

PROTECTION

Phone: (925) 283-6000 Fax: (925) 283-6121

00 MAR -3 PM 3: 48

March 2, 2000

Eva Chew Alameda County Health Care Services Agency 1131 Harbor Bay Parkway, Suite 250 Alameda, CA 94502

Subject:

5865 Broadway Terrace Oakland, California AEI Project No. 3621

Dear Ms. Chew

The following brief workplan has been written to describe the re-excavation and sampling activities to be performed by AEI at the above referenced site.

In October 1998, one 7,500 gasoline underground storage tank (UST), one 3,000 gallon gasoline UST, and one 250 gallon waste oil UST along with the associated piping and dispensers were removed from the property.

Analytical results of soil samples collected from beneath the USTs indicated that soil was impacted with up to 3,800 mg/kg of total petroleum hydrocarbons (TPH) as gasoline, 2 mg/kg of benzene, and 11 mg/kg of MTBE. Groundwater was not encountered during the tank removal activities. Following the removal of the tanks, the stockpiled soil was returned to the excavation.

At the request of the ACHCSA, a Phase II Subsurface Investigation was performed at the site by AEI. This investigation revealed concentrations of TPH as gasoline and MTBE in the soil up to up to 19 mg/kg and 0.98 mg/kg, respectively. Please refer to the Phase II Subsurface Investigation report issued by AEI on May 5, 1999 for detailed results of this investigation.

AEI has been contracted to install one 12,000 gallon underground gasoline storage tank. The new tank will be installed in the same location as the previous tanks. Please refer to Figure 1 for the locations of the previous UST and the new tank.

AEI will re-open the former excavation and remove additional soil on the north and south sides of the former excavation to accommodate the new tank. The former stockpile was not sampled during the tank removal activities; therefore AEI will sample the newly stockpiled soil at a rate of one composite sample for every 50 cubic yards of soil. AEI will collect one sidewall sample from each side of the excavation at a frequency of one sample for every 20 feet of horizontal them where length of the sidewall.

All sampling will be performed under the direction of a representative of the ACHCSA. Additional sample collection and/or soil removal will be performed if deemed necessary by the

Corporate Headquarters

October 11, 2000

OVER-EXCAVATION OF CONTAMINATED SOIL AND TANK INSTALLATION

5865 Broadway Terrace Oakland, California

Project No. 3616

Prepared For

McElhinney Trust c/o Mr. Mike Gilmore 123 Scenic Drive Orinda, CA 94627

Prepared By

AEI Consultants
3210 Old Tunnel Road, Suite B
Lafayette, CA 94549
(800) 801-3224



Phone: (925) 283-6000

Fax: (925) 283-6121

October 11, 2000

McElhinney Trust c/o Mr. Mike Gilmore 123 Scenic Drive Orinda, CA 94627

Subject:

Over-Excavation of Contaminated Soil and Tank Installation

5865 Broadway Terrace Oakland, CA 94618 AEI Project No. 3616

Dear Mr. Gilmore:

The following letter report documents the activities and results of the over-excavation, off-haul and disposal of contaminated soil, and installation of one 20,000-gallon underground storage tank (UST) performed by AEI Consultants (AEI) at the above referenced property. AEI was contracted to install one 20,000-gallon double walled UST and two dispensers, and to remove and dispose of any petroleum hydrocarbon contaminated soil encountered during the installation activities. The 20,000-gallon UST is split into two compartments of 12,000 gallons and 8,000 gallons. The UST was installed approximately 15 feet to the west of the subject property building, in the former location of three USTs (Figure 1: Site Location and Figure 2 Site Plan). The installation activities were performed at the request of the Mr. Mike Gilmore. The Alameda County Health Care Services Agency (ACHCSA) requested the removal and disposal of the contaminated soil.

I. Site Background

The property is located in a residential area of the City of Oakland and currently supports the operation of C.A.R. Service, an automobile repair facility. In October 1998, one 7,500-gallon gasoline UST, one 3,000-gallon gasoline UST, and one 250-gallon waste oil UST along with associated piping and dispensers were removed from the property. The excavation was backfilled with the stockpiled soil and imported fill material. Please refer to Figure 2 for former locations of the tanks and dispensers.

Soil samples were collected from 13 to 14 feet below ground surface (bgs) beneath the gasoline USTs. Analytical results of these samples indicated that the soil was impacted with up to 3,800 mg/kg of total petroleum hydrocarbons (TPH) as gasoline, 2 mg/kg of benzene, and 11 mg/kg of MTBE. A soil sample analyzed from 7 feet bgs from beneath the waste oil tank was impacted with 2 mg/kg of TPH as gasoline. Groundwater was not encountered during the tank removal activities. No samples were collected from the stockpiled soil.

On April 5, 1999, AEI Consultants performed a subsurface investigation to determine whether the groundwater had been impacted by the identified hydrocarbon release. A total of five soil borings (AEI-1 through AEI-5) were advanced. The borings were advanced to 6 feet bgs in the former locations of the dispensers and between depths of 12 to 16 feet bgs in the former location of the USTs. Refer to Figure 2 for soil boring locations. Groundwater was encountered in boring AEI-3 at 14 feet bgs.

TPH as gasoline and MTBE were detected in soil sample AEI-4 10' at 19 mg/kg and 0.93 mg/kg, respectively. No significant levels of BTEX or TPH as diesel were detected in any of the soil samples analyzed. MTBE and tert-Amyl Methyl Ether (TAME) were detected in the groundwater sample at 72 μ g/L and 11 μ g/L, respectively. TPH as gasoline, BTEX and VOCs were not detected in the water sample analyzed.

II. Excavation Activities

Prior to the initiation of field activities, AEI Consultants and Mr. Mike Gilmore obtained the necessary permits to install one 20,000-gallon UST, dispensers, and a canopy (refer to Attachment A: Permits and Notification Documents). Permits were obtained from Bay Area Air Quality Management District (Permit No. 01268), Oakland Fire Services Agency (Permit No. 87-99), and the City of Oakland Building Department (Permit Nos. B0000405, B9904475, and E0002215). Removal and disposal of the contaminated soil was approved on March 7, 2000 by Ms. Eva Chu of the ACHCSA

On May 9, 2000, the AEI field staff was briefed and the Site Health and Safety Plan was reviewed prior to the excavating of soil. The asphalt ground cover surrounding the excavation was removed. A single stockpile of soil was created adjacent to the excavation. Shoring was required on the east wall of the excavation to prevent the soil from under the building from sluffing into the excavation. On May 12, 2000 shoring was installed on the east wall of the excavation. After the shoring was in place the excavation activities continued. The excavation was extended to a final depth of 16 feet bgs (the required depth for this tank installation).

Groundwater was encountered at 14 feet bgs. During the excavation activities, groundwater was pumped out of the excavation into a Baker tank that was stored on-site. A total of 625 gallons of groundwater was removed from the excavation. On May 23, 2000, the contaminated groundwater was removed from the Baker tank by Excel Environmental Services and transported under manifest to Alviso Independent Oil for disposal.

The non-hazardous waste manifest for the waste liquid is located in Appendix B: Transport and Disposal Documents.

III. Sampling and Analysis

On May 16, 2000, soil samples were collected from the stockpiled material and from the excavation. Inspector Eva Chu of the ACHCSA observed the sampling activities. Due to the shoring on the east wall of the excavation a sidewall sample could not be collected. One

sidewall sample was collected from the west sidewall of the excavation at 14' bgs using the bucket of the excavator. The sidewall sample was labeled Sidewall 14'. Eight (8) discrete soil samples were collected from the stockpile, and were composited into two composite samples (STKP 1-4 and STKP 5-8) for analysis. Please refer to Figure 3: Sample Location Plan for the sample locations.

On May 16, 2000, in order to obtain a representative sample and complete the excavation activities, the excavation was purged of groundwater. Due to the slow recharge time, the grab groundwater sample, labeled GW 14', was collected from the excavation the following day on May 17, 2000.

All soil samples were collected in brass tubes that were driven into the soil until completely full, then sealed with Teflon tape and plastic caps. The grab groundwater sample was collected in two 40-mL VOAs, a plastic pint container, and a one liter amber bottle. The secured sample containers were immediately placed into a cooler with ice after sampling. Chain of Custody documentation was initiated. The cooler and soil samples were brought to McCampbell Analytical, Inc. (State Certification #1644) of Pacheco, California on May 16, 2000. The grab groundwater sample was collected and delivered on May 17, 2000 for analysis.

The samples were analyzed for Total Petroleum Hydrocarbons as gasoline (EPA 8015), Total Lead (EPA Method 6010/200), methyl-tert-butyl ether (MTBE), and benzene, toluene, ethylbenzene, and xylenes (BTEX) (EPA Method 602/8020). The soil samples were also analyzed for fuel oxygenates (EPA Method 8260). The analytical results are summarized in the following tables:

TABLE 1 - Seil Sample Analyses west

	Sidewall 14'	STKP 1-4	STKP 5-8
TPH-GASOLINE (mg/kg)	310	14	160
MTBE (mg/kg) (8020)	4.0	<0.05	0.96
Di-isopropyl Ether (μg/kg)	<100	NA	NA
Ethyl tert-Butyl Ether (µg/kg)	<100	NA	NA
Methyl-tert Butyl Ether (μg/kg)	2800	NA	NA
tert-Amyl Methyl Ether (µg/kg)	130	NA	NA
tert-Butanol (μg/kg)	<500	NA	NA
BENZENE (mg/kg)	0.70	< 0.005	0.17
TOLUENE (mg/kg)	1.2	0.057	0.86
ETHYL BENZENE (mg/kg)	0.46	0.10	0.26
TOTAL XYLENES (mg/kg)	1.3	0.36	0.40
TOTAL LEAD (mg/kg)	8.2	22	17

mg/kg = milligrams per kilogram (parts per million)

mg/kg = micrograms per kilogram (parts per billion)

NA = not analyzed

TABLE 2 - Groundwater Sample Analyses

	GW 14'
TPH-GASOLINE (μg/L)	2200
MTBE (μg/L)	160
BENZENE (µg/L)	7.3
TOLUENE (µg/L)	7.9
ETHYL BENZENE (μg/L)	41
TOTAL XYLENES (μg/L)	100

 $\mu g/L = micrograms per liter (ppb)$ mg/L = milligrams per liter (ppm)

Copies of all analytical results and Chain of Custody documentation are located in Appendix C: Analytical Documentation.

IV. Installation Activities

On May 17, 2000, the 20,000-gallon UST was installed. The tank was set on pea gravel and the excavation was backfilled with pea gravel to within one foot of the top of the tank.

On June 7, 2000 two excavations for the canopy footings, approximately four feet in diameter by six feet deep, were created. After the concrete footings were poured, trenches for the piping and dispensers were created. The soil removed from the trenches and footing excavations was stockpiled adjacent to the UST excavation.

Field work continued from June 7, 2000 until July 24, 2000. During that time, two new dispensers were installed along with dispenser containment "bravo boxes". Double wall fiberglass piping was installed from the tank to the dispensers. Also a leak detection system and a monitoring system were installed. Please refer to the attached list for the complete list of parts that were installed.

When the installation of the piping and monitoring system was completed and inspected the trenches were backfilled with pea gravel. The area around the dispensers and the area above the tank were resurfaced with reinforced concrete. After the concrete dried the canopy was installed.

On August 7, 2000, Inspector Hernan Gomez with the Oakland Fire Services Agency conducted the final inspection of the UST and dispenser installation and granted permission to operate. The entire fuel system (tank, piping, dispensers and monitoring system) at C.A.R. Service at 5865 Broadway Terrace in Oakland, California is compliant with the current California UST regulations.

V. Disposal of Contaminated Soil

The stockpiled soil from the tank excavation occupied a large portion of the property, and restricted the ability to install the dispensers and canopy. Therefore the stockpiled soil was profiled for disposal at Keller Canyon Landfill in Pittsburg, California. On May 23 and 24,

2000, AEI mobilized on site to off-haul the stockpiled soil. During the trenching and excavating for the canopy footings, additional contaminated soil was stockpiled and profiled for disposal. On June 16 and 19, 2000, additional soil was off-hauled for disposal. After the tank was installed and the excavation was backfilled, the shoring was removed. The contaminated soil that was behind the shoring was removed and stockpiled. On June 27 and 28, 2000, the last stockpile of contaminated soil was off-hauled and disposed. A total of 788.23 tons of contaminated soil was disposed at the Keller Canyon Landfill. Copies of disposal documentation are located in Appendix B: Disposal Documentation.

VI. Summary

AEI Consultants was contracted to install one 20,000-gallon double walled UST and two dispensers at 5865 Broadway Terrace in Oakland, California. AEI was also contracted to remove and dispose of any contaminated soil (from the former USTs) that was encountered during the installation activities. On May 9, 2000, AEI Consultants began excavating for the installation of one 20,000-gallon UST. The excavation was extended to 16 feet bgs. Groundwater was encountered at 14 feet bgs. Approximately 625 gallons of groundwater was removed from the excavation prior to the collection of a grab groundwater sample and the installation of the 20,000-gallon UST.

Soil and groundwater samples were collected from the excavation and stockpile on May 16 and 17, 2000. The soil sample collected from the excavation sidewall (Sidewall 14') contained elevated concentrations of total petroleum hydrocarbons (TPH) as gasoline, MTBE and benzene at 310 mg/kg, 4.0 mg/kg and 0.70 mg/kg, respectively. The stockpile soil samples contained elevated concentrations of TPH as gasoline ranging from 14 to 160 mg/kg. Minor concentrations of MTBE and benzene were detected in one of the stockpile soil samples (STKP 5-8) at 0.96 mg/kg and 0.17 mg/kg, respectively. The groundwater sample (GW 14') also contained elevated concentrations of TPH as gasoline, MTBE and benzene at 2,200 µg/L, 160 µg/L and 7.3 µg/L.

On May 17, 2000, the 20,000-gallon UST was installed. The excavation was backfilled with pea gravel. Following the tank installation, the canopy footing excavations were created. After the concrete for the canopy footings was poured and dried, the trenches for the piping and dispensers were created. The soil that was removed during the trenching was stockpiled adjacent to the tank excavation.

On May 23 and 24, 2000, the stockpiled soil from the tank excavation was off-hauled and disposed at the Keller Canyon Landfill in Pittsburg, California. The soil excavated from the trenches and canopy footing excavations was disposed on June 16, 19, 27 and 28, 2000. A total of 788.23 tons of contaminated soil was off-hauled from the subject property and disposed at Keller Canyon Landfill.

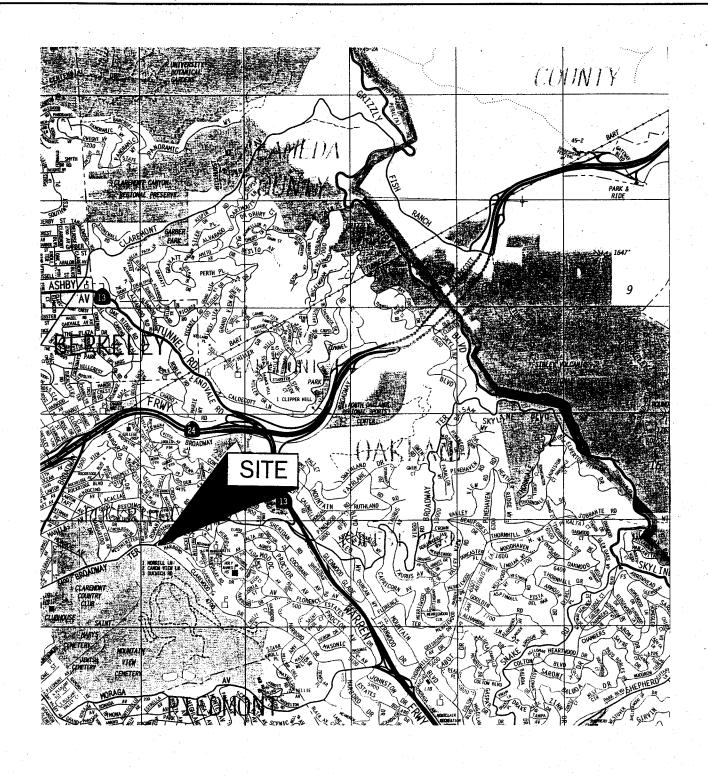
After the soil was off-hauled, the dispensers, piping, and monitoring system were installed. The property was resurfaced and the canopy was installed. On August 7, 2000, Inspector Hernan Gomez with the Oakland Fire Services Agency conducted the final inspection of the UST and dispenser installation and granted permission to operate. The entire fuel system (tanks, piping,

dispensers and monitoring system) at C.A.R. Service at 5865 Broadway Terrace in Oakland, California is compliant with the current California UST regulations.

Sincerely,

Volin Ormerod

Environmental Scientist





AEI Consultants

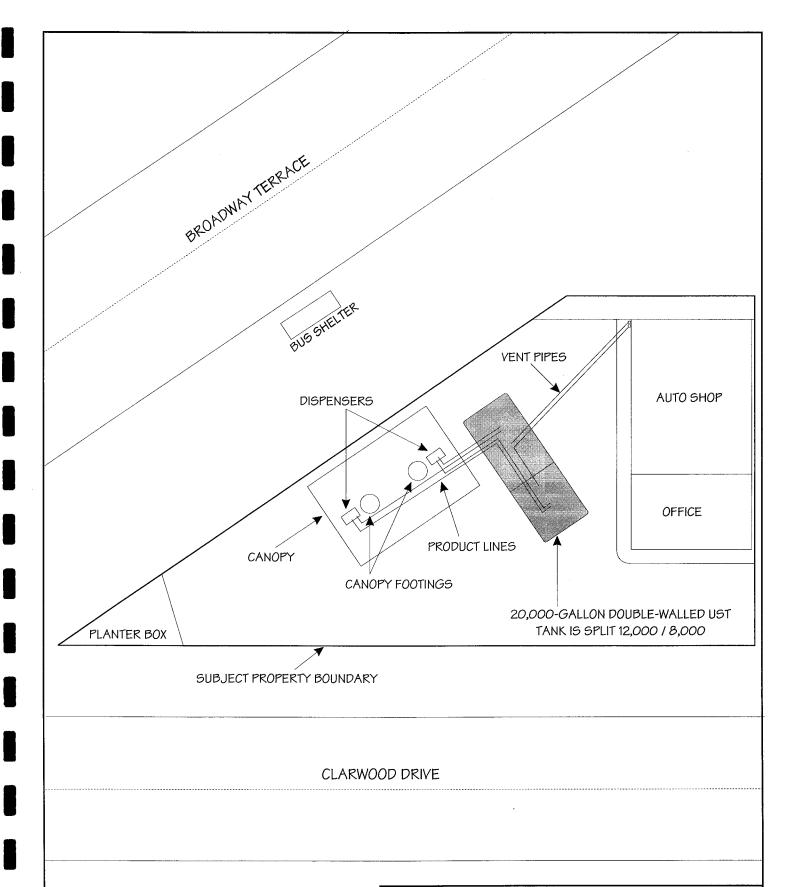
3210 OLD TUNNEL ROAD, SUITE B, LAFAYETTE, CA

SCALE: 1"=2400'

DATE: 2000

SITE LOCATION MAP

5865 BROADWAY TERRACE OAKLAND, CALIFORNIA DRAWING NUMBER: FIGURE 1





AEI Consultants

3210 OLD TUNNEL ROAD, SUITE B, LAFAYETTE, CA

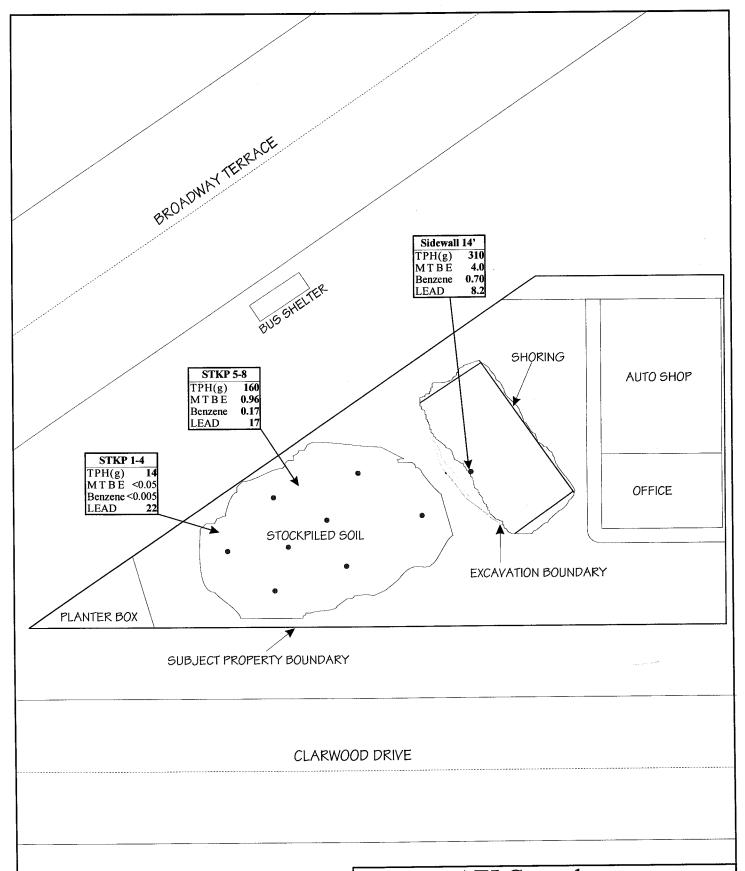
SCALE: 1" = 20'

DRAWN BY: J. ORMEROD

DATE: 10/11/00

SITE MAP

5865 BROADWAY TERRACE OAKLAND, CALIFORNIA DRAWING NUMBER: FIGURE 2



KEY

SOIL SAMPLE LOCATION

TPH(g) TOTAL PETROLEUM HYDROCARBON AS GASOLINE MTBE METHYL TERTIARY BUTYL ETHER LEAD TOTAL LEAD

SOIL SAMPLE RESULTS IN mg/kg

AEI Consultants

3210 OLD TUNNEL ROAD, SUITE B, LAFAYETTE, CA

SCALE: 1" = 20'

DRAWN BY: J. ORMEROD

DATE: 10/11/00

SAMPLE LOCATION MAP

5865 BROADWAY TERRACE OAKLAND, CALIFORNIA DRAWING NUMBER: FIGURE 3

APPENDIX A PERMITS AND NOTIFICATION DOCUMENTS



City Of Oakland FIRE PREVENTION BUREAU



Permit To Excavate And Install, Repair, Or Remove Inflammable Liquid Tanks



Oakland, California November 19, 1999

Tank Permit Number:

87-99

250 Frank Ogawa Plaza, Ste. 3341 Oakland California 94612-2032

510-238-3851 Permission Is Hereby Granted To:

Install gasoline

Tank And Excavate Commencing:

Feet Inside: property

Line.

On The: south side of Broadway Terrace

Site Address: 6855 Broadway Terrace

Present Storage:

Owner: Glenn & Carolyn Mcelhinney Trusts

Address: 3250 Ptarmigan, Ste., 1B Walnut Creek 94595

Phone: (925)939-0654

Applicant: Michael Gilmore

Address: 123 Scenic Dr., Orinda, 94563

Phone:

893-5501

Dimensions Of Street (sidewalk) Surface To Be Disturbed:

X

No. Of Tanks

Capacity

Type Of Inspection: Tut of 115T 20K

20K

Gallons, Each

Remarks

Approved: 28

Inspection Fee

This Permit Is Granted In Accordance With Existing City Ordinances. Owner Hereby Agrees To Remove Tanks On Discontinuance Of Use Or When Notified By The City Authorities When Installing, Removing Or Repairing Tanks, No Open Flame To Be On Or Near Premises.

CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

	Inspected And Passed On:	201
2000. 2 0 00.22600	UST/AST Installations/modifications: By:	
CRRY E. BLUEGORD	Pressure Test: Inspected By: 11 Centre	Date: 6/23/00
Paid: \$ 940.00	Primary Piping Test: Inspected By:	Date: 6/23/00
	coordom: Containment & Sump Testings	

Received By: D. Clemons ck#229 rec#793533

Secondary Containment & Sump Testing:

Inspected By:

Date: 8/7/00

Final: Inspected By:

Date: 2/7/0

Before Covering Tanks, Above Certification Must Be Signed When Ready For Inspection Notify Fire Prevention Bureau 238-3851

THIS PERMIT MUST BE LEFT ON THE WORK SITE AS AUTHORITY THEREFORE



PERMIT INSPECTION RECORD

Inspections call (510) 238-3444 Weekdays 8:00 a.m. to 4:00 p.m.

weekdays 8.00 a.m. to 4.00 p.m.

INSPECTION SERVICES 250 Frank H. Ogawa Plaza 2nd Floor Oakland, CA 94612

KEEP AVAILABLE WITH THE APPROVED PLANS

JOBSITE ADDRESS	gananu)	ASSESSOR'S PARCEL NUMBER					
PERMITTEE WINI-Fre	ed Gilmone	94 TR. Michael J. G	ilmore	CODE EDITION	2	-//-00	
DESCRIPTION OF WORK	6	 9		OCCUPANCY	FIRE S	PRINKLER	
BUILD NE	W CANOI			0.2	STORIES	NO	
REQUIRED SPECIAL INSPECTION		CTION 1701.5)		CONST TYPE	STORIES	DISTRICT	
152 - MEZ	25			<u> </u>		025	
• ALL PERMITS WILL E. • DO NOT CONCEAL A	XPIRE UNLESS MAJOR INSPEC NY WORK UNTIL "OK TO POU	TIONS ARE APPROVED BY THE	Y (PLEASE CALL WELL IN ADVA CITY EVERY 6 MONTHS (OR SOO EEN SIGNED & DATED BY THE C VATER DRAINAGE SYSTEMS.	NER).			
MAJOR INSPECTION	BUILDING BOOON	ELECTRICAL	PLUMBING	MECHANICAL		NNING/ SIGN REVIEW	
01 FOUNDATION (6 MONTHS MAXIMUM)	10 SETBACK	30 CONSTRUCT POWER			60 ORIG	RADE ELEV	
	11 PIERS	31 UFER			61 LOT C	OVERAGE	
	12 REPORT / CERT / FEE						
		·					
OK TO POUR	13 FTG/SLAB/EMBED	32 UNDER GROUND	40 UNDER GROUND	50 UNDER GROUND	62 SITE		
02 FLOOR (6 MONTHS MAXIMUM)	14 REPORT / CERT / FEE						
	15 UNDER FLOOR	33 UNDER FLOOR	41 UNDER FLOOR	51 UNDER FLOOR	63 FLOOR	ELEVATION	
OK TO COVER	* * * * * * * * * * * * * * * * * * *						
	16 LATH / CEILING	34 SUSPENDED CEILING	42 DWV PIPING	52 SUSPENDED CEILING	64 ROOF I	IEIGHT	
03 FRAME (6 MONTHS MAXIMUM)	17 MASNRY / RET WALL	35 PREMISES WIRING	43 GAS PIPING	53 FLUE			
	18 SHEARWALL/ROOF	36 SUBPANEL	44 WATER PIPING	54 DUCT (LOW PRESS)			
	19 SHAFT/FIREWALL	37 SERVICE / MCC	45 CONDENSATE PIPING	55 DUCT (TYPE I HOOD)			
	20 TUB/SHOWER WALL		46 TUB / SHOWER PAN	56 FIRE DAMPER			
	21 REPORT / CERT / FEE		47 WATER SERVICE	57 MANUF FIREPLACE			
OK TO COVER	22 ROUGH	38 ROUGH	48 ROUGH	58 ROUGH	68 ROUGI	I	
	23 WALLBRD / SHINGLE						
04 FINAL	29 REPORT / CERT / FEE	39 EMERG SYSTEMS	49 GAS TEST	59 EQUIPMENT / HOOD	69 LANDS	CAPE / IRR	
(6 MONTHS MAXIMUM)	80 UTILITY RELEASE	80 UTILITY RELEASE	80 UTILITY RELEASE	80 UTILITY RELEASE			
OV TO GOOD	81 FIRE PREVENTION 510 / 238 - 3851	82 PUBLIC WORKS 510 / 238 - 3051	83 ENGR SERVICES 510 / 238 - 4770	84 COUNTY HEALTH 510 / 567 - 6700	85 OTHER	AGENCY	
OK TO OCCUPY	86 FINAL BUILDING	86 FINAL ELECTRICAL	86 FINAL PLUMBING	86 FINAL MECHANICAL	87 FINAL I	PLAN / D.R.	

OFFICIAL USE ONLY

88 STOP WORK 89 SUSPEND PERMIT 90 INSPECT NOT PERFORMED 91 INSPECT CANCELED 92 NOT READY 93 ADDRESS NOT FOUND 94 NO ACCESS/ APPROVED PLANS NOT AVAILABLE 95 RE-INSPECT FEE 96 CORRECTION NOTICE 97 PARTIAL APPROVAL 98 APPROVED
BUILDING 1 00 2 plans & skel old sub to S.I. an Bugh strength hoffy R 8/31/00 - yob complete - Need fired special insportion letter for high strength bolting for fired. At
ELECTRICAL
PLUMBING / MECHANICAL
PLANNING, ZONING, DESIGN REVIEW, LANDSCAPING



PERMIT INSPECTION RECORD

Inspections call (510) 238-3444 Weekdays 8:00 a.m. to 4:00 p.m.

KEEP AVAILABLE WITH THE APPROVED PLANS

INSPECTION SERVICES 250 Frank H. Ogawa Plaza 2nd Floor Oakland, CA 94612

		`	
JOBSITE ADDRESS TENANT / SUITE	ASSESSOR'S PARCEL NUMI	BER	
5865 BROADWAY TR.			
PERMITTEE LICENCE	CODE EDITION	PERMIT	ISSUE DATE
AL SINIRONMENTAL NC. 654919	1997	12-	10-99
DESCRIPTION OF WORK	OCCUPANCY	FIRE SPR	UNKLER
REPLACE GAS STORAGE TANKS: NSTAU	5.3		40
REQUIRED SPECIAL INSPECTIONS & MATERIALS TESTING (UBC SECTION 1701.5)	CONST TYPE	STORIES	DISTRICT
TWO DEPENSERS	31/	1	028

- BUILD, ELECT, PLUMB, & MECH INSPECTIONS MUST BE SCHEDULED SEPARATELY (PLEASE CALL WELL IN ADVANCE).
- ALL PERMITS WILL EXPIRE UNLESS MAJOR INSPECTIONS ARE APPROVED BY THE CITY EVERY 6 MONTHS (OR SOONER).

MAJOR INSPECTION	BUILDING B9904475	E 6002215	PLUMBING	MECHANICAL	PLANNING/ DESIGN REVIEW
DI FOUNDATION (6 MONTHS MAXIMUM)	10 SETBACK	30 CONSTRUCT POWER			60 ORIG GRADE ELEV
	11 PIERS	31 UFER			61 LOT COVERAGE
	12 REPORT / CERT / FEE				
OK TO POUR	13 FTG/SLAB/EMBED	32 UNDER GROUND	40 UNDER GROUND	50 UNDER GROUND	62 SITE
2 FLOOR 6 MONTHS MAXIMUM)	14 REPORT / CERT / FEE				
OK TO COVER	15 UNDER FLOOR	33 UNDER FLOOR	41 UNDER FLOOR	51 UNDER FLOOR	63 FLOOR ELEVATION
3 FRAME	16 LATH / CEILING	34 SUSPENDED CEILING	42 DWV PIPING	52 SUSPENDED CEILING	64 ROOF HEIGHT
6 MONTHS MAXIMUM)	17 MASNRY / RET WALL	35 PREMISES WIRING	43 GAS PIPING	53 FLUE	
	18 SHEARWALL/ROOF	36 SUBPANEL	44 WATER PIPING	54 DUCT (LOW PRESS)	
	19 SHAFT/FIREWALL	37 SERVICE / MCC	45 CONDENSATE PIPING	55 DUCT (TYPE I HOOD)	
	20 TUB / SHOWER WALL		46 TUB/SHOWER PAN	56 FIRE DAMPER	
	21 REPORT/CERT/FEE		47 WATER SERVICE	57 MANUF FIREPLACE	
OK TO COVER	22 ROUGH	38 ROUGH	48 ROUGH	58 ROUGH	68 ROUGH
	23 WALLBRD / SHINGLE				
4 FINAL MONTHS MAXIMUM)	29 REPORT/CERT/FEE	39 EMERG SYSTEMS	49 GAS TEST	59 EQUIPMENT / HOOD	69 LANDSCAPE / IRR
	80 UTILITY RELEASE	80 UTILITY RELEASE	80 UTILITY RELEASE	80 UTILITY RELEASE	
ок то оссиру	81 FIRE PREVENTION 510 / 238 - 3851	82 PUBLIC WORKS 510 / 238 - 3051	83 ENGR SERVICES 510 / 238 - 4770	84 COUNTY HEALTH 510 / 567 - 6700	85 OTHER AGENCY
	86 FWAL BUILDING	86 FINAL ELECTRICAL	86 FINAL PLUMBING	86 FINAL MECHANICAL	87 FINAL PLAN / D.R.

OFFICIAL USE ONLY

88 STOP WORK 92 NOT READY 95 RE-INSPECT FEE	89 SUSPEND PERMIT 93 ADDRESS NOT FOUND 96 CORRECTION N	94 NO	OT PERFORMED 91 ACCESS/ APPROVED PL 97 PARTIAL APPROVAL	INSPECT CANCELED ANS NOT AVAILABLE 98 APPROVED
BUILDING				
			No.	
			:	
				<u> </u>
	:			
ELECTRICAL				
		· · · · · · · · · · · · · · · · · · ·		
•				
PLUMBING / MECHANICAL				
			· · · · · · · · · · · · · · · · · · ·	
PLANNING, ZONING, DESIGN I	REVIEW, LANDSCAPING			
			<u> </u>	



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

> ALAMEDA COUNTY Roberta Cooper Scott Haggerty Mary King Shella Young

CONTRA COSTA COUNTY Mark DeSaumier Mark Ross Gayle Ullkema

MARIN COUNTY Harold C. Brown, Jr.

NAPA COUNTY Brad Wagenknecht

SAN FRANCISCO COUNTY Amos Brown Michael Yaki

SAN MATEO COUNTY Michael D. Nevin (Chairperson) Marland Townsend

SANTA CLARA COUNTY Randy Altaway (Vice Chairperson) Don Gage Julia Miller Dena Mossar

> SOLAND COUNTY William Carroll (Secretary)

SONOMA COUNTY Tim Smith Pamela Torliatt

Elien Garvey Executive Officer/ cliution Control Officer June 06, 2000

AEI Consultants 3210 Old Tunnel Road, Suite B Lafayett, CA 94549

Attention: John Ormerod

01268 Application Number: 679 BAAQMD GDF No. Equipment Location: C A R Service 5865 Broadway Terrace Öakland, CA 94618

JUN 07'00

Dear Applicant:

This is your Authority to Construct the following:

New Facility

Resulting in:

One (1) 20,000 gallon underground gasoline tank (Split 12k & 8k) Four (4) three-product gasoline nozzles

Vapor Recovery Equipment

Phase 1

Two Point system pursuant to California Air Resources Board (CARB) Executive Order G-70-97-A.

Phase II

Balance System pursuant to CARB Executive Order G-70-36AD and 52AM using OPW 11VF or equivalent CARB certifled nozzles.

Notification

Please contact your assigned Permit Engineer, listed in the correspondence section of this letter, by phone, by fax, or in writing at least three days before the initial operation of the equipment is to take place so that we may observe the equipment in operation and verify conformance with the Authority to Construct. Operation includes any start-up of the source for testing or other purposes. Operation of equipment without notification to the District may result in enforcement action. Please do not send start-up notifications to the Air Pollution Control Officer

Application number 01268 June 06, 2000 Page 2 of 2

Authority to Construct Conditions:

- 1. The Phase I equipment shall be installed in accordance with California Air Resources Board (CARB) Executive Order G-70-97A. The nominal inside diameter of the vapor side of the two-point system shall be no less than four(4) inches anywhere between the storage tank and the vapor poppet. All vapor recovery system components shall be installed in accordance with CARB Executive Order G-70-52-AM and CARB Executive Order G-70-36AD.
- Vapor Recovery nozzles which contain a built-in vapor check valve may not be used in conjunction with any remote
 vapor check valve. Vapor Recovery nozzles which do not contain a built-in check valve must be used in conjunction
 with a remote vapor check valve.
- 3. All vapor recovery piping shall be a minimum of 3" in diameter after the manifolding of the dispenser lines. All vapor recovery piping shall slope down towards the lowest octane tank a minimum of 1/8" for every linear foot.
- 4. Within ten(10) days of start-up, a Loak Test on all new and/or modified nozzle systems shall be performed in accordance with the District's Manual of Procedures Source Test Procedure ST-30. If the tank size is 500 gallons or less, the test shall be performed on an empty tank.
- 5. Within ten(10) days of start-up, a Dynamic Back Pressure Test on all new and/or modified nozzle systems shall be performed in accordance with the District's Source Test Procedure ST=27. The test shall be conducted at nitrogen flow rates of 20, 60, and 100 CFH. If a remote vapor check valve is used, the test shall be conducted using Alternate Method II or III.
- 6. The applicant shall notify Source Test at (415) 749-5069 or by FAX at (415) 749-4922, 48 hours prior to any testing required for permitting. Test results for the performance tests required pursuant to conditions #5 and #6 shall be submitted within twenty (20) days of startup.
- 7. The current gasoline throughput at this facility shall not exceed 940,000 gailons of fuel per year.

Pursuant to Section 2-1-407, this Authority to Construct expires 2 years from above date and may be extended beyond this date, provided substantial use of the Authority has begun. Any extension of this Authority requires a written request and approval by the Air Pollution Control Officer.

<u>Correspondence</u>

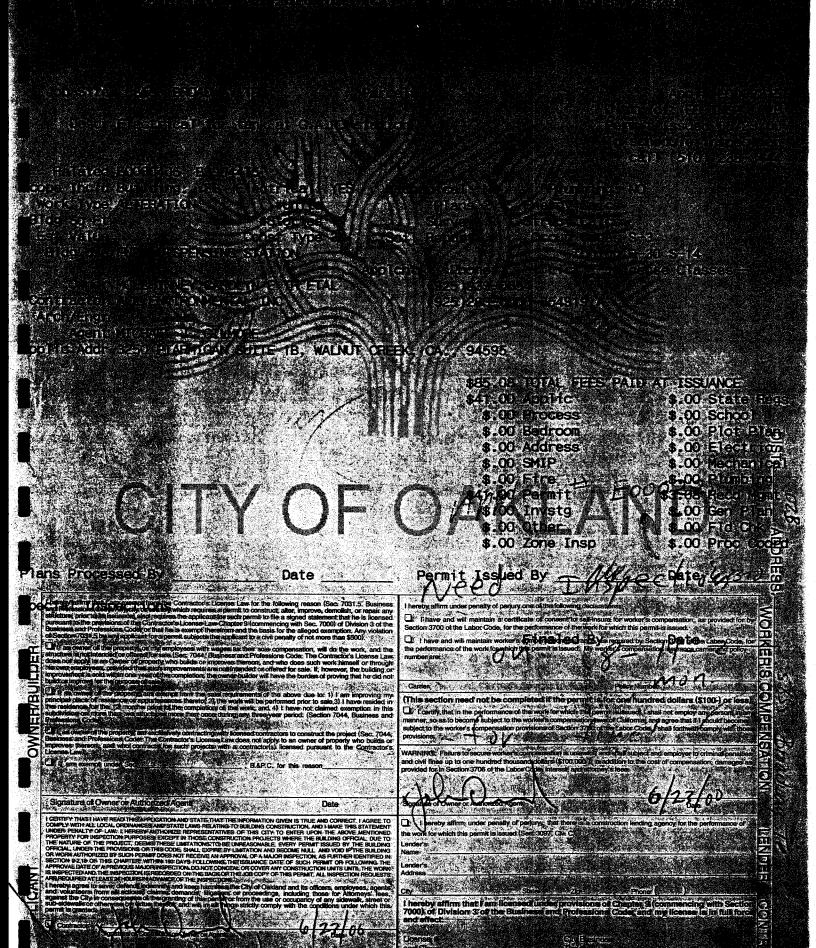
Please include your application number with any correspondence with the District regarding this matter. If you have any questions please call John M. Joseph, Permit Coordinator at (415) 749-4728. Startup information may be faxed to the Permit Division at (415) 749-5030.

Very truly yours,

Ellen Garvey
Executive Officer/
Air Pollution Control Officer

Permit Services Division

SAO:JMJ:me G36ad



LARGER PRINT VERSION AVAILABLE UPON RECOEST

StID 3066

March 7, 2000

Mr. Mike Gilmore 123 Scenic Drive Orinda, CA 94563

RE: Workplan Approval for 5865 Broadway Terrace, Oakland, CA

Dear Mr. Gilmore:

I have completed review of AEI's March 2, 2000 work plan prepared for the above referenced site. AEI proposed to re-excavate the former excavation and remove additional soil on the north and south sidewalls of the excavation to accommodate the new, larger tank. The newly generated stockpiled soil will be sampled at a rate of one composite sample for every 50 cubic yards of soil. AEI will also collect soil samples from the sidewalls of the excavation at a frequency of one sample every 20 linear feet. Soil samples will be analyzed for TPHg, BTEX, MTBE, and total lead.

The proposed work plan is acceptable with the following additions/changes:

- The former stockpiled soil was previously sampled. The four into one composite sample contained 1,100ppm TPHg, 2ppm MTBE, and 47ppm xylenes. If it is anticipated that the stockpile will be re-used, discrete, rather than composite, soil samples should be collected at a rate of one per 20 cubic yards. It is recommended that stockpiled soil be hauled offsite for proper disposal.
- A grab groundwater sample should be collected, if groundwater is encountered.
- Lead analysis is not necessary.

The approved work plan should be implemented within 90 days of the date of this letter. Please provide 72 hours notice prior to the start of field activities. If you have any questions, I can be reached at (510) 567-6762.

eva chu Hazardous Materials Specialist

email: Peter McIntyre (pmcintyre@aeiconsultants.com)

carservices3

APPENDIX B TRANSPORT AND DISPOSAL DOCUMENTS

17. Transporter 1 Acknowledgement of Receipt of Materia	ls .				
Printed Typed Name	digneture	f	Month	Day	Yea
TIMUGGET	micela		0	05	0
18. Transporter 2 Acknowledgement of Receipt of Materia	ls V				
1/= 1	[2:		Month	Day	Van

Printed/Typed Name

ğ

Z

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Month Day Printed/Typed Name Signature

DO NOT WRITE BELOW THIS LINE.

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

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

□ Newby Island □ Forward □ Sanitary Landfill

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

Landfill

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

GENERATOR			WAS	TE A	COEDTANO	E NO	
lor six il			WASTE ACCEPTANCE NO.				
MAILING ADDRESS			CATE	_	A-1-1		
CITY, STATE, ZIP		REQUIRE	SWIC DEDSO		C3304 PROTECTIV	<u>/E EO</u>	IJIDMENT
California CA ANGE	· · · · · · · · · · · · · · · · · · ·	1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PHONE CA THEO		GLOVES	□ GOG	GLES	RESPIRAT	OR	□ HARD HAT
61 719 3149		□ TY-VEK	OTHE	R			
CONTACT PERSON	· :	SPECIAL H	IANDLING	PROC	CEDURES:	***************************************	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE						
* DITH	S/3/as			e de la companya de l			
GENERATOR'S CERTIFICATION: I hereify cartify that the above named material is n waste as defined by 40 CFR Part 261 of title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation according unations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has been	rding to applicable	RECEIVING	C EACH IT	~			
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261.	waste as defined by	HECEIVING	3 FACILIT	1			
WASTE TYPE: 10 / 10 / 10 / 10]	<u> </u>			<u> </u>	
☐ DISPOSAL ☐ SLUDGE ☐ CONSTRUCTION ☐ WOOD ☐ DEBRIS ☐ OTHER ☐ SPECIAL WASTE							
GENERATING FACILITY				-			
5865 Broadway Terack			3 0			Come.	2
TRANSPORTER () () () () ()		NOTES: V	EHICLE LIC	CENSE	NUMBER!"	TRUC	KNUMBER
ADDRESS OF S			042	4/	02 P	7 v2	<u> </u>
ADDRESS PO BY 1027			100	74	2) (2) E	7.0	
CITY, STATE, ZIP RICHARDA CLA					1165 1167		
PHONE 510 262-3070		END DW	MP	BOT	TOM DUMP		TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OF	F(S)	FLAT		VAN	DRUMS
				Ţ	3		
*							
		CUBIC YAR	DS				
I hereby certify that the above named material	has been		W/s		The second second	N. P.	
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL M		(TO BE	COMPLETED	BY LAN	NDFILL)
is tive allu acculate.				DI	SPOSE		OTHER
REMARKS		□ SOIL					
FACILITY TIONET AND THE PROPERTY OF THE PROPER		□ CONSTR DEBRIS	UCTION			. .	
FACILITY TICKET NUMBER		□ NON-FRI					
SIGNATURE OF AUTHORIZED AGENT	DATE	□ WOOD					
1. 1 / 1 /	1	□ ASH					
* my fresh A. /	5/2700	SPECIAL	OTHER				

Keller Canyon Sanitary Landfill 901 Bailey Road Pittsburg, ©A 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

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

GENERATOR		<u> </u>			
CAM SEAVRE		1	WASTE A	CCEPTANO	E NO.
MAILING ADDRESS					
CITY, STATE, ZIP		<u>S</u>	WIC	0330	
Oly, State, ZIP		REQUIRE	D PERSONAL	PROTECTI	VE EQUIPMENT
PHONE PHONE	· · · · · · · · · · · · · · · · · · ·	GLOVES	GOGGLES	□ RESPIRA	FOR HARD HAT
510.719.3146	- 1	O TY-VEK	OTHER		
CONTACT PERSON		SPECIAL HA	ANDLING PRO	CEDURES:	*** Silveria
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	- COLARIA		OLDONILO.	
* Dust le	5/23/0				
GENERATOR'S CERTIFICATION: I hereby confry that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, I described, classified and packaged, and is in proper condition for transportation according regulations; AND, If the waste is a treatment residue of a previously restricted ha subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee	has been properly rding to applicable zardous waste	RECEIVING	FACILITY		
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w 40 CFR Part 261.	vaste as defined by	TILOLIVINO	TAGILITI		
WASTE TYPE: So' - GASalas					
DDISPOSAL SLUDGE CONSTRUCTION WOOD DEBRIS DOTHER SPECIAL WASTE					
GENERATING FACILITY					
58/25 BANGUAY THE					
TRANSPORTER DE BABC + PUAIS	101.	NOTES: VE	HICLE LICENSE	NUMBER	TRUCK NUMBER
ADDRESS POBOX 1027		- 9	183468	72	OB4
CITY, STATE, ZIP R, CAMONC, CA					
PHONE 510 362 - 3070		END DUM	IP BOT	ITOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	2ROLL-OFF	(S) ELAT	- D F-BED	VAN DEBUTA
* We we	5-23-6		(9) FLAI]	VAN DRUMS
		CUBIC YARD)S		1 1 123,101
I hereby certify that the above named material	has been	20			
accepted and to the best of my knowledge the is true and accurate.	toregoing	DISPOSAL ME	THOD: (TO BE	E COMPLETED	BY LANDFILL)
is true and accurate.			DI	SPOSE	OTHER
REMARKS		U-SOIL			
HEIVIANING		□ CONSTRU	ICTION		
FACILITY TICKET NUMBER		DEBRIS NON-FRIA	016	· · · · · · · · · · · · · · · · · · ·	
CICNATURE OF AUTHORITED ACTIVE		ASBESTO			
SIGNATURE OF AUTHORIZED AGENT	DATE /	□ WOOD			
- (\\\	21 1	l — . -	1		
*	7/12/0	□ ASH			

区 Keller Canyon Sanitary Landfill

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

☐ Ox Mountain Sanitary Landill

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.					
CAN SERVICE	CAR SERVICE			ACCEPIAN	CE NO.	
MAILING ADDRESS		- SI IV - 02744				
CITY, STATE, ZIP		REQUIRED PERSONAL PROTECTIVE EQUIPMENT				
OAKIANO CA 44618						IPMENI
PHONE		GLOVES	□ GOGGLE	S RESPIR	ATOR C	HARD HAT
510-719-3149		TY-VEK	OTHER	en de la companya de		
CONTACT PERSON		Jeneciai Ha	NDUNC DO	OCEDURES:		
MIKE GI MALE		TSPECIAL HA	INDLING PH	OCEDURES:	A CONTRACTOR OF THE PARTY OF TH	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	<u>.</u>		,		
* Dust R	5/23/00					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is a waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation according regulations; AND, if the waste is a treatment residue of a previously restricted as subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous	has been properly ording to applicable exardous waste	RECEIVING	FACILITY			
AVACTE TVDE						
D'DISPOSAL DISLUDGE						
☐ CONSTRUCTION ☐ WOOD ☐ DEBRIS ☐ OTHER ☐ SPECIAL WASTE						
GENERATING FACILITY		-				
5865 BROADWAY TEAL						
TRANSPORTER BIBBS TRUCKING		NOTES: VEI	HICLE LICENS	SE NUMBER	TRUCK	NUMBER
ADDRESS QUALANCE CO BALL	V177	4	4B34	682	OB 4	
THE POUR	1001			· · · · · ·		
CITY, STATE, ZIP		1			- K	
81.0015					1. 4	
PHONE 510 762-3070)	END DUM	P B	OTTOM DUMF	<u> </u>	RANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	BOUL OFF	(O) EI	<u> </u>		
ON DRIVER		ROLL-OFF((S) FL	AT-BED	VAN	DRUMS
* / Mu for	52300			u .	.	
		CUBIC YARDS	S		1.2%	- 13.7 m 1386
I hereby certify that the above named material	has been	·				
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL MET	THOD: (TO	BE COMPLETE	D BY LANDI	FILL)
			1	DISPOSE	0	THER
REMARKS	·	□ SOIL	V			
		CONSTRUCT DEBRIS	CTION			
FACILITY TICKET NUMBER		NON-FRIAB ASBESTOS				
SIGNATURE OF AUTHORIZED AGENT	DATE	□ WOOD				
*	5/23/00	□ ASH				
	1 - 110	□ SPECIAL O	THER			

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.

SALES COPY

MANIFEST # 31239

✓ Keller Canyon Sanitary Landfill 901 Bailey Road

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

☐ Ox Mountain Sanitary Landfill

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

☐ Newby Island☐ Sanitary Landfill

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

☐ Forward Landfill

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

				1909		
GENERATOR Car Server			WASTE	ACCEPTANC	E NO.	
MAILING ADDRESS			الأمو والد المعاطرة	as served as a	,	
5865 Broadway Towase			3714 -	0.5504	-	
CITY, STATE, ZIP		REQUIRE	PERSONA	L PROTECTIV	E EQU	IPMENT
Odkland CA 94618		GLOVES	□ GOGGLES	RESPIRAT	OB [HARD HAT
PHONE			- doddelle	- GILLOF IIIAI	J. (
510 719 - 2149		☐ TY-VEK	OTHER			
CONTACT PERSON		SPECIAL H	ANDLING PRO	OCEDUBES:		
Mke Gitmore		OF ECIAL II	ANDLINGTIN	JOEDONIEO.		
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* Dust	5/4/0					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation accorregulations; AND, if the waste is a treatment residue of a previously restricted he subject to the Land Disposal Restrictions, I certify and warrant that the waste has been	has been properly rding to applicable zardous waste					<u> </u>
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous to	vaste as defined by	RECEIVING	FACILITY			
WASTE TYPE: SOIL W/ 4A SOLO!						<u> </u>
□ DISPOSAL □ SLUDGE						ens.
CONSTRUCTION WOOD	-			·		
☐ DEBRIS ☐ OTHER						
□ SPECIAL WASTE		1				
GENERATING FACILITY	10 Ten			- Line		
- 5865 Broadway Terrage	-	a second				
TRANSPORTER		NOTES: V	ELIIOLE BIOCNIC	ENLIMPED	TRUCK	NUMBER
ITANOFURIER		INCLES: IV	EHICLE LICENS	E MOMBEN!	* 11100n	, IACINIDEI (
		INOTES: V			<u> </u>	TTOMBETT
ADDRESS		INOTES: V	SPG(89		n.s.	NOMBER
ALHAMBRA ADDRESS (U) 7300	~	NOTES. V			95	TOMOLIT
ADDRESS CITY, STATE, ZIP		NOTES. V			n.5	
ADDRESS GU JERO CITY, STATE, ZIP RICH MON O CALL			Spales	5	P.5	
ADDRESS CITY, STATE, ZIP		END DU	Spales	S A	P 5	RANSFER
ADDRESS ADD		END DUI	SPG(189 MP B	S A	P 5	RANSFER
ADDRESS GU JERO CITY, STATE, ZIP RICH MON O CALL	DATE	END DU	SPG(189 MP B	S OTTOM DUMP AT-BED	79 5 T VAN	RANSFER
ADDRESS ADD		END DUI	SPG(189 MP B	S A	P 5	RANSFER
ADDRESS PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE 514-00	END DUI	SPG(189 MP B	S OTTOM DUMP AT-BED	79 5 T VAN	RANSFER
ADDRESS ADD		END DUI	SPG(189 MP B	S OTTOM DUMP AT-BED	79 5 T VAN	RANSFER
ADDRESS PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER		END DUI	SPG (E 9 MP B F(S) FL	S OTTOM DUMP AT-BED	79 5 T VAN	RANSFER
ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS CITY, STATE, ZIP ADDRESS CITY, STATE, ZIP ADDRESS SIGNATURE OF AUTHORIZED AGENT OR DRIVER ** ** ** I hereby certify that the above named material	5-24-ou	END DUI	SPG (E 9 MP B F(S) FL	S OTTOM DUMP AT-BED	79 5 T VAN	RANSFER
ADDRESS ADDRESS CITY, STATE, ZIP LICH MAY OF AUTHORIZED AGENT OR DRIVER SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the	5-24-ou	END DUI	SPC(189 MP B F(S) FL	S OTTOM DUMP AT-BED	7) 5 VAN	RANSFER DRUMS
ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS CITY, STATE, ZIP ADDRESS CITY, STATE, ZIP ADDRESS SIGNATURE OF AUTHORIZED AGENT OR DRIVER ** ** ** I hereby certify that the above named material	5-24-ou	END DUI ROLL-OF	SPO (E)	OTTOM DUMP AT-BED	VAN BY LAND	RANSFER DRUMS
ADDRESS CITY, STATE, ZIP CICH MARK D PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	5-24-ou	END DUI ROLL-OF	SPO (E)	OTTOM DUMP AT-BED BE COMPLETED	VAN BY LAND	TRANSFER DRUMS
ADDRESS ADDRESS CITY, STATE, ZIP LICH MAY OF AUTHORIZED AGENT OR DRIVER SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the	5-24-ou	END DUI ROLL-OF CUBIC YAR DISPOSAL M C-SOIL	SPC (E)	OTTOM DUMP AT-BED BE COMPLETED	VAN BY LAND	TRANSFER DRUMS
ADDRESS CITY, STATE, ZIP CICH MARK D PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	5-24-ou	END DUI ROLL-OF CUBIC YAR DISPOSAL M CONSTRI DEBRIS	SPC(18 9	OTTOM DUMP AT-BED BE COMPLETED	VAN BY LAND	TRANSFER DRUMS
ADDRESS CITY, STATE, ZIP CITY, STATE, ZIP SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	SJ4-cu has been foregoing	END DUI ROLL-OF CUBIC YAR DISPOSAL M C-SOIL	SPO (18 9 MP BI F(S) FL DS DS UCTION ABLE	OTTOM DUMP AT-BED BE COMPLETED	VAN BY LAND	TRANSFER DRUMS
ADDRESS OU JERO CITY, STATE, ZIP CITY, STATE, ZIP SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS	5-24-ou	END DUI ROLL-OF CUBIC YAR DISPOSAL M CONSTR DEBRIS NON-FRI	SPO (18 9 MP BI F(S) FL DS DS UCTION ABLE	OTTOM DUMP AT-BED BE COMPLETED	VAN BY LAND	TRANSFER DRUMS
ADDRESS CITY, STATE, ZIP CITY, STATE, ZIP SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	SJ4-cu has been foregoing	END DUI ROLL-OF ROLL-OF CUBIC YAR CUBIC YAR CONSTRIP DEBRIS NON-FRI ASBESTO	SPO (18 9 MP BI F(S) FL DS DS UCTION ABLE	OTTOM DUMP AT-BED BE COMPLETED	VAN BY LAND	TRANSFER DRUMS

⊠ Keller Canyon **Sanitary Landfill**

901 Bailey Road Pittsburg, GA94565 Phone (925) 458-9800 Fax (925) 458-9891

North Control of the ☐ Ox Mountain

Sanitary Landfill 12310 San Mateo Moad 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

				The second secon
GENERATOR Cay Stylick		W.	ASTE ACCEPTANCE	NO.
MAILING ADDRESS		561	C - 0330	16-1
CITY, STATE, ZIP		REQUIRED PER		EQUIPMENT
Calking CA 94614		1	GGLES - RESPIRATO	
PHONE		Ju droves u do	GGLES U NESPINATO	אר ש האחט האו
2 1 1 S S C 7 17 - 3 H9]□TY-VEK ÛOT	HER	
CONTACT PERSON	· · · · · · · · · · · · · · · · · · ·	SPECIAL HANDLIN	NG PROCEDURES:	
MAGE GLANGE	IDATE:	101 201/12 11/11/1021		
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	-		
* Dust K	5/20/00			
GENERATOR'S CERTIFICATION: I hereby derify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation areo regulations; AND, if the waste is a treatment residue of a previously restricted he subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v	has been properly rding to applicable szardous waste en treated in	RECEIVING FACIL	ITY	
40 CFR Part 261.			42	
WASTE TYPE: <a>⟨□⟩⟨ ⟨□⟩⟨ ⟨□⟩⟨ ⟨□⟩⟨ ⟨□⟩⟨ ⟨□⟩⟨ ⟨□⟩⟨ ⟨□⟩⟨				
CONSTRUCTION DWOOD				
☐ DEBRIS ☐ OTHER		1.1		
\ SPECIAL WASTE				
GENERATING FACILITY		- 1		
5865 Browner Trevace			*	
TRANSPORTER) '			TRUCK NUMBER
ADDRESS	-	- 1 5/	141815 F	P.5. 18 18 18 18 18 18 18 18 18 18 18 18 18
(01) 300000				
CITY, STATE, ZIP				
TO COMPANY OF LOND OF THE PROPERTY OF THE PROP				
PHONE		END DUMP	BOTTOM DUMP	TRANSFER
The state of the s	IDATE	س		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE		FLAT-BED V	AN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		س	FLAT-BED V	
The state of the s	DATE S2400	س	FLAT-BED V	AN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		ROLL-OFF(S)	FLAT-BED V	AN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		س	FLAT-BED V	AN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER ** I hereby certify that the above named material	S-2400	ROLL-OFF(S)	FLAT-BED V	AN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the	S-2400	ROLL-OFF(S)	FLAT-BED V	AN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER ** I hereby certify that the above named material	S-2400	ROLL-OFF(S) CUBIC YARDS	FLAT-BED V	AN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	S-2400	ROLL-OFF(S) CUBIC YARDS	FLAT-BED V	AN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS	S-2400	ROLL-OFF(S) CUBIC YARDS DISPOSAL METHOD	FLAT-BED W	AN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	S-2400	CUBIC YARDS DISPOSAL METHOD CONSTRUCTION DEBRIS NON-FRIABLE	FLAT-BED W	AN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	has been foregoing	CUBIC YARDS DISPOSAL METHOD CONSTRUCTION DEBRIS	FLAT-BED W	AN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS	S-2400	CUBIC YARDS DISPOSAL METHOD CONSTRUCTION DEBRIS NON-FRIABLE	FLAT-BED W	AN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	has been foregoing	CUBIC YARDS CUBIC YARDS DISPOSAL METHOD CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	FLAT-BED W	AN DRUMS

Keller Canyon **Sanitary Landfill**

901 Bailey Road Ply Ching CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

Ox Mountain

Sanitary Landfill 12310 San Mateo Hoad 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

		SIE MANIFESI		
GENERATOR (av Stymu)		- WA	STE ACCEPTANC	E NO.
MAILING ADDRESS				
5865 Broadway Texal		5416	- 07761	
CITY, STATE, ZIP		REQUIRED PER	SONAL PROTECTIV	VE EQUIPMENT
Cukhad /4 44619		GLOVES GO	GGLES DRESPIRAT	OR DHARDHAT
PHONE 510 110 1140		_		
SIO 119 1149 CONTACT PERSON		D TY-VEK D OTI	1ER	
Mike bilmore		SPECIAL HANDLIN	IG PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	*		
* Des To M	24/00</td <td></td> <td></td> <td></td>			
GENERATOR'S CERTIFICATION: In the by certify that the above named material is a waste as defined by 40 CFR Part 251 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation according to the control of the waste is a treatment residue of a previously restricted his subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 258 and is no longer a hazardous of 40 CFR Part 258.	has been properly ording to applicable azardous waste	RECEIVING FACIL	ΙΥ	
			2 ,	****
DISPOSAL DISPOSAL		- //	7.3	
□ CONSTRUCTION □ WOOD				(**)
☐ DEBRIS ☐ OTHER ☐ SPECIAL WASTE				
GENERATING FACILITY		17		
		-		
5865 Broadway Terrar	e			and the second
TRANSPORTER		NOTES: VEHICLE	ICENSE NUMBER	TRUCKINUMBER
ALHAMATA				A C
ADDRESS			11895 1	'
CITY, STATE, ZIP				
izicii mono cari				
PHONE		END DUMP	BOTTOM DUMP	TRANSFER
		9		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED '	VAN DRUMS
* Porces	5-24-0	}		
				*
		CUBIC YARDS		
I hereby certify that the above named material	has been	10		
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
			DISPOSE	OTHER
		Q SOIL		
REMARKS	-	CONSTRUCTION		nee need need need need need need need
FACILITY TICKET NUMBER		DEBRIS		
		☐ NON-FRIABLE ASBESTOS		
SIGNATURE OF AUTHORIZED AGENT	DATE	WOOD WOOD		
A	South	☐ ASH		
*	3/6/10	SPECIAL OTHER		

Sanitary Landfill

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

Sanitary Landfill 12310 San Mates 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

GENERATOR				
		J ,	WASTE ACCEPTANC	E NO
MAILING ADDRESS			MAGIE AGGEL TANG	75 IV.
5865 Ryanding Trans		∃ <\.	JIC- 0330	
CITY, STATE, ZIP	V.	REQUIRED PE		VE EQUIPMENT
PHONE COLLING CA 94618		GLOVES D	GOGGLES DRESPIRAT	The state of the s
510-719-31019	-	- - - - - - - - - - - - - - - - - - -	OTHER	
CONTACT PERSON				
SIGNATURE OF AUTHORIZED AGENT / TITLE		SPECIAL HAND	LING PROCEDURES:	
*30xx & &	S/zu/oc			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, his described, classified and packaged, and is in proper condition for transportation accord regulations; AND, if the waste is a treatment residue of a previously restricted haz subject to the Land Disposal Restrictions, I certify and warrant that the waste has been accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous with the requirements of 40 CFR Part 268 and is no longer a hazardous with the requirements of 40 CFR Part 268.	as been properly ding to applicable ardous waste	RECEIVING FAC	CILITY	
40 OFR Fall 201.	aste as defined by			
QDISPOSAL SLUDGE CONSTRUCTION WOOD DEBRIS		The second secon		
GENERATING FACILITY				
GENERATING FACILITY	· · · · · · · · · · · · · · · · · · ·	I	· · · · · · · · · · · · · · · · · · ·	
5865 Breadway Terrare				***
		NOTES: VEHIC	LE LICENSE NUMBER	TRUCK NUMBER
ADDRESS ENVIRONMENTAL		000	20908	N.C
815 5719 Ct		<u> </u>	7070.3	<u>n o</u>
CITY, STATE, ZIP				
Kichmond a				
PHONE		END DUMP	BOTTOM DUMP	
				TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	(4)	Q *	
CIONATI DE CALIFICIA DE LA CALIFICIA DE LA CALIFICIA DE CALIFICA DE CALIFICA DE CALIFICIA DE CALIFICA DE CALIFI	DATE	ROLL-OFF(S)	FLAT-BED \	VAN DRUMS
CIONATI DE CALIFICIA DE LA CALIFICIA DE LA CALIFICIA DE CALIFICA DE CALIFICA DE CALIFICIA DE CALIFICA DE CALIFI	DATE	(4)	Q *	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE 53400	ROLL-OFF(S)	FLAT-BED \	VAN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE 53493	ROLL-OFF(S)	FLAT-BED \	VAN DRUMS
* I hereby certify that the above named material h	53400	ROLL-OFF(S)	FLAT-BED \	VAN DRUMS
I hereby certify that the above named material raccepted and to the best of my knowledge the form	53400	ROLL-OFF(S) CUBIC YARDS	FLAT-BED \	VAN DRUMS
* I hereby certify that the above named material h	53400	ROLL-OFF(S)	FLAT-BED \\	VAN DRUMS DITERMINENT OF THE PROPERTY OF T
I hereby certify that the above named material raccepted and to the best of my knowledge the form	53400	ROLL-OFF(S) CUBIC YARDS DISPOSAL METHO	FLAT-BED \	VAN DRUMS
I hereby certify that the above named material raccepted and to the best of my knowledge the form	53400	ROLL-OFF(S) CUBIC YARDS DISPOSAL METHO	FLAT-BED \\ FLAT-BED \\ D: (TO BE COMPLETED \\ DISPOSE	VAN DRUMS DITERMINENT OF THE PROPERTY OF T
I hereby certify that the above named material haccepted and to the best of my knowledge the for is true and accurate.	53400	CUBIC YARDS DISPOSAL METHO CONSTRUCTION CONSTRUCTION	FLAT-BED \\ FLAT-BED \\ D: (TO BE COMPLETED \\ DISPOSE	VAN DRUMS DITERMINENT OF THE PROPERTY OF T
I hereby certify that the above named material haccepted and to the best of my knowledge the form is true and accurate. REMARKS FACILITY TICKET NUMBER	53400	CUBIC YARDS CUBIC YARDS DISPOSAL METHO CONSTRUCTION DEBRIS NON-FRIABLE	FLAT-BED \\ FLAT-BED \\ D: (TO BE COMPLETED \\ DISPOSE	VAN DRUMS DITERMINENT OF THE PROPERTY OF T
I hereby certify that the above named material raccepted and to the best of my knowledge the for is true and accurate. REMARKS FACILITY TICKET NUMBER	53400	CUBIC YARDS CUBIC YARDS DISPOSAL METHO CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	FLAT-BED \\ FLAT-BED \\ D: (TO BE COMPLETED \\ DISPOSE	VAN DRUMS D BY LANDFILL)
I hereby certify that the above named material raccepted and to the best of my knowledge the for is true and accurate. REMARKS FACILITY TICKET NUMBER	nas been oregoing	CUBIC YARDS CUBIC YARDS DISPOSAL METHO CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS WOOD	FLAT-BED \\ FLAT-BED \\ D: (TO BE COMPLETED \\ DISPOSE	VAN DRUMS D BY LANDFILL)
I hereby certify that the above named material raccepted and to the best of my knowledge the for is true and accurate. REMARKS FACILITY TICKET NUMBER	nas been oregoing	CUBIC YARDS CUBIC YARDS DISPOSAL METHO CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	FLAT-BED FLAT-BED DISPOSE DISPOSE	VAN DRUMS D BY LANDFILL)

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

Fax (925) 458-9891

Ox Mountain
Sanitary Languil

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

☐ Newby IslandSanitary Landfill

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

☐ Forward →

NON-HAZARDOUS WASTE MANIFEST

GENERATOR	1	T	NA/A	CTE ACCEDTAL	NCE NO
Car Sivu (1		<u> </u>	WA	STE ACCEPTAI	NCE NU.
MAILING ADDRESS					
CITY, STATE, ZIP	<i>.</i>		<u> 5ω/(</u>		
Oct 4/018					TIVE EQUIPMENT
PHONE		GLOVE:	S 🗆 GOO	GGLES 🗆 RESPIR	RATOR _ HARD HAT
3144		TY-VEK	O OTH	IER	
CONTACT PERSON		SPECIAL	HANDLIN	IG PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	TDATE.	JOPECIAL	HANDLIN	id Phocebones.	
SIGNATURE OF AUTHORIZED AGENTY TITLE	DATE	-			
* Duet K	5/24/00				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation according to the property of the conditions; AND, if the waste is a treatment residue of a previously restricted h	baa baan araa-di.				
regulations; AND, if the waste is a treatment residue of a previously restricted h subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous		RECEIVIN	IG FACIL I	TY	
40 CFR Part 261.	waste as defined by				
WASTE TYPE: Land w/ gasoling	uet la	l ———			
☐ CONSTRUCTION ☐ WOOD					
□ DEBRIS □ OTHER					•
O SPECIAL WASTE					
GENERATING FACILITY	*	<u> </u>	·		
5865 Brigading Terrace					
TRANSPORTER		NOTES:	VEHICLE L	ICENSE NUMBER	TRUCK NUMBER
ADDRESS ADDRESS			54	X-2979	A-7
ADDRESS		<u> </u>			a Salaman
CITY, STATE, ZIP	<u> </u>				
RUHWOND CH		•			
PHONE /		END D	UMP	BOTTOM DUM	IP TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	Towns .	<u> </u>			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-O	FF(S)	FLAT-BED	VAN DRUMS
* 200	5210				
		CUBIC YAI	RDS		
I hereby certify that the above named material	l has been	2			
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL	METHOD:	(TO BE COMPLET	ED BY LANDFILL)
				DISPOSE	OTHER
REMARKS		- Lise1L			
FACILITY TICKET NUMBER		□ CONSTI			
SIGNATURE OF AUTHORIZED AGENT	DATE	□ NON-FR ASBEST			
GIGNATURE OF AUTHORIZED AGENT	DATE /	□ WOOD			
· At	5/2/10	☐ ASH			
* //	1/4/0	☐ SPECIA	LOTHER		

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.

SALES COPY

MANIFEST # 31219

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

☐ Ox Mountain Sanitary Langfill

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

☐ Newby Island☐ Sanitary Landfill

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

☐ Forward Landfill

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

GENERATOR		T			
Lat Service		-	WAST	E ACCEPTAN	NCE NO.
MAILING ADDRESS					
5865 Breadway Torract		1 5\	MIC	- 0330	
CITY, STATE, ZIP		REQUIRE	PERSO		TIVE EQUIPMENT
Datharica 44618		GLOVES	□ GOGGI	14.1	
PHONE		J GLOVES	u doddi	LES LINESPIR	RATOR HARD HA
E10 719 31-19		☐ TY-VEK	OTHER		$\mathcal{N}_{i,j} = \{ (i,j) \mid i \in \mathcal{N}_{i,j} \in \mathcal{N}_{i,j} \}$
CONTACT PERSON		SPECIAL H	ANDLING!	PROCEDURES:	
MIKE GIMME		- STECIAL II	-INDLING I	- NOCEDUNES.	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	4			
* Dust 1	5/24/20				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is a waste as defined by 40 CFR Part 281 or fittle 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation accordigations; AND, if the waste is a treatment residue of a previously restricted his subject to the Land Disposal Restrictions, I certify and warrant that the waste has been supported to the conditions.	has been properly ording to applicable exardous waste		rom na roman. Na podravani az zaz		
accordance with the requirements of 40 CFH Part 268 and is no longer a hazardous ALCOME TO DE-	waste as defined by	RECEIVING	FACILITY		
D DISPOSAL SOLI WILLIAM D SLUDGE		-			
□ CONSTRUCTION □ WOOD		1	. 427		
☐ DEBRIS ☐ OTHER					
□ SPECIAL WASTE	•			1	
GENERATING FACILITY]			
5865 Brundway Terret			a yes as	<u></u>	The state of the s
TRANSPORTER	11	NOTES: VE	HICLE LICE	NSE NUMBER	TRUCK NUMBER
ADDRESS \			DUR	2414	11
ADDRESS	<u></u>	┨ .		011	
CITY, STATE, ZIPT CT (PC 2 NO)		4			
7, 50, 12, 21, 21, 21, 21, 21, 21, 21, 21, 21					
PHONE		END DUM	4D	BOTTOM DUM	D TRANSCER
		END DOIV	<u>'IF</u>		P TRANSFER □
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF	(S)	FLAT-BED	VAN DRUMS
	,		(0)		
*	1201	_		_	
* (-1)	2.2.0				
	1				The state of the s
		CUBIC YARD	S		
		CUBIC YARD	s		4
I hereby certify that the above named material	has been	CUBIC YARD))		
accepted and to the best of my knowledge the	has been foregoing	20)	TO BE COMPLETE	ED RY LANDEUL)
I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	has been foregoing	DISPOSAL ME)	TO BE COMPLETE	ED BY LANDFILL)
accepted and to the best of my knowledge the	has been foregoing	20)	TO BE COMPLETE DISPOSE	ED BY LANDFILL) OTHER
accepted and to the best of my knowledge the	has been foregoing	DISPOSAL ME	THOD: (
accepted and to the best of my knowledge the is true and accurate. REMARKS	has been foregoing	DISPOSAL ME	THOD: (
accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	foregoing	DISPOSAL ME	CTION BLE		
accepted and to the best of my knowledge the is true and accurate. REMARKS	has been foregoing	DISPOSAL ME SOIL CONSTRU DEBRIS NON-FRIA	CTION BLE		
accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	foregoing	DISPOSAL ME SOIL CONSTRU DEBRIS NON-FRIAL ASBESTOS	CTION BLE		

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 ☐ Forward **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

	KHUUUS WA	OIE MAIA	IFE3 I		
GENERATOR		T	WACTE		
MAILING ADDRESS			WASIE	ACCEPTANO	E NO.
CITY, STATE, ZIP		DEOUIDE	S DEBOOK		
Oaklani CA O. CIO		REQUÍRE			VE EQUIPMENT
PHONE	1	- ☐ GLOVES	GOGGLES	□ RESPIRA	TOR HARD HAT
CONTROL 510 719 3149		□ TY-VEK	OTHER		
CONTACT PERSON		SDECIAL	HANDLING PRO	OCEDUDEO.	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	- SFECIAL P	TANDLING PAC	CEDURES:	and the second s
C C C C C C C C C C C C C C C C C C C	DATE /	-			
* Dut h	5/24/00				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 251 or title 22 of the California code of regulations described classified and packaged and is in a code of regulations.	not a hazardous	=		N. J. C. C. C.	
requisitions: AND if the weets is a track and is in proper condition for transportation acc	ording to applicable		·		
accordance with the requirements of 40 CFR Part 268 and is no longer a because		RECEIVING	3 FACILITY		2
WASTE TYPE.	waste as defined by				,
CDISPOSAL D'SLUDGE		<u> </u>	·		
□ CONSTRUCTION □ WOOD		-		***	
☐ DEBRIS ☐ OTHER ☐ SPECIAL WASTE		-	-	ू रू चं	
GENERATING FACILITY			•		
	· · · · · · · · · · · · · · · · · · ·	- X		*	*
5865 Repolitor Terrare		<u> </u>			
TRANSPORTER	Section of the Sectio	NOTES: V	EHICLE LICENSE		TRUCK NUMBER
HUAMBEN ECV.	· · · · · · · · · · · · · · · · · · ·	1.0.20.	ETHOLE LIGHTSE	NOMBER	INUCK NUMBER
ADDRÉSS ADDRÉSS ADDRÉSS ADDRÉSS ADDRÉSS ADDRÉSS ADDRÉSS ADDRÉS ADRÉS ADDRÉS ADRÉS ADDRÉS ADDRÉS ADDRÉS ADDRÉS ADDRÉS ADDRÉS ADDRÉS ADDR	***] [2000/27/	97	111/2
CITY: STATE ZIP	*		· · · · · · · · · · · · · · · · · · ·		
OF THE PARTY OF THE					
PHONE		END DUI	MP BO	TTOM DUMP	TOANOTES
		ZI-	VIF BO		TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLĽ-OF	F(S) FLA	Γ-BED \	AN DRUMS
AATO] } }	
*	5240	-		×	- * ,
		CUBIC YAR	OS		
I hereby certify that the above named material accepted and to the best of my knowledge the	has been	20			
is true and accurate.	roregoing	DISPOSAL ME	THOD: (TO BI	E COMPLETED (BY LANDFILL)
			DI	SPOSE	OTHER
REMARKS		୍ର ଛଠାଁ∟			
		CONSTRU	ICTION		
FACILITY TICKET NUMBER		DEBRIS	DI C		
SIGNATURE OF AUTHORIZED AGENT		NON-FRIA ASBESTO	S		
1 1	DATE / /	□ WOOD			an and a second and
*	6/1/1	□ ASH			
	1/2///	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.

SALES COPY

MANIFEST # 21220 31220 MANIFEST #

📝 Keller Canyon 💛 🖂 Ox Mountain 💮 👻 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

☐ 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		1	WAS	TE AC	CEPTANO	E NO	
MAILING ADDRESS		<u> </u>	WAG	TE AU	OLF IAITO	L 110.	
5865 Brownson Trainer		1	Swil	: -	03304	1	
CITY, STATE, ZIP		REQUIRE	D PERS	ONAL P	ROTECTI	VE EQ	UIPMENT
PHONE CARRIED (A 9-618		GLOVES	□ GOG	GLES	RESPIRAT	OR	☐ HARD HAT
SIO 710 3140		□ TY-VEK	O OTHE	R			
CONTACT PERSON		SPECIAL H	IANDI ING	PROCE	DURES:		
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	0. 20	., ., ., ., ., ., ., ., ., ., ., ., ., .				
* Dust /	5/23/00						
GENERATOR'S CERTIFICATION: there is certify that the above named material is a waste as defined by 40 CFR Part 261 or the 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation accoregulations; AND, if the waste is a treatment residue of a previously restricted his subject to the Land Disposal Restrictions, I certify and warrant that the waste has been	azardous waste en treated in	RECEIVING	S EACH IT	······································			
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261.	waste as defined by	TEOFIAING	G I ACILIT				
WASTE TYPE: Soil w/ Lasting					· · · · · · · · · · · · · · · · · · ·		
DEDISPOSAL DISCUSSIBLE DISCONSTRUCTION DISCONS							
SPECIAL WASTE GENERATING FACILITY		ļ 	· · · · · · · · · · · · · · · · · · ·	,	x.		
	·	1 ,		. *	· · · · · · · · · · · · · · · · · · ·		
5865 Bradway Termit							7
TRANSPORTER AS KYDD TIG	CKSON	NOTES: V	EHICLE LIC	CENSE N	UMBER	TRUC	K NUMBER
ADDRESS PO BOX 1027			9CS	251	-4	aΩ,	B1
CITY, STATE, ZIP Fichmand CA 94	1802						
PHONE >> 5 - 457>		END DU	MP	BOTT	OM DUMP		TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OF	E(S)	FLAT-	SED.	VAN	DRUMS
* De Bill	5/23/6	I GEL-OI	1 (3)		JLD .		DHOMS
		CUBIC YAR	ens.				
I hereby certify that the above named material		2	5				
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL M	ETHOD:	(TO BE	COMPLETED	BY LAN	IDFILL)
is true and accurate.				DIS	POSE		OTHER
REMARKS	· · · · · · · · · · · · · · · · · · ·	SOIL					
		CONSTR DEBRIS	UCTION				* · · · · · · · · · · · · · · · · · · ·
FACILITY TICKET NUMBER		□ NON-FRI ASBEST					
SIGNATURE OF AUTHORIZED AGENT	DATE	□ WOOD					
AAA MARANA M	6/12/0	□ ASH		2 1 1			
* //	1/4/1/10	☐ SPECIAL	OTHER				My

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.

SALES COPY

MANIFEST # 21221 31224 MANIFEST #

☐ Ox Mountain **Sanitary Landfill** Sanitary Land New ** 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Fax (925) 458-9891

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

	NDOUS WA	SIE MANIFESI		
GENERATOR JERVICE	***	W	ASTE ACCEPTAN	CE NO.
MAILING ADDRESS		SUIT	1-03	2 511
CITY, STATE, ZIP				
CA LAC		REQUIRED PER	RSONAL PROTECT	IVE EQUIPMENT
PHONE		GLOVES GG	OGGLES DRESPIRA	TOR HARD HAT
510-719 3144		TO TY-VEK DO	THER	•
CONTACT PERSON		T		
SIGNATURE OF AUTHORIZED ACENT (FIRE		T SPECIAL HANDL	ING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* Dunt R	8/27/05			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation according regulations; AND, if the waste is a treatment residue of a previously restricted he subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee	has been properly rding to applicable zardous waste	RECEIVING FACI		
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous v 40 CFR Part 261.	waste as defined by	NECEIVING FACI	LIIT	
WASTE TYPE: Soil wil good of				
☐ DISPOSAL ☐ SLUDGE ☐ CONSTRUCTION ☐ WOOD				
□ DEBRIS □ OTHER				
© SPECIAL WASTE		1.00		·
GENERATING FACILITY				
5865 Broadway Terract			· · · · · · · · · · · · · · · · · · ·	
TRANSPORTER NG BYDB. TAGE	Kinco	NOTES: VEHICLE	LICENSE NUMBER	TRUCK NUMBER
ADDRESO PT -		9/	152384	£1/21
ADDRESS PO ROX 1027]	<u> </u>	0051
CITY, STATE, ZIP Richmound CH	94202		en e	
PHONE > 2 % - 6/6 7>	<u> </u>	END DUMP	BOTTOM DUMP	TRANCEED
		LIND BOIVIF		TRANSFER
SIGNATURE OF AUTHORIZED AGENT OF DRIVER	DATE	ROLL-OFF(S)	FLAT-BED	VAN DRUMS
Dollar I	/ /			
* The sell	5/28/00			
		CUBIC YARDS		
I hereby certify that the above named material	has been	20 vd 5		
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
			DISPOSE	OTHER
REMARKS		□ SOIL		
FACILITY TICKET NUMBER		□ CONSTRUCTION DEBRIS		
		NON-FRIABLE ASBESTOS		
SIGNATURE OF AUTHORIZED AGENT	DATE	U WOOD		
	1.	□ ASH		
* your A. M.	5/20m	SPECIAL OTHER		
	1/674	POPECIAL UTHER		

SCHEDULING MUST BE MADE PRIOR TO \$ 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. SALES COPY MANIFEST # 31243

Sanitary Landfill

901 Bailey Road Pitt Surge 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

i 🔲 Newby Island 💎 🔲 Forward 🕆 💛 🚟 Sanitary Landfill

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

Landfill

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

GENERATOR	WASTE ACCEPTANCE NO.
MAILING ADDRESS	
5865 BRUADLAY PHAN	SUIC - 03304
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
DAKIA-0 CA 94618	GLOVES GOGGLES GRESPIRATOR GHARD HAT
PHONE	
510-719-3149	O TY-VEK O OTHER
CONTACT PERSON	SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	
* Dan # 5/23/00	
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: Soil 4 / Good 14 6	
DO SLUDGE	man and the second seco
☐ CONSTRUCTION ☐ WOOD ☐ OTHER	
☐ DEBRIS ☐ OTHER	
GENERATING FACILITY	
ESGE BRUNNING TON	- 10 20
TRANSPORTER CO PARA TANCK TO CO	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
THAT STEELS	NOTES. VEHICLE LICENSE NOMBER
ADDRESS PO BOX 1027	9052384 1218-1
CITY, STATE, ZIP RICH MON'D CAPERDE	
PHONE 255-4573	END DUMP BOTTOM DUMP TRANSFER
CIONATURE OF AUTHORIZED AGENT OR CONCERN.	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE 5/25/00	
* SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	
* De Bill 5/25/60 I hereby certify that the above named material has been	ROLL-OFF(S) FLAT-BED VAN DRUMS
* Dec Bill 5/2/00	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	ROLL-OFF(S) FLAT-BED VAN DRUMS CUBIC YARDS CUBIC YARDS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	CUBIC YARDS DISPOSAL METHOD: ATO BE COMPLETED BY LANDFILL)
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS NON-FRIABLE
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	CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS NON-FRIABLE
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	CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS

Keller Canyon Sanitary Landfili

901 Balley 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 AC	CEDTANO	E NO
CAN SERVICE			WASIEAU	CEPIANO	E NO.
MAILING ADDRESS SEG BROADL MY TEAN		SW	1/ -	277.	
CITY, STATE, ZIP				0330 G	/ /E EQUIPMENT
DAKIANO CA 94618				1.00	
PHONE /		GLOVES G	GOGGLES	RESPIRAT	OR DHARDHA
510-719-3149		DTY-VEK D	OTHER		
CONTACT PERSON		SPECIAL HAND	I INC PROCE	-DUDEO	
MILE G. I MORE		SPECIAL HAND	LING PHOCE	EDUKES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE				
* Dust h	5/23/00				
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a	a hazardous				
described, classified and packaged, and is in proper condition for transportation assessition	been properly		***		
subject to the Land Disposal Restrictions. Logistic and warrant that the waste has been to	dous waste	RECEIVING FAC	CIL ITY		3
40 CFR Part 261.	te as defined by	neceiving FAC	JILI I Y		
WASTETYPE: Soil w/ Baseline		-			- 6000 F
DYDISPOSAL SLUDGE				1 4 1	
☐ CONSTRUCTION ☐ WOOD ☐ DEBRIS ☐ OTHER					
□ SPECIAL WASTE				/ · · · ·	
GENERATING FACILITY					4634
5866 BRODOWNY TELL					V ## (%)
TRANSPORTER LA BIGG Trucking		NOTES: VEHIC	LE LICENSE N	IMPED	TRUCK NUMBER
ADDRESS DE BOX 1027			5258	<u> </u>	48-1
OITY OTATE TID					and the second s
CITY, STATE, ZIP PICHMONG CA 9	4300				
PHONE \$10 223 4572		END DUMP		2014 51 11 45	
		END DUMP	BUII	OM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OF ORIVER D	ATE	ROLL-OFF(S)	FLAT-E		/AN DRUMS
1 19 116/				, LD	
* 000 K 010	< - : I	_			_
	5230		~		
		CUBIC YARDS			
• • • • • • • • • • • • • • • • • • •		1)		- : : : : : : : : : : : : : : : : : : :
I hereby certify that the above named material ha	as been	20	/		
accepted and to the best of my knowledge the fo	regoing	DISPOSAL METHO	D: (TO BE C	OMPLETED	BY LANDFILL)
is true and accurate.				/ .	51 E (1151 12E)
	-		DISI	P08€	OTHER
REMARKS		SOIL			
FACILITY TICKET NUMBER		CONSTRUCTION DEBRIS	N		
		□ NON-FRIABLE ASBESTOS			
SIGNATURE OF AUTHORIZED AGENT D	ATE /	□ WOOD			
-	5/13/	□ ASH			
*	10/10	□ SPECIAL OTHE	R		

ORTO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT O REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. SALES COPY MANIFEST #

Sanitary Landfill 901 Bailey Road

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

Sanitary Landfills

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

☐ Newby Island ☐ Forward ☐ Forward ☐ Record Forward ☐ Forward 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		. 1 · · · · · · · · · · · · · · · · · ·				
Car Stoid			WASTE	ACCEPTAN	ICE NO	
MAILING ADDRESS			S. 17 .	(A) 100 mg		
CITY, STATE, ZIP;		REQUIRED		<u>のす</u> る。 AL PROTEC		HIDMENT
Outland 11 91618					T - 1 - 1 - 1	and the second of the second
PHONE		GLOVES	GOGGLE	S ORESPIR	AIOH	☐ HARD HAT
CONTACT PERSON		TY-VEK	OTHER			
An ke in Impre		SPECIAL H	ANDLING PF	ROCEDURES:		1 1 2 2
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE					
* Dut h	5/3/00					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is n waste as defined by 40 CFR Part 261 or title 20 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation a congulations; AND, if the waste is a treatment residue of a previously restricted his subject to the Land Disposal Restrictions, I certify and warrant that the waste has been	has been properly rding to applicable uzardous waste				· · · · · · · · · · · · · · · · · · ·	
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous of 40 CFR Part 261.	waste as defined by	RECEIVING	FACILITY			
WASTE TYPE: Spil - lausel of	194		· · · · · · · · · · · · · · · · · · ·			
□ DISPOSAL □ SLUDGE			· ·		-	
☐ CONSTRUCTION ☐ WOOD ☐ OTHER			· · · · · · · · · · · · · · · · · · ·	-		
☐ SPECIAL WASTE			· · · · · · · · · · · · · · · · · · ·			
GENERATING FACILITY		-				
5865 Broadway Torrace						
TRANSPORTER	*	NOTES: VE	HICLE LICEN	SE NUMBER	TRUC	K NUMBER
ADDRESS BIBBS TRA			9A68	5801	Bb	•
CITY, STATE, ZIP El Sobrante, C	~ 9480.	ŝ	- Company			
PHONE (515) 273 US73				BOTTOM DUM		TDANIOTED
(3/6) CC3 45/2	de	END DUM	מא פו		<u> </u>	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF	(S) F	LAT-BED	VAN	DRUMS
* 5155	5/13/0					
						·
	· Sanda	CUBIC YARD	OS .			
I hereby certify that the above named material accepted and to the best of my knowledge the						
is true and accurate.	loregoing	DISPOSAL ME	ETHOD: (TO	D BE COMPLETE	ED BY LAN	NDFILL)
				DISPOSE		OTHER
REMARKS		□ SOIL				
FACILITY TICKET NUMBER		□ CONSTRU DEBRIS	ICTION			
		☐ NON-FRIA ASBESTO		6		
SIGNATURE OF AUTHORIZED AGENT	DATE	□ WOOD				
		□ ASH				
* on A	E 123110	SPECIAL	THER		4.5.754	***

🔯 Keller Canyon ----- 🗌 Ox Mountain Sanitary Landfill

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

Sanitary Landfill

12310 San Mateo Rand 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

	115000 117	OIL MAMILES!		
GENERATOR	·	w	ASTE ACCEPTAN	CENO
MAILING ADDRESS		***	AUCEPIAN	UE NU.
S&G RAVADUA, TEAR		-	16-0330	ret
CITY, STATE, ZIP				IVE EQUIPMENT
PHONE			OGGLES ORESPIRA	
CIO-719-3149		TY-VEK OT	HER	
CONTACT PÉRSON M.K. G. L. G. G.		SPECIAL HANDLI	NG PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	-	NOT HOOLDONES.	
* Death	5 k3/p			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation according to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261.	has been properly ording to applicable azardous waste	RECEIVING FACIL	ITV	!
WACTE TYPE:	waste as defined by	TIEGE/TING TAGIL		<u> </u>
QOISPOSAL Q SLUDGE		1		
© CONSTRUCTION © WOOD © DEBRIS © OTHER				
GENERATING FACILITY	· · · · · · · · · · · · · · · · · · ·			***
58/5 BRADUAL TELL	<u></u>			
TRANSPORTER		NOTES: VEHICLE	LICENSE NUMBER	TRUCK NUMBER
Bibbs / Fucking		 		**************************************
ADDRESS			66801	<u> </u>
CITY, STATE, ZIP E) Sobrante, Co	94803			
PHONE (510) 123 4572		END DUMP	BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED	VAN DRUMS
. 5/5/5	5/23/0	0		D DHOWS
*	-//			
		CUBIC YARDS		
I hereby certify that the above named material	has been	18,45		
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSALMETHOD:	(TO BE COMPLETED	BY LANDFILL)
is due and accurate.			DISPOSE	OTHER
REMARKS		□ SOIL		
		□ CONSTRUCTION		
FACILITY TICKET NUMBER		DEBRIS NON-FRIABLE		
SIGNATURE OF AUTHORIZED AGENT	DATE	ASBESTOS		*
		WOOD		
* lough A. Man		□ ASH		
**	m1221 1			
	5/23/W	SPECIAL OTHER		

3 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.
SALES COPY
MANIFEST # 21210 MANIFEST # 31240

Keller Canyon Sanitary Landfill

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

12310 San Mateo Roate 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

WASTE ACCEPTANCE NO.
SWIC -03304
REQUIRED PERSONAL PROTECTIVE EQUIPMENT
GLOVES GOGGLES GRESPIRATOR GHARD HAT
□ TY-VEK □ OTHER
SPECIAL HANDLING PROCEDURES:
2
RECEIVING FACILITY
100
NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
9A66801 B6
<u>₹0</u> 3
END DUMP BOTTOM DUMP TRANSFER
ROLL-OFF(S) FLAT-BED VAN DRUMS
CUBIC YARDS
CUBIC YARDS
CUBIC YARDS
CUBIC YARDS 2 0
CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION
CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS NON-FRIABLE
CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS
CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS
į

Keller Canyon Sanitary Landfill 901 Balley Road

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

⊒ 0 S	100	2, 23, 500	154	3777	
2.5. 6			ند كون		
	J. 38 1	1 1 2 1 2 2		1 3 3 3 4 4	100
teritor (1)	10000 T	Charles the less	Section 1	Control of	
C5 17	A44			200	Carlo Carlo
	~~!	-		Contract of	
	ain	Larv	27.7	16(0)	111
			623 mars		

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

	DOUS WA				and the state of t
GENERATOR			WASTE ACCE	EDTANCE NO	
MAILING ADDRESS			WAOIE ACCE	-P MITCE ITO.	
		1 /	1011 - A	~~	
CITY, STATE, ZIP	34	2	MIC - 0	5504	
		REQUIRED	PERSONAL PRO	OTECTIVE EQI	JIPMENT
PHONE DOK 1990 TA 19618		GLOVES (GOGGLES DE	RESPIRATOR	☐ HARD HAT
50 TH 3144		TY-VEK			
CONTACT PERSON		I I I I VEK	OTHER	e e e e e e e e e e e e e e e e e e e	
mike bilmove	·····	SPECIAL HAN	NDLING PROCEDI	URES:	
CIONATURE OF AUGUSTA	DATE	1			
* Destal	5/25/00				
GENERATOR'S CERTIFICATION: I here certify that the above named material is not a waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has described, classified and packaged, and is in proper condition for transportation according regulations; AND, if the waste is a treatment residue of a previously restricted has been transported by the coordance with the requirements of 40 CFR Part 268 and is no longer a hazardous was 40 CFR Part 268.	s been property ng to applicable	RECEIVING F	ACILITY		
7.00	-				· · · · · · · · · · · · · · · · · · ·
☐ DISPOSAL ☐ SLUDGE ☐ WOOD		 		***	
□ DEBRIS □ OTHER	•				
☐ SPECIAL WASTE				. 6	
GENERATING FACILITY					<u> </u>
54.65 Broadway Tearace		-			e. e.
TRANSPORTER	* " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	NOTES: VEHI	ICLE LICENSE NUME	TOUGH	NUMBER
Spring					
					6765
ADDRESS		,	133057		6765
2022 Road 7.0					6765
ADDRESS / CITY, STATE, ZIP		7			6765
CITY, STATE, ZIP		7			6765
ADDRESS / 2022 Road ZO CITY, STATE, ZIP Son Pablo CM. 94806 PHONE		END DUMP		93 29	6765
ADDRESS / 2022 Roact 20 CITY, STATE, ZIP Son Pablo CH. 94806 PHONE 510-215-1783		END DUMP	723057 BOTTOM	73 24	
ADDRESS / 2022 Road ZO CITY, STATE, ZIP PHONE S10-215-1783	DATE	,	723057 воттом	73 24	RANSFER
ADDRESS 2022 Road 20 CITY, STATE, ZIP PHONE S10-215-1783 SIGNATURE OF AUTHORIZED AGENT OR DRIVER D	DATE S-23-00	END DUMP	723057 BOTTOM	73 24	RANSFER
ADDRESS 2022 Road 20 CITY, STATE, ZIP PHONE S10-215-1783 SIGNATURE OF AUTHORIZED AGENT OR DRIVER D	5·23 <i>-0</i> 0	END DUMP ROLL-OFF(S	BOTTOM BOTTOM FLAT-BED	DUMP T	RANSFER DRUMS
ADDRESS COZZ Roact ZO CITY, STATE, ZIP PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER A A A A A A A A A A A A A	S-23-00	END DUMP	BOTTOM BOTTOM FLAT-BED	DUMP T	RANSFER DRUMS
ADDRESS COZZ Roacl ZO CITY, STATE, ZIP PHONE SIO-213-1783 SIGNATURE OF AUTHORIZED AGENT OR DRIVER Thereby certify that the above named material has	S·23-00	END DUMP ROLL-OFF(S	BOTTOM D FLAT-BED	DUMP T	RANSFER DRUMS
ADDRESS COZZ Roact ZO CITY, STATE, ZIP PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER A A A A A A A A A A A A A	S·23-00	END DUMP ROLL-OFF(S	BOTTOM BOTTOM BOTTOM TO BE COM	DUMP TO VAN	RANSFER DRUMS
ADDRESS COZZ Roacl ZO CITY, STATE, ZIP PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER Thereby certify that the above named material has accepted and to the best of my knowledge the form	S·23-00	END DUMP ROLL-OFF(S	BOTTOM D FLAT-BED	DUMP TO VAN	RANSFER DRUMS
ADDRESS CITY, STATE, ZIP PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has accepted and to the best of my knowledge the form	S·23-00	END DUMP ROLL-OFF(S	BOTTOM BOTTOM FLAT-BED BOD: (TO BE COM DISPO:	DUMP TO VAN	RANSFER DRUMS
ADDRESS CITY, STATE, ZIP PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has accepted and to the best of my knowledge the for is true and accurate.	S·23-00	END DUMP ROLL-OFF(S CUBIC YARDS DISPOSAL METHOD CONSTRUCT DEBRIS	BOTTOM BOTTOM FLAT-BED BOD: (TO BE COM DISPO:	DUMP TO VAN	RANSFER DRUMS
ADDRESS CITY, STATE, ZIP PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has accepted and to the best of my knowledge the for is true and accurate. REMARKS FACILITY TICKET NUMBER	S·23-00 as been pregoing	END DUMP ROLL-OFF(S CUBIC YARDS DISPOSAL METHOD CONSTRUCT	BOTTOM BOTTOM FLAT-BED BOD: (TO BE COM DISPO:	DUMP TO VAN	RANSFER DRUMS
ADDRESS CITY, STATE, ZIP PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has accepted and to the best of my knowledge the for is true and accurate. REMARKS FACILITY TICKET NUMBER	S·23-00	END DUMP ROLL-OFF(S CUBIC YABDS DISPOSAL METHODS CONSTRUCT DEBRIS NON-FRIABLI	BOTTOM BOTTOM FLAT-BED BOD: (TO BE COM DISPO:	DUMP TO VAN	RANSFER DRUMS
ADDRESS CITY, STATE, ZIP PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has accepted and to the best of my knowledge the for is true and accurate. REMARKS FACILITY TICKET NUMBER	as been pregoing	END DUMP ROLL-OFF(S CUBIC YARDS DISPOSAL METHOD CONSTRUCT DEBRIS NON-FRIABLI ASBESTOS	BOTTOM BOTTOM FLAT-BED BOD: (TO BE COM DISPO:	DUMP TO VAN	RANSFER DRUMS

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.

SALES COPY

MANIFEST # 31223

Keller Canyon 🗌 Ox Mountain 💥 ... Sanitary Landfill

901 Bailey Road Pittsburg; QA 94565 Phone (925) 458-9800 Fax (925) 458-9891

Sanitary Landfill

12310 San Mateo Hoad 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

MOENES -		HOLF WATER F	31	
GENERATOR			WACTE ACCEPTA	
MAILING ADDRESS			WASTE ACCEPTAN	ICE NO.
MAILING ADDRESS				
CITY, STATE, ZIP SANAON NY TEAN		51	11C 0330	4
Datia - Ca guille		REQUIRED F	PERSONAL PROTECT	TÍVE EQUIPMENT
PHONE		— □ GLOVES □	GOGGLES DRESPIR	ATOR HARD HAT
510-719.7149		TO TY-VEK	OTHER	
CONTACT PERSON				
SIGNATURE OF AUTHORIZED AGENT / TITLE		SPECIAL HANI	DLING PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE			
* Desta	5/22/4			
GENERATOR'S CERTIFICATION: I hereby griffly that the above named material waste as defined by 40 CFR Part 261 or title 22 of the California code of regulation described, classified and packaged, and is in proper condition	is not a hazardous	7		
regulations: AND if the weets is a treatment of the transportation as	cording to applicable			
subject to the Land Disposal Restrictions, I certify and warrant that the waste has to accordance with the requirements of 40 CFR Part 268 and is no longer a hazardou.	nazardous waste	DECENTING EA	OII ITV	- Marie Commission Com
40 CFR Part 261.	is waste as defined by	RECEIVING FA	CILITY	
WASTE TYPE: So / W/CAS / CAS]		
QDISPOSAL ☐ SLUDGE ☐ WOOD				
D DEBRIS				The state of the s
U SPECIAL WASTE				
GENERATING FACILITY		1	1.50	ar y
5815 BRUGONIAN THE	SA		*	
TRANSPORTER		NOTES INTERNA		
Swill (ct)	<u> </u>	NOTES: VEHIC	LE LICENSE NUMBER	TRUCK NUMBER
ADDRESS		1 9	13.30593	24
CITY, STATE, ZIP		1		
The Wall of the Control of the Contr]		Market or Control of the Control of
PHONE SON PORTO CA 94806	<u> </u>			•
510-215-1793		END DUMP	BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)		
D 11		NOLE-OFF(S)	FLAT-BED	VAN DRUMS
* (8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	5-23-00		U	
- Jan 1 Miles	323-00	1		
		CUBIC YARDS		
I haveby could at the		COBIC TANDS		
I hereby certify that the above named material	l has been	70		
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL METHO	D: (TO BE COMPLETED	DVI AUDEU
is true and accurate.			. (10 DE COMPLETEL	BY LANDFILL)
			DISPOSE	OTHER
REMARKS		D.SOIL		
ACILITY TICKET NUMBER		CONSTRUCTIO	N .	
TOTAL HOMBEN		DEBRIS NON-FRIABLE		
SIGNATURE OF AUTHORIZED AGENT	DATE	ASBESTOS		
	DATE	□ WOOD		
		□ ASH		
k TIN	5/17/20			
	1611111	SPECIAL OTHER	RÍ	
	1 1100	= 0. ±0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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

SALES COPY

MANIFEST # 2121/1 MANIFEST # 31214

Sanitary Landfill Sanitary Landfill 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

Newby Island All Forward All Forward Sanitary Landfill

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

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

Fax (209) 982-1009

GENERATOR			ASTE MANIFES		
MAILING ADDRESS	CE		Y	VASTE ACCEPTANCE N	10.
			_	16 = 2220	
CITY, STATE, ZIP	POADWAY PEAR	· · · · · · · · · · · · · · · · · · ·	REQUIRED PE	RSONAL PROTECTIVE	
OAKIANO	CAQULIS				The second secon
PHONE			GLOVES G	OGGLES D RESPIRATOR	☐ HARD HAT
CONTACT PERSON	31 49		TY-VEK 00	THER	
OOMAOT PERSON	7		SPECIAL HANDI	ING PROCEDURES:	
SIGNATURE OF AUTHOR	RIZED AGENT / TITLE	DATE			
* Dut	12/	51726			
described, classified and packaged, a regulations; AND, if the waste is a transition to the land Disposal Restrict	nereby certify that the above named material or title 22 of the California code of regulational is in proper condition for transportation; estiment residue of a previously restricteons, I certify and warrant that the waste has 40 CFR Part 288 and is no longer a hazardo	ons, has been properly according to applicable d hazardous waste	RECEIVING FAC	ILITY	
40 CFR Part 261. WASTE TYPE: C. /		* (
DISPOSAL CONSTRUCTION DEBRIS SPECIAL WASTE	D SLUDGE D WOOD D OTHER		The state of the s		
GENERATING FACILITY					*
T865	Bearing Tree		The same of the sa		E de la companya de
TRANSPORTER			NOTES: VEHICLE		
Sonia	rel		INUTES: VEHICLE	LICENSE NUMBER TRI	UCK NUMBER
ADDRESS 700		7	1 75	30573 C	4
CITY, STATE, ZIP	Road 20				
PHONE Son A	661 CA. 9480	<u> </u>	END DUMP	BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORI	15.1783		(5 4	v S	
OIGIVATOTIC OF AUTHORI	ZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED VAN	DRUMS
* /*	The -	5-23-0			
		2.000	CUBIC YARDS		
I hereby certify that	the above named materia	al has been	2()		
accepted and to the	best of my knowledge th	e foregoing	DISPOSAL METHOD		
IS 1	rue and accurate.		DIGI COAL WETHOD	(TO BE COMPLETED BY L	ANDFILL)
				DISPOSE	OTHER
REMARKS		A Company	b.soil .		
FACILITY TICKET NUMBER	1	:	☐ CONSTRUCTION DEBRIS		
		2	☐ NON-FRIABLE ASBESTOS		
SIGNATURE OF AUTHORIZ	ED AGENT	DATE	WOOD .		
	4	Stanton	D ASH		
* //		12/00	SPECIAL OTHER		
		1/ /			

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.
SALES COPY
MANIFEST # 21226 MANIFEST # 31236

Keller Canyon Sanitary Landfill 901 Bailey Road

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

☐ Ox Mountain Sanitary Laadfill ☀

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 CAN SERVICE		1	WA:	STE ACCEPTA	NCE NO.	
MAILING ADDRESS						
5665 BRUADWAY TEAK		7	SW 1.0	- 0330	4	
CITY, STATE, ZIP	5.7	REQUIR	ED PERS		TIVE EQ	JIPMENT
ON 6 10-0 CA 94618		GLOVE:	s 🗆 GOG	GLES CRESPI	RATOR	☐ HARD HAT
PHONE	<u> </u>					
510-719-3145		TY-VEK	OTH	ER		
CONTACT PERSON		SPECIAL	HANDLIN	G PROCEDURES	:	
MIKE GILMENE SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	-				
* Dust	5/23/60					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is r waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation areo regulations; AND, if the waste is a treatment residue of a previously restricted he subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous of CFR Part 268.	has been properly ording to applicable exardous waste	RECEIVIN	IG FACILI	r y		
WASTE TYPE: So.' A GAIN CA F		4				
CYDISPOSAL DSLUDGE		-			-	
□ CONSTRUCTION □ WOOD					*	
□ DEBRIS □ OTHER						
O SPECIAL WASTE			······································		· · · · · · · · · · · · · · · · · · ·	
GENERATING FACILITY	· .	<u> </u>				
5865 BROADLAS TERRAL	ŧ	· · · · · ·				
TRANSPORTER		NOTES:	VEHICLE L	ICENSE NUMBER	TRUC	K NUMBER
Squirrel			98	3/493	24	
ADDRESS /] [
CITY, STATE, ZIP		1	· · · · · · · · · · · · · · · · · · ·			
C. D. C. SUPAL		1				*
					, p.e	-
PHONE		END D		DOTTOM DUIL		TDANICEED
PHONE 5/0-7/5-17/3		END D		BOTTOM DUM	1P	TRANSFER
510-215-1783	IDATE	(3)	2			
	DATE		2	FLAT-BED	VAN	DRUMS
510-215-1783	DATE 5-23-0	ROLL-O	2			
510-215-1783		ROLL-O	FF(S)	FLAT-BED	VAN	DRUMS
SIO-2/5-1763 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material	5-23-0	ROLL-O	FF(S)	FLAT-BED	VAN	DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the	5-23-0	ROLL-O	FF(S)	FLAT-BED	VAN	DRUMS
SIO-2/5-1763 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material	5-23-0	ROLL-O	FF(S)	FLAT-BED	VAN	DRUMS DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the	5-23-0	ROLL-O	FF(S)	FLAT-BED	VAN	DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate.	5-23-0	ROLL-O	FF(S)	FLAT-BED	VAN	DRUMS DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS	5-23-0	CUBIC YA CUBIC YA DISPOSAL CONST	FF(S) RDS METHOD:	FLAT-BED	VAN	DRUMS DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	5-23-0	CUBIC YA CUBIC YA DISPOSAL CONST DEBRIS NON-FF	RDS METHOD:	FLAT-BED	VAN	DRUMS DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS	5-23-0	CUBIC YA CUBIC YA DISPOSAL CONST DEBRIS	RDS METHOD:	FLAT-BED	VAN	DRUMS DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	S-23-0	CUBIC YA CUBIC YA DISPOSAL CONST DEBRIS NON-FF ASBES	RDS METHOD:	FLAT-BED	VAN	DRUMS DRUMS
SIGNATURE OF AUTHORIZED AGENT OR DRIVER * I hereby certify that the above named material accepted and to the best of my knowledge the is true and accurate. REMARKS FACILITY TICKET NUMBER	S-23-0	CUBIC YA CUBIC YA DISPOSAL CONST DEBRIS NON-FF ASBES	FF(S) RDS METHOD: RUCTION RIABLE FOS	FLAT-BED	VAN	DRUMS DRUMS

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.

SALES COPY

MANIFEST # 31241

X Keller Canyon ☐ Ox Mountain Sanitary Landfill

901 Bailey Road Pittsburg, CA \$4565 Phone (925) 458-9800 Fax (925) 458-9891

Sanitary Landfill

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

☐ Newby Island Sanitary Landfill

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

☐ Forward Landfill

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR		WA	STE ACCEPTANC	E NO.
CAL SCAVICE			OIE AOOEI IAIIO	
MAILING ADDRESS			·	
5865 Brown Take	·.	SWIC	- 03.204	
CITY, STATE, ZIP		REQUIRED PERS	SONAL PHOTECTIV	/E EQUIPMENT
PHONE		□ GLOVES □ GOO	GGLES ORESPIRAT	OR U HARD HAT
510-719-3149	·	TY-VEK DOTH	IER	
CONTACT PERSON		CDECIAL HANDLIN	O PROOFFILIPEO	
mike Gilmone		SPECIAL HANDLIN	G PHOCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE,	DATE			
* Dust h	5/23/00			
GENERATOR'S CERTIFICATION: I hereby entity that the above named material is not waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, had described, classified and packaged, and is in proper condition for transportation according regulations; AND, if the waste is a treatment residue of a previously restricted haza subject to the Land Disposal Restrictions, I certify and warrant that the waste has been to	s been properly ng to applicable rdous waste treated in	RECEIVING FACILI	TV	
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous was 40 CFR Part 261.	ste as defined by	RECEIVING PACILI	11	**************************************
WASTETYPE: SOIL W/GASOLINE				<u>*</u>
☐ CONSTRUCTION ☐ WOOD ☐ DEBRIS ☐ OTHER		***************************************		
© SPECIAL WASTE GENERATING FACILITY		ļ - 		
5865 BEWLOWNY TEAL				
TRANSPORTER		NOTES: VEHICLE L	ICENSE NUMBER	JRUCK NUMBER
		1814		* 75
ADDRESS				
CHY CTATE 7ID				
CITY, STATE, ZIP				
PHONE		END DUMP	BOTTOM DUMP	TRANSFER
HOILE				INANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)		VAN DRUMS
			en in de la e ntre de la companya de La companya de la comp	
		CUBIC YARDS		
I hereby certify that the above named material h		20		
accepted and to the best of my knowledge the form is true and accurate.	oregoing	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
			DISPOSE	OTHER
REMARKS	1	D-501[
	i i	CONSTRUCTION		
FACILITY TICKET NUMBER	5 64	DEBRIS NON-FRIABLE		
SIGNATURE OF AUTHORIZED AGENT	DATE	ASBESTOS		
1/	/ 1	□ WOOD		
11/10	DA/71	☐ ASH		
* 1/1	4/4/	SPECIAL OTHER	en de la companya de	

🖳 Keller Canyon 🧼 🖂 Ox Mountain 💃 Sanitary Landfill

901 Bailey Road Pittsburg, CA 94565 Prione (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

Newby Island ---- □ Forward -------**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		W/	STE ACCEPTANC	F NO
MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	***	OIL ACOLI IAITO	
ESIA Break by Testack	· · · · · · · · · · · · · · · · · · ·	Si	16 - 03304	
CITY, STATE, ZÍP			SONAL PROTECTIV	E EQUIPMENT
PHONE 99619	·	GLOVES GO	GGLES RESPIRAT	OR HARD HAT
510 719 2149	· · · · · · · · · · · · · · · · · · ·	TY-VEK DOT	HER	
CONTACT PERSON			NG PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	I DATE	SPECIAL HAINDLII	NG PHOCEDURES.	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	.		
*) . 7 /	1-1-1			
GENERATOR'S CERTIFICATION: I have by certify that the above named material is n	5/23/68			
waste as defined by 40 CFH Part 251 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation accounts.	has been properly			
regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions. Legitify and warrant that the waste has been	izardous waste	DECENTING FACIL	177	r not repole and a merculant formation and pure an extreme of
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous was 40 CFR Part 261.	waste as defined by	RECEIVING FACIL	IIY	
WASTE TYPE: Soil of said in		· · · · · · · · · · · · · · · · · · ·		
☐ CONSTRUCTION ☐ WOOD				
☐ DEBRIS ☐ OTHER	F			
GENERATING FACILITY				V
ESIGE REGILATION TOWARD	in the second second			
TRANSPORTER		NOTES: VEHICLE	LICENSE NUMBER	TRUCK NUMBER
ADDRESS (ANDRESS)		54	11-119	1101
ADDRESS/			10911	
CITY, STATE, ZIP				
BUDNE / Y/C/WOND (4)				
PHONE /		END DUMP	BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED V	/AN DRUMS
*	523-0			
				<u> </u>
		CUBIC YARDS		
I hereby certify that the above named material	has been	20		
accepted and to the best of my knowledge the	foregoing	DISPOSAL METHOD:	(TO BE COMPLETED I	DV LANDEU L
is true and accurate.		DISPOSAL METHOD.		of LANDFILL)
			DISPOSE	OTHER
	-	a soil		
REMARKS		CONSTRUCTION		
FACILITY TICKET NUMBER		DEBRIS		
		□ NON-FRIABLE ASBESTOS		
SIGNATURE OF AUTHORIZED AGENT	DATE	□ WOOD		
			3	
$\frac{1}{2}$	5/27/	☐ ASH		
* ///	1/4/1	SPECIAL OTHER		
				in the state of th

SCHEDULING MUST BE MADE PRIOR TO 3:00 P.M. THE DAY PRIOR TO EXPECTED ARRIVAL • ANY UNSCHEDULED LOADS ARE SUBJECT O REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE. SALES COPY MANIFEST # 31222

Keller Canyon LOx Mountain Sanitary Landfill

901 Bailey Bood Pittsburg CA 94565 Phome (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

□ 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

					2	
GENERATOR			WASTE A	CCEPTANO	'E NO	
MAILING ADDRESS			WAGILA	100LF IAIN	JE NO	
5865 Blance are Teel	3 N N N N N N N N N N N N N N N N N N N	1 0	41C "	0330) C/	
CITY, STĂTE, ZIP		REQUIRE	D PERSONAL			UIPMENT
PHONE PHONE		GLOVES	□ GOGGLES	□ RESPIRA		☐ HARD HAT
510-719-7144	<u> </u>	D TY-VEK	OTHER :			
CONTACT PERSON				OCDUDEO.		
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	- SPECIAL H	ANDLING PRO	CEDURES:		
* Dat h.	5/2 kg					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations described, classified and packaged, and is in proper condition for transportation acc regulations; AND, if the waste is a treatment residue of a previously restricted if subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 267.	, has been properly ording to applicable lazardous waste	RECEIVING	FACILITY			
	waste as defined by					
DISPOSAL SLUDGE CONSTRUCTION WOOD DEBRIS						
O SPECIAL WASTE GENERATING FACILITY	•	1				
			•	•		
4015 RADADUAY TEAL	()					
TRANSPORTIGR	eg, organization and supersonal	NOTES: VE	HICLE LICENSE	NUMBER	TRUC	KNUMBER
ADDRESS	<u>·</u>	┨ .	7772	2-01	1-	7
CITY CTATE		_		7	-	
CITY, STATE, ZIP]	4	3	ų.	
PHONE		END DUM	√P RΩ	TTOM DUMP		TRANSFÉR
SIGNATURE OF AUTHORITE		<u> </u>				INANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF			VAN	DRUMS
*	523-6		1	4		
The second secon	<u> </u>	CUBIC YARD)S			
I hereby certify that the above named material	has been	21)			e:
accepted and to the best of my knowledge the is true and accurate.	Toregoing	DISPOSAL ME	THOD: (FO B	E COMPLETED	BY LAN	DFILL)
			DI	SPOSE		OTHER
REMARKS		୍ର କୋଟ	_ ~			
		CONSTRU	CTION			
FACILITY TICKET NUMBER		DEBRIS NON-FRIA				
SIGNATURE OF AUTHORIZED AGENT	DATE	ASBESTOS	S			
· The	3/1	□ ASH				
*	1/23/00	SPECIAL O	THER			

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.

SALES COPY

MANIFEST # 21222 31232 MANIFEST #

Sanitary Landfill

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

Ox Mountain Sanitary Lareful

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					
MAILING ADDRESS		WASTE ACCEPTANCE NO.			
CE 1 - 50 1					
CITY, STATE, ZIP		REQUIRED PER	-03304	-	
DAKIANO CA 94618			RSONAL PROTECTIVE EQUIPM	MENT	
PHONE 510-719-3149		GLOVES G	OGGLES DIRESPIRATOR DIH	ARD HAT	
5/0-7/9-31-49 CONTACT PERSON		TY-VEK 00	THER		
Mike Gilmake		SPECIAL HANDLI	NG PROCEDURES:		
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	-			
* Dust	5/23/20				
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 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 261.					
40 CFR Part 261.	s waste as defined by	RECEIVING FACIL	LITY		
WASTE TYPE: SON W/G ASSIGNE OF DISPOSAL I CONSTRUCTION I DEBRIS OF DISPOSAL OF					
GENERATING FACILITY				78 C	
			7		
5865 BROADWAY TELL	•		and the second s		
TRANSPORTER		NOTES: VEHICLE		Z 15.54	
ADDRESS THATUSPA INV.		5u	LICENSE NUMBER TRUCK NUM	/IBER	
CITY, STATE, ZIR					
PHONE PICTILLOUD (A		4			
PHONE		END DUMP BOTTOM DUMP TRANSFER			
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	DOLL OFF(s)			
	DAIL	ROLL-OFF(S)		RUMS	
* Decales	5230	0			
	· ·	CUBIC YARDS			
I hereby certify that the above named material accepted and to the best of my knowledge the	has been	20			
is true and accurate.	loregoing	DISPOSAL METHOD: ** (TO BE COMPLETED BY LANDFILL)			
			1		
			DISPOSE OTHE	R	
REMARKS		CĹSØIL	DISPOSE OTHE	R	
		□ CONSTRUCTION DEBRIS	DISPOSE OTHE	R	
FACILITY TICKET NUMBER		☐ CONSTRUCTION DEBRIS ☐ NON-FRIABLE	DISPOSE OTHE	R	
FACILITY TICKET NUMBER	DATE	□ CONSTRUCTION DEBRIS	DISPOSE OTHE	R	
FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT	DATE 5/21/2	□ CONSTRUCTION DEBRIS □ NON-FRIABLE ASBESTOS	DISPOSE OTHE	R	
FACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT	DATE 5/23/20	□ CONSTRUCTION DEBRIS □ NON-FRIABLE ASBESTOS □ WOOD	DISPOSE OTHE	R	

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

SALES COPY

MANIFEST #

31233

Keller Canyon Sanitary Landfill

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

Ox Mountain Sanitary Landfill

12310 Sán 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 → □ Ländfill

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

TRANSPORTER ALHAMBRA EXCILONMENTAL ADDRESS (A) 23LD S, CITY, STATE, ZIP PHONE STO 245 7448 SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. NOTES: VEHICLETICENSE NUMBER TRUCK NUMBER ABH/6/3 P-8 CUBIC VARDS CUBIC VARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER	NUN-HAZARDOUS	WASTE MANIFEST
MAILING ADDRESS SCHAPLE A SULUL A SUL		WASTE ACCEPTANCE NO
CITY STATE. 29 PHONE CONTACT PERSON A SULUL CONTACT PERSON CONTACT PERSON SEQUENTIAL CONTACT PERSON SECUENTIAL CONTACT PERSON SECUENT PERSON SEC	MAILING ADDRESS	WASTE ACCEPTANCE NO.
REQUIRED PERSONAL PROTECTIVE EQUIPMENT OBLIGATION OF A SHAPE OF AUTHORIZED AGENT / TITLE DATE SIGNATURE OF AUTHORIZED AGENT / TITLE DATE SIGNATURE OF AUTHORIZED AGENT / TITLE DATE SIGNATURE OF AUTHORIZED AGENT OF DRIVER ADDRESS GENERATING FACILITY RECEIVING FACILITY RECEIVIN		CY 11 - 222-11
PRIONE CONTACT PERSON SIGNATURE OF AUTHORIZED AGENT / TITLE DATE SIGNATURE OF AUTHORIZED AGENT / TITLE DATE SPECIAL HANDLING PROCEDURES: SPECIAL HAND		DECLUBED DEPOSIT
CONTACT PERSON SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	ONLIA-D CA GUILLE	
SEGNATURE OF AUTHORIZED AGENT / TITLE DATE SPECIAL HANDLING PROCEDURES. SPECIAL HANDLING PROC		GLOVES GOGGLES GRESPIRATOR GHARD HAT
SEGNATURE OF AUTHORIZED AGENT / TITLE DATE SPECIAL HANDLING PROCEDURES. SPECIAL HANDLING PROC	CONTACT PERSON	□ TY-VEK □ OTHER
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE S		SPECIAL HANDLING PROCEDURES:
CEMBRATORS CERTIFICATION: I publy certity that the above remost material is to a locational code of regulations, the beautiful public public and a proper condition for the public publi	CIONATUSE CE ALE	
Second classified and packaged, and is in proportion for transposphered. In the proportion of the pr		7
WASTE TYPE: SUID SUDGE SUPCOLA WASTE SUPCELL WASTE SUP	described, classified and packaged, and is in proper condition for transportation according to applicingulations; AND, if the waste is a treatment residue of a previously restricted hazardous wast subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in adcordance with the requirements of 40 CER part 368 and its relative that the waste has been treated in	efty able
SPECIAL WASTE GENERATING FACILITY TRANSPORTER ADDRESS ALLAMBER ENGROWENTAL GRAND G	- 10 01111 all 201.	SO BY
D GERRIS D SPECIAL WASTE GENERATING FACILITY TRANSPORTER ADDRESS LIFT MARKE ELWIROLMENTAL ADDRESS LIFT STATE, ZIP LIFT MARKE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. LIFT TICKET NUMBER LIGNATURE OF AUTHORIZED AGENT CUBIC VARDS DISPOSE OTHER CONSTRUCTION DEBRIS DISPOSE OTHER CONSTRUCTION DEBRIS DISPOSE OTHER CONSTRUCTION DEBRIS ASBESTOS GNON-FRIABLE ASBESTOS LINGUIST TICKET NUMBER CONSTRUCTION DEBRIS CONSTRUCTION DEBRI	The state of the s	
TRANSPORTER ALHAMBUR EXPLOYMENTAL ADDRESS AND 23LD <, DITY, STATE, ZIP LICHMOND CR GU2CH PINDE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER GONSTRUCTION DEBRIS ACILITY TICKET NUMBER GIGNATURE OF AUTHORIZED AGENT DATE OND-FRIABLE ASBESTOS ASH	GONSTRUCTION DWOOD	
TRANSPORTER ALHAMBUR EXPLOYMENTAL ADDRESS AND 23LD <, DITY, STATE, ZIP LICHMOND CR GU2CH PINDE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER GONSTRUCTION DEBRIS ACILITY TICKET NUMBER GIGNATURE OF AUTHORIZED AGENT DATE OND-FRIABLE ASBESTOS ASH	□ SPECIAL WASTE	
ADDRESS ALHAMBRE EXUIDAMENTEL BND DUMP BOTTOM DUMP TRANSFER BROLL-OFF(S) FLAT-BED VANY DRAMS ACCEPTED BY LANDFILL DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER ACCEPTED BY LANDFILL DISPOSE OTHER ACCEPTED BY LANDFILL CONSTRUCTION DEBRIS ACCEPTED BY LANDFILL DISPOSE OTHER ASBESTOS ASBESTOS ASSESTOS	GENERATING FACILITY	
ADDRESS ALHAMBRE EXUIDAMENTEL BND DUMP BOTTOM DUMP TRANSFER BROLL-OFF(S) FLAT-BED VANY DRAMS ACCEPTED BY LANDFILL DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER ACCEPTED BY LANDFILL DISPOSE OTHER ACCEPTED BY LANDFILL CONSTRUCTION DEBRIS ACCEPTED BY LANDFILL DISPOSE OTHER ASBESTOS ASBESTOS ASSESTOS	CXIC RAMMA TO	
ALHAMBLE EXPLOYMENTED ADDRESS CL 2 3 2 D CITY, STATE, ZIP LICHMOND CA QUEOH SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER GONTRUCTION DEBRIS CONSTRUCTION DEBRIS CONSTRUCTION DEBRIS NOTES TRUCK NUMBER TRUCK		The second secon
ADDRESS (A) 3 3 LD 5 CITY, STATE, ZIP FICHMOND CR QUECH SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER ASSESTOS ACILITY TICKET NUMBER IGNATURE OF AUTHORIZED AGENT DATE WOOD ASH		7 TOOK NOWBER
CUBIC YARDS SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE ROLL-OFF(S) FLAT-BED VAN/ DRIMMS ** Run wake \$5/23/00 Li 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 ACILITY TICKET NUMBER IGNATURE OF AUTHORIZED AGENT DATE WOOD ASH	ADDRESS	984/6/3 19-8
END DUMP BOTTOM DUMP TRANSFER SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE ROLL-OFF(S) FLAT-BED VAN DRIMMS Let walk S/23/ac CUBIC YARDS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS CONSTRUCTION	CITY STATE TIP	
END DUMP BOTTOM DUMP TRANSFER SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS CONSTRUCT	RICHMOND CA QUEON	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE ROLL-OFF(S) FLAT-BED VAN/ DRIMMS Line wake S/23/ac CUBIC YARDS CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS CONSTRUCTION DEBRIS	PHONE	END DUMP BOTTOM DUMP TRANSFED
* Aun wake 5/23/oc I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS CONSTRUCTI	SICNATURE OF AUTHORITIES	I DOWN TRANSFER V
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER DEBRIS O CONSTRUCTION DEBRIS O NON-FRIABLE ASBESTOS IGNATURE OF AUTHORIZED AGENT DATE WOOD ASH	SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS IGNATURE OF AUTHORIZED AGENT DATE WOOD ASH	* Run wake 5/23	
is true and accurate. DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS CONSTRU		CUBIC YARDS
IS true and accurate. DISPOSE OTHER DISPOSE OTHER CONSTRUCTION DEBRIS IGNATURE OF AUTHORIZED AGENT DATE WOOD ASH	I hereby certify that the above named material has been	20
DISPOSE OTHER Q SOIL CONSTRUCTION DEBRIS IGNATURE OF AUTHORIZED AGENT DATE WOOD ASH	is true and accurate	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
ACILITY TICKET NUMBER IGNATURE OF AUTHORIZED AGENT DATE WOOD ASH	io and and aboutate.	
ACILITY TICKET NUMBER IGNATURE OF AUTHORIZED AGENT DATE WOOD ASH	TEMARICO	D SOM
ACILITY TICKET NUMBER DEBRIS NON-FRIABLE ASBESTOS WOOD ASH	PENIALIVA	
IGNATURE OF AUTHORIZED AGENT DATE WOOD ASH	ACILITY TICKET NUMBER	DEBRIS DEBRIS
DATE WOOD ASH		□ NON-FRIABLE ASRESTOS
S/13/2 D ASH	BIGNATURE OF AUTHORIZED AGENT DATE	
5/13/2	11	
SPECIAL OTHER	* (1) Shish	The state of the s
		// U SPECIAL OTHER

ING 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.
SALES COPY
MANIFESTA 21212 MANIFEST # 3

☐ Keller Canyon Sanitary Landfill 901 Bailey Road Pittsburg, CA 94565 Phone (928) 458-9800 Fax (925) 458-9891 Common Ox Mountain Sanitary Landfill 12310 San Mated Road Half Moon Bay, CA 94019 Phone (650) 726-1819 Fax (650) 726-9183	Newby Islan Sanitary Lar 1601 Dixon Land Milpitas, CA 9503 Phone (408) 945 Fax (408) 262-28	d ndfill ing Road 15 -2800	Forward Landfill 9999 S. Austin Road Manteca, CA 95336 Phone (209) 982-4298 Fax (209) 982-1009
NON-HAZARDOUS W	ASTE MANIFEST		
GENERATOR CAR SERVICE	WAS	STE ACCEPTA	NCE NO.
MAILING ADDRESS 5865 BOCADGO I LERRI	Swice	- 033	04
CITY, STATE, ZIP	REQUIRED PERS	SONAL PROTEC	CTIVE EQUIPMENT
PHONE	GLOVES GOO	GLES RESP	IRATOR DHARDHAT
5/0/7/9 3/44; CONTACT PERSON A	TY-VEK OTH	ER	
MIKE. (SIMMONE.	SPECIAL HANDLIN	G PROCEDURES	3:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE			
* Theose 11 5/23	lan		
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	RECEIVING FACILI	ΤΥ	
WASTE TYPE: SOIL WIGHS.			
☐ DISPOSAL	· · · · · · · · · · · · · · · · · · ·		
☐ DEBRIS ☐ OTHER ☐ SPECIAL WASTE			
GENERATING FACILITY			
GENERATING PACIENT			
	NOTES: VEHICLE L	ICENSE NUMBER	TRUCK NUMBER
TRANSPORTER THAMBRA ENU.			TRUCK NUMBER
TRANSPORTER LI HAMBRA ENU. ADDRESS		ICENSE NUMBER	
TRANSPORTER LI HAMBRA ENU. ADDRESS 6/2 23RD 5; CITY, STATE, ZIP			
TRANSPORTER ALMAMBRA ENU. ADDRESS CITY, STATE, ZIP RICHMOND ON 94804			A-8
TRANSPORTER DLHAMBLA ENU. ADDRESS GIZ 23RD SI. CITY, STATE, ZIP RICHMOND CA 94804 PHONE 510245 7448	END DUMP	BOTTOM DU	MP TBANSFER
TRANSPORTER ALMAMBRA ENU. ADDRESS CITY, STATE, ZIP RICHMOND ON 94804	PB4/	1613	A-8 MP TBANSFER
TRANSPORTER DLHAMBLA ENU. ADDRESS GIZ 23RD SI. CITY, STATE, ZIP RICHMOND CA 94804 PHONE 510245 7448	END DUMP	BOTTOM DU FLAT-BED	MP TBANSFER
TRANSPORTER JLHAMBRA END. ADDRESS 6/2 23RD S. CITY, STATE, ZIP RICHMOND CA 94804 PHONE 5/0 245 7448 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	END DUMP ROLL-OFF(S)	BOTTOM DU FLAT-BED	MP TBANSFER
TRANSPORTER LLHAMBRA END. ADDRESS 6/2 23RD SI. CITY, STATE, ZIP RICHMOND, CA 94804 PHONE 5/0 245 7448 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * Alun wale 5/23/	END DUMP	BOTTOM DU FLAT-BED	MP TBANSFER
TRANSPORTER ALMANBRA END. ADDRESS G12 23RD 51. CITY, STATE, ZIP RICH MOND CA 94804 PHONE 510 245 7448 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Alum Coule 5/23/	END DUMP ROLL-OFF(S) CUBIC YARDS	BOTTOM DU FLAT-BED	MP TBANSFER VAN DRUMS
TRANSPORTER LLHAMBRA END. ADDRESS 6/2 23RD SI. CITY, STATE, ZIP RICHMOND, CA 94804 PHONE 5/0 245 7448 SIGNATURE OF AUTHORIZED AGENT OR DRIVER * Alun wale 5/23/	END DUMP ROLL-OFF(S) CUBIC YARDS	BOTTOM DU FLAT-BED	MP TBANSFER
TRANSPORTER LI HAMBRA ENU. ADDRESS COLL 23RD SI. CITY, STATE, ZIP RICH MOND CA 94804 PHONE 510 245 7448 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Aun Coule S/23/2	END DUMP ROLL-OFF(S) CUBIC YARDS	BOTTOM DU FLAT-BED	MP TBANSFER VAN DRUMS
TRANSPORTER CAMBRA END. ADDRESS COLL 23RD S COLL MOND CA 94804 PHONE 5/0 245 7448 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Aun Coule S/23/2	END DUMP ROLL-OFF(S) CUBIC YARDS	BOTTOM DU FLAT-BED (TO BE COMPLE	MP TBANSFER VAN DRUMS TED BY LANDFILL)
TRANSPORTER ALHAMBRA ENU. ADDRESS C12 23RD 51. CITY, STATE, ZIP RICH MOND CA 94804 PHONE 510 245 7448 SIGNATURE OF AUTHORIZED AGENT OR DRIVER Alun Lowle 5/23/ I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	END DUMP ROLL-OFF(S) CUBIC YARDS DISPOSAL METHOD: SOIL CONSTRUCTION	BOTTOM DU FLAT-BED (TO BE COMPLE	MP TBANSFER VAN DRUMS TED BY LANDFILL)
TRANSPORTER CAMBRA END. ADDRESS COLL 23RD S COLL MOND CA 94804 PHONE 5/0 245 7448 SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE * Aun Coule S/23/2	END DUMP ROLL-OFF(S) CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: CONSTRUCTION DEBRIS DISPOSALE	BOTTOM DU FLAT-BED (TO BE COMPLE	MP TBANSFER VAN DRUMS TED BY LANDFILL)
TRANSPORTER ALHAMBRA ENU. ADDRESS C12 23RD 51. CITY, STATE, ZIP RICH MOND CA 94804 PHONE 510 245 7448 SIGNATURE OF AUTHORIZED AGENT OR DRIVER Alun Lowle 5/23/ I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.	END DUMP ROLL-OFF(S) CUBIC YARDS DISPOSAL METHOD: SOIL CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	BOTTOM DU FLAT-BED (TO BE COMPLE	MP TBANSFER VAN DRUMS TED BY LANDFILL)
TRANSPORTER ALHAMBRA END. ADDRESS CITY, STATE, ZIP CICH MOND CA 94804 PHONE 5/0 245 7448 SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. REMARKS FACILITY TICKET NUMBER	END DUMP ROLL-OFF(S) CUBIC YARDS DISPOSAL METHOD: CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS WOOD	BOTTOM DU FLAT-BED (TO BE COMPLE	MP TBANSFER VAN DRUMS TED BY LANDFILL)
TRANSPORTER ALHAMBRA END. ADDRESS CITY, STATE, ZIP CICH MOND CA 94804 PHONE 5/0 245 7448 SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. REMARKS FACILITY TICKET NUMBER	END DUMP ROLL-OFF(S) CUBIC YARDS DISPOSAL METHOD: SOIL CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	BOTTOM DU FLAT-BED (TO BE COMPLE	MP TBANSFER VAN DRUMS TED BY LANDFILL)

SCHEDULING MUST BE MADE PRIOR TO 3:00 F.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.

SALES COPY

MANIFEST # 31209

Keller Canyon Sanitary Landfill

901 Bailey Road Pittsburg: CA 94565 Phobe (925) 458-9800 F& (925) 458-9891

Ox Mountain Sanitary Landfull 12310 San Mateo Road

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

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

NON-HAZARDOUS WASTE MANIFEST

CONTACT PERSON M. K. C.	GENERATOR		JIL WARIES	/ACTT - ACCTT	
SALS CONTENTS IN THE RECUIRED PERSONAL PROTECTIVE EQUIPME CITY, STATE, ZIP PHONE OF A CLAMAD A CLAMAD A CLAMAD CONTACT PERSON M KC C CONTACT PERSON C	CM SERVICE		- VI	ASTE ACCEPTA	INCE NO.
REQUIRED PERSONAL PROTECTIVE EQUIPME ON 19 3 19 4 CONTACT PERSON M. L. C. I A S. J. S. SIGNATURE OF AUTHORIZED AGENT / TITLE ACCOUNTS CERROPATION Investor Service years of the second named material in rot a hazardos weeter as witness of years of years of the second readers of a proper codition for transportation exceeding to approve with the secondary with the second			Z ~	r = A23	
CONTACT PERSON (1) - 1/19 - 31 9/4 CONTACT PERSON (1) - 1/19 - 31 9/4 CONTACT PERSON (1) - 1/19 - 31 9/4 CONTACT PERSON (2) - 1/19 - 31 9/4 CONTACT PERSON (3) - 1/19 - 31 9/4 CONTACT PERSON (4) - 1/19 - 31 9/4 CONTACT PERSON (5) - 1/19 - 31 9/4 CONTACT PERSON (6) - 1/19 - 31 9/4 CONTACT PERSON (7) - 1/19 - 31 9/4 CONTACT PERSON (8) - 1/19 - 31 9/4 (9) - 1/19 - 31 9/4 (1) - 1/19 - 31 9/4 (1) - 1/19 - 31 9/4 (1) - 1/19 - 31 9/4 (2) - 1/19 - 31 9/4 (3) - 1/19 - 31 9/4 (4) - 1/19 - 31 9/4 (5) - 1/19 - 31 9/4 (6) - 1/19 - 31 9/4 (7) - 1/19 - 31 9/4 (7) - 1/19 - 31 9/4 (7) - 1/19 - 31 9/4 (8) - 1/19 - 31 9/4 (9) - 1/19 - 31 9/4 (1) - 1/19 - 31 9/4 (1) - 1/19 - 31 9/4 (1) - 1/19 - 31 9/4 (2) - 1/19 - 31 9/4 (3) - 1/19 - 31 9/4 (4) - 1/19 - 31 9/4 (5) - 1/19 - 31 9/4 (6) - 1/19 - 31 9/4 (6) - 1/19 - 31 9/4 (7) - 1/19 - 31 9/4 (7) - 1/19 - 31 9/4 (7) - 1/19 - 31 9/4 (7) - 1/19 - 31 9/4 (8) - 1/19 - 31 9/4 (9) - 1/19 - 31 9/4 (9) - 1/19 - 31 9/4 (9) - 1/19 - 31 9/4 (9) - 1/19 - 31 9/4 (9) - 1/19 - 31 9/4 (9) - 1/19 - 31 9/4 (9) - 1/19 - 31 9/4 (9) - 1/19 - 31 9/4 (9) - 1/19 - 31 9/4	CITY. STATE ZIP		25 W 1	033	04
PHONE (ID-719-3) 49 CONTACT PERSON MALE CITYOE SIGNATURE OF AUTHORIZED AGENT / TITLE DATE ** SPECIAL HANDLING PROCEDURES: RECEIVING FACILITY RECEIVING FACILI	DAKIAWA CARYLIE				CTIVE EQUIPMENT
SPECIAL HANDLING PROCEDURES: SIGNATURE OF AUTHORIZED AGENT / TITLE SPECIAL HANDLING PROCEDURES: SPECIAL HANDLING PROCEDURES SPECIAL	PHONE		GLOVES G	OGGLES 🗅 RESPI	IRATOR 🗆 HARD HA
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE *			DTY-VEK DO	THER	
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE *			SPECIAL HANDI	ING PROCEDURES	·
GENERATORS CERTIFICATION. I british deep that be above named material is not a hazardous waste as defined by 40 CPF Part 38 to 16 to 22 the California outside not covered to a perfectation as defined by 40 CPF Part 38 to 16 to 22 the California outside not perfected in a proper condition of transportation according to application subject to the Land Discussion is a treatment readless of a previously restricted hazardous waste as coordinate with a requirement of 40 CPF Part 38 to 10 to 12	SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	- SPECIAL HANDL	ING PHOCEDURES)
described, classified and packaged, and a in profit are causing considerable in the control of programs in the causing co	* Dunt la	5/23/60			
WASTE TYPE: 56.1 U G A 6 IN E Of DISPOSAL GDISPOSAL GDISPOSAL GONSTRUCTION GONSTR	described, classified and packaged, and is in proper cantomia code or regulations; aND, if the waste is a treatment residue of a previously restricted h subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part-288 and is no become absented.	, has been properly ording to applicable azardous waste	BECEIVING FACE	UTY	
SUBJECTION DISPOSAL DISPOSAL DISPOSAL DISPOSAL DISPOSAL DISPOSAL DISPOSAL DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. 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) PROMETIVE OF AUTHORIZED AGENT OR DRIVER DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER PROMETIVE OF AUTHORIZED BY LANDFILL) DISPOSE OTHER PROMETIVE OF AUTHORIZED BY LANDFILL) PROMETIVE OF AUTHORIZED BY LANDFILL BY LANDFIL	WACTE TYPE	waste as defined by			
CONSTRUCTION DEBRIS SPECIAL WASTE GENERATING FACILITY SESSIGNATURE GENERATING FACILITY NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER TRUCK NUMBER TRUCK NUMBER NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER TRUCK NUMBER TRUCK NUMBER NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER TR	GMGIFDE				<u> </u>
DEBRIS GENERATING FACILITY SECS READER Y TORK TRANSPORTER ADDRESS CITY, STATE, ZIP FICHMOND RA GUY TO DRIVER SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS DISPOSE OTHER FACILITY TICKET NUMBER CONNTRICTION DEBRIS DISPOSE OTHER ASBESTOS	□ CONSTRUCTION □ WOOD				
TRANSPORTER HEHAMBRA ENVIRONMENTAL ADDRESS GIT 3805 CITY, STATE, ZIP NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER GRAND A				*2*-	
TRANSPORTER ALHAMISTA ENVIRONMENTAL ADDRESS G12 23KN S1 CITY, STATE, ZIP KICHMOND, CA CHYBOL PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER ACCEPTED AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS DISPOSE OTHER ONON-FRIABLE ANDRESTOS ANDRESTOS DISPOSE OTHER		<u> </u>		Signal Signal	
TRANSPORTER ALTAMBRA ENDIRORMENTAL ADDRESS GIZ 13RV S. CITY, STATE, ZIP KICHMOND, CA CHURON FACILITY TO BE COMPLETED BY LANDFILL) TRANSPORTER ADDRESS GIZ 13RV S. GIZ 13RV S. CITY, STATE, ZIP KICHMOND, CA CHURON FACILITY TICKET NUMBER NOTES: VEHICLE LICENSE NUMBER TRUCK NUMB GRANDERS GRANDERS FACILITY TICKET NUMBER TRUCK NUMBER TRU					
TRANSPORTER ALTAM SKA ENDIFORMED AL ADDRESS A	3865 ISROADWAY PER	K to the second			
ADDRESS GIZ 23 (U S) CITY, STATE, ZIP KICHMOND CA 94804 PHONE END DUMP BOTTOM DUMP TRANSF SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE ROLL-OFF(S) FLAT-BED VAN DRIVER	TRANSPORTER		NOTES: VEHICLE	LICENSE NUMBER	TRUCK NUMBER
CITY, STATE, ZIP ** ICHMOND CA CHUSOL PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS CONSTRUCTION CONSTRUCTION DEBRIS CONSTRUCTION DEBRIS CONSTRUCTION DEBRIS CONSTRUCTION CONSTRUCTION		J/AL	 		
PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. END DUMP BOTTOM DUMP TRANSF ROLL-OFF(S) FLAT-BED VAN DRI CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS CONSTRUCTION CONSTRUCTION DEBRIS CONSTRUCTION DEBRIS CONSTRUCTION CONSTRUCTION DEBRIS CONSTRUCTION CONSTRUCT	612 23KV SI.		<u> </u>		
PHONE SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE ROLL-OFF(S) FLAT-BED VAN DRI CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER FACILITY TICKET NUMBER CURATURE OF AUTHORIZED AGENT OR DRIVER DATE ROLL-OFF(S) FLAT-BED VAN DRI CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) CONSTRUCTION DEBRIS DEBRIS NON-FRIABLE ASSESTOS				e Jan	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE ROLL-OFF(S) FLAT-BED VAN DRIVER * Jun world 5/23/00 CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER FACILITY TICKET NUMBER CICANATURE OF AUTHORIZED AGENT OR DRIVER END DUMP BOTTOM DUMP TRANSF CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) CONSTRUCTION DEBRIS DISPOSE OTHER CICANATURE OF AUTHORIZED AGENT OR DRIVER CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	PHONE 194804				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER # Pur work S / 3 / 00		· · · · · · · · · · · · · · · · · · ·	END DUMP	BOTTOM DUM	IP TRANSFER
* Pur walk 5/23/00 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS DISPOSAL METHOD: *TO BE COMPLETED BY LANDFILL) DISPOSE OTHER FACILITY TICKET NUMBER CONSTRUCTION DEBRIS CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS		DATE	POUL OFF(S)	ELATRED.	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS DISPOSE NON-FRIABLE ASBESTOS		I I	NOLL-OFF(S)	PLAT-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. DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	* fun worke	5/23/00			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)			CUBIC YARDS	3 4	
FACILITY TICKET NUMBER DISPOSE OTHER CICNATURE OF HEIGHT OF A SESTOR	I hereby certify that the above named material accepted and to the best of my knowledge the	has been foregoing	20		
FACILITY TICKET NUMBER CICNATURE OF AUTOMATION DEBRIS DI NON-FRIABLE ASBESTOS	is true and accurate.	- 	DISPOSAL METHOD	TO BE COMPLET	ED BY LANDFILL)
FACILITY TICKET NUMBER CICNATURE OF AUTHORITION DEBRIS IN NON-FRIABLE ASBESTOS				DISPOSE	OTHER
FACILITY TICKET NUMBER DEBRIS NON-FRIABLE ASBESTOS	REMARKS		⊕ SOIL		
O NON-FRIABLE ASBESTOS				1	
ASBESTOS	FACILITY TICKET NUMBER				
	SIGNATURE OF AUTHORIZED AGENT	DATE			
AA WOOD	AA	DATE /	□ WOOD		
* 5/23/70 ASH	* Off	5/23/1			
SPECIAL OTHER		1 100	□ SPECIAL OTHER		

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

SALES COPY

MANIFEST # 31237

Keller Canyon Sanitary Landfill

901 Bailey Road Pittsburg: CA 94565 Plage (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

		SIE MANIFESI		
GENERATOR		- w .	ASTE ACCEPTANG	CE NO.
MAILING ADDRESS				
5865 Broadway Text		SWIE	- 03300	-1
CITY, STATE, ZIP			RSONAL PROTECTI	
DAKIAND CA 94618			2	
PHONE		GLOVES GG	OGĢLES 🔾 RESPIRA	TOR HARD HAT
510-719.3149		ם דיייעבול ם סד	HER	
CONTACT PERSON	1.3	ODEOLA HAVEL	NO DECOCEDUES	
MIKE GILMONE		SPECIAL HANDLI	NG PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	.		
* Dust h	5/23/00			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation aroot regulations; AND, if the waste is a treatment residue of a previously restricted his subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261.	has been properly ording to applicable azardous waste en treated in	RECEIVING FACI	LITY	
WASTETYPE: Soil W/GASOLINE		-		
☐ SLUDGE ☐ CONSTRUCTION ☐ WOOD ☐ DEBRIS ☐ OTHER ☐ SPECIAL WASTE				,
GENERATING FACILITY				
5865 BROADWAY TIGH	1			
TRANSPORTER		NOTES: VEHICLE	LICENSE NUMBER	TRUCK NUMBER
ALHAMBRA ENUI.				77 '9
ADDRESS 6/2 2 500 5/.	· · · · · · · · · · · · · · · · · · ·	90	41613	77-0
				•
CITY, STATE, ZIP		<u>.</u>		
KICHMOUD, OF 94204			*	
PHONE 510 245 7448	· · · · · · · · · · · · · · · · · · ·	END DUMP	BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED	VAN DRUMS
CIGHALOUS ACTUONIZED ACENT ON DRIVER	DAIL	NOLL-OFF(S)	FLAI-BED	VAN DRUMS
* hun wake.	5/23/0			
		CUBIC YARDS		
I hereby certify that the above named material	l has been	20		•
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL METHOD	: (TO BE COMPLETED	D.BY LANDFILL)
	•		DISPOSE	OTHER .
REMARKS	*	LT SOIL		
FACILITY TICKET NUMBER		☐ CONSTRUCTION DEBRIS	1	
TORE HORDEN		NON-FRIABLE ASBESTOS		
SIGNATURE OF AUTHORIZED AGENT	DATE /	□ WOOD ₹		• • • • • • • • • • • • • • • • • • • •
				
* AH	3/13h	D ASH		

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. SALES COPY MANIFEST #

- Li Keller Canyon Ox Mountain Sanitary Landfill Sanitary Landfill 4 12310 San Maleo Hoad Half Moon Bay, CA 94019 901 Bailey Road Pittsburg, CA 94565 Phone (925) 458-9800 Phone (650) 726-1819 Fax (925) 458-9891 Fax (650) 726-9183

Sanitary Landfill 1601 Dixon Landing Roa	سوا
1601 Dixon Landing Roa	
1601 Dixon Landing Roa	
	ic
Milpitas, CA 95035	
Phone (408) 945-2800	
Fax (408) 262-2871	ď

<i>'''</i>	
	Forward
	Landfill
1	9999 S. Austin Road
	Monton CA OFFICE
	Manteca, CA 95336
	Phone (209) 982-4298
	Fax (209) 982-1009

NON-MAZARDOUS V	/ASTE MANIFFST
GENERATOR	
MAILING ADDRESS	WASTE ACCEPTANCE NO.
5965 Rod T	- Surc - 03701
CITY, STATE, ZIP	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
PHONE	☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ HARD HAT
CONTACT PERSON	DTY-VEK DOTHER
and the second s	SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	- S. CONCTINING PROCEDURES:
* Das/1/2 5/22/	
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 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	The second secon
WASTE TYPE:	TIEGEIVING PACIEITY
☐ DISPOSAL ☐ SLUDGE ☐ CONSTRUCTION ☐ WOOD ☐ DEBRIS ☐ OTHER	
GENERATING FACILITY	
TRANSPORTER	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS - WICE SANGE	HOURIUMBER
612 2315 54	9A90905 A-6
CITY, STATE, ZIP	
PHONE Changes of	
SCHATTO 345-7448	END DUMP BOTTOM DUMP TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
* Jud 53500	
	CUBIC YARDS
I hereby certify that the above named material has been	74.150
accepted and to the best of my knowledge the foregoing	18
is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
EMARKS	□ SOIL
ACILITY TICKET NUMBER	□ CONSTRUCTION DEBRIS
	☐ NON-FRIABLE
GNATURE OF AUTHORIZED AGENT DATE	ASBESTOS
	□ WOOD
A A A	□ ASH
5/23/00	Despecial other
DILLING MUST BE MADE TO CO.	

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

SALES COPY

MANIFEST # 21208 31208 MANIFEST #

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

	UDO03 WA	DIE MANIFE	7 1	
GENERATOR			WASTE ACCEPTA	ANCE NO.
MAILING ADDRESS				
SEGS BROADLY TEAL		SW	11 - 03	309
CITY, STATE, ZIP		REQUIRED F		CTIVE EQUIPMENT
PHONE CA 94618		1		PIRATOR - HARD HAT
C10 -719- 3149		D TY-VEK	OTHER	
CONTACT PERSON		SPECIAL HAN	DLING PROCEDURE	C:
M, KE Co. I MORE		SPECIAL HAN	DLING PROCEDURE	3.
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	-		
* Dut 1	5/22/00			
GENERATOR'S CERTIFICATION: I hereby pertify that the above named material is a waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation accordequations; AND, if the waste is a treatment residue of a previously restricted he subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous of 40 CFR Part 261.	rding to applicable exardous waste	RECEIVING FA	ACILITY	
WASTE TYPE: SOIL W/ GASCING		l		
☐ DISPOSAL ☐ SLUDGE☐ CONSTRUCTION ☐ WOOD☐ DEBRIS ☐ OTHER☐ SPECIAL WASTE				
GENERATING FACILITY			**************************************	
CALS BROADLEY TEAR	a.		· · · · · · · · · · · · · · · · · · ·	· 李翰·凯纳·
TRANSPORTER	Ÿ.	NOTES: VEHI	CLE LICENSE NUMBER	TRUCK NUMBER
ADDRESS - AUTONOPIC!		(Q(PERPLE	A-6
CITY, STATE, ZIP		7		
Kichmond a				
PHONE		END DUMP	BOTTOM DU	
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	I DATE			VAN BOUND
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)) FLAT-BED	VAN DRUMS
* HALL	57500			
	-04	OUDIO: 45 DE C		
		CUBIC YARDS		*
I hereby certify that the above named material	has been	18		
accepted and to the best of my knowledge the is true and accurate.	Toregoing	DISPOSAL METH	IOD: (TO BE COMPLE	ETED BY LANDFILL)
			DISPOSE	OTHER
REMARKS		DISOIL		
	·····	□ CONSTRUCT	TON	
FACILITY TICKET NUMBER		DEBRIS NON-FRIABLE	F	
CICNIATURE OF AUTHORITED ACCOUNT		ASBESTOS		The second second
SIGNATURE OF AUTHORIZED AGENT	DATE ,	□ WOOD		
4	1 / /	□ ASH		
* // \	123/00	☐ SPECIAL OTH	HER .	

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.

SALES COPY

MANIFEST # 2123/1 31234 MANIFEST #

Sanitary Landfill Sanitary Landfill

901 Bailey Road Pittsburg, CA 94565 Phone (9297 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

☐ Newby Island ☐ Forward ☐

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		T				
MAILING ADDRESS			WASTE A	CCEPTAN	CE NO.	
CITY, STATE, ZIP BASADINAL PEAL		REQUIRE	SWIC - D PERSONAL	0370		
PHONE A LAWO CA 94618		GLOVES	□ GOGGLES	PROTECT RESPIRA	4	
CONTACT PERSON		□ TY-VEK	OTHER	u neorin/	WOR C	HARD HAT
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	SPECIAL H	ANDLING PRO	CEDURES:		
* Dish	Clark					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulation described, classified and packaged; and is in proper condition for transportation an regulations; AND, if the waste is a treatment residue of a previously restricted subject to the Land Disposal Restrictions, I certify and warrant that the waste has b accordance with the requirements of 40 CFD.	s, has been properly cording to applicable hazardous waste					
40 CFR Part 261.	s waste as defined by	RECEIVING	FACILITY			
CONSTRUCTION SUDGE			***	,		*
☐ DEBRIS ☐ SPECIAL WASTE GENERATING FACILITY						
58/25 RAMOUNTEAN				· · · · · · · · · · · · · · · · · · ·		and the second
TRANSPORTER	half grandels (phase) agreement to be an in-	NOTES: VE	HICLE LICENSE	IIIMBED!	TRUCKI	
ADDRESS Environments		1	9600	VOMBER	N C	VOMBER
CITY, STATE, ZIP			_11709	05 1	74.0	7
PHONE Charons (1)	. <u>/ </u>			e de la companya de l		
(SIO) 745-7448	₩.	END DUM	P BOT	TOM DUMP		ANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(VAN	DRUMS
*	5-23-0			4		0
Control of the second	r (t e	CUBIC YARDS	3			
I hereby certify that the above named material accepted and to the best of my knowledge the	has been	20)			
is true and accurate.	rolegonig	DISPOSAL MET	HOD: (TO BE	COMPLETED	BY LANDFI	LL)
			DIS	POSE	ОТ	HER
EMARKS		D/80IL				Å.
ACILITY TICKET NUMBER		CONSTRUCT DEBRIS				
IGNATURE OF AUTHORIZED AGENT	DATE	□ NON-FRIABI ASBESTOS	LE			
1/2	/ /	□ WOOD				
	5/2/9	☐ ASH				
	1011W	SPECIAL OT	HER			

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

SALES COPY

MANIFEST # 31919

Keller Canyon Sanitary Landfill

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

☐ Ox Mountain ☐ Sanitary Landfill

12310 San Mateo Fload 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

ForwardLandfill

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

NON-HAZARDOUS WASTE MANIFEST

				
GENERATOR CAL SERVICE		₩ A	STE ACCEPTANO	E NO.
MAILING ADDRESS				
5865 BRUNDUNY TERR	•	SWIC	- 0330	, ()
CITY, STATE, ZIP		REQUIRED PER		VÉ EQUIPMENT
OAKIANO CA 94618	7	N 4.1	GGLES □ RESPIRA	Telephone in the second of the
PHONE		Ju GLOVES LI GO	GGLES U HESPIHA	TOR HARD HAT
510-719-3149		TY-VEK DOTI	HER	
CONTACT PERSON		SPECIAL HANDLIN	IG PROCEDURES:	<u> </u>
MIKE GILMONE	1	O LOIAL HAITELI	ar nooldones.	
SIGNATURE OF AUTHORIZED AGENT / TITLES	DATE			
* Dist b	5/23/00			
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, holdscribed, classified and packaged, and is in proper condition for transportation according regulations; AND, if the waste is a treatment residue of a previously restricted has subject to the Land Disposal Restrictions, I certify and warrant that the waste has been	has been properly ding to applicable zardous waste	DECEMBER 54 OF		
accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous w 40 CFR Part 261.	vaste as defined by	RECEIVING FACIL	IIY	
WASTE TYPE: Soil W /GASOLINE		<u> </u>		
ØDISPOSAL □ SLUDGE				
© CONSTRUCTION © WOOD				
☐ DEBRIS			e e	
GENERATING FACILITY	· · · · · · · · · · · · · · · · · · ·		X	
A. The state of th		7		
5865 BROADWAY TEN	K	· ·		40
TRANSPORTER		NOTES: VEHICLE	LICENSE NUMBER	TRUCK NUMBER
Albundra Empronmental		900		16
ADDRESS			10-10-2	サニン
617 2310 51				
CITY, STATE, ZIP				그 아이들의 시작한 18일 12일 12일 그 아이들의 기계를 받았다.
PHONE (610) 225-74LQ		END DUMP	DOTTOM DUBIN	
PHONE (5,10) 245 7448		END DUMP	BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED	VAN DRUMS
	DAIL	NOLL-OIT (3)	- FLAT-BED	DAONS
* And	5250			
		CUBIC YARDS		
I hereby certify that the above named material		18 pls		
accepted and to the best of my knowledge the	foregoing	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
is true and securete		DISCOSAL METHOD.		
is true and accurate.		DISPOSAL METHOD.		1 2
is true and accurate.		DISPOSAL METHOD.	DISPOSE	OTHER
is true and accurate.		□ SOIL		OTHER
REMARKS		š.		OTHER
		□ SOIL □ CONSTRUCTION DEBRIS □ NON-FRIABLE		OTHER
REMARKS FACILITY TICKET NUMBER	DATE	□ SOIL □ CONSTRUCTION DEBRIS □ NON-FRIABLE ASBESTOS		OTHER
REMARKS FACILITY TICKET NUMBER	DATE	□ SOIL □ CONSTRUCTION DEBRIS □ NON-FRIABLE ASBESTOS □ WOOD		OTHER
REMARKS FACILITY TICKET NUMBER	DATE	□ SOIL □ CONSTRUCTION DEBRIS □ NON-FRIABLE ASBESTOS		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.

SALES COPY

MANUEEST # 04000

Keller Canyon 💢 🔲 Ox Mountain 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) 726-1619 Fax (650) 726-9183

Newby Island: Sanitary Landfill 🛵 🖟

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

Forward Landfili

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

NON-HAZARDOUS WASTE MANIFEST

역사 사람들은 사람들이 되는 바람들이 얼굴하는 것이 되었다. 그는 사람들은 사람들은 사람들은 사람들이 살아 되었다.		MIT MULL	II LOI			
GENERATOR			WAG	STE ACCEPTA	NCE N	
MAILING ADDRESS			WAG	SIE ACCEPIA	MCE M	5
		1 S/	NIC	-03	27	
CITY, STATE, ZIP	en	REQUIRE				
Oakland CA 94KIS	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The second section	receptation between the said of	TO SERVICE TO A SERVICE AND A	DUIPMENT
PHONE		GLOVES	GOG □ GOG	GLES LIRESPI	RATOR	☐ HARD HAT
<u> </u>		□ TY-VEK	O OTHE	≅R		
Mike Cil		SPECIAL H	HANDLING	PROCEDURES		
SIGNATURE OF AUTHORIZED AGENT/TITLE	DATE					
* 12.12/	6/16/00					•
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations described, classified and packaged, and is in proper condition for transportation accordances; AND, if the waste is a treatment residue of a previously restricted in subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous 40 CFR Part 261.	i, has been properly ording to applicable rezerdous waste	RECEIVING	G FACILIT	Y		
WASTE TYPE: Sad A. Com						
DISPOSAL SLUDGE CONSTRUCTION WOOD DEBRIS OTHER SPECIAL WASTE						
GENERATING FACILITY	W			<u>ngrik i kundet</u>		tak Hadiyatik
5865 Broadway Terr			***			
TRANSPORTER		NOTES: V	EHICLE LIC	ENSE NUMBER	· TDIV	KNUMBER
Squirrel		1 1	922	ACC3	24	
ADDRESS 7	4] L	103	10/0		
CITY, STATE, ZIP						
Sen P. Ha CA GURA		1				
PHONE TO THE PHONE	<u> </u>	END DUI	MP	BOTTOM DUM	IP .	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OF DRIVER		624				
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OF	F(S)	FLAT-BED	VAN	DRUMS
* Je Han	6/1/0					Q
	· · · · · · · · · · · · · · · · · · ·	CUBIC YAR	DS.			
I hereby certify that the above named material	has been	20	5			
accepted and to the best of my knowledge the is true and accurate.	foregoing	DISPOSAL ME	ETHOD:	(TO BE COMPLET	ED BY LAN	IDFILL)
			1	DISPOSE	ľ	OTHER
	Wall Mary			2.3. 332		VINEN
REMARKS		SOIL	*		A	
FACILITY TICKET NUMBER		☐ CONSTRU DEBRIS	JCTION			
		□ NON-FRIA ASBESTO				
SIGNATURE OF AUTHORIZED AGENT	DATE	Q WOOD	3			
	-4					
*	11.71	☐ ASH				

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

Sanitary Landfill

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

Ox Mountain Sanitary Landfill 12310 San Mater Road

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	
MAILING ADDRESS	WASTE ACCEPTANCE NO.
CITY, STATE, ZIP BROADING TEAM	2mic _0330A
PHONE CA 94CIS	REQUIRED PERSONAL PROTECTIVE EQUIPMENT
CONTACT PERSON	GLOVES GOGGLES GRESPIRATOR GHARD HA
M. K. C. J.	SPECIAL HANDLING PROCEDURES:
SIGNATURE OF AUTHORIZED AGENT/TITLE DATE	a concluded Hoofpores:
* Deat & 6/14	
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardou waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, has been propregulations; AND, if the waste is a treatment residue of a previously restricted hazardous wast accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined.	is perfy able
WASTETYPE: Soil w/Caseline	
DISPOSAL DISLUDGE CONSTRUCTION DIWOOD DEBRIS DISPECIAL WASTE	
GENERATING FACILITY	
5865 BREADWAY TEAR	
TRANSPORTER	
Springe	NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER
ADDRESS 9000	7330593 24
CITY, STATE, ZIP Coad 70	
PHONE - 1660 CA 94806	
SIGNATURE OF AUTHORIZED CONT OF PRINCE	END DUMP BOTTOM DUMP TRANSFER
DATE	ROLL-OFF(S) FLAT-BED VAN DRUMS
* Che Have 6-16-0	20
	CUBIC YARDS
i hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing	20
is true and accurate.	DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)
	DISPOSE OTHER
EMARKS	D. Seri.
ACILITY TICKET NUMBER	CONSTRUCTION DEBRIS
	□ NON-FRIABLE
GNATURE OF AUTHORIZED AGENT DATE	ASBESTOS
11241	T □ WOOD I I I I I I I I I I I I I I I I I I
JAN 6/16/9	2 - D ASH

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 Carle Ox Mountains 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

Forward Landfill

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

NON-HAZARDOUS WASTE MANIFEST

GENERATOR			WACTE	0050744	<u> </u>	
MAILING ADDRESS			WASTE A	CCEPIAN	ICE NO.	
CITY, STATE, ZIP	stear.		9996	100 S	W)C	23304
Summer Devices Continue Co	•			PROTECT	IVE EQ	JIPMENT
PHONE		— □ GLOVES	☐ GOGGLES	Q RESPIR	ATOR	GHARD HAT
CONTACT PERSON		O TY-VEK	O OTHER			
SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	─ SPECIAL H <i>A</i> 	NDLING PROC	DEDURES:		
* Duth	619-00					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is r waste as defined by 40 CFR Part 261 or title 22 of the California code of regulations, described, classified and packaged, and is in proper condition for transportation across regulations; AND, if the waste is a treatment residue of a previously restricted he subject to the Land Disposal Restrictions, I certify and warrant that the waste has bee accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous of 40 CFR Part 261.	nas been properly rding to applicable tzardous waste	RECEIVING	FACILITY			***
WASTETYPE: SOIL W/CASULINE		1		<u> </u>		
© DISPOSAL CONSTRUCTION DEBRIS DEBRIS DEBRIS DEBRIS DEBRIS				E _{qk}		**************************************
GENERATING FACILITY		-	**************************************	\		
THI BOTTES SUBSECTION STRANGE	WALE O					
TRANSPORTER	1.0	NOTES: VEI	HICLE LICENSE N	UIMPER	TDUO	
Albander Environmental Service			P41895		(A) 5	NUMBER
CITY, STATE, ZIP						
PHONE		END DUM	P BOT	TOM DUMP	· · · · · · · · · · · · · · · · · · ·	RANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER		0			<u>_</u>	D
SCHATCHE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S) FLAT-	BED	VAN	DRUMS
*570	618.0					
		CUBIC YARDS	3			
I hereby certify that the above named material accepted and to the best of my knowledge the	has been	2	<u> </u>		1	
is true and accurate.	loregoing	DISPOSAL MET	HOD: (TO BE	COMPLETE	BY LAND	FILL)
	· · · · · · · · · · · · · · · · · · ·		DIS	POSE	0	THER
EMARKS .		SOIL				
ACILITY TICKET NUMBER		CONSTRUCT DEBRIS	TION			
ICNATI DE CEAUTI COMPA	· · · · · · · · · · · · · · · · · · ·	NON-FRIAB	LE			
IGNATURE OF AUTHORIZED AGENT	DATE	□ WOOD				
· CHA	h/19/2-	☐ ASH				
	71 1/CD	☐ SPECIAL OT	HER			
EDILI ING MUST BE MADE PRIOR TO 2.00 DM THE BAY						

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. SALES COPY MANIFEST # 43404

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. Austif Road Manteca, CA 95336 Phone (209) 982-4298

Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

ADDRESS CITY, STATE, ZIP PHONE END DUMP END DUMP BOTTOM DUMP TRANSFER SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE ROLL-OFF(S) I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		WINDOOD MY	49 ie mainile9 i		
MAILING ADDRESS CITY, STATE, ZIP PHONE CITY STATE, ZIP PHONE CONTACT PERSON SIGNATURE OF AUTHORIZED AGENT / TITLE CONTACT PERSON CONTACT PERSON SIGNATURE OF AUTHORIZED AGENT / TITLE CONTACT PERSON CONTACT PERSON				ACTE ACCEPTAN	
CITY STATE ZIP PHONE S. J. J. 79 SIGNATURE OF AUTHORIZED AGENT / TITLE DATE DISPOSAL GONTACT PROSON GONTACT PROSON SIGNATURE OF AUTHORIZED AGENT / TITLE DATE DISPOSAL GONTACT PROSON GONTACT PROSON SIGNATURE OF AUTHORIZED AGENT / TITLE DATE DATE DATE DATE DATE CONSTRUCTOR CONSTRUCTOR GONTACT PROSON TY-VEK GOTHER ASSOCIATION SPECIAL MANDLING PROCEDURES: SPECIAL MANDLING	MAILING ADDRESS	e San Pag San Pagan San Pagan		ASIE AUCEPIAN(JE NO.
PHONE CONTACT PERSON CONTACT				11- 62-	
PHONE CONTACT PERSON SIGNATURE OF AUTHORIZED AGENT OF DRIVER DATE CONTACT PERSON SIGNATURE OF AUTHORIZED AGENT OF DRIVER DATE CONTACT PERSON SPECIAL HANDLING PROCEDURES: SPECIAL	CITY, STATE, ZIP	(al P	DECLUSED DE	10 05:	3 O Y
CONTACT PERSON THE COLLEGE SIGNATURE OF AUTHORIZED AGENT / TITLE ACCOUNTACT PERSON ACCOUNTACT PERSON THE COLLEGE SPECIAL HANDLING PROCEDURES: SPECIAL HANDLING PROCEDURES SPECIAL HANDLING PRO	Oakland 1H 941.19				VE EQUIPMENT
SPECIAL HANDLING PROCEDURES: SIGNATURE OF AUTHORIZED AGENT / TITLE L/2/L/ SIGNATURE OF AUTHORIZED AGENT / TITLE L/2/L/ SPECIAL HANDLING PROCEDURES: SPECIAL HANDLING PROCEDURES SPECIAL HANDLING PROCEDURE	PHONE		CHOVES CIGO	OGGLES DRESPIRA	TOR GHARD HAT
SIGNATURE OF AUTHORIZED AGENT / TITLE DATE	CONTRACT DEPOSIT 1/9 3/49		TY-VEK 00	THER	
SIGNATURE OF AUTHORIZED AGENT TITLE	CONTACT PERSON		SPECIAL HANDL	ING PROCEDURES	
DEPENDING A CERTIFICATION: A leveloy used pile for above named material is not a historicous vasie as defined by 40 CPR pile 20 in the 20 of the 2	SIGNATURE OF AUTHORIZED AGENT / TITLE	DATE	- OIAE HANDE	ING PHOCEDURES:	
Secretary described and prolapsed, and is a proper configuration, has been properly and a proper configuration. The property configuration of the property c		1 1 1 1 1 1			
DISPOSAL QUENTATIVETION QUENTATIVETION QUENTATIVETION QUENTATIVETION QUENTATIVETION QUENTATIVETION QUENTATIVETION TRANSPORTER ADDRESS CITY, STATE, ZIP PHONE I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS DISPOSAL METLYOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBNIS QUENTATIVE OF AUTHORIZED AGENT DATE	described, classified and packaged, and is in proper condition for transportation as regulations; AND, if the waste is a treatment residue of a previously restricted subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardou 40 CFR Part 261.	is, has been properly cording to applicable hazardous waste	RECEIVING FACI	LITY	
OLORSTRUCTION OL		ne	1		
TRANSPORTER NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER SCIENCY ADDRESS CITY, STATE, ZIP PHONE END DUMP END DUMP BOTTOM DUMP TRANSFER SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS DISPOSAL METYOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CACILITY TICKET NUMBER CONSTRUCTION DEBRIS	CONSTRUCTION WOOD DEBRIS				
TRANSPORTER ADDRESS CITY, STATE, ZIP PHONE END DUMP END DUMP BOTTOM DUMP TRANSFER SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS CUBIC YARDS DISPOSAL METIOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS	GENERATING FACILITY				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CITY TICKET NUMBER NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER SCILLITY TICKET NUMBER NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER SCILLITY TICKET NUMBER NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER SCILLITY TICKET NUMBER NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER SCILLITY TICKET NUMBER NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER SCILLITY TICKET NUMBER CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: TO BE COMPLETED BY LANDFILL) DISPOSE OTHER NOTES: VEHICLE LICENSE NUMBER TRUCK NUMBER SCILLITY TICKET NUMBER CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS	5865 Broadward Ter.	ar e		antinana and an and an antinana and an an antinana and an	
ADDRESS CITY, STATE, ZIP PHONE END DUMP BOTTOM DUMP TRANSFER SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS DISPOSAL METIOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CACILITY TICKET NUMBER CONSTRUCTION DEBRIS DISPOSE ONON-FRIABLE ASBESTOS SIGNATURE OF AUTHORIZED AGENT DATE WOOD ASH	TRANSPORTER /		NOTES: VEHICLE	LICENCE NUMBER	TD1101/11111111
CCTY, STATE, ZIP PHONE	ACHAM BILA				TRUCK NUMBER
END DUMP BOTTOM DUMP TRANSFER SIGNATURE OF AUTHORIZED AGENT OR DRIVER DATE ROLL-OFF(S) FLAT-BED VAN DRUMS Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS ACILITY TICKET NUMBER SIGNATURE OF AUTHORIZED AGENT DATE WOOD ASH			† <u>L5</u>	4 293)	5
END DUMP BOTTOM DUMP TRANSFER 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 METYOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS CONSTRUCTION DEB	CITY, STATE, ZIP		*		
SIGNATURE OF AUTHORIZED AGENT OR DRIVER I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS DISPOSE DISPOSE OTHER CONSTRUCTION DEBRIS CONSTRUCTION D	BHONE COLONOLO CO				
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS CONSTRUCTION DEBR	THORE			BOTTOM DUMP	TRANSFER
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. CUBIC YARDS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER CONSTRUCTION DEBRIS CONSTRUCT	SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE		<u>_</u>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. DISPOSE OTHER			Q '		21101110
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 DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) ACCILITY TICKET NUMBER DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) ACCILITY TICKET NUMBER DEBRIS NON-FRIABLE ASBESTOS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) ACCILITY TICKET NUMBER DEBRIS NON-FRIABLE ASBESTOS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)		(P)50			
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 DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) ACCILITY TICKET NUMBER DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) ACCILITY TICKET NUMBER DEBRIS NON-FRIABLE ASBESTOS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) ACCILITY TICKET NUMBER DEBRIS NON-FRIABLE ASBESTOS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)					
accepted and to the best of my knowledge the foregoing is true and accurate. DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL) DISPOSE OTHER SOIL CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS DISPOSAL METHOD: (TO BE COMPLETED BY LANDFILL)			CUBIC YARDS	1	
IS true and accurate. DISPOSE OTHER SOIL CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS SIGNATURE OF AUTHORIZED AGENT DATE WOOD ASH CARD ASH	I hereby certify that the above named materia accepted and to the best of my knowledge the	l has been	700	2	
ACILITY TICKET NUMBER CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS WOOD ASH CARDON ASH	is true and accurate.	, ioi ogomig	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
FACILITY TICKET NUMBER CONSTRUCTION DEBRIS NON-FRIABLE ASBESTOS WOOD ASH CARD ASH				DISPOSE	OTHER
FACILITY TICKET NUMBER DEBRIS NON-FRIABLE ASBESTOS WOOD ASH C / 2 D/ -	REMARKS		O SOIL		
SIGNATURE OF AUTHORIZED AGENT DATE WOOD ASH CARD ASH					Soft, and the second
MOOD DATE WOOD		· · · · · · · · · · · · · · · · · · ·	O NON-FRIABLE		
* 400MV A. / - / / / / / / / / / / / / / / / / /	SIGNATURE OF AUTHORIZED AGENT	DATE			
FINAL DEPECIAL OTHER	. Anala 1	-, 1	□ ASH		
	* Handler J. 7	F/27/a	GEPECIAL OTHER		

SCHEDÜLING 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

☐ Ox Mountain Sanitary Landfill

12310 San Mateo Road Half Moon Bay CA 92019 Phone (650) 726-1819 Fax (650) 726-9183-

Newby Island Sanitary Landfill

1601 Dixon Landing Road Milpitas, CA 95085 Phone (408) 945-2800 Fax (408) 262-2871

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

Fax (209) 982-1009

NON-HAZARDOUS WASTE MANIFEST

GENERATOR				
Car service		W	ASTE ACCEPTAN	CE NO.
MAILING ADDRESS			/ — О ЭЭ	
CITY, STATE, ZIP BOOK Browning Terrar	ــــــــــــــــــــــــــــــــــــــ	REQUIRED PER	SONAL PROTECT	-1 IVE EQUIPMENT
PHONE DAKAND, (A 94618			e e for Bourge of State of State.	and the second of the second o
510 719-3149				ATOR CHARD HAT
CONTACT PERSON		TY-VEK 001		
SIGNATURE OF MIKE Gilmore		SPECIAL HANDLI	NG PROCEDURES:	
SIGNATURE OF AUTHORIZED AGENT/TITLE	DATE			
7 0 A		<u>v</u>		
GENERATOR'S CERTIFICATION: I herepy certify that the above named material is waste as defined by 40 CFR Part 261 or title 22 of the California code of regulation described; classified and packaged, and is in proper condition for transportation acregulations; AND, if the waste is a treatment residue of a previously restricted subject to the I and Disposed Postriction.	cording to applicable			
subject to the Land Disposal Restrictions, I certify and warrant that the waste has be accordance with the requirements of 40 CFR Part 268 and is no longer a hazardou 40 CFR Part 261.	een treated in s waste as defined by	RECEIVING FACIL	JTY	
WASTE TYPE: SOIL W/ dashing				
DISPOSAL				
D DEBRIS DOTHER				
© SPECIAL WASTE GENERATING FACILITY				
5865 Brownway Terra	CP,			
TRANSPORTER		NOTES: VEHICLE	LICENSE NUMBER	TRUCK NUMBER
ADDRESS A	1.50	$\leq Q$	26615	15
1007 3300			1.00 ()	$A \cup A$
CITY, STATE, ZIP				
PHONE CAL		END OUR		
		END DUMP	BOTTOM DUMP	TRANSFER
SIGNATURE OF AUTHORIZED AGENT OR DRIVER	DATE	ROLL-OFF(S)	FLAT-BED	VAN DRUMS
	7		Q	
*	William			
		CUDIO VADDO		
I handha and tha tha th		CUBIC YARDS		
I hereby certify that the above named materia accepted and to the best of my knowledge the	l has been	20		
is true and accurate.	toregoing	DISPOSAL METHOD:	(TO BE COMPLETED	BY LANDFILL)
			DISPOSE	OTHER
REMARKS		1 SOIL		
	<u> </u>	□ CONSTRUCTION		man and the
FACILITY TICKET NUMBER		DEBRIS DINON-FRIABLE		
SIGNATURE OF AUTHORIZED AGENT	DATE	ASBESTOS		
$\sim 1/$	1 1	□ WOOD		
*	4/28/21	☐ ASH		4.
* //	4/28/20	☐ 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 REFUSAL UPON ARRIVAL. ONGOING DAILY DELIVERIES MUST BE SCHEDULED WITH THE LANDFILL THE DAY BEFORE.

APPENDIX C ANALYTICAL DOCUMENTATION

All Environmental, Inc.	Client Project ID: #3616; Gilmore	Date Sampled: 05/16/2000
3210 Old Tunnel Road, Suite B		Date Received: 05/16/2000
Lafayette, CA 94549-4157	Client Contact: John Ormerod	Date Extracted: 05/16/2000
	Client P.O:	Date Analyzed: 05/16/2000

05/26/2000

Dear John:

Enclosed are:

- 1). the results of 3 samples from your #3616; Gilmore project,
- 2). a QC report for the above samples
- 3). a copy of the chain of custody, and
- 4). a bill for analytical services.

All analyses were completed satisfactorily and all QC samples were found to be within our control limits. If you have any questions please contact me. McCampbell Analytical Laboratories strives for excellence in quality, service and cost. Thank you for your business and I look forward to working with you again.

Tours truly,

Edward Hamilton, Lab Director

All Environmental, Inc.	Client Project ID: #3616; Gilmore	Date Sampled: 05/16/2000
3210 Old Tunnel Road, Suite B		Date Received: 05/16/2000
Lafayette, CA 94549-4157	Client Contact: John Ormerod	Date Extracted: 05/16/2000
	Client P.O:	Date Analyzed: 05/16/2000

Gasoline Range (C6-C12) Volatile Hydrocarbons as Gasoline*, with Methyl tert-Butyl Ether* & BTEX*

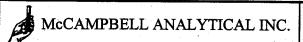
EPA methods 5030, modified 8015, and 8020 or 602; California RWQCB (SF Bay Region) method GCFID(5030) Ethylben-% Recovery Lab ID Client ID Matrix TPH(g)⁺ **MTBE** Benzene Toluene **Xylenes** zene Surrogate 38074 Sidewall 14' S 310,b,j 4.0 0.70 0.46 1.2 1.3 38075 **STKP 1-4** S 14,g,j ND ND 0.057 0.10 0.36 107 38076 **STKP 5-8** S 160,b,j 0.96 0.17 0.86 0.26 0.40 Reporting Limit unless W 50 ug/L 5.0 0.5 0.5 0.5 0.5 otherwise stated; ND means not detected above S 1.0 mg/kg 0.05 0.005 0.005 0.005 0.005 the reporting limit

^{*}The following descriptions of the TPH chromatogram are cursory in nature and McCampbell Analytical is not responsible for their interpretation: a) unmodified or weakly modified gasoline is significant; b) heavier gasoline range compounds are significant(aged gasoline?); c) lighter gasoline range compounds (the most mobile fraction) are significant; d) gasoline range compounds having broad chromatographic peaks are significant; biologically altered gasoline?; e) TPH pattern that does not appear to be derived from gasoline (?); f) one to a few isolated peaks present; g) strongly aged gasoline or diesel range compounds are significant; h) lighter than water immiscible sheen is present; i) liquid sample that contains greater than ~5 vol. % sediment; j) no recognizable pattern.



^{*} water and vapor samples are reported in ug/L, wipe samples in ug/wipe, soil and sludge samples in mg/kg, and all TCLP and SPLP extracts in ug/L

[#] cluttered chromatogram; sample peak coelutes with surrogate peak



All Environmental, Inc.	Client Project ID: #3616; Gilmore	05/16/2000				
3210 Old Tunnel Road, Suite B		Date Received	: 05/16/200	: 05/16/2000		
Lafayette, CA 94549-4157	Client Contact: John Ormerod	Date Extracted	1: 05/16/20	00		
	Client P.O:	Date Analyzed	l: 05/19/20	00		
EPA method 8260 modified	Oxygenated Volatile Organics By GC/N	MS				
Lab ID	38074					
Client ID	Sidewall 14'		Reportir	ig Limit		
Matrix	S		S	w		
Compound	Concentration*			ug/L		
Di-isopropyl Ether (DIPE)	ND<100		5.0	1.0		
Ethyl tert-Butyl Ether (ETBE)	ND<100		5.0	1.0		
Methyl-tert Butyl Ether (MTBE)	2800		5.0	1.0		
tert-Amyl Methyl Ether (TAME)	130		5.0	1.0		
tert-Butanol	ND<500		25	5.0		
	Surrogate Recoveries (%)		<u> </u>			
Dibromofluoromethane	102			10 0000 00 00 00 00 00 00 00 00 00 00 00		
Comments:						

^{*} water samples are reported in ug/L, soil and sludge samples in ug/kg, wipes in ug/wipe and all TCLP / STLC / SPLP extracts in ug/L ND means not detected above the reporting limit; N/A means surrogate not applicable to this analysis

DHS Certification No. 1644



Edward Hamilton, Lab Director

⁽h) lighter than water immiscible sheen is present; (i) liquid sample that contains greater than ~5 vol. % sediment; (j) sample diluted due to high organic content

110 2nd Avenue South, #D7, Pacheco, CA 94553-5560
Telephone: 925-798-1620 Fax: 925-798-1622
http://www.mccampbell.com E-mail: main@mccampbell.com

All Environmental, Inc.		vironmental, Inc. Client Project ID: #3616; Gilmore				Date Sampled: 05/16/2000			
3210 Old T	3210 Old Tunnel Road, Suite B		Date Received: 05/16/2000						
Lafayette, C	CA 94549-4157	Client	Contact: John (Ormerod	Date Ex	Date Extracted: 05/22/2000			
		Client	Client P.O:			Date Analyzed: 05/22/2000			
EPA analytical	methods 6010/200.7, 23	39.2 ⁺	Lea	ıd*					
Lab ID	Client ID	Matrix	Extraction °		Lead*		% Recovery Surrogate		
38074	Sidewall 14'	S	TTLC		8.2		132		
38075	STKP 1-4	s	TTLC		22		131		

					1
38076	STKP 5-8	S	TTLC	17	129
·					
			-		
·					
Reporting Li	imit unless otherwise	S	TTLC	3.0 mg/kg	
tated; ND me	ans not detected above porting limit	w	TTLC	0.005 mg/L	
			STLC,TCLP	0.2 mg/L	

^{*} soil and sludge samples are reported in mg/kg, wipe samples in ug/wipe, and water samples and all STLC / SPLP / TCLP extracts in mg/L

*Lead is analysed using EPA method 6010 (ICP) for soils, sludges, STLC & TCLP extracts and method 239.2 (AA Furnace) for water
samples

i) liquid sample that contains greater than ~2 vol. % sediment; this sediment is extracted with the liquid, in accordance with EPA methodologies and can significantly effect reported metal concentrations.



[®] DISTLC extractions are performed using STLC methodology except that deionized water is substituted for citric acid buffer as the extraction fluid. DISTLC results are not applicable to STLC regulatory limits.

[°] EPA extraction methods 1311(TCLP), 3010/3020(water, TTLC), 3040(organic matrices, TTLC), 3050(solids, TTLC); STLC - CA Title 22

^{*} surrogate diluted out of range; N/A means surrogate not applicable to this analysis

[&]amp; reporting limit raised due matrix interference

QC REPORT

Date:

05/16/00

Matrix:

Soil

Extraction:

N/A

0			Concent	tration:	mg/kg	.%Rec	overy		
Compound		Sample	мѕ	MSD	Amount Spiked	MS	MSD	RPD	
SampleID:	28768				Instru	ment: G	C-7		
Surrogate1		0.000	95.0	97.0	100.00	95	97	2.1	
Xylenes		0.000	290.0	301.0	300.00	97	100	3.7	
Ethyl Benzene		0.000	91.0	95.0	100.00	91	95	4.3	
Toluene		0.000	92.0	98.0	100.00	92	98	6.3	
Benzene		0.000	91.0	96.0	100.00	91	96	5.3	
MTBE		0.000	93.0	96.0	100.00	93	96	3.2	
GAS		0.000	1051.9	1101.8	1000.00	105	110	4.6	

SampleID: 28777

institution. GC-11B								
Surrogate1	0.000	109.0	109.0	100.00	109	109	0.0	-
TPH (diesel)	0.000	272.0	273.0	300.00	91	91	0.4	-

% Re covery = $\frac{(MS - Sample)}{AmountSpiked} \cdot 100$

 $RPD = \frac{(MS - MSD)}{(MS + MSD)} \cdot 2.100$

QC REPORT

VOCs (EPA 8240/8260)

Date:

05/19/00-05/20/00

Matrix:

Soil

Extraction:

N/A

Company		Concen	tration:	ug/kg	%Rec	overy .	
Compound	Sample	MS	MSD	Amount Spiked	MS	MSD	RPD
SampleID: 28789				Instru	ıment: G	C-10	
Surrogate	0.000	100.0	102.0	100.00	100	102	2.0
tert-Amyl Methyl Ether	0.000	90.0	95.0	100.00	90	95	5.4
Methyl tert-Butyl Ether	0.000	90.0	100.0	100.00	90	100	10.5
Ethyl tert-Butyl Ether	0.000	90.0	97.0	100.00	90	97	7.5
Di-isopropyl Ether	0.000	84.0	87.0	100.00	84	87	3.5

110 2nd Ave. South, #D7, Pacheco, CA 94553-5560 Telephone: 925-798-1620 Fax: 925-798-1622

http://www.mccampbell.com E-mail: main@mccampbell.com

QC REPORT

Date:

05/22/00-05/23/00

Matrix:

Soil

Extraction:

TTLC

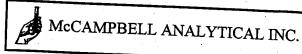
Compound		Concentration: mg/kg			%Recovery		
	Sample	MS	MSD	Amount Spiked	MS	MSD	RPD
SampleID: 52200				Instr	ument: (3ΕΔΔ_1	
_ead	0.000	4.3	4.2	5.00	87	83	4.0

 $\% \text{ Re covery} = \frac{\left(MS - Sample \right)}{AmountSpiked} \cdot 100$

 $RPD = \frac{(MS - MSD)}{(MS + MSD)} \cdot 2.100$

RPD means Relative Percent Deviation

Environmental Engineering & Construction 901 Moraga Road, Suite C Lafayette, CA 94549 (925) 283-6000 Fax: (925) 283-6121 **PAGE** TAT: RUSH(AEI PROJECT MANAGER 48 hr. / 5 day / other PROJECT NAME_ TOTAL OIL & CREASE PROJECT NUMBER_ # OF CONTAINERS TOTAL # OF CONTAINERS RCVD. GOOD CONDITION/COLD SOUL EN SEED WATER EN SEED SOWS SAMPLE ID DATE TIME **MATRIX** Soi loo VOAS 108G METALS OTHER ICE/IC PRESINATION GOOD CONDITION APPRIMITATE HEADISPACE ABSENT CONTAINERS COMMENTS / INSTRUCTIONS RELINQUISHED BY RECEIVED BY RELINQUISHED BY RECEIVED BY ANALYTICAL LABORATORY_ OUSA VENEGAS A PRINTED NAME ADDRESS SIGNATURE SIGNATURE PRINTED NAME PRINTED NAME PHONE PRINTED NAME COMPANY FAX COMPANY COMPANY D TIME COMPANY TIME DATE TIME



	T			
All Environmental, Inc.	Client Project ID: #3616; Gilmore	Date Sampled: 05/17/2000		
3210 Old Tunnel Road, Suite B		Date Received: 05/17/2000		
Lafayette, CA 94549-4157	Client Contact: John Ormerod	Date Extracted: 05/17/2000		
	Client P.O:	Date Analyzed: 05/17/2000		

05/24/2000

Dear John:

Enclosed are:

- 1). the results of 1 samples from your #3616; Gilmore project,
- 2). a QC report for the above samples
- 3). a copy of the chain of custody, and
- 4). a bill for analytical services.

All analyses were completed satisfactorily and all QC samples were found to be within our control limits. If you have any questions please contact me. McCampbell Analytical Laboratories strives for excellence in quality, service and cost. Thank you for your business and I look forward to working with you again.

Yours truly,

Edward Hamilton, Lah Director

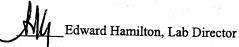
	T	
All Environmental, Inc.	Client Project ID: #3616; Gilmore	Date Sampled: 05/17/2000
3210 Old Tunnel Road, Suite B		Date Received: 05/17/2000
Lafayette, CA 94549-4157	Client Contact: John Ormerod	Date Extracted: 05/18-05/20/2000
	Client P.O:	Date Analyzed: 05/18-05/20/2000
Gasoline Range (C6-C12) Vols	tile Hydrocarbons as Casalinat - 141 Ag	

tile Hydrocarbons as Gasoline*, with Methyl tert-Butyl Ether* & BTEX* EPA methods 5030, modified 8015, and 8020 or 602; California RWQCB (SF B

Lab ID	Client ID	Matrix		MTBE	Benzene	Toluene	Ethylben- zene	Xylenes	% Recovery
38224	GW 14'	W	2200,a	160	7.3	7.9	41	100	101
						-			
	·								
									<u></u>
									_ ·····
otherwise	Limit unless stated; ND	w	50.us/L	5.0	0.5	0.5	0.5	0.5	
means not d the repo	letected above rting limit	S	1.0 mg/kg	0.05	0.005	0.005	0.005	0.005	

^{*} water and vapor samples are reported in ug/L, wipe samples in ug/wipe, soil and sludge samples in mg/kg, and all TCLP and SPLP extracts

The following descriptions of the TPH chromatogram are cursory in nature and McCampbell Analytical is not responsible for their interpretation: a) unmodified or weakly modified gasoline is significant; b) heavier gasoline range compounds are significant(aged gasoline?); c) lighter gasoline range compounds (the most mobile fraction) are significant; d) gasoline range compounds having broad chromatographic peaks are significant; biologically altered gasoline?; e) TPH pattern that does not appear to be derived from gasoline (?); f) one to a few isolated peaks present; g) strongly aged gasoline or diesel range compounds are significant; h) lighter than water immiscible sheen is present; i) liquid sample that contains greater than ~5 vol. % sediment; j) no recognizable pattern.



[#] cluttered chromatogram; sample peak coelutes with surrogate peak

QC REPORT

Date:

05/18/00

Matrix:

Water

Extraction:

N/A

	* *		. 1977					
Compound		Concentration:			ug/L	%Re	%Recovery	
		Sample	MS	MSD	Amount Spiked	MS	MSD	RPD
SampleID: 38090					Instr	ument: (= 3C-3	-
Surrogate1		0.000	95.0	95.0	100.00	95	95	
Xylenes		0.000	273.0	264.0	300.00	91	88	0.0
Ethyl Benzene		0.000	92.0	89.0	100.00	92	89	3.4
Toluene		0.000	93.0	90.0	100.00	93	:	3.3
Benzene		0.000	96.0	92.0	100.00	 	90	3.3
MTBE		0.000	99.0	98.0	ļ	96	92	4.3
GAS	*	0.000	910.9	903.2	100.00	99	98	1.0
Completo Trans			010.0	903.2	1000.00	91	90	0.8
SampleID: 51800					Instru	ment: M	B-1	
Oil & Grease		0.000	20.0	19.4	20.00	100	97	3.0
SampleID: 51800					Instru	ment: G0	C-6 A	
Surrogate1		0.000	110.0	112.0	100.00	110		
ГРН (diesel)		0.000	334.0	336.0	300.00		112	1.8
				300.0	300.00	111	112	0.6

% Re covery = $\frac{(MS-Sample)}{AmountSpiked} \cdot 100$

 $RPD = \frac{(MS - MSD)}{(MS + MSD)} \cdot 2 \cdot 100$

RPD means Relative Percent Deviation

invironmental Engineering & Construction 202632ale 197.doc 901 Moraga Road, Suite C Lafayette, CA 94549 (925) 283-6000 Fax: (925) 283-6121 **PAGE** TAT: RUSH / 24 hr / 48 hr / 5 day / AEI PROJECT MANAGER other PROJECT NAME # OF CONTAINERS PROJECT NUMBER 3616 TOTAL # OF CONTAINERS 3 RCVD. GOOD CONDITION/COLD SAMPLE ID DATE TIME 38224 10AS VACILETALS OTHER I CAD SPACE ABSEN CONTAINERS Same Fly COMMENTS / INSTRUCTIONS RELINGUISHED BY RECEIVED BY RELINQUISHED BY RECEIVED BY Maria Venage ANALYTICAL LABORATORY.... SIGNATURE SIGNATURE PRINTED NAME HONE PRINTED NAME COMPANY COMPANY COMPANY TIME

TIME