable)
	Surrogate o-Terphenyl	Surrogate Recovery 79.0		Control Limits (%) 39 - 111					
TPH as Mineral Spirits (Extractable)	TPH as Mineral Spirits	ND	1	1	1	mg/Kg	12/17/2003	DS4353A	EPA 8015 MOD. (Extractable)
	Surrogate o-Terphenyl	Surrogate Recovery 79.0		Control Limits (%) 40 - 128					


DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

Page 1 of 1

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

## Quality Control Results Summary

QC Batch #: DS4353A  
Matrix: Solid

Units: mg/Kg  
Date Analyzed: 12/17/2003

Parameter	Method	Blank Result	Spike Sample ID	Spike Amount	Sample Result	Spike Result	QC Type	% Recovery	RPD	RPD Limits	Recovery Limits
<b>Test:</b> TPH as Diesel w/ Si-Gel Std											
TPH as Diesel	EPA 8015 M	ND		25		19.367	LCS	77.5			31.1 - 119.0
<b>Surrogate</b>				<b>Surrogate Recovery</b>		<b>Control Limits (%)</b>					
o-Terphenyl				77.0		37 - 131					
<b>Test:</b> TPH as Diesel w/ Si-Gel Std											
TPH as Diesel	EPA 8015 M	ND		25		21.333	LCSD	85.3	9.66	30.00	31.1 - 119.0
<b>Surrogate</b>				<b>Surrogate Recovery</b>		<b>Control Limits (%)</b>					
o-Terphenyl				82.0		37 - 131					



# Entech Analytical Labs, Inc.

3334 Victor Court  
Santa Clara, CA 95054

(408) 588-0200  
(408) 588-0201 - Fax

# Chain of Custody / Analysis Request

Attention to: <i>David Siegel</i>	Phone No.: <i>510-247-4885</i>	Purchase Order No (Reqd.): <i>02-006-03</i>	Send Invoice to (if Different)	Phone
Company Name: <i>ERAS ENVIRONMENTAL</i>	Fax No.: <i>510-886-5399</i>	Project Number: <i>02-006-03</i>	Company	
Mailing Address: <i>1533 B Street</i>	email: <i>erasenvironmental@stcglobal.net</i>	Project Name: <i>1549 32nd St</i>	Billing Address (if Different)	
City: <i>Hayward</i>	State: <i>CA</i>	Zip: <i>94541</i>	Project Location: <i>1549 32nd St</i>	City: <i>Oakland</i>
			State: <i>CA</i>	Zip

Sampler: <i>Andrew</i>	Field Org. Code:	Turn Around Time
Global ID:		<input type="checkbox"/> Same Day <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day <input type="checkbox"/> 3 Day <input type="checkbox"/> 4 Day <input type="checkbox"/> 5 Day <input checked="" type="checkbox"/> Standard (10 Day)

Order ID:			Sampling		Matrix	Composite	Grab	Containers	Preservative	Remarks
Client ID:	Field PT	Lab. No.	Date	Time						
<i>SWI@7</i>			<i>12-15-03</i>	<i>12:51</i>	<i>S</i>			<i>1</i>		<i>37073-001</i>
<i>SWI@7</i>			<i>12-15-03</i>	<i>13:30</i>	<i>S</i>			<i>1</i>		<i>002</i>
<i>B5, 9-9.5'</i>			<i>12-15-03</i>	<i>12:06</i>	<i>S</i>			<i>1</i>		<i>003</i>
<i>B6, 9-9.5'</i>			<i>12-15-03</i>	<i>11:55</i>	<i>S</i>			<i>1</i>		<i>004</i>
<i>B7, 9-9.5'</i>			<i>12-15-03</i>	<i>11:47</i>	<i>S</i>			<i>1</i>		<i>005</i>

<input type="checkbox"/> Volatile Organics by GC/MS: 801002 <input type="checkbox"/> 82608 <input type="checkbox"/>	<input type="checkbox"/> Fuel Oxygens by 8260 <input type="checkbox"/> 8260B <input type="checkbox"/>	<input type="checkbox"/> MTBE by 8260B <input type="checkbox"/>	<input type="checkbox"/> Pesticides-808 <input type="checkbox"/>	<input type="checkbox"/> TPH - Hydraulic Oil <input type="checkbox"/>	<input type="checkbox"/> TPH as Gas/BTEX <input type="checkbox"/>	<input type="checkbox"/> TPH as Gas/BTEX/MTBE <input type="checkbox"/>	<input type="checkbox"/> Base/Neutral/Acid Organics <input type="checkbox"/>	<input type="checkbox"/> Fuel Scan <input type="checkbox"/> 8270-SM <input type="checkbox"/> FMA <input type="checkbox"/>	<input type="checkbox"/> Diesel <input type="checkbox"/> Motor Oil <input type="checkbox"/> w/ Strip Standard Cleanup <input type="checkbox"/>	<input type="checkbox"/> PH <input type="checkbox"/> w/ Strip Column Cleanup <input type="checkbox"/>	<input type="checkbox"/> CN	<input type="checkbox"/> TPH <input type="checkbox"/> Oil & Grease <input type="checkbox"/>	<input type="checkbox"/> Metals - Circle Below <input type="checkbox"/> Total <input type="checkbox"/> Dissolved <input type="checkbox"/>	<input type="checkbox"/> STLC	<input type="checkbox"/> TLIC
---	---	---	--	---	---	--	--	---	--	---	-----------------------------	---	---	-------------------------------	-------------------------------

Relinquished by: <i>[Signature]</i>	Received by: <i>Baldi</i>	Date: <i>12/16/03</i>	Time: <i>12:43</i>
Relinquished by: <i>Baldi</i>	Received by: <i>[Signature]</i>	Date: <i>12-16-03</i>	Time: <i>2:45p</i>
Relinquished by:	Received by:	Date:	Time:
Relinquished by:	Received by:	Date:	Time:

**Special Instructions or Comments**  
*\*Silica Gel Cleanup Required*

Metals:  
Al, As, Sb, Ba, Be, B, Cd, Ca, Cr, Co, Cu, Fe, Pb, Mg, Mn, Hg, Mo, Ni, K, Si, Ag, Na, Se, Sr, Ti, Sn, Tl, V, Zn, W : RCRA-8  CAM-17  Plating  PPM-13  LUFT-5

NPDES Detection Limits  
 EDD Report Required  
 EDF Report Required  
 PDF File Required

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

January 07, 2004

David Siegel  
ERAs Environmental  
1533 B Street  
Hayward, CA 94541

**Order:** 37259  
**Project Name:**  
**Project Number:** 02-006-03  
**Project Notes:**

**Date Collected:** 12/30/2003  
**Date Received:** 12/30/2003  
**P.O. Number:**

On December 30, 2003, samples were received under documented chain of custody. Results for the following analyses are attached:

<u>Matrix</u>	<u>Test</u>	<u>Method</u>
Solid	TPH as Hydraulic Oil w/ Si-Gel Std	EPA 8015 MOD. (Extractable)

Chemical analysis of these samples has been completed. Summaries of the data are contained on the following pages. USEPA protocols for sample storage and preservation were followed.

Entech Analytical Labs, Inc. is certified by the State of California (#2346). If you have any questions regarding procedures or results, please call me at 408-588-0200.

Sincerely,



Patti Sandrock  
QA/QC Manager

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
1533 B Street  
Hayward, CA 94541  
Attn: David Siegel

Date: 01/07/04  
Date Received: 12/30/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number:  
Sampled By:

## Certified Analytical Report

Order ID: 37259

Lab Sample ID: 37259-001

Client Sample ID: SS-1-7

Sample Time: 10:45 AM

Sample Date: 12/30/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	130		5	13	65	mg/Kg	12/31/2003	1/6/2004	DS4361A	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery 82.0		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

Order ID: 37259

Lab Sample ID: 37259-002

Client Sample ID: SE-2-7

Sample Time: 9:10 AM

Sample Date: 12/30/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	12/31/2003	12/31/2003	DS4361A	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery 72.0		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

Order ID: 37259

Lab Sample ID: 37259-003

Client Sample ID: SN3-3

Sample Time: 9:25 AM

Sample Date: 12/30/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	12/31/2003	12/31/2003	DS4361A	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery 69.0		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
1533 B Street  
Hayward, CA 94541  
Attn: David Siegel

Date: 01/07/04  
Date Received: 12/30/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number:  
Sampled By:

## Certified Analytical Report

<b>Order ID:</b> 37259	<b>Lab Sample ID:</b> 37259-004	<b>Client Sample ID:</b> SN-3-7								
<b>Sample Time:</b> 9:30 AM	<b>Sample Date:</b> 12/30/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	1700		50	13	650	mg/Kg	12/31/2003	1/6/2004	DS4361A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> NR		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									
<b>Comment:</b>	NR=Not Reportable. Surrogate recovery not reportable due to dilution.									

<b>Order ID:</b> 37259	<b>Lab Sample ID:</b> 37259-005	<b>Client Sample ID:</b> SW-4-7								
<b>Sample Time:</b> 9:50 AM	<b>Sample Date:</b> 12/30/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	12/31/2003	12/31/2003	DS4361A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> 76.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

<b>Order ID:</b> 37259	<b>Lab Sample ID:</b> 37259-006	<b>Client Sample ID:</b> SW-4-9								
<b>Sample Time:</b> 10:05 AM	<b>Sample Date:</b> 12/30/2003	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	12/31/2003	12/31/2003	DS4361A	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> 71.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

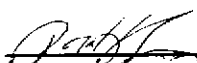
DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandroock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
1533 B Street  
Hayward, CA 94541  
Attn: David Siegel

Date: 01/07/04  
Date Received: 12/30/2003  
Project Name:  
Project Number: 02-006-03  
P.O. Number:  
Sampled By:

## Certified Analytical Report

Order ID: 37259

Lab Sample ID: 37259-007

Client Sample ID: SC-5-8

Sample Time: 10:35 AM

Sample Date: 12/30/2003

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	12/31/2003	1/1/2004	DS4361A	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery 71.0		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

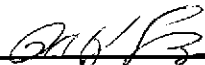
DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

## Quality Control Results Summary

QC Batch #: DS4361A  
Matrix: Solid

Units: mg/Kg  
Date Analyzed: 12/31/2003

Parameter	Method	Blank Result	Spike Sample ID	Spike Amount	Sample Result	Spike Result	QC Type	% Recovery	RPD	RPD Limits	Recovery Limits
<b>Test:</b> TPH as Hydraulic Oil w/ Si-Gel Std											
TPH as Hydraulic Oil	EPA 8015 M	ND		25		25.16	LCS	100.6			75.0 - 125.0
<b>Surrogate</b>		<b>Surrogate Recovery</b>		<b>Control Limits (%)</b>							
o-Terphenyl		80.0		39 - 111							
<b>Test:</b> TPH as Hydraulic Oil w/ Si-Gel Std											
TPH as Hydraulic Oil	EPA 8015 M	ND		25		25.085	LCSD	100.3	0.30	30.00	75.0 - 125.0
<b>Surrogate</b>		<b>Surrogate Recovery</b>		<b>Control Limits (%)</b>							
o-Terphenyl		81.0		39 - 111							

# Entech Analytical Labs, Inc.

3334 Victor Court  
Santa Clara, CA 95054

(408) 588-0200  
(408) 588-0201 - Fax

# Chain of Custody / Analysis Request

Attention to: <b>DAVID SIEGEL</b>		Phone No.: <b>(510) 247-9885</b>	Purchase Order No (Reqd.): <b>02-006-03</b>	Send Invoice to (if Different)	Phone
Company Name: <b>ERAS ENVIRONMENTAL INC</b>		Fax No.: <b>886-9399</b>	Project Number: <b>02-006-03</b>	Company	
Mailing Address: <b>1533 B STREET ERAS ENVIRONMENTAL</b>		email: <b>@SACRA-BAI</b>	Project Name: <b>1549 32nd St.</b>	Billing Address (if Different)	
City: <b>HAYWARD</b>		State: <b>CA</b>	Zip: <b>94546</b>	Project Location:	City: State Zip

Sampler: <b>Ucm</b>	Field Org. Code:	Turn Around Time	
Global ID:		<input type="checkbox"/> Same Day	<input type="checkbox"/> 1 Day
		<input type="checkbox"/> 2 Day	<input type="checkbox"/> 3 Day
		<input type="checkbox"/> 4 Day	<input type="checkbox"/> 5 Day
		<input checked="" type="checkbox"/> Standard (10 Day)	

Order ID: <b>2000</b>	Sampling
-----------------------	----------

Client ID	Field PT	Lab. No.	Date	Time	Matrix	Composite	Grab	Containers	Preservative	Volatiles Organics by GC/MS: 824 <input type="checkbox"/>	Fuel Organics by GC/MS: 8010 by 8280 <input type="checkbox"/>	MTBE by 8280B <input type="checkbox"/>	Pesticides-8081 <input type="checkbox"/>	PCBs - 8082 <input type="checkbox"/>	TPH as Gas/ETC <input type="checkbox"/>	TPH as Gas/BTEX/MTBE <input type="checkbox"/>	Base/Neutral/Acid Organics <input type="checkbox"/>	Fuel Scan <input type="checkbox"/>	Extractable <input type="checkbox"/>	PNA <input type="checkbox"/>	Diesel <input type="checkbox"/>	w/ Surfer Standard Cleanup <input type="checkbox"/>	Major Oil <input type="checkbox"/>	w/ Surfer Column Cleanup <input type="checkbox"/>	Oil & Grease <input type="checkbox"/>	Metals - Circle Below	STLC	TLC	Remarks
SS-1-7			12/30	1045	S			1							X														
SG-2-7			12/30	910	S			1							X														
SN-3-3			12/30	925	S			1							X														
SN-3-7				930	S			1							X														
SW-4-7				950	S			1							X														
SW-4-9				1005	S			1							X														
SC-5-8			V	1035	S			1							X														

Relinquished by: <b>[Signature]</b>	Received by: <b>[Signature]</b>	Date: <b>12/30/05</b>	Time: <b>15:05</b>
Relinquished by: <b>[Signature]</b>	Received by: <b>[Signature]</b>	Date: <b>12/30/05</b>	Time: <b>15:05</b>
Relinquished by:	Received by:	Date:	Time:
Relinquished by:	Received by:	Date:	Time:

**Special Instructions or Comments**

**SILICA GEL CLEANUP REQ'D.**

Metals:  
Al, As, Sb, Ba, Be, B, Cd, Ca, Cr, Co, Cu, Fe, Pb, Mg, Mn, Hg, Mo, Ni, K, Si, Ag, Na, Se, Sr, Ti, Sn, V, Zn, W : RCRA-8  CAM-17  Plating  PPM-13  LUFT-5

NPDES Detection Limits  
 EDD Report Required  
 EDF Report Required  
 PDF File Required

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

January 15, 2004

David Siegel  
ERAs Environmental  
1533 B Street  
Hayward, CA 94541

**Order:** 37365  
**Project Name:** 1549 32 nd St  
**Project Number:** 02-006-03  
**Project Notes:**

**Date Collected:** 01/12/04  
**Date Received:** 01/12/04  
**P.O. Number:** 02-006-03

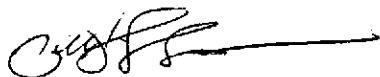
On January 12, 2004, samples were received under documented chain of custody. Results for the following analyses are attached:

<u>Matrix</u>	<u>Test</u>	<u>Method</u>
Solid	PDF TPH as Hydraulic Oil w/ Si-Gel Std	PDF EPA 8015 MOD. (Extractable)

Chemical analysis of these samples has been completed. Summaries of the data are contained on the following pages. USEPA protocols for sample storage and preservation were followed.

Entech Analytical Labs, Inc. is certified by the State of California (#2346). If you have any questions regarding procedures or results, please call me at 408-588-0200.

Sincerely,



Patti Sandrock  
QA/QC Manager



# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
1533 B Street  
Hayward, CA 94541  
Attn: David Siegel

Date: 1/15/04  
Date Received: 01/12/04  
Project Name: 1549 32 nd St  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 37365

Lab Sample ID: 37365-001

Client Sample ID: NSW2 @ 7'

Sample Time: 9:20 AM

Sample Date: 01/12/04

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	2400		50	13	650	mg/Kg	01/12/04	01/14/04	DS4364A	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery NR		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

Comment: NR=Not Reportable. Surrogate recovery not reportable due to dilution.

Order ID: 37365

Lab Sample ID: 37365-002

Client Sample ID: WB2 @ 9'

Sample Time: 9:15 AM

Sample Date: 01/12/04

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	01/12/04	01/15/04	DS4364A	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery 108.0		Control Limits (%) 39 - 111

Comment: TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

Date: 01/16/04

## Certified Analytical Report

Lab Sample ID: Method Blank

Matrix: Solid

Test	Parameter	Result	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil w/ Si-Gel Std	TPH as Hydraulic Oil	ND	1	13	13	mg/Kg	1/13/2004	DS4364A	EPA 8015 MOD. (Extractable)
	Surrogate	Surrogate Recovery		Control Limits (%)					
	o-Terphenyl	96.0		39 - 111					

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

Page 1 of 1



# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

February 04, 2004

David Siegel  
ERAs Environmental  
1533 B Street  
Hayward, CA 94541

**Order:** 37499  
**Project Name:** 1549 32 nd St  
**Project Number:** 02-006-03

**Date Collected:** 1/21/2004  
**Date Received:** 1/23/2004  
**P.O. Number:** 02-006-03

**Project Notes:**

On January 23, 2004, samples were received under documented chain of custody. Results for the following analyses are attached:

<u>Matrix</u>	<u>Test</u>	<u>Method</u>
Solid	EPA 8260B	EPA 8260B
	PDF	PDF
	TPH as Hydraulic Oil w/ Si-Gel Std	EPA 8015 MOD. (Extractable)

Chemical analysis of these samples has been completed. Summaries of the data are contained on the following pages. USEPA protocols for sample storage and preservation were followed.

Entech Analytical Labs, Inc. is certified by the State of California (#2346). If you have any questions regarding procedures or results, please call me at 408-588-0200.

Sincerely,



Patti Sandroek  
QA/QC Manager

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

ERAs Environmental  
1533 B Street  
Hayward, CA 94541  
Attn: David Siegel

Date: 2/2/04  
Date Received: 1/23/2004  
Project Name: 1549 32 nd St  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

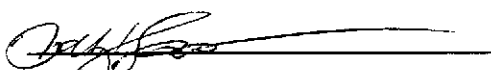
Order ID: 37499	Lab Sample ID: 37499-001	Client Sample ID: OT1 @ 7'								
Sample Time: 3:01 PM	Sample Date: 1/21/2004	Matrix: Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	440		20	13	260	mg/Kg	1/23/2004	1/28/2004	DS4369B	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery 95.0		Control Limits (%) 39 - 111
Comment:	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

Order ID: 37499	Lab Sample ID: 37499-002	Client Sample ID: OT2 @ 7'								
Sample Time: 3:04 PM	Sample Date: 1/21/2004	Matrix: Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	830		50	13	650	mg/Kg	1/23/2004	1/27/2004	DS4369B	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery NR		Control Limits (%) 39 - 111
Comment:	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									
Comment:	NR=Not Reportable. Surrogate recovery not reportable due to dilution.									

Order ID: 37499	Lab Sample ID: 37499-003	Client Sample ID: OT3 @ 7'								
Sample Time: 3:16 PM	Sample Date: 1/21/2004	Matrix: Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	1/23/2004	1/27/2004	DS4369B	EPA 8015 MOD. (Extractable)
					Surrogate o-Terphenyl			Surrogate Recovery 72.0		Control Limits (%) 39 - 111
Comment:	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

DF = Dilution Factor      ND = Not Detected      DLR = Detection Limit Reported      PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager

Environmental Analysis Since 1983

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ERAs Environmental  
1533 B Street  
Hayward, CA 94541  
Attn: David Siegel

Date: 2/2/04  
Date Received: 1/23/2004  
Project Name: 1549 32 nd St  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

<b>Order ID:</b> 37499	<b>Lab Sample ID:</b> 37499-004	<b>Client Sample ID:</b> OT4 @ 7'								
<b>Sample Time:</b> 3:10 PM	<b>Sample Date:</b> 1/21/2004	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	15		1	13	13	mg/Kg	1/23/2004	1/27/2004	DS4369B	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> 57.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

<b>Order ID:</b> 37499	<b>Lab Sample ID:</b> 37499-005	<b>Client Sample ID:</b> OT5 @ 7'								
<b>Sample Time:</b> 3:12 PM	<b>Sample Date:</b> 1/21/2004	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	1/23/2004	1/27/2004	DS4369B	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> 76.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

<b>Order ID:</b> 37499	<b>Lab Sample ID:</b> 37499-006	<b>Client Sample ID:</b> OT6 @ 7'								
<b>Sample Time:</b> 3:15 PM	<b>Sample Date:</b> 1/21/2004	<b>Matrix:</b> Solid								
<b>Parameter</b>	<b>Result</b>	<b>Flag</b>	<b>DF</b>	<b>PQL</b>	<b>DLR</b>	<b>Units</b>	<b>Extraction Date</b>	<b>Analysis Date</b>	<b>QC Batch ID</b>	<b>Method</b>
TPH as Hydraulic Oil	ND		1	13	13	mg/Kg	1/23/2004	1/27/2004	DS4369B	EPA 8015 MOD. (Extractable)
					<b>Surrogate</b> o-Terphenyl			<b>Surrogate Recovery</b> 61.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

DF = Dilution Factor

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PQL = Practical Quantitation Limit

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ERAs Environmental  
1533 B Street  
Hayward, CA 94541  
Attn: David Siegel

Date: 2/2/04  
Date Received: 1/23/2004  
Project Name: 1549 32 nd St  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

Order ID: 37499	Lab Sample ID: 37499-007	Client Sample ID: OTB1 @ 10'								
Sample Time: 3:05 PM	Sample Date: 1/21/2004	Matrix: Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	24		1	13	13	mg/Kg	1/23/2004	1/27/2004	DS4369B	EPA 8015 MOD. (Extractable)
						Surrogate o-Terphenyl		Surrogate Recovery 83.0		Control Limits (%) 39 - 111
Comment:	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

Order ID: 37499	Lab Sample ID: 37499-008	Client Sample ID: OTB2 @ 10'								
Sample Time: 3:08 PM	Sample Date: 1/21/2004	Matrix: Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	26		1	13	13	mg/Kg	1/23/2004	1/27/2004	DS4369B	EPA 8015 MOD. (Extractable)
						Surrogate o-Terphenyl		Surrogate Recovery 78.0		Control Limits (%) 39 - 111
Comment:	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

Order ID: 37499	Lab Sample ID: 37499-009	Client Sample ID: NSW3 @ 7'								
Sample Time: 2:56 PM	Sample Date: 1/21/2004	Matrix: Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	160		5	13	65	mg/Kg	1/23/2004	1/28/2004	DS4369B	EPA 8015 MOD. (Extractable)
						Surrogate o-Terphenyl		Surrogate Recovery 82.0		Control Limits (%) 39 - 111
Comment:	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									


DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit

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Date: 2/2/04  
Date Received: 1/23/2004  
Project Name: 1549 32 nd St  
Project Number: 02-006-03  
P.O. Number: 02-006-03  
Sampled By: Client

## Certified Analytical Report

<b>Order ID:</b> 37499	<b>Lab Sample ID:</b> 37499-010	<b>Client Sample ID:</b> XX @ 7'								
<b>Sample Time:</b> 2:28 PM	<b>Sample Date:</b> 1/21/2004	<b>Matrix:</b> Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	300		10	13	130	mg/Kg	1/23/2004	1/28/2004	DS4369B	EPA 8015 MOD. (Extractable)
						<b>Surrogate</b> o-Terphenyl		<b>Surrogate Recovery</b> 89.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

<b>Order ID:</b> 37499	<b>Lab Sample ID:</b> 37499-011	<b>Client Sample ID:</b> YY @ 7'								
<b>Sample Time:</b> 2:29 PM	<b>Sample Date:</b> 1/21/2004	<b>Matrix:</b> Solid								
Parameter	Result	Flag	DF	PQL	DLR	Units	Extraction Date	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil	32		1	13	13	mg/Kg	1/23/2004	1/27/2004	DS4369B	EPA 8015 MOD. (Extractable)
						<b>Surrogate</b> o-Terphenyl		<b>Surrogate Recovery</b> 81.0		<b>Control Limits (%)</b> 39 - 111
<b>Comment:</b>	TPH-Hydraulic Oil extraction performed with standard silica gel cleanup.									

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Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
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Date: 2/2/04

## Certified Analytical Report

Lab Sample ID: Method Blank

Matrix: Solid

Test	Parameter	Result	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
TPH as Hydraulic Oil w/ Si-Gel Std	TPH as Hydraulic Oil	ND	1	13	13	mg/Kg	1/26/2004	DS4369B	EPA 8015 MOD. (Extractable)
	Surrogate	Surrogate Recovery		Control Limits (%)					
	o-Terphenyl	60.0		39 - 111					

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Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
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Environmental Analysis Since 1983

Page 1 of 1

# Entech Analytical Labs, Inc.

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Fax: (408) 588-0201

ERAs Environmental

1533 B Street

Hayward, CA 94541

Attn: David Siegel

Date: 01/26/04

Date Received: 1/23/2004

Project Name: 1549 32 nd St

Project Number: 02-006-03

P.O. Number: 02-006-03

Sampled By: Client

## Certified Analytical Report

Order ID: 37499

Lab Sample ID: 37499-001

Client Sample ID: OT1 @ 7'

Sample Time: 3:01 PM

Sample Date: 1/21/2004

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
1,1,1,2-Tetrachloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,1,1-Trichloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,1,2,2-Tetrachloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,1,2-Trichloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,1-Dichloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,1-Dichloroethene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,1-Dichloropropene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2,3-Trichlorobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2,3-Trichloropropane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2,4-Trichlorobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2,4-Trimethylbenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2-Dibromo-3-Chloropropane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2-Dibromoethane (EDB)	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2-Dichlorobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2-Dichloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2-Dichloropropane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,3,5-Trimethylbenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,3-Dichlorobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,3-Dichloropropane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,4-Dichlorobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,4-Dioxane	ND		1	50	50	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
2,2-Dichloropropane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
2-Butanone (MEK)	ND		1	20	20	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
2-Chloroethyl-vinyl Ether	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
2-Chlorotoluene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
2-Hexanone	ND		1	20	20	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
4-Chlorotoluene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
4-Methyl-2-Pentanone(MIBK)	ND		1	20	20	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Acetone	ND		1	100	100	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Benzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Bromobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Bromochloromethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Bromodichloromethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Bromoform	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Bromomethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Carbon Disulfide	ND		1	15	15	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Carbon Tetrachloride	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Chlorobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Chloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Chloroform	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Chloromethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
cis-1,2-Dichloroethene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
cis-1,3-Dichloropropene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Dibromochloromethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

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ERAs Environmental

1533 B Street

Hayward, CA 94541

Attn: David Siegel

Date: 01/26/04

Date Received: 1/23/2004

Project Name: 1549 32 nd St

Project Number: 02-006-03

P.O. Number: 02-006-03

Sampled By: Client

## Certified Analytical Report

Order ID: 37499

Lab Sample ID: 37499-002

Client Sample ID: OT2 @ 7'

Sample Time: 3:04 PM

Sample Date: 1/21/2004

Matrix: Solid

Parameter	Result	Flag	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
1,1,1,2-Tetrachloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,1,1-Trichloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,1,2,2-Tetrachloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,1,2-Trichloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,1-Dichloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,1-Dichloroethene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,1-Dichloropropene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2,3-Trichlorobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2,3-Trichloropropane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2,4-Trichlorobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2,4-Trimethylbenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2-Dibromo-3-Chloropropane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2-Dibromoethane (EDB)	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2-Dichlorobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2-Dichloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,2-Dichloropropane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,3,5-Trimethylbenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,3-Dichlorobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,3-Dichloropropane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,4-Dichlorobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
1,4-Dioxane	ND		1	50	50	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
2,2-Dichloropropane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
2-Butanone (MEK)	ND		1	20	20	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
2-Chloroethyl-vinyl Ether	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
2-Chlorotoluene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
2-Hexanone	ND		1	20	20	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
4-Chlorotoluene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
4-Methyl-2-Pentanone(MIBK)	ND		1	20	20	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Acetone	ND		1	100	100	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Benzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Bromobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Bromochloromethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Bromodichloromethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Bromoform	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Bromomethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Carbon Disulfide	ND		1	15	15	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Carbon Tetrachloride	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Chlorobenzene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Chloroethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Chloroform	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Chloromethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
cis-1,2-Dichloroethene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
cis-1,3-Dichloropropene	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
Dibromochloromethane	ND		1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B

DF = Dilution Factor

ND = Not Detected

DLR = Detection Limit Reported

PQL = Practical Quantitation Limit



Date: 01/27/04

## Certified Analytical Report

**Lab Sample ID: Method Blank**
**Matrix: Solid**

Test	Parameter	Result	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
EPA 8260B	1,1,1,2-Tetrachloroethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,1,1-Trichloroethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,1,2,2-Tetrachloroethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,1,2-Trichloroethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,1-Dichloroethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,1-Dichloroethene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,1-Dichloropropene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,2,3-Trichlorobenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,2,3-Trichloropropane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,2,4-Trichlorobenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,2,4-Trimethylbenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,2-Dibromo-3-Chloropropane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,2-Dibromoethane (EDB)	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,2-Dichlorobenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,2-Dichloroethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,2-Dichloropropane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,3,5-Trimethylbenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,3-Dichlorobenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,3-Dichloropropane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,4-Dichlorobenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	1,4-Dioxane	ND	1	50	50	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	2,2-Dichloropropane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	2-Butanone (MEK)	ND	1	20	20	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	2-Chloroethyl-vinyl Ether	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	2-Chlorotoluene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	2-Hexanone	ND	1	20	20	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	4-Chlorotoluene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	4-Methyl-2-Pentanone(MIBK)	ND	1	20	20	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Acetone	ND	1	100	100	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Benzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Bromobenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Bromochloromethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Bromodichloromethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Bromoform	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Bromomethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Carbon Disulfide	ND	1	15	15	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Carbon Tetrachloride	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Chlorobenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B

DF = Dilution Factor

ND = Not Detected

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Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
 Patti Sandroock, QA/QC Manager

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Date: 01/27/04

## Certified Analytical Report

**Lab Sample ID: Method Blank**
**Matrix: Solid**

Test	Parameter	Result	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
EPA 8260B	Chloroethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Chloroform	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Chloromethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	cis-1,2-Dichloroethene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	cis-1,3-Dichloropropene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Dibromochloromethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Dibromomethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Dichlorodifluoromethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Diisopropyl Ether	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Ethyl Benzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Freon 113	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Hexachlorobutadiene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Isopropanol	ND	1	100	100	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Isopropylbenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Methyl-1-butyl Ether	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Methylene Chloride	ND	1	25	25	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	n-Butylbenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	n-Propylbenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Naphthalene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	p-Isopropyltoluene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	sec-Butylbenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Styrene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	tert-Amyl Methyl Ether	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	tert-Butanol (TBA)	ND	1	20	20	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	tert-Butyl Ethyl Ether	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	tert-Butylbenzene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Tetrachloroethene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Tetrahydrofuran	ND	1	20	20	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Toluene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	trans-1,2-Dichloroethene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	trans-1,3-Dichloropropene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Trichloroethene	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Trichlorofluoromethane	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Vinyl Chloride	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B
	Xylenes, Total	ND	1	5	5	µg/Kg	1/26/2004	SMS310479B	EPA 8260B

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Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
 Patti Sandrock, QA/QC Manager

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Date: 01/27/04

## Certified Analytical Report

Lab Sample ID: Method Blank

Matrix: Solid

Test	Parameter	Result	DF	PQL	DLR	Units	Analysis Date	QC Batch ID	Method
	Surrogate	Surrogate Recovery		Control Limits (%)					
	4-Bromofluorobenzene	82.9		70	130				
	Dibromofluoromethane	90.1		59	134				
	Toluene-d8	88.9		60	112				

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ND = Not Detected

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PQL = Practical Quantitation Limit

Analysis performed by Entech Analytical Labs, Inc. (CA ELAP #2346)

  
Patti Sandrock, QA/QC Manager



## Quality Control Results Summary

QC Batch #: SMS310479B

Units: µg/Kg

Matrix: Solid

Date Analyzed: 1/26/2004

Parameter	Method	Blank Result	Spike Sample ID	Spike Amount	Sample Result	Spike Result	QC Type	% Recovery	RPD	RPD Limits	Recovery Limits
<b>Test: EPA 8260B</b>											
1,1-Dichloroethene	EPA 8260B	ND		40		35.877	LCS	89.7			55.0 - 122.0
Benzene	EPA 8260B	ND		40		42.1505	LCS	105.4			68.0 - 129.0
Chlorobenzene	EPA 8260B	ND		40		32.4284	LCS	81.1			68.0 - 120.0
Methyl-t-butyl Ether	EPA 8260B	ND		40		39.7903	LCS	99.5			65.0 - 124.0
Toluene	EPA 8260B	ND		40		35.5829	LCS	89.0			61.0 - 129.0
Trichloroethene	EPA 8260B	ND		40		36.4793	LCS	91.2			57.0 - 131.0
<b>Surrogate</b>			<b>Surrogate Recovery</b>			<b>Control Limits (%)</b>					
	4-Bromofluorobenzene			97.8		70 - 130					
	Dibromofluoromethane			95.4		59 - 134					
	Toluene-d8			87.8		60 - 112					
<b>Test: EPA 8260B</b>											
1,1-Dichloroethene	EPA 8260B	ND		40		34.9692	LCSD	87.4	2.56	30.00	55.0 - 122.0
Benzene	EPA 8260B	ND		40		41.0696	LCSD	102.7	2.60	30.00	68.0 - 129.0
Chlorobenzene	EPA 8260B	ND		40		37.1738	LCSD	92.9	13.64	30.00	68.0 - 120.0
Methyl-t-butyl Ether	EPA 8260B	ND		40		38.5545	LCSD	96.4	3.15	30.00	65.0 - 124.0
Toluene	EPA 8260B	ND		40		40.5697	LCSD	101.4	13.10	30.00	61.0 - 129.0
Trichloroethene	EPA 8260B	ND		40		35.8154	LCSD	89.5	1.84	30.00	57.0 - 131.0
<b>Surrogate</b>			<b>Surrogate Recovery</b>			<b>Control Limits (%)</b>					
	4-Bromofluorobenzene			83.2		70 - 130					
	Dibromofluoromethane			96.2		59 - 134					
	Toluene-d8			95.4		60 - 112					

# Entech Analytical Labs, Inc.

3334 Victor Court • Santa Clara, CA 95054 • (408) 588-0200 • Fax (408) 588-0201

## Quality Control Results Summary

QC Batch #: DS4369B  
Matrix: Solid

Units: mg/Kg  
Date Analyzed: 1/26/2004

Parameter	Method	Blank Result	Spike Sample ID	Spike Amount	Sample Result	Spike Result	QC Type	% Recovery	RPD	RPD Limits	Recovery Limits
<b>Test:</b> TPH as Hydraulic Oil w/ Si-Gel Std											
TPH as Hydraulic Oil	EPA 8015 M	ND		25		22.495	LCS	90.0			75.0 - 125.0
Surrogate		Surrogate Recovery		Control Limits (%)							
o-Terphenyl		90.0		39 - 111							
<b>Test:</b> TPH as Hydraulic Oil w/ Si-Gel Std											
TPH as Hydraulic Oil	EPA 8015 M	ND		25		19.137	LCSD	76.5	16.13	30.00	75.0 - 125.0
Surrogate		Surrogate Recovery		Control Limits (%)							
o-Terphenyl		81.0		39 - 111							

