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UST and Product Piping Removal Soil Sampling Report

B&C Gas Mini Mart 2008 First Street Livermore, California 94550

prepared for

B&C Gas Mini Mart 2008 First Street Livermore, California 94550

prepared by

Touchstone Developments

AUG 26 1996

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Robert C. Mallory Project Manager

August 22, 1996

INTRODUCTION

This report prepared by Touchstone Developments (Touchstone) documents the removal of gasoline Underground Storage Tanks (USTs) and associated piping at the above referenced location (Figure 1).. In addition, this report documents the abandonment of an unknown UST and the disposal of soil generated at this site.

Gasoline USTs and product piping removals at this location were performed on July 18, 1996. Unknown UST soil sampling and abandonment was performed on July 26, 1996.

SITE CONDITIONS

The service station site consists of one 10,000-gallon single wall fiberglass gasoline storage tank, one 10,000-gallon single wall steel gasoline storage tanks, and one 8,000-gallon single wall steel gasoline storage tank, two dispenser islands and associated product piping, and a station building. Groundwater was not encountered in any excavation observed by Touchstone at this location.

SERVICE STATION FIELD ACTIVITIES

USTs and associated piping removal, excavation, and backfill was performed by American Construction and Environmental Company, Inc. (American) of Livermore, California. A Touchstone representative was on site to observe the removal/excavation activities, and to collect soil samples from the excavations and soil stockpiles. Eva Chu of the Alameda County Health Care Services Agency (ACHCSA) and Randy Griffith of the City of Livermore Fire Department (CLFD) were present during the UST and piping removals. Also onsite was Balaji Angle of B&C Gas Mini Mart. Transportation and disposal of the USTs and associated piping was accomplished by Erickson, Inc. of Richmond, California. Copies of the Uniform Hazardous Waste Manifests for the USTs are presented in Appendix A.

<u>UST Sampling</u>

Soil samples T1-S-14.0, T1-N-14.0, T2-S-14.0, T2-N-14.0, T3-S-13.5, and T3-N-13.5 were collected from beneath each end of the gasoline USTs, in native soil, at approximately 13 1/2 to 14 feet below ground surface (bgs). The UST excavation measured approximately 63 feet long by 25 feet wide and 13 feet deep. One additional soil sample, TOX-1-21.0, was collected on July 29, 1996 from the south end of the UST excavation to delineate the vertical extent of

petroleum hydrocarbons. Soil sample locations are shown on Figures 2 and 3 and analytical data and sample depths are summarized in Table A.

Product Piping Sampling

Soil samples P-1-3.5, P-2-3.0, P-3-3.5, and P-4-3.5 were collected in native soil from trenches beneath the former product lines at depths of approximately 3 to 3 1/2 feet bgs. Soil sample locations are shown on Figure 2 and soil sample analytical results are summarized in Table A.

UNKNOWN UST ABANDONMENT

An unknown steel UST was discovered on July 24, 1996 during excavation activities on the west end of the southernmost dispenser island (Figure 3). The UST measured approximately 3 feet in diameter and 6 feet in length. Based on these measurements, the volume of the tank was estimated at approximately 1000-gallons. Upon inspection of the inside of the tank, no free liquids or sludge were observed. The tank was completely empty with the exception of a minor amount of soil which had fallen into the tank at the time of discovery. As a result of the tanks' position adjacent to a canopy footing and with the approval of Eva Chu of the ACHCSA and Danielle Stefani of the CLFD, the unknown UST was abandoned in place to avoid compromising the structural integrity of the canopy. Abandonment of the unknown UST was accomplished by filling the tank completely with a 5-sack cement-sand grout. Eva Chu requested that one soil sample be collected from the bottom of the west end of the tank. Soil sample collection was performed on July 26, 1996, and is described below.

Unknown UST Sampling

Soil sample UT-W-7.0 was collected, in native soil, from the beneath the west end of an unknown 1000-gallon single wall steel UST (Figure 3). Sample depth was approximately 7 feet bgs. The soil sample location is shown on Figure 3 and soil sample analytical results are summarized in Table B.

STOCKPILE SAMPLING AND DISPOSAL

Soil stockpiles SP-1(A-D) through SP-4(A-D) represent approximately 700 cubic yards (cy) of soil and pea gravel generated from UST removal activities. Four soil samples were collected and combined for approximately every 200 cy of stockpiled material. Upon receipt of chemical analytical data, composites SP-1(A-D) through SP-4(A-D) was transported by American to Browning-Ferris Industries' (BFIs') Vasco Road Landfill located in Livermore, California. Copies

of BFIs' Non-Hazardous Special Waste and Asbestos Manifests are presented in Appendix A.

SAMPLING PROTOCOL

Verification soil samples were collected from the excavation sidewalls and/or bottoms at various depths or where hydrocarbon impact was suspected. Soil samples were collected from the excavator or backhoe bucket by removing the top few inches of soil and pushing a clean, six-inch-long, two-inch diameter, brass sample tube into the soil until completely full. The ends of the sample tubes were covered with aluminum foil and sealed with plastic end caps. The samples were then labeled, placed in a cooler with ice, entered on a Chain-of-Custody form and transported to Analytical Science, a State-certified environmental laboratory located in Petaluma, California.

Stockpile Sampling

Four soil samples were collected for approximately every 150-200 cy of material generated. The four samples were then combined in the laboratory and analyzed as one. All stockpile samples were collected by removing the top 6 to 12 inches of soil, then pushing a sample tube or glass jar into the soil until completely full. The samples were sealed, labeled and handled as described above.

SAMPLE ANALYSIS

Soil samples collected from the gasoline UST excavation, product piping trenches, and associated stockpiles were analyzed for one or more of the following: Total Petroleum Hydrocarbons calculated as gasoline (TPH-Gasoline) according to EPA Method 8015 (Modified), Benzene, Toluene, Ethylbenzene and Xylenes (BTEX) according to EPA Method 8020, and Total and Soluble Lead according to EPA SW-846 6010.

The soil sample collected from the unknown UST was analyzed for the following: TPH-Gasoline, BTEX, Total Petroleum Hydrocarbons calculated as Diesel (TPH-Diesel) according to EPA Method 8015 (Modified), Total Recoverable Petroleum Hydrocarbons according to Standard Methods method 5520 E&F, and Halogenated Volatile Organic Compounds (HVOCs) according to EPA Method 8010. Copies of the analytical laboratory reports and Chain-of-Custody forms are presented in Appendix B.

TABLES

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TABLE A
Gasoline UST and Product Piping Sampling Summary
B&C Gas Mini Mart
2008 1st Street, Livermore, California

Results in mg/Kg - parts per million (ppm)

Gasoline UST and Product Piping Sampling Results

Sample ID	Depth (ft.)	Laboratory	Date	TPH-Gasoline	Benzene	Toluene	Ethylbenzene	Xylenes	МТВЕ	Total Lead
T1-S-14.0	14	Analytical Science	18-Jul-96	8500	61	250	75	380	80	18.4
T1-N-14.0	14	Analytical Science	18-Jul-96	5200	41	92	46	260	46	29.7
T2-S-14.0	14	Analytical Science	18-Jul-96	7800	33	260	100	400	96	9.94
T2-N-14.0	14	Analytical Science	18-Jul-96	270	0.27	0.43	0.39	2.2	6.6	7.3
T3-S-13.5	13.5	Analytical Science	18-Jul-96	ND	ND	ND	ND	ND	0.24	6.49
T3-N-13.5	13.5	Analytical Science	18-Jul-96	52	1.9	1.5	ND	2.8	36	7.24
TOX-1-21.0	21	Analytical Science	18-Jul-96	760	8.1	38	9.9	50	16	NA
P-1-3.0	3	Analytical Science	18-Jul-96	ND	ND	0.013	ND	0.017	0.012	7.6
P-2-3.5	3.5	Analytical Science	18-Jul-96	ND	ND	ND	ND	ND	0.17	9.63
P-3-3.5	3.5	Analytical Science	18-Jul-96	ND	ND	ND	ND	ND	0.015	11.4
P-4-3.0	3	Analytical Science	18-Jul-96	ND	ND	ND	ND	ND	ND	176

TPH-Gasoline = Total Petroleum Hydrocarbons calculated as Gasoline.

MTBE = Methyl t-Butyl Ether.

ND = Not detected at or above laboratory detection limits.

NA = Analysis not requested.

TABLE B

Unknown UST Sampling Summary B&C Gas Mini Mart

2008 1st Street, Livermore, California

Results in mg/Kg - parts per million (ppm)

Unknown UST Sampling Results

Sample ID	Depth (ft.)	Laboratory	Date	TPH- Gasoline	Benzene	Toluene	Ethylbenzene	Xylenes	TPH- Diesel	TRPH	8010
UT-W-7.0	7	Analytical Sciences	26-Jul-96	ND	ND	ND	ND	ND	ND	ND	ND

TPH-Gasoline = Total Petroleum Hydrocarbons calculated as Gasoline.

TPH-Diesel = Total Petroleum Hydrocarbons calculated as Diesel.

TRPH = Total Recoverable Petroleum Hydrocarbons (SM 5520 E&F).

8010 = Halogenated Volatile Organics.

ND = Not detected at or above laboratory detection limits.

TABLE C Soil Stockpile Sampling Summary

B&C Gas Mini Mart 2008 1st Street, Livermore, California

Results in mg/Kg - parts per million (ppm)

UST Excavation and Product Piping Soil Stockpile Sampling Results

Sample ID	Laboratory	Date	TPH-Gasoline	Benzene	Toluene	Ethylbenzene	Xylenes	Total Lead	Soluble Lead
SP-1(A-D)	Analytical Science	18-Jul-96	320	ND	ND	1.5	3.3	28.6	NA
SP-2(A-D)	Analytical Science	18-Jul-96	300	ND	ND	ND	6.9	22.4	NA
SP-3(A-D)	Analytical Science	18-Jul-96	130	ND	ND	ND	1.2	50	4.93
SP-4(A-D)	Analytical Science	18-Jul-96	130	ND	ND	ND	0.90	60.8	3.51

TPH-Gasoline = Total Petroleum Hydrocarbons calculated as Gasoline.

ND = Not detected at or above laboratory detection limits.

NA = Analysis not requested.

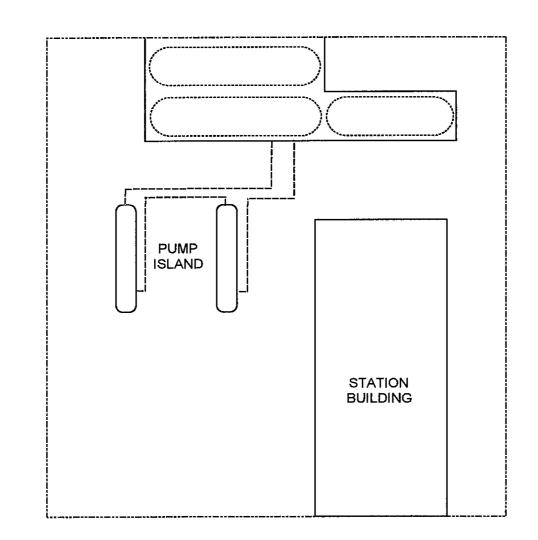
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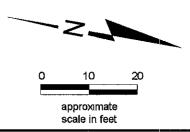
UST

Underground Storage Tank

SOUTH L STREET

Product Piping







SITE PLAN

B&C Gas Mini Mart 2008 1st Street Livermore, California **FIGURE**

1

PROJECT NO.

B&C Mini

FIRST STREET

DATE:

DRAWN BY:

ML1

BASE MAP

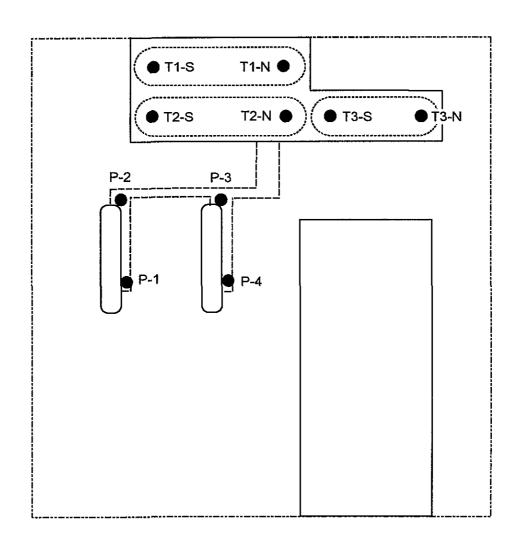
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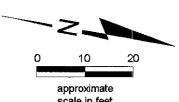
Underground Storage Tank

Product Piping

Soil sample location and ID

SOUTH L STREET





scale in feet



SOIL SAMPLE LOCATION MAP

B&C Gas Mini Mart 2008 1st Street Livermore, California **FIGURE**

PROJECT NO.

FIRST STREET

B&C Mini

DATE: 8/96

DRAWN BY:

WIJ

BASE MAP

UST

Underground Storage Tank

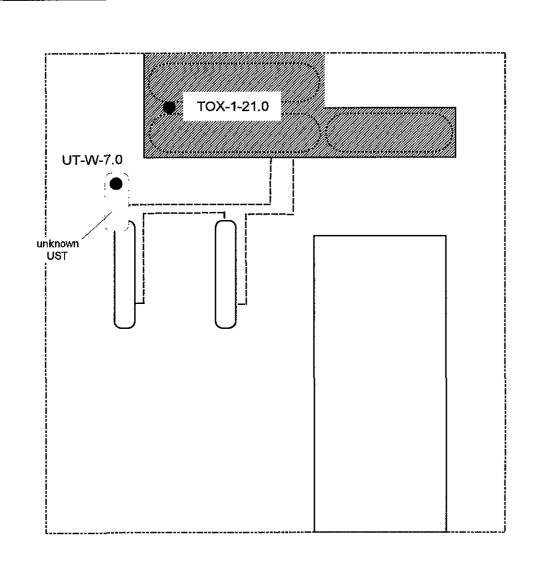


Excavation Limits

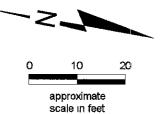
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Soil sample location and ID





SOUTH L STREET





UNKNOWN UST AND ADDITIONAL SOIL SAMPLE LOCATION MAP

B&C Gas Mini Mart 2008 1st Street Livermore, California **FIGURE**

3

PROJECT NO. 8&C Mini DATE: 8/96 DRAWN BY.

BASE MAP

3/96

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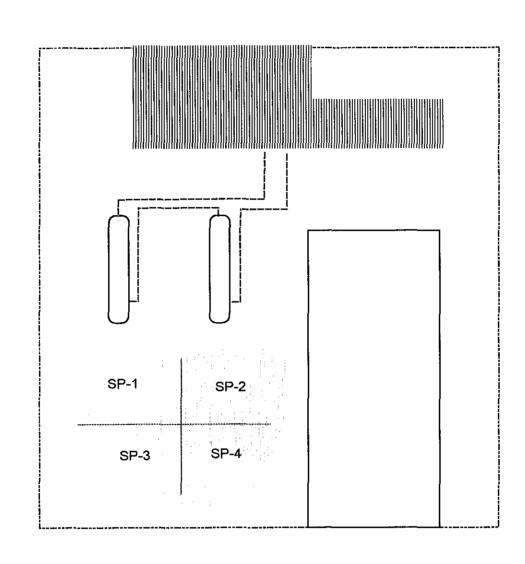


Previous Excavation Limits



Stockpile Location and ID

SOUTH L STREET





SOIL STOCKPILE MAP

B&C Gas Mini Mart 2008 1st Street Livermore, California **FIGURE**

4

PROJECT NO.

B&C Mini

FIRST STREET

DATE: 8/96 DRAWN BY:

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BASE MAP

approximate scale in feet

APPENDIX A

MANIFESTS

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Printed/Typed Name	of receipt of hazardous materials covered b	ny mis manifest except as noted in iter		Month Day Year



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If waste is asbestos waste, complete Sections I. IN III and N 042953 No. If waste is NOT asbestos waste, complete only Sections I, Irand III GENERATOR (Generator completes all of Section I) Section I a. Generator Name: B4C GASMINI MART b. Generating Location: c Address 2008 F STRFF d Address: VERMORE LA 94 e. Phone No.: 510. 449 f. Phone No. If owner of the generating facility differs from the generator, provide: g. Owner's Name: 12.5. AN Gr. h. Owner's Phone No.: TYPE DIM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG i. BFI WASTE CODE Containers j. Description of Waste: 5011 or WRAP UNITS GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazafdous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - POUNDS - YARDS - CUBIC METERS 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. - OTHER B·S·ANGLE Generator Authorized Agent Name Shipment Date Transporter i complete a-g Transporter i complete a-g **4** 2 4 2 4 4 Section II TRANSPORTER (Generator complete a-d; TRANSPORTER I h. Name: i. Address: j. Driver Name/Title: c. Driver Name/Title: PRINT/TYPE Truck No.: k. Phone No. m. Vehicle License No./State: (f. Vehicle License No./State.. Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. 8019 Shipment Date Driver Signature **Driver Signature DESTINATION** (Generator completes a-d, destination site completes e-f) Section III c. Phone No.: _510 a. Site Name. MAS b. Physical Address: d Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) Section IV a. Operator's* Name: b. Operator's* Phone No.: _ c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Pdn1/Type Operator's Signature f. Name and Address

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both. 260-720B 5/93

g. Friable: Non-friable: Both

of Responsible Agency:

% nonfnable

% friable



If waste is asbestos waste, complete Sections I, II, III and IV If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III

No. 908306

Section I	GENERATOR (Gener	ator completes all of Section I)	
a. Generator Name: 84 C Gi		Generating Location:	
c. Address $\overline{x} / \theta / c$	<u> </u>	Address.	
	Ely 14- 1		
		Phone No.:	
If owner of the generating facility differ	rs from the generator, provide:		ا د د ه
g. Owner's Name:	<u> ハビッた。ご</u> h.	Owner's Phone No.:	3114
i. BFI WASTE CODE	40503196	Containers	DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: 501/	WITH GIVE SLIME.	k. Quantity Units No. TYPE	B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
			UNITS
any applicable state law, has been p applicable regulations; AND, if the wa - Restrictions, I certify and warrant that hazardous waste as defined by 40 CF:	properly described, classified and packaged, and aste is a treatment residue of a previously residue of a province with the waste has been treated in accordance with the contract of the province of	of a hazardous waste as defined by 40 CFR Part 261 of its in proper condition for transportation according to tricted hazardous waste subject to the Land Disposa he requirements of 40 CFR Part 268 and is no longer a	P POUNDS
Generator Authorized Agent Name			A Real State of the last
Section II .		Transporter [complete e-g mplete a-d; Transporter II complete h-n) TRANSPORTI	
	SPORTER I		
a. Name: America.	<u></u>	h. Name:	
b. Address: 547 F	hange	i. Address	
L. W. + 140.	16 (2/, + 11.1/3)	γ	
c. Driver Name/Title:	PRINT/TYPE	j. Driver Name/Titté:	PRINT/TYPE
d. Phone No.:	e. Truck No.:	k. Phone No.:	I. Truck No.:
d. Phone No.:	e. Truck No.:	m. Vehicle License No:/State:	
d. Phone No.:	e. Truck No.:	k. Phone No.:	
d. Phone No.: 2447. t. Vehicle License No./State: Acknowledgement of Receipt	e. Truck No.:	k. Phone No.: m. Vehicle License No:/State: Acknowledgement of Receipt of Mate	nals.
d. Phone No.:	e. Truck No.:	k. Phone No.: m. Vehicle License No:/State: Acknowledgement of Receipt of Mate n. Driver Signature.	
d. Phone No.: 2447. t. Vehicle License No./State: Acknowledgement of Receipt	e. Truck No.: of Materials. Shipment Date DESTINATION (Generator con	k. Phone No.: m. Vehicle License No:/State: Acknowledgement of Receipt of Mate n. Dover Signature mpletes a-d, destination site completes e-f.)	Shipment Date
d. Phone No.:	e. Truck No.: of Materials. Shipment Date DESTINATION (Generator cor	n. Vehicle License No:/State: Acknowledgement of Receipt of Mater n. Dover Signature nipletes a-d, destination site completes e-f.) c. Phone No:	Shipment Date
d. Phone No.: 1. Vehicle License No./State: Acknowledgement of Receipt 9. Onver Signature Section III a. Site Name: b. Physical Address:	e. Truck No.: of Materials. Shipment Date DESTINATION (Generator cor	n. Vehicle License No:/State: Acknowledgement of Receipt of Mater n. Dover Signature nipletes a-d, destination site completes e-f.) c. Phone No:	Shipment Date
d. Phone No.: 1. Vehicle License No./State: Acknowledgement of Receipt 9. Onver Signature Section III a. Site Name: b. Physical Address:	e. Truck No.: of Materials. Shipment Date DESTINATION (Generator cor	n. Vehicle License No:/State: Acknowledgement of Receipt of Mater n. Dover Signature nipletes a-d, destination site completes e-f.) c. Phone No:	Shipment Date
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Driver Signature Section III a. Site Name: b. Physical Address: e. Discrepancy Indication Space:	e. Truck No.: of Materials. Shoment Date DESTINATION (Generator coa	k. Phone No.: m. Vehicle License No:/State: Acknowledgement of Receipt of Mate n. Driver Signature piletes a-d, destination site completes e-f.) c. Phone No: d. Mailing Address	Shipment Date
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Driver Signature Section III a. Site Name: b. Physical Address: e. Discrepancy Indication Space:	e. Truck No.: of Materials. Shoment Date DESTINATION (Generator coa	n. Vehicle License No:/State: Acknowledgement of Receipt of Mater n. Dover Signature nipletes a-d, destination site completes e-f.) c. Phone No:	Shipment Date
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Driver Signature Section III a. Site Name: b. Physical Address: e. Discrepancy Indication Space:	e. Truck No.: of Materials. Shoment Date DESTINATION (Generator coa	k. Phone No.: m. Vehicle License No:/State: Acknowledgement of Receipt of Mate n. Driver Signature piletes a-d, destination site completes e-f.) c. Phone No: d. Mailing Address	Shipment Date
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Driver Signature Section III a. Site Name: b. Physical Address: e. Discrepancy Indication Space:	e. Truck No.: of Materials. Shoment Date DESTINATION (Generator coa	k. Phone No.: m. Vehicle License No:/State: Acknowledgement of Receipt of Mate n. Driver Signature piletes a-d, destination site completes e-f.) c. Phone No: d. Mailing Address	Shipment Date
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Dover Signature Section III a. Site Name: b. Physical Address: e. Discrepancy Indication Space: I hereby certify that the above nar	e. Truck No.: of Materials. Shipment Date DESTINATION (Generator cor med material has been accepted and to the	k. Phone No.: m. Vehicle License No:/State: Acknowledgement of Receipt of Mate n. Doner Signature pletes a-d, destination site completes e-f.) c. Phone No: d. Mailing Address best of my knowledge the foregoing is true and	Shipment Date
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Dover Signature Section III a. Site Name: b. Physical Address: L. L	e. Truck No.: Shipment Date DESTINATION (Generator cor med material has been accepted and to the Signature ASBESTOS (Generator cor	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mate n. Dover Signature nipletes a-d, destination site completes e-f.) c. Phone No: d. Mailing Address best of my knowledge the foregoing is true and Heceipt Date	Shipment Date Shipment Date accurate.
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Dover Signature Section III a. Site Name: b. Physical Address: I. Discrepancy Indication Space: I hereby certify that the above nar I. Name of Authorized Agegst Section IV a. Operator's Name.	e. Truck No.: Shipment Date DESTINATION (Generator cor med material has been accepted and to the Signature ASBESTOS (Generator cor	k. Phone No.: m. Vehicle License No:/State: Acknowledgement of Receipt of Mate n. Dover Signature nipletes a-d, destination site completes e-f.) c. Phone No: d. Mailing Address best of my knowledge the foregoing is true and	Shipment Date Shipment Date accurate.
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Dover Signature Section III a. Site Name: b. Physical Address: L. L. e. Discrepancy Indication Space: I hereby certify that the above nar I. Name of Authorized Agegst Section IV a. Operator's' Name. C. Operator's' Address:	e. Truck No.: Shipment Date DESTINATION (Generator cor med material has been accepted and to the Signature ASBESTOS (Generator cor	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mate n. Dover Signature nipletes a-d, destination site completes e-f.) c. Phone No: d. Mailing Address best of my knowledge the foregoing is true and Receipt Date plete a-d, f, g, Operator's completes e.) b. Operator's Phone No.:	Shipment Date Shipment Date accurate.
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Onver Signature Section III a. Site Name: b. Physical Address: I hereby certify that the above name I. Name of Authorized Agegat Section IV a. Operator's* Name. c. Operator's* Address: d. Special Handling Instructions and	e. Truck No.: Shoment Date DESTINATION (Generator continued in the signature part of t	k. Phone No.: m. Vehicle License No:/State: Acknowledgement of Receipt of Mate n. Dover Signature poletes a-d, destination site completes e-f.) c. Phone No: d. Mailing Address best of my knowledge the foregoing is true and Receipt Date plete a-d, f, g, Operator* completes e.) b. Operator's* Phone No.:	Shipment Date
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Dover Signature Section III a. Site Name: b. Physical Address: I. Discrepancy Indication Space: I hereby certify that the above nar I. Name of Authorized Agegst Section IV a. Operator's' Name. c. Operator's' Address: d. Special Handling Instructions and	e. Truck No.: Shapment Date DESTINATION (Generator cor DESTINATION (Generator cor Material has been accepted and to the Signature ASBESTOS (Generator cor I additional information:	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mate n. Dover Signature nipletes a-d, destination site completes e-f.) c. Phone No: d. Mailing Address best of my knowledge the foregoing is true and Receipt Date plete a-d, f, g, Operator's completes e.) b. Operator's Phone No.:	accurale.
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Onver Signature Section III a. Site Name: b. Physical Address: e. Discrepancy Indication Space: I hereby certify that the above nar f. Name of Authorized Agest Section IV a. Operator's Name. c. Operator's Address: d. Special Handling Instructions and OPERATOR'S CERTIFICATION: I he packed, marked, and labeled, and are in	e. Truck No.: Shipment Date DESTINATION (Generator cor med material has been accepted and to the Signature ASBESTOS (Generator cor additional information: reby declare that the contents of this consignr hall respects in proper condition for transport to	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mate n. Doner Signature npletes a-d, destination site completes e-f.) c. Phone No: d. Mailing Address best of my knowledge the foregoing is true and Heceipt Date plete a-d, f, g, Operator's completes e.) b. Operator's Phone No.: ment are fully and accurately described above by proyinghway according to applicable international and g	accurale.
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Onver Signature Section III a. Site Name: b. Physical Address: e. Discrepancy Indication Space: I hereby certify that the above name I. Name of Authorized Agegst Section IV a. Operator's Name. c. Operator's Address: d. Special Handling Instructions and OPERATOR'S CERTIFICATION: I helpacked, marked, and labeled, and are in e. Operator's Name & Title: e. Operator's Name & Title: Printy Tyst. I. Name and Address	e. Truck No.: Shoment Date DESTINATION (Generator continued of the state of the s	k. Phone No.: m. Vehicle License No:/State: Acknowledgement of Receipt of Mate n. Dover Signature poletes a-d, destination site completes e-f.) c. Phone No: d. Mailing Address best of my knowledge the foregoing is true and Peccept Date plete a-d, f, g, Operator* completes e.) b. Operator's* Phone No.: nent are fully and accurately described above by proy highway according to applicable international and g	shipment Date Shipment Date accurate. accurate. sper shipping name and are classified government regulations.
d. Phone No.: I. Vehicle License No./State: Acknowledgement of Receipt G. Dover Signature Section III a. Site Name: b. Physical Address: e. Discrepancy Indication Space: I hereby certify that the above nare I. Name of Authorized Agest Section IV a. Operator's' Name. c. Operator's' Address: d. Special Handling Instructions and OPERATOR'S CERTIFICATION: I hereby certify Name & Title: e. Operator's' Name & Title: FrintTyr I. Name and Address of Responsible Agency:	e. Truck No.: Shipment Date DESTINATION (Generator cor med material has been accepted and to the Signature ASBESTOS (Generator cor additional information: reby declare that the contents of this consignr hall respects in proper condition for transport to	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mate n. Doner Signature pletes a-d, destination site completes e-f.) c. Phone No: d. Mailing Address best of my knowledge the foregoing is true and Peceipt Date plete a-d, f, g, Operator's completes e.) b. Operator's* Phone No.: ment are fully and accurately described above by proyinghway according to applicable international and governments.	shipment Date Shipment Date accurate. accurate. sper shipping name and are classified government regulations.



If waste is asbestos waste, complete Sections I. II, III and IV 042945 No. If waste is NOT asbestos waste, complete only Sections I. II and III. Section 1 GENERATOR (Generator completes all of Section I) MINIMAKT b. Generating Location: _ d. Address: Phone No If owner of the generating facility differs from the generator, provide: g. Owner's Name: _ h Owner's Phone No.: i. BFI WASTE CODE Containers DM - METAL DRUM - BAG BA - 6 MIL. PLASTIC BAG or WRAP - OTHER GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 o UNITS any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to **POUNDS** applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS 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 - CUBIC METERS - CUBIC YARDS hazardous waste as defined by 40 CFR Part 261. - OTHER ANGL Generator Authorized Agent Name Signature Section II TRANSPORTER (Generator complete a-d: Transporter I complete e-g TRANSPORTER I TRANSPORTER II a. Name: h. Name: i. Address PRINT/TYPE k. Phone No.: I. Truck No.: Vehicle License No./State: m. Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Onver Signature Section III **DESTINATION** (Generator completes a-d, destination site completes e-f.) c. Phone No.: _ d Mailing Address LIVEL MOKE e. Discrepancy Indication Space I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Signature Section IV ASBESTOS (Generator complete a-d, f, g, Operator completes e.) a. Operator's" Name: b. Operator's* Phone No.. c. Operator's* Address: d. Special Handling Instructions and additional information OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title. Operator's Signature f. Name and Address of Responsible Agency: g. Triable: Non-friable: Both _ % friable



Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both,



If waste is asbestos waste, complete Sections I, II, III and IV If waste is \underline{NQT} asbestos waste, complete only Sections I, II and II

No.

042965

Section I	GENERATOR (Ger	erator completes all of Section ()		
a. Generator Name:		o. Generating Location		
		d Address:		
· イビベノ・リカニー				
e. Phone No.:	•			
If owner of the generating facility differs from the		. FIIO116 140		
g. Owner's Name: 1-, HN (-)		n. Owner's Phone No.:	447 3	174
BFI WASTE CODE C N H C			Containers	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste:	Ganich INE	k Quantity Units	No. TYPE	B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION I hereby certify any applicable state law, has been properly dest applicable regulations; AND, if the waste is a tree Restrictions, I certify and warrant that the waste his hazardous waste as defined by 40 CFR Part 261	inbed, classified and packaged, a atment residue of a previously re	nd is in proper condition for transportal estricted hazardous waste subject to the the requirements of 40 CFR Part 268 a	tion according to ne Land Disposai ind is no longer a	UNITS P - POUNDS Y - YARDS M* - CUBIC METERS Y* - CUBIC YARDS O - OTHER
			-a .	
		Transporter I complete e- complete a-d; Transporter II complete h		· · · · · · · · · · · · · · · · · · ·
a. Name: American Con		1	RANSPORTER II	
<i>,</i> , –	_			
b. Address 567 Fxcha	CA 04550	i. Address:		
c. Driver Name/Title:		_ j Driver Name/Title:		
c. Driver Name/Title: d. Phone No.:(5.1)447.2484	e. Truck No.:	k. Phone No.:	PRIM 	Truck No
f. Vehicle License No./State:	<u> 199 - </u>	m. Vehicle License No./State:		
Acknowledgement of Receipt of Materia		Acknowledgement of Re	ceipt of Materials	
9. / //	080296	<u> </u>		_
Driver Signature	Shipment Date	Oriver Signature Impletes a-d, destination site completes	n f)	Shipment Date
a. Site Name:	* ***	4,2		
b. Physical Address:	, , , , , , , , , , , , , , , , , , , 	d Mailing Address		
	<u> </u>			
e. Discrepancy Indication Space				
I hereby certify that the above named materia	al has been accepted and to th	e best of my knowledge the foregoin	ng is true and accur	ate
		र्वे विस्तुत	77	
(Name of Authonzed Agent	Signature	Receipt Date	وبياً [
Section IV	ASBESTOS (Generator co	mplete a-d, f, g, Operator* completes e.)		
a. Operator's' Name:		· · · · · · · · · · · · · · · · · ·		
c Operator's* Address:				
d. Special Handling Instructions and additional i				
OPERATOR'S CERTIFICATION: I hereby deciare packed, marked, and labeled, and are in all respects	that the contents of this consign	ment are fully and accurately describe	d above by proper st	hipping name and are classified
<u> </u>	proper container for transport	of manney wastering to approach into		<u> </u>
e Operator's* Name & Title:		Operator's Signatu	те	Date
f Name and Address of Responsible Agency:				
g. 🗌 Friable: 🔲 Non-friable: 🗀 Both 🔃	% friable	% nonfnable		

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV 042958 No. If waste is NOT asbestos waste, complete only Sections t. II and III GENERATOR (Generator completes all of Section I) Section I a. Generator Name: b. Generating Location: _ c. Address d. Address: Phone No. If owner of the generating facility differs from the generator, provide g. Owner's Name: _ h. Owner's Phone No.: TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG i. BFI WASTE CODE Containers - BAG - 6 MIL. PLASTIC BAG or WRAP - TRUCK - OTHER Description of Waste: TYPE UNITS GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or **POUNDS** any applicable state law, 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 - YARDS 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 - CUBIC METERS hazardous waste as defined by 40 CFR Part 261. **CUBIC YARDS** OTHER 246-1 Generator Authorized Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d; Transporter II complete h-n) Section II TRANSPORTER I TRANSPORTER II h. Name: i. Address: Driver Name/Title: _ PRINT/TYPE __ |. Truck No.: _ k. Phone No .: _ m. Vehicle License No /State f. Vehicle License No./State: _ Acknowledgement of Receipt of Materials... Acknowledgement of Receipt of Materials. 4 Driver Signature Onver Signature Shipment Date DESTINATION (Generator completes a-d, destination site completes e-f.) Section III c. Phone No.. d. Mailing Address b. Physical Address. e. Discrepancy Indication Space. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Section 1V ASBESTOS (Generator complete a.d., g. Operator completes e.) a. Operator's* Name: b. Operator's* Phone No.: _ c. Operator's* Address: d. Special Handling Instructions and additional information:

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations

Operator's Signature

% nonfriable



g. Friable; Non-friable; Both

Name and Address of Responsible Agency:

% fnable



If waste is asbestos waste, complete Sections | II III and IV 042956 No. If waste is NOT asbestos waste, complete only Sections I, II and III GENERATOR (Generator completes all of Section t) Section I b Generating Location: a Generator Name. e. Phone No.. If owner of the generating facility differs from the generator, provide. g. Owner's Name: 12h Owner's Phone No : TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG i. BFI WASTE CODE Containers BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK TYPE j. Description of Waste: <a> OTHER UNITS GENERATOR'S CERTIFICATION: It hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to POUNDS applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS - CUBIC METERS 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 - CUBIC YARDS hazardous waste as defined by 40 CFR Part 261. - OTHER ANGI Generator Authorized Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d: Transporter I complete e-g Transporter II complete h-n) Section II TRANSPORTER I TRANSPORTER II h. Name: Address: Driver Name/Title: c. Driver Name/Title: PRINT/TYPE e. Truck No. __ | Truck No.: k. Phone No.: _ m, Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Shipment Date Onver Signature Shipment Date Driver Signature DESTINATION (Generator completes a-d, destination site completes e-f.) Section III c. Phone No.: 510 447 0491 d Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) Section IV b. Operator's* Phone No.. a. Operator's* Name: c Operator's* Address: _ d. Special Handling Instructions and additional information. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified. packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's" Name & Title: Operator's Signature ! Name and Address of Responsible Adency:

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both,



q. Friable: Non-friable. Both _

_____ % friable _



If waste is asbestos waste, complete Sections I, II III and IV If waste is NOT asbestos waste, complete only Sections I, II and III.

No.

042952

	rator completes all of Section I)
a Generator Name: Fac FA MISTIMAT b.	Generating Location:
c Addressd.	Address:
LIEBTICKE - HIET	
e. Phone No.: 50 447 3114 f.	
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: E. ANGLE h.	Owner's Phone No.: 510 447 3194
L BFI WASTE CODE CA 405 073196	<u>TYPE</u>
J. Description of Waste. 11 WITH CANSCILLINE	R Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG OF WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations: AND, if the waste is a treatment residue of a previously residenticions. I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	d is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal Y - YARDS
	Transporter I complete e-g omplete a-d: Transporter II complete h-n
TRANSPORTER I	TRANSPORTER II
a Name: American Const.	
b. Address: 567 Fishenge (+	i, Address:
Liveringe (1) 94550	
c. Driver Name/Title: 11/5, 2 4/1/3/2005 A 4	j. Driver Name/Title: PRINT/TYPE
	k Phone No.: I. Truck No.:
f Vehicle License No /State:	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
080196	
Onver Signature Shipment Date	Onver Signature Shipment Date
	pletes a-d. destination site completes e-f.)
a. Site Name:	_ c Phone No.:1C - 4/ 0 - 1/
b. Physical Address:	
-115 x MONE - 12 142 C	
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
t	
Name of Authorized Agent Signature	Receipt Date .
a. Operator's* Name:	plete a-d, f, g, Operator's completes e.)
c. Operator's' Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: 1 hereby declare that the contents of this consignm packed, marked, and labeled, and are in all respects in proper condition for transport by	ent are fully and accurately described above by proper shipping name and are classified highway according to applicable international and government regulations.
e. Operator's* Name & Title* Pnnt/Type	Operator's Signature Date
f. Name and Address of Responsible Agency	Oporation 5 digiliatistic Date
g 🔲 Friable: 🗌 Non-friable: 🗎 Both °6 friable	°% nonfrrable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

RECEDER ONLY THROUGH RELABANCO CONTRACT





Section I

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections i $\,$ II, III and $\,$ iV $\,$ No. 042954 If waste is NOT asbestos waste, complete only Sections I. II and III GENERATOR (Generator completes all of Section I) a. Generator Name: Factor State 1919 5. Generating Location: _____ d. Address: _

e	Phone No.: 17 1447 1114 f.	Phone No.:	
lf d	owner of the generating facility differs from the generator, provide:		
g.	Owner's Name: ANGLE h	Owner's Phone No.: 510 449 - 3194	
ı,	BFI WASTE CODE CA 405 073116	OOO77 Containers DM - METAL D DP - PLASTIC	RUM
j.	Description of Waste: SOIL WITH GASOLINE	R Quantity Units No. TYPE B - BAG BA - 6 MIL. PL Or W T - TRUCK O - OTHER	ASTIC BAG IRAP
	GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations: AND, if the waste is a treatment residue of a previously residuations, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	d is in proper condition for transportation according to P - POUNDS stricted hazardous waste subject to the Land Disposal Y - YARDS	ETERS
	Generator Authorized Agent Name Signature	Shipment Date	
s	Section II TRANSPORTER (Generator ∞	Transporter I complete e-g mplete a-d: Transporter II complete h-n)	
a	Name: Arner can Const	h. Name	
b	Livermore CA 94550	s. Address:	
_	Driver Name/Title: 111 E/1 12 111 MACL ST	Driver Name/Title:	
d.	Phone No.: 5/3) 447 448 ye Truck No:	k Phone No.: PRINT/TYPE k Phone No.: 1. Truck No.:	
t.	Vehicle License No./State	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.	
g	Onver Signature Shipment Date	n	nent Date
S		ppletes a-d, destination site completes e-f)	
a	Site Name: YASCLE DIE CAND FILE	c. Phone No <u>510</u> 447 0491	
b		d, Mailing Address	
	SLIENNIKE CA 14550)	
e.	Discrepancy Indication Space:		
	I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.	
f.	Name of Authorized Agent Signature	Receipt Date	
5	Section IV ASBESTOS (Generator com	plete a-d, f, g, Operator* completes e.)	
a.	Operator's* Name:	b Operator's* Phone No.:	
c.	Operator's* Address:		
d.	Special Handling Instructions and additional information:		
	PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment of the contents of the consignment of the content of the consignment of the content of the		
e	Operator's* Name & Title:		
	PnnVType	Operator's Signature	Date

Operator refers to the company which owns, leases operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

_ % nonfriable

____ % friable ___

ACREDITAD DETAIL



BEORDER ONLY THROUGH BEI / UARCO CONTRACT

g 🔲 Friable: 🔲 Non-friable: 🔲 Both ____

f. Name and Address of Responsible Agency: _



If waste is asbestos waste, complete Sections I. II. III and IV 042960 No. If waste is NOT asbestos waste, complete only Sections I. II and III. GENERATOR (Generator completes all of Section I) Section I N:N:MA&T __ b. Generating Location: ____ d. Address. f. Phone No.: If owner of the generating facility differs from the generator, provide: g. Owner's Name: 1 HNIh. Owner's Phone No.. TYPE DM - METAL DRUM DP - PLASTIC DRUM i. BF! WASTE CODE Containers BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK TYPE <u>OTHĔĤ</u> UNITS GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or - POUNDS any applicable state law, 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 - YARDS 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 M³ Y³ - CUBIC METERS hazardous waste as defined by 40 CFR Part 261 - CUBIC YARDS - OTHER ANCOL Generator Authorized Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d; Transporter I complete e-g Section II TRANSPORTER II TRANSPORTER I h. Name. i. Address: 1411 16 4 j. Driver Name/Title: _ PHINT/TYPE PRINT/TYPE *フィ*{4/ e. Truck No. __ i. Truck No 1 k. Phone No.: _ m. Vehicle License No /State: __ f Vehicle License No./State _ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Driver Signature **Driver Signature** Shipment Date DESTINATION (Generator completes a-d, destination site completes e-f) Section III c Phone No.: b. Physical Address: d Mailing Address e. Discrepancy Indication Space: _ I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) Section IV a. Operator's* Name: _ b. Operator's* Phone No.: c. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified. packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e Operator's* Name & Title. Operator's Signature Name and Address of Responsible Agency

g. Triable: Non-friable: Both_

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both

% nonfriable

% fnable _



If waste is asbestos waste, complete Sections I, II, III and IV 042964 No. if waste is NOT asbestos waste, complete only Sections (. !] and [[] GENERATOR (Generator completes all of Section I) Section I MINITIAR T b. Generating Location: a. Generator Name e. Phone No.: Phone No.: If owner of the generating facility differs from the generator, provide: g Owner's Name: ______ h. Owner's Phone No.: TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG i. BFI WASTE CODE Containers BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK Description of Waste: TYPE OTHER GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or UNITS any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to - POUNDS applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS 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 - CUBIC METERS hazardous waste as defined by 40 CFR Part 261. - CUBIC YARDS OTHER AN COL Generator Authorized Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d; Transporter I complete e-g Transporter II complete h-n) Section II TRANSPORTER I h Name: Address: c Driver Name/Title: Driver Name/Title: コンシグe. Truck No.: k. Phone No.: Truck No.: f. Vehicle License No /State: m. Vehicle License No./State: ___ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Onver Signature DESTINATION (Generator completes a-d, destination site completes e-f.) Section III a Site Namer_ c. Phone No.: Mailing Address Discrepancy Indication Space. I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) Section IV a. Operator's* Name: b. Operator's* Phone No.: c Operator's* Address: _ d Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified. packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e Operator's* Name & Title: Pnnt/Type Operator's Signature Name and Address of Responsible Agency

Operator refers to the company which owns leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



g. Friable; Non-friable; Both _

_ % friable _



If waste is asbestos waste, complete Sections I, II III and IV 042963 No. If waste is NOT asbestos waste, complete only Sections I. II and III. GENERATOR (Generator completes all of Section I) Section I PHYIMAKT b. Generating Location: __ If owner of the generating facility differs from the generator, provide: g. Owner's Name: 12 h Owner's Phone No.: TYPE DM - METAL DRUM DP - PLASTIC DRUM i. BFI WASTE CODE Containers B - BAG BA - 6 MIL, PLASTIC BAG Description of Waste: or WRAP OTHER UNITS GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to - POUNDS applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS 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 - CUBIC METERS hazardous waste as defined by 40 CFR Part 261. - CUBIC YARDS - OTHER HNGTL Generator Authorized Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d: Transporter II complete e-g Transporter II complete h-n) Section II h Name: Address: j. Driver Name/Title: k. Phone No.: I. Truck No.: e. Truck No.: f. Vehicle License No /State: _ m. Vehicle License No /State. ___ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Driver Signature Shipment Date DESTINATION (Generator completes a-d. destination site completes e-f.) Section III a Site Name: c. Phone No.: b. Physical Address: d Mailing Address e Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent ASBESTOS (Generator complete a-d, f, g, Operator completes e.) Section IV a. Operator's Name: b. Operator's* Phone No : c. Operator's' Address: d. Special Handling Instructions and additional information. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Operator's Signature f. Name and Address of Responsible Agency. q. Friable; Non-friable; Both __ % friable __

Operator refers to the company which owns leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.





If waste is asbestos waste, complete Sections I, II, III and IV No. 042962 If waste is NOT asbestos waste, complete only Sections I. f1 and III. Section I GENERATOR (Generator completes all of Section I) a. Generator Name: 🖺 🗫 🗅 MIMINUMENT b. Generating Location; ___ Phone No. e. Phone No.. --If owner of the generating facility differs from the generator, provide: g. Owner's Name: h. Owner's Phone No.: DM - METAL DRUM DP - PLASTIC DRUM B - BAG Containers BFI WASTE CODE - PLASTIC DRUM - BAG ΒA - 6 MIL. PLASTIC BAG Description of Waste. or WRAP - OTHER GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or UNITS any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to **POUNDS** applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS - CUBIC METERS - CUBIC YARDS 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. - OTHER ANG Generator Authorized Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d; Transporter I complete e-g Transporter II complete h-n) Section II TRANSPORTER I TRANSPORTER II h. Name: ı Address: h Address: j. Driver Name/Title: c. Driver Name/Title: PRINT/TYPE d. Phone No. Truck No.: k. Phone No.: . I. Truck No.: m. Vehicle License No./State: _ f. Vehicle License No./State: _ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. 80 Driver Signature Shipment Date Dover Signature Section III **DESTINATION** (Generator completes a-d. destination site completes e-f.) c. Phone No.: a. Site Name: b. Physical Address: d. Mailing Address CA GHECK e Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate Name of Authorized Agent ASBESTOS (Generator complete a-d, f, g, Operator* completes e) Section IV b Operator's* Phone No.: _ a. Operator's Name: c Operator's" Address: _ d Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified. packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Print/Type Operator's Signature f. Name and Address of Responsible Agency: g. Friable: Non-friable: 8oth % friable % nonfriable



Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, if. III and IV If waste is NOT asbestos waste, complete only Sections I, II and III.

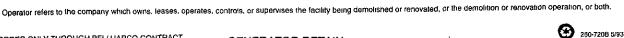
No.

042959

Section I	GENERATOR (Gener	rator completes all of Section ()	
a. Generator Name: (1- (1-	H- MINI " A T b.	Generating Location	.,
c. Address	<u>k _ :=== d.</u>	Address.	
LIVE MONES	and the same		
e. Phone No.: 5 : 0 :- 1411	X1'4 f	Phone No.:	
If owner of the generating facility differs from			*
g. Owner's Name:	<u> </u>	Owner's Phone No.:	1111
I. BFI WASTE CODE	4030731116	- CCC77 Containers	TYPE DM - METAL DRUM DP - PLASTIC DRUM
J. Description of Waste:	VITA GIASCLINE	k. Quantity Units No. TYPE	B - BAG BA - 6 MIL, PLASTIC BAG or WRAP
·		18 4 9 1	T - TRUCK O - OTHER
any applicable state law has been prope applicable regulations; AND, if the waste is	rly described, classified and packaged, and a a treatment residue of a previously res vaste has been treated in accordance with the fit 261.	at a hazardous waste as defined by 40 CFR Part 261 or it in proper condition for transportation according to tricted hazardous waste subject to the Land Disposatine requirements of 40 CFR Part 268 and is no longer a	P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Generator Authorized Agent Name			
Section II		Transporter I complete e-g Transporter II complete h-n	The same of the same of
TRANSPO		TRANSPORTER	
a. Name:		h. Name:	
b. Address: 567 610	(1) 945 50	Address:	
c. Dover Name/Title: 11/5/14	MANER	j. Driver Name/Title:	
d. Phone No.: 5-0) 44 1 2	48 e. Truck No.: [L/L/	k Phone No.:	INT/TYPE 1. Truck No.:
Vehicle License No /State: Acknowledgement of Receipt of M		m. Vehicle License No./State:	le
Acknowledgement of neceipt of tw	aterials.	Acknowledgement of Hedelpt of Huttonia	
Onver Signature	Shipment Date	n, Dnyer Signature	Shipment Date
Section III	DESTINATION (Generator con	npletes a-d, destination site completes e-f)	
a. Site Name.	LANTE FILE	c. Phone No.: 510 447 0	<u> </u>
		d. Mailing Address	
•	11 1. 2 1 2 3 3 45 11		
e. Discrepancy Indication Space:			
, ,	material has been accepted and to the	best of my knowledge the foregoing is true and acc	urate.
		/ / সভাৰসভাৱ	
Name of Authorized Agent	Signature	Receipt Date	
Section IV		plete a-d, f, g, Operator* completes e.)	
		b. Operator's* Phone No.:	
c. Operator's* Address:			
•			
OPERATOR'S CERTIFICATION: hereby	fectore that the contents of this consignment	ent are fully and accurately described above by proper highway according to applicable international and gove	shipping name and are classified
e. Operator's* Name & Title:		Operator's Signature	Date
Name and Address of Responsible Agency.			
	3oth % friable		
* —			
* Operator refers to the company which own	s, leases, operates, controls, or supervises t	he facility being demolished or renovated, or the demolition	or renovation operation, or both



If waste is asbestos waste, complete Sections I, II, III and IV 042939 No. If waste is NOT asbestos waste, complete only Sections i. II and III GENERATOR (Generator completes all of Section I) Section I b. Generating Location: a. Generator Name: ¿ d. Address: c Address 1 11 14 e. Phone No.: = 10 - 44 / If owner of the generating facility differs from the generator, provide: g. Owner's Name: h. Owner's Phone No.: TYPE METAL DRUM Containers DP - PLASTIC DRUM B - BAG i. BFI WASTE CODE BA - 6 MIL. PLASTIC BAG TYPE 1. Description of Waste: or WRAP OTHER UNITS GENERATOR'S CERTIFICATION I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or - POUNDS any applicable state law, 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 - YARDS Restrictions, I certify and warrant that the waste has been treated to accordance with the requirements of 40 CFR Part 268 and is no longer a - CUBIC METERS **CUBIC YARDS** hazardous waste as defined by 40 CFR Part 261 OTHER - ANGO Shipment Date Generator Authorized Agent Name Signature TRANSPORTER (Generator complete a-d; Transporter I complete h-n) Section II TRANSPORTER II TRANSPORTER I h. Name: J. Driver Name/Title: I. Truck No.: k. Phone No.: m. Vehicle License No./State. Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Onver Signature Shipment Date Shipment Date Daver Signature DESTINATION (Generator completes a-d, destination site completes e-f) Section III c. Phone No.: _____ a Site Name: d. Mailing Address b Physical Address: e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Signature ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) Section IV b. Operator's* Phone No.: _ a Operator's' Name. c. Operator's* Address: _ d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified. packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Operator's Signature Name and Address of Responsible Agency:



g Friable; Non-friable: Both

% friable

% nonfriable



If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III

No. 908305

Section I GENERATOR (Generation)	rator completes all of Section I)
a, Generator Name:	
c. Address d.	Address:
2115 116 5 1115	
e. Phone No.:	Phone No.:
g. Owner's Name: h.	Owner's Phone No.: 10
i. BFI WASTE CODE 7.075075076	TYPE Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j Description of Waste:	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations. AND, if the waste is a treatment residue of a previously res Restrictions, I certify and warrant that the waste has been treated in accordance with thazardous waste as defined by 40 CFR Part 261	t is in proper condition for transportation according to P - POUNDS tricted hazardous waste subject to the Land Disposal Y - YARDS
Generator Authonzed Agent Name Signature	Shipment Date
Section II , TRANSPORTER (Generator of	Transporter I complete e-g mplete a-d; Transporter II complete h-n)
TRANSPORTER (TRANSPORTER II
a. Name:	
b. Address:	i. Address:
114 118 11 1/1 1/13	
c. Driver Name/Title: PRINT/TYPE 2	j. Driver Name/Title: PRINT/TYPE
d. Phone No.: e. Truck No.:	k. Phone No.: l. Truck No.:
f. Vehicle License No./State.	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature Shipment Date	n. Oriver Signature Shipment Date
	pietes a-d, destination site completes e-f.)
a. Site Name:	c. Phone No
	d. Mailing Address
e. Discrepancy Indication Space:	*
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
f	
Name of Authorized Agent Signature	Receipt Date
	piete a-d, f, g, Operator* completes e)
a. Operator's* Name:	_ b. Operator's* Phone No.:
c. Operator's* Address:	
d, Special Handling Instructions and additional information.	
packed, marked, and labeled, and are in all respects in proper condition for transport by	ent are fully and accurately described above by proper shipping name and are classified highway according to applicable international and government regulations.
e, Operator's' Name & Title Print/Type	Operator's Signature Date
f Name and Address of Responsible Agency:	Spanis Signal
q. Friable: Non-friable: Soth % friable	
	the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II. III and IV 040903 No. If waste is NOT asbestos waste, complete only Sections I. II and III. GENERATOR (Generator completes all of Section 4) Section I b Generating Location: d Address: 11550 ×1-14 f. Phone No.: If owner of the generating facility differs from the generator, provide: g. Owner's Name: 🛂 👆 HNITE h. Owner's Phone No.: TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG i. BFI WASTE CODE Containers I. Description of Waster or WRAP - TRUCK - OTHER <u>UNITS</u> GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to - POUNDS applicable regulations; AND, If the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS 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 - CUBIC METERS hazardous waste as defined by 40 CFR Part 261 - CUBIC YARDS - OTHER Generator Authorized Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d: Transporter i complete e-g Transporter i complete i n-n) Section II TRANSPORTER II a. Name: h. Name: i. Address: b. Address: c. Driver Name/Title: Driver Name/Title: k. Phone No.: _ d. Phone No.: e. Truck No.: f. Vehicle License No /State: _ m Vehicle License No./State. _ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Onver Signature Shipment Date **DESTINATION** (Generator completes a-d, destination site completes e-f.) Section III c. Phone No.: a. Site Name: d. Mailing Address b Physical Address. e. Discrepancy Indication Space I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Signature ASBESTOS (Generator complete a-d, f, g, Operator completes e.) Section IV a Operator's* Name: b. Operator's* Phone No : _ c Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Operator's Signature f Name and Address of Responsible Agency:



ORDER ONLY THROUGH BEIL/ UARCO CONTRAC

g 🔲 Friable; 🔲 Non-friable; 🗀 Both 🔔

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

% nonfriable

___ % friable ___



If waste is asbestos waste, complete Sections I. II. III and IV

No. 040905

Section I	GENERATOR	(Generator comptetes all of Section I)	*
Generator Name:		b. Generating Location	
Address		b. Generating Location d. Address:	
	., -0		
	.0. 21011	f. Phone No :	
Phone No.:	y differs from the generator, provide:	1. Priorie No :	
-		h. Owner's Phone No.:	
. Owner's Name:			TYPE
BFI WASTE CODE	日の四の日 日本3月7		METAL DRUM PLASTIC DRUM BAG
Description of Waste:	Y: h. In Cansul we		6 MIL. PLASTIC BAG or WRAP TRUCK OTHER
any applicable state law, has applicable regulations, AND, if Restrictions, I certify and warre hazardous waste as defined by	been properly described, classified and packag the waste is a treatment residue of a previou ant that the waste has been treategrin accordance	usly restricted hazardous waste subject to the Land Disposal ewith the requirements of 40 CFR Part 268 and is no longer a M^3	UNITS POUNDS YARDS CUBIC METERS CUBIC YARDS OTHER
Generator Authorized Agent N	ame Signature	Transporter I contriete e-c	2
Section II		erator complete a-d; Transporter II complete e-g Transporter II complete h-h TRANSPORTER II	range of the same
J	RANSPORTER I.		
Name:	<u> </u>	h. Name:	
. Address:		. Address:	<u>.</u>
	·	,	
Driver Name (Tribe)		j. Driver Name/Title:	
Driver Name/Title:	PAINT/TYPE		ruck No.:
j, Phone No.:	PRINT/TYPE	k. Frione No	
Vehicle License No./State:		m. Vehicle License No /State: Acknowledgement of Receipt of Materials.	
Acknowledgement of Re	Celpt of Waterlais.	- The state of the	
	Shipment Date	n Driver Signature	Shipment Date
Driver Signature Section III		rator completes a-d, destination site completes e-f)	
			71
		c. Phone No.: 540 445 7- 346	-1(-
o. Physical Address: ~//`(7 - VALO 1 D	d. Mailing Address	
<u> </u>	The house of the start of	<u> </u>	
Discrepancy Indication Spa	ace:		
I hereby certify that the abo	ove named material has been accepted and	d to the best of my knowledge the foregoing is true and accurate.	
		May realized	
l			
Name of Authorized Agent	Signature	Receipt Date	,
Section IV		ator complete a-d, f, g, Operator* completes e.)	~
a Operator's* Name:		b Operator's* Phone No.:	
c. Operator's* Address:			
d. Special Handling Instruction	ns and additional information:		
	the I harabu dealars that the contents of this C	onsignment are fully and accurately described above by proper shipp insport by highway according to applicable international and governme	ing name and are class nt regulations.
e. Operator's* Name & Title	Рппт/Туре	Operator's Signature	Date
Name and Address			
of Responsible Agency:			



If waste is asbestos waste, complete Sections I, II, III and IV No. 042941 If waste is NOT asbestos waste, complete only Sections I, II and III Section I GENERATOR (Generator completes all of Section I) //// b. Generating Location: Phone No If owner of the generating facility differs from the generator, provide: g. Owner's Name: 1 h. Owner's Phone No. TYPE i. BFI WASTE CODE Containers - METAL DRUM - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG Description of Waste: TYPE or WRAP GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or <u>UNITS</u> any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to - POLINDS applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS Resinctions, 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 - CUBIC METERS hazardous waste as defined by 40 CFR Part 261. - CUBIC YARDS OTHER ANGI Generator Authorized Agent Name Signature -Shipment Date TRANSPORTER (Generator complete a-d; Transporter I complete e-g Section II Establish Property TRANSPORTER I TRANSPORTER II h. Name: b. Address: i. Address: j." Driver Name/Title: е k. Phone No.: _ I. Truck No.: f. Vehicle License No./State: m. Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Onver Signature Driver Signature Section III DESTINATION (Generator completes a-d, destination site completes e-f.) Sander ! c. Phone No.: d. Mailing Address JUEKNUKE CA e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) a. Operator's Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified. packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Pnnt/Type Operator's Signature f Name and Address of Responsible Agency: g. Friable: Non-friable; Both % friable Operator refers to the company which owns leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST If waste is asbestos waste, complete Sections I. In III and IV

	If waste is NOT asbestos waste, or		omplete only Sections I. If and III. No. 042953		
Section I	GENERATOR	(Gene	rator completes all of Section 1)		
a. Generator Name: 🔼	+C GASDINIMAKT	_ b.	Generating Location.		
c. Address <u> </u>	FSTREET	d.	Address:		
VENN	DRE A 945 TO	_			
e. Phone No.: <u>510.</u> If owner of the generating	facility differs from the generator, provide.				
g. Owner's Name: 13	SANGLE	h.	Owner's Phone No.: 510 447 3194		
i. BFI WASTE CODE	CA 40507319	6	TYPE O O O Containers DM - METAL DRUM DP - PLASTIC DRUM		
Description of Waste:	SUIL WITH GASOLINE		k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK		
any applicable state taw applicable regulations: A Restrictions, I certify and	FICATION: I hereby certify that the above named materns, has been properly described, classified and package, ND, if the waste is a treatment residue of a previous divarrant that the waste has been treated in accordance ned by 40 CFR Part 261. Signature Signature	ed, and sly res	this in proper condition for transportation according to P - POUNDS tricted hazardous waste subject to the Land Disposal Y - YARDS		
Section II		retor or	omplete a-d: Transporter Loomblete a-g omplete a-d: Transporter Loomblete 1-n		
Gection II	TRANSPORTER I	albi CC	TRANSPORTER II		
a. Name: Amer	ican Conit.		h. Name:		
,	Exchange Ct.		i. Address:		
110	crinore CA 9453	 5			
c Driver Name/Title:	PRINTTYPE		j Driver Name/Title:		
Dhore No.	PRINT/TYPE		k Phone No I. Truck No.:		
4. Mahiala Lingana No. (C)	19 447 JYJa. Truck No. 124 tate: 7 7 576		m. Vehicle License No./State:		
Acknowledgement of	of Receipt of Materials.		Acknowledgement of Receipt of Materials.		
21.00	08019	16			
	Shipment Date		Oriver Signature Shipmant Date		
Section III			npletes a-d. destination site completes e-f)		
a. Site Name: MASCE MI, ANDFILE C. Phone No. 10 447 2711					
b. Physical Address:	HODIN VASCO KE IVERNORE -11-145	<u> </u>	d. Mailing Address		
e Discrepancy Indication					
f hereby certify that the	e above named material has been accepted and t	to the	best of my knowledge the foregoing is true and accurate.		
Name of Authorized Agent	Signature		Receipt Date		
Section IV	ASBESTOS (Generat	or com	plete a-d, f, g, Operator* completes e.)		
a. Operator's* Name:			b. Operator's* Phone No.:		
c. Operator's Address:					
d. Special Handling Instr	uctions and additional information:				
OPERATOR'S CERTIFICA packed, marked, and labele	TION: I hereby declare that the contents of this condition and are in all respects in proper condition for trans	signm port by	ent are fully and accurately described above by proper shipping name and are classified y highway according to applicable international and government regulations.		
e Operator's* Name & T	itle:		Operator's Signature Date		
 Name and Address 	Print/Type		Character of a Communication of the Communication o		
g. Triable: No	n-friable: 8oth % friable _		°6 nonfræble		

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I. II, III and IV No. 042955 If waste is NOT asbestos waste, complete only Sections I. II and III GENERATOR (Generator completes all of Section I) Section I a. Generator Name: Fire GAS MINIMANT b Generating Location: ___ DAMERNOKE, CA 145 510 449-3194 f. Phone No.. e. Phone No.: _ If owner of the generating facility differs from the generator, provide: g. Owner's Name: h Owner's Phone No.: TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG i. BFI WASTE CODE Containers BA - 6 MIL. PLASTIC BAG. j. Description of Waste: <a> or WRAP - TRUCK - OTHER UNITS GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to POUNDS applicable regulations, AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS - CUBIC METERS - CUBIC YARDS 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 - OTHER ANGL Generator Authorized Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d; Transporter II complete e-g Transporter II complete h-n) Section II TRANSPORTER I TRANSPORTER II h. Name: i. Address: j. Driver Name/Title: c. Driver Name/Title: d. Phone No.: (5/) 407 k. Phone No.: _ !. Truck No.. *2 4 € €* e. Truck No. m. Vehicle License No./State: _ f. Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Onver Signature Onver Signature **DESTINATION** (Generator completes a-d. destination site completes e-f.) Section III LANDFILL c Phone No.: 510 447 6471 b. Physical Address: d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent ASBESTOS (Generator complete a-d, f, g, Operator* completes e) Section IV b. Operator's* Phone No.: _ a. Operator's* Name: c. Operator's* Address: _ d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's" Name & Title f Name and Address of Responsible Agency Friable: Non-friable. Both __ % friable _

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both. 260-720B 5/93



If waste is asbestos waste, complete Sections I II III and IV If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No.

042951

Section 1 GENERATOR (Ger	nerator completes all of Section I)
a. Generator Name: F. + C GIAS MINIMART	b. Generating Location:
c. Address ROOK F STREET	d. Address:
LIVERMORE SA 14550	-
e. Phone No.: 510 -141 3174	f. Phone No.: 11C 447 3134
If owner of the generating facility differs from the generator, provide	
g. Owner's Name: 13.5.0NGLE	h Owner's Phone No: 5/0 449-2114
i. BFI WASTE CODE A 405 073/96	00077 Containers DM - METAL DRUM DP - PLASTIC DRUM
J. Description of Waste: SOIL WITH GASOLINE	k. Quantity Units No. TYPE BA -6 MIL. PLASTIC BAG or WRAP
	T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, a applicable regulations. AND, if the waste is a treatment residue of a previously reflections, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261.	P - POUNDS estricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a The requirements of
Generator Authorized Agent Name Signature	Shipment Date Transporter I complete e-a
Section II TRANSPORTER (Generator TRANSPORTER I	complete a-d: Transporter II complete e-g TRANSPORTER II
Contract Contract	
b. Address: 567 Ficha, P CY Livirinori CA 94556	2
c. Driver Name/Title:	j. Driver Name/Title.
d. Phone No. 5/0) 44 1. 2.464 PRINT/TYPE e. Truck No.:	k Phone No.: I. Truck No.:
Vehicle License No /State:	m Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Onver Signature Shipment Date	n
	ompletes a-d, destination site completes e-f.)
a. Site Name: MASCO KID -ANDFILL	c. Phone No . <u>510</u> <u>447-0491</u>
b. Physical Address. 4001 N VASCO AL	
LIVERMINE CA 745 EC	<u> </u>
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	e best of my knowledge the foregoing is true and accurate
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator co	omplete a-d, f, g, Operator* completes a.)
a. Operator's* Name.	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	ment are fully and accurately described above by proper shipping name and are classified, by highway according to applicable international and government regulations.
e Operator's* Name & Title:	
Print/Type I. Name and Address of Responsible Agency	Operator's Signature Date
g. Friable; Non-fnable; Both % fnable	% nonfrable





If waste is asbestos waste, complete Sections I, If III and IV 042949 No. If waste is NOT asbestos waste, complete only Sections I. II and III. Section I GENERATOR (Generator completes all of Section I) _ b. Generating Location: _ d Address. If owner of the generating facility differs from the generator, provide: g. Owner's Name: 1 h. Owner's Phone No.: **IYPE** i. BFI WASTE CODE DM - METAL DRUM Containers DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK TYPE OTHER GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or UNITS any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to POUNDS applicable regulations. AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS 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 - CUBIC METERS - CUBIC YARDS hazardous waste as defined by 40 CFR Part 261 OTHER S. ANGL Generator Authorized Agent Name Signature Section II TRANSPORTER (Generator complete a-d: Transporter I complete e-g Transporter II complete h-n) TRANSPORTER TRANSPORTER II a. Name: h. Name: i. Address: c. Driver Name/Title: j. Driver Name/Title: PRINT/TYPE <u> フュゲン</u> e Truck No. d. Phone No. 27 k Phone No.: _ f. Truck No.: _ 1 Vehicle License No./State: m. Vehicle License No /State. _ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Onver Signature Section III **DESTINATION** (Generator completes a-d, destination site completes e-f) c. Phone No.: 510 b. Physical Address d Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) a. Operator's Name: b. Operator's* Phone No.: c Operator's Address: _ d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Operator's Signature f. Name and Address of Responsible Agency: _ g 🔲 Friable: 🔲 Non-friable; 🛄 Both _ % friable _

Operator refers to the company which owns, leases operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both,



If waste is asbestos waste, complete Sections I. II. III and IV

042957 No. If waste is NOT aspestos waste, complete only Sections I, II and III GENERATOR (Generator completes all of Section I) Section I CARL MINISTER b. Generating Location: _ 2194 If owner of the generating facility differs from the generator, provide: 72. <.. g. Owner's Name: ___ h. Owner's Phone No.: DM - METAL DHOW DP - PLASTIC DRUM B - BAG PLASTIC! i. BFI WASTE CODE Containers B - BAG BA - 6 MIL. PLASTIC BAG Description of Waste: or WRAP - OTHER GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or UNITS any applicable state law. has been properly described, classified and packaged, and is in proper condition for transportation according to - POUNDS applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS 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 - CUBIC METERS hazardous waste as defined by 40 CFR Part 261 - CUBIC YARDS - OTHER 13.5. ANG L Generator Authorized Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d; Transporter I complete e-g Transporter II complete h-n) 1 12 4 Section II TRANSPORTER I TRANSPORTER II h. Name i. Address. b. Address: c. Driver Name/Title: 3. Driver Name/Title. عرض e. Truck No.: k. Phone No.: __ I. Truck No.: ___ d. Phone No.: f Vehicle License No./State. m. Vehicle License No./State: _ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Onver Signature Driver Signature Shipment Date Section III **DESTINATION** (Generator completes a-d, destination site completes e-f.) c Phone No. _510 · 447 · LHNIDEILL d. Mailing Address .45 e. Discrenancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Signature ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) Section IV a. Operator's* Name: b. Operator's* Phone No.: ___ c. Operator's Address: _ d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified. packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Operator's Signature f. Name and Address of Responsible Agency: __ g. Trable: Non-friable: Both __ % friable _ % nonfriable



Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both



If waste is asbestos waste, complete Sections I, II, III and IV 042938 No. If waste is NOT asbestos waste, complete only Sections I, II and III Section I GENERATOR (Generator completes all of Section I) GIAS MINIMART b. Generating Location: 449-2194 If owner of the generating facility differs from the generator, provide NGL g. Owner's Name: h. Owner's Phone No.: TYPE is BFI WASTE CODE DM - METAL DRUM DP - PLASTIC DRUM B - BAG Containers j. Description of Waste: 6 MIL. PLASTIC BAG TYPE or WRAP OTHER GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or UNITS any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to - POUNDS applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS 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 - CUBIC METERS - CUBIC YARDS hazardous waste as defined by 40 CFR Part 261. 13.5.ANG2 OTHER Generator Authorized Agent Name Shipment Date Section II TRANSPORTER (Generator complete a-d; Transporter II complete e-g Transporter II complete h-n) TRANSPORTER (TRANSPORTER II a. Name: h. Name: i. Address: i. Driver Name/Title: 4 e. Truck No: k. Phone No: _ I. Truck No.: Vehicle License No./State: m Vehicle License No./State: __ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Dover Signature Driver Signature Shipment Date Section III DESTINATION (Generator completes a-d, destination site completes e-f.) RD. LAND FILL b. Physical Address: 4001 d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) a. Operator's Name: b Operator's* Phone No.: _ c. Operator's Address. d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified. packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e Operator's* Name & Title: Pnnt/Type Operator's Signature f. Name and Address of Responsible Agency: _ g Friable: Non-friable: Both _ % friable _ % nonfriable Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I. II. III and IV If waste is NOT asbestos waste, complete only Sections I. II and III

No.

042961

Section I GENERATOR (G	enerator completes all of Section ()
a. Generator Name: 1944- CTHS ININI MART	b Generating Location:
c. Address Province TheET	d Address:
LIVERMONE - 145JU	
e. Phone No.: 510 247 3174 If owner of the generating facility differs from the generator, provide:	f. Phone No.:
	h. Owner's Phone No.: <u>510</u> 447. 3144
. BFI WASTE CODE CA LUS 07317	TYPE
J. Description of Waste: SCIL WITH CHIOLINE	P - DAG
	O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261. Generator Authorized Agent Name Signature	and is in proper condition for transportation according to restricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a Y3 - CUBIC METERS Y3 - CUBIC MATERS Y4 - CUBIC YARDS
Section II TRANSPORTER (Generate TRANSPORTER I	or complete a-d; Transporter II complete h-n) TRANSPORTER II TRANSPORTER II
a. Name: America Const.	h. Name:
b. Address: 567 Exchance (1	ı. Address:
Liverinare Cit 955	i Address.
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: 531/47-3484 e. Truck No.: 624	k. Phone No.:
f. Vehicle License No./State:	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. 7 s 12 9 Onver Signature Shipment Date	n. Orriver Signature Shipment Date
Section III DESTINATION (Generator of	completes a-d, destination site completes e-f.)
a. Site Name: A A A A A A A A A A A A A A A A A A A	c. Phone No.: 510 4-17 0441
b. Physical Address:	d. Mailing Address
- 115 m 15 5 5 m 14	<u> </u>
e Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to t	he best of my knowledge the foregoing is true and accurate.
* *******	7/09/03 = 7
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator of	complete a-d, f, g, Operator* completes e)
a. Operator's* Name.	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consig packed, marked, and labeled, and are in all respects in proper condition for transpor	nment are fully and accurately described above by proper shipping name and are classified, t by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	
Pnnt/Type 1. Name and Address	Operator's Signature Date
of Responsible Agency	
g. Triable: Non-friable: Both % friable	% nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both



If waste is aspestos waste, complete Sections I. II. III and IV f waste is NOT asbestos waste, complete only Sections I. II and III.

Section I	GENERATOR (Gener	ator completes all of Section I)	
a Generator Name: S4C SA 11	INIMARI be	Generating Location:	· · · · · · · · · · · · · · · · · · ·
c Address	d.	Address:	
LIVERNIDAF CA			
e. Phone No.: 5 i () - 4/4//- 3 If owner of the generating facility differs from the gen	erator, provide:		
g. Owner's Name: 3.5.ANG	<u>i E.</u> h.	Owner's Phone No.: 510 4/47	1-3194
i. BFI WASTE CODE	073196	- 0 0 0 7 7 Containers	DIM - METAL DRUM DIP - PLASTIC DRUM B - BAG
j. Description of Waste: SOIL WITH	SASOLINE	k. Quantity Units No. TYPE	BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
Restrictions, I certify and warrant that the waste has be hazardous waste as defined by 40 CFR Part 261	 d, classified and packaged, and int residue of a previously resi een treated in accordance with the provided in accordance with the provided in accordance with the provided in acco	t a hazardous waste as defined by 40 CFR Part 261 or is in proper condition for transportation according to increted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a	UNITS P - POUNDS Y - YARDS M' - CUBIC METERS Y' - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Si	mature	Shipment Date	
Section II TRAN	ISPORTER (Generator co	Transporter I complete e-g mplete a-d: Transporter II complete h-n)	The state of the s
TRANSPORTER I		. TRANSPORTER	П
a. Name:	5 /	h. Name	
b. Address:		ı. Address:	
Lieunes C	A 745 0		
c. Driver Name/Title: PRINT/	YPE	j. Driver Name/Title:	INT/TYPE
d. Phone No	Truck No.:	k. Phone No	I. Truck No.:
f. Vehicle License No /State:		m. Vehicle License No./State:	<u> </u>
Acknowledgement of Receipt of Materials.		Acknowledgement of Heodipt of Matorial	
g. Dover Signature	Shipment Date	N	Shipment Date
Section III DES	TINATION (Generator com	pletes a-d, destination site completes e-f)	
a Site Name: VASCC III. LA	INDFILL	c Phone No 510 447 0	491
b Physical Address: 4C1 11. A	COND	d Mailing Address	
LIVERMON	ECA 1455(_ c Phone No	
e. Discrepancy indication Space:			
I hereby certify that the above named material ha	s been accepted and to the I	pest of my knowledge the foregoing is true and acc	urate.
f			
	PECTOS (Consentes com	Receipt Date plete a-d, f, g, Operator* completes e.)	
a. Operator's* Name:			
c. Operator's* Address*			
d. Special Handling Instructions and additional infor			
OPERATOR'S CERTIFICATION: I hereby declare that packed, marked, and labeled, and are in all respects in p	the contents of this consignment proper condition for transport by	ent are fully and accurately described above by proper highway according to applicable international and gove	shipping name and are classified, imment regulations.
e Operator's* Name & Title.		Occasion Communication	Date
f Name and Address		Operator's Signature	Dai u
of Responsible Agency:			
g. 🗌 Fnable: 🗍 Non-friable; 📋 Both	% friable	% nonfriable	

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both.





If waste is asbestos waste, complete Sections I. II. III and IV 042950 No. If waste is NOT asbestos waste, complete only Sections I II and III GENERATOR (Generator completes all of Section t) Section I a Generator Name: Bac GAS MINI MART b. Generating Location If owner of the generating facility differs from the generator, provide: g. Owner's Name: __1___ ANCO h Owner's Phone No.: TYPE DM - METAL DRUM DP - PLASTIC DRUM i. BFI WASTE CODE Containers B - BAG BA - 6 MIL. PLASTIC BAG j. Description of Waste: _ Nο TYPE or WRAP OTHER UNITS GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to - POLINDS applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS 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 - CUBIC METERS hazardous waste as defined by 40 CFR Part 261. - CUBIC YARDS - OTHER Generator Authorized Agent Name Signature . TRANSPORTER (Generator complete a-d: Transporter II complete e-g Section II TRANSPORTER I h. Name: Address: c. Driver Name/Title:] Driver Name/Title: d. Phone No. (5/) 4/4" e Truck No.: k. Phone No.: I. Truck No.: / Vehicle License No./State: m Vehicle License No./State. _ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Onver Signature Shipment Date Driver Signature **DESTINATION** (Generator completes a-d, destination site completes e-f) Section III c. Phone No.: _ a. Site Name: _ b. Physical Address: 🚉 🖰 🤭 d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) Section IV a. Operator's* Name: b, Operator's* Phone No.: c. Operator's* Address: _ d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations e. Operator's* Name & Title:

Operator's Signature



a. Friable; Non-friable; Both

f. Name and Address of Responsible Agency:

____ % friable ___

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I II III and IV If waste is \underline{NOT} asbestos waste, complete only Sections I. II and III

No.

042966

Section I GENE	RATOR (Generator completes all of Section I)
a. Generator Name.	b. Generating Location.
c Address	d Address:
1112 301 30 - 30 505	
	f Phone No.:
If owner of the generating facility differs from the generator, provi	/ide:
g. Owner's Name: 2 S ANCALE	h. Owner's Phone No.: [] () 1.461 / X1 /4
I. BFI WASTE CODE	Containers DM - METAL DRUM DP - PLASTIC DRUM DP - PLASTIC DRUM
). Description of Waste:	The state of the s
any applicable state law, has been properly described, classified applicable regulations; AND, if the waste is a treatment residue of Restrictions, I certify and warrant that the waste has been treated in hazardous waste as defined by 40 CFR Part 261.	amed material is not a hazardous waste as defined by 40 CFR Part 261 or and packaged, and is in proper condition for transportation according to of a previously restricted hazardous waste subject to the Land Disposal in accordance with the requirements of 40 CFR Part 268 and is no longer a cubic YARDS O - OTHER
Generator Authonzed Agent Name Signature	Shipment Date
	ER (Generator complete a-d: Transporter I complete e-g Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
a. Name: American Const	h. Name
b. Address: 567 Fxch 2, 2	
	94550
c. Driver Name/Title: PRINT/TYPE	j Driver Name/Title:
d. Phone No. (1) 447 248 4 e. Truck No	k. Phone No.:
f. Vehicle License No./State:	m. Vehicle License No./State.
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
g. Driver Signature	rupment Date Driver Signature Shipment Date
	N (Generator completes a-d, destination site completes e-f.)
a. Site Name:	c. Phone No.:
•	d Mailing Address
1	- 1
Discrepancy Indication Space: I hereby certify that the above named material has been accompanied.	epted and to the best of my knowledge the foregoing is true and accurate.
,,	,
f	
Name of Authorized Agent Signature	Receipt Date
	S (Generator complete a-d. f, g, Operator* completes #.)
a. Operator's* Name:	b Operator's* Phone No ·
c. Operator's* Address:	THE LOCAL CONTRACT OF
	\$
OPERATOR'S CERTIFICATION: I hereby declare that the contents packed, marked, and labeled, and are in all respects in proper conditions.	s of this consignment are fully and accurately described above by proper shipping name and are classified ion for transport by highway according to applicable international and government regulations.
e. Operator's* Name & Title:	
f. Name and Address	Operator's Signature Date
of Responsible Agency:	
g. Friable: Non-friable: Both	% friable % nonfriable

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



REORDER ONLY THROUGH 8FF / UARCO CONTRACT CENEDATOR RETAIN



If waste is asbestos waste, complete Sections I, II, III and IV No. 042944 If waste is NOT asbestos waste, complete only Sections I, II and III. Section I GENERATOR (Generator completes all of Section I) S.MINIMART b. Generating Location: _ d. Address: e. Phone No.: \Xi f. Phone No.: If owner of the generating facility differs from the generator, provide: h Owner's Phone No.: g. Owner's Name: _ TYPE BFI WASTE CODE DM - METAL DRUM Containers DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG k. Quantity j. Description of Waste: _ or WRAP GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or UNITS any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to - POUNDS applicable regulations, AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal YARDS 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 - CUBIC METERS hazardous waste as defined by 40 CFR Part 261 - CUBIC YARDS - OTHER ANGI Generator Authorized Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d; Transporter I complete e-g Transporter II complete h-n) Section II 1-3-30 TRANSPORTER I TRANSPORTER II a. Name h. Name. i. Address: c. Driver Name/Title: i. Driver Name/Title: PRINT/TYPE PRINT/TYPE *2 √.*, √e. Truck No.. d. Phone No.: 🚣🖊 k. Phone No.: __ __ I. Truck No.: _ m Vehicle License No./State: _ f. Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. 2 0 Dover Signature Driver Signature Shipment Date Shipment Date DESTINATION (Generator completes a-d, destination site completes e-f.) Section III c. Phone No.: 510 - 447 d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate Name of Authorized Agent ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) Section IV a. Operator's* Name: _ b. Operator's* Phone No.: _ c. Operator's' Address d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations e Operator's* Name & Title* Print/Type Operator's Signature f. Name and Address of Responsible Agency: g. Friable: Non-friable: Both % friable % nonfræble

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.





If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III.

No. 908311

Section I	GENERATOR (Gene	rator completes all of Section ()	
a. Generator Name:	b.	Generating Location:	
c Address	di	Address:	
e. Phone No.:		Phone No.:	
If owner of the generating facility differs t			
g. Owner's Name:	<u>,'</u>	Owner's Phone No.:	114
i. BFI WASTE CODE		Containers	TYPE DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste:	1. Fur St. 31. 302	k, Quantity Units No. TYPE	B - BAG BA - 6 MIL. PLASTIC BAG OF WRAP T - TRUCK O - OTHER
any applicable state law, has been propapplicable regulations; AND, if the waste Restrictions, I certify and warrant that the hazardous waste as defined by 40 CFR F	perly described, classified and packaged, and is a treatment residue of a previously res waste has been treated in accordance with the	ot a hazardous waste as defined by 40 CFR Part 261 or it is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal ne requirements of 40 CFR Part 258 and is no longer a	UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Generator Authorized Agent Name			
Section II		Transporter I complete e-g Transporter II complete h-n	Garagay ()
1 TRANSP		TRANSPORTER	ł II
a. Name: Mistra Ca .		h. Name:	
b Address: _ * & 7 / *	1.0 . 1.	i. Address:	
fine in	1 7 943		
c. Driver Name/Title		j. Driver Name/Title:	имтл ү ре
d. Phone No.:	e. Truck No.:	k. Phone No.:	
f. Vehicle License No./State		m. Vehicle License No./State:	John Carrier C
Acknowledgement of Receipt of I	Materials.	Acknowledgement of Receipt of Materia	ls.
g. Onvet Signature	Shipment Date	n	Shipment Date
Section III		pletes a-d, destination site completes e-f.)	
a Site Name:	•	c. Phone No.:	!
		d Mailing Address	
b Thysical Addition.		- Vitaling / State State	
e. Discrepancy Indication Space:i hereby certify that the above named		best of my knowledge the foregoing is true and acc	urate.
f, Name of Authonzed Agent	Signature	Receipt Date	
Section IV	ASBESTOS (Generator com	plete a-d, f, g, Operator* completes e.)	
a. Operator's* Name:		b. Operator's* Phone No.:	
·			
•	,		
OPERATOR'S CERTIFICATION: I hereby	declare that the contents of this consignment	ent are fully and accurately described above by proper highway according to applicable international and gove	
e. Operator's' Name & Title:			
f Name and Address		Operator's Signature	Date
of Responsible Agency:			
g. Friable: Non-friable;	Both % friable	% nonfriable	
* Operator refers to the company which ow	ns, leases, operates, controls, or supervises the	ne facility being demolished or renovated, or the demolition	or renovation operation, or both





If waste is asbestos waste, complete Sections (III, III and IV No. 042946 If waste is NOT asbestos waste, complete only Sections I, II and III Section I GENERATOR (Generator completes all of Section I) b. Generating Location: _ d. Address Phone No.: If owner of the generating facility differs from the generator, provide: g. Owner's Name: h Owner's Phone No.: TYPE DM - METAL DRUM DP - PLASTIC DRUM i. BFI WASTE CODE Containers BA - 6 MIL. PLASTIC BAG TYPE or WRAP Description of Waste: OTHER GENERATOR'S CERTIFICATION | I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or UNITS any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to - POUNDS applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS 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 - CUBIC METERS hazardous waste as defined by 40 CFR Part 261. - CUBIC YARDS -- OTHER Generator Authonzed Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d: Transporter I complete e-g Transporter II complete h-n) Section II TRANSPORTER II h. Name: b. Address: Address c. Driver Name/Title Driver Name/Title d. Phone No.: _ k. Phone No.: I Truck No.: e. Truck No. f. Vehicle License No./State: m. Vehrcle License No./State: _ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. 2 Onver Signature **DESTINATION** (Generator completes a-d, destination site completes e-f.) Section III c. Phone No : a. Site Name: b. Physical Address: d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the, foregoing is true and accurate. Name of Authorized Agent Signature ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) Section IV a. Operator's* Name: b. Operator's* Phone No.: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Operator's Signature Name and Address of Responsible Agency. g. 🔲 Friable; 🔲 Non-friable; 🔲 Soth 🔙 __ % frable __ % nonfriable



Operator refers to the company which owns leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I, II, III and IV If waste is $\underline{\text{NOT}}$ asbestos waste, complete only Sections I, II and III No. 042942 Section [GENERATOR (Generator completes all of Section I) b. Generating Location d. Address: If owner of the generating facility differs from the generator, provide: g. Owner's Name: 12 h Owner's Phone No.: i BFI WASTE CODE DM - METAL DRUM DP - PLASTIC DRUM Containers B - BAG BA - 6 MIL. PLASTIC BAG j. Description of Waste. or WRAP OTHER GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to UNITS applicable regulations: AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal POUNDS 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 - YARDS hazardous waste as defined by 40 CFR Part 261 - CUBIC METERS - CUBIC YARDS - OTHER ANG Generalor Authorized Agent Nam Signature Shipment Date TRANSPORTER (Generator complete a-d; Transporter II complete b-n Section II TRANSPORTER I TRANSPORTER II a. Name: h. Name: ı Address: C. Driver Name/Title: J. Driver Name/Title: 5/0)447.1489 PRINT/TYPE d. Phone No.: k. Phone No.. ___ f Vehicle License No./State: m. Vehicle License No /State: _ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Driver Signature Driver Signature Section III **DESTINATION** (Generator completes a-d, destination site completes e-f.) Shipment Date c Phone No =10 . 447. 0471 b Physical Address: Little 1 1/1 d Mailing Address GA 14550 MOKE e Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) a. Operator's Name: _ _ b Operator's* Phone No. c. Operator's* Address: _ d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified. packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations e. Operator's* Name & Title: Operator's Signature Name and Address of Responsible Agency: _ g Friable; Non-friable, Both _ % friable ___ % nonfræble Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.



If waste is asbestos waste, complete Sections I II, III and IV If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III

No.

042967

Section I GENERATOR (General	ator completes all of Section ()
a. Generator Name: 1200 Cont. 11111 MINING	Generating Location:
c. Address d	Address:
LIVER MORELA MISTO	
e. Phone No.: 510 - 444 (1 - 31-74)	Phone No.:
If owner of the generating facility differs from the generator, provide:	
g. Owner's Name: h. h.	
. BFI WASTE CODE C A 405 073196	TYPE O U C 7 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: SOIL INTH GASOLNE k	C. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG OF WRAP T - TRUCK OF OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 261.	a hazardous waste as defined by 40 CFR Part 261 or is in proper condition for transportation according to ricted hazardous waste subject to the Land Disposal e requirements of 40 CFR Part 268 and is no longer a proper country of the country of th
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generator con	npiete a-d: Transporter I complete e-g
TRANSPORTER I	TRANSPORTER II
a. Name: American Const.	h Name'
b. Address: 567 Exchange Ct.	i Address:
Livermore CH 94550	
c. Driver Name/Title: 1/ / A PRINT/TYPE	j.* Driver Name/Title:
d. Phone No.: (5/3) 447 243 4 e. Truck No.:	k. Phone No.:
f. Vehicle License No./State:	m. Vehicle License No /State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
9	n
Driver Signature Shipment Date Section III DESTINATION (Generator comp	Onver Signature Shipment Oate eletes a-d, destination site completes e-f.)
a. Site Name: MANDON NO LANDFILL	
b. Physical Address: GODI N 3 VA - O 5 2	· · · · · · · · · · · · · · · · · · ·
MUSKING STATUES	
e Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the be	est of my knowledge the foregoing is true and accurate.
	A CONTRACTOR
f Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator compl	
a. Operator's* Name:	
a. Operator's* Name: . Operator's* Address:	
c. Operator's* Address:	
c. Operator's* Address: d. Special Handling Instructions and additional information:	
a. Operator's* Name: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment packed, marked, and labeled, and are in all respects in proper condition for transport by the contents of the consignment packed.	nt are fully and accurately described above by proper shipping name and are classified
c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment packed, marked, and labeled, and are in all respects in proper condition for transport by the contents of the contents of the consignment packed, marked, and labeled.	nt are fully and accurately described above by proper shipping name and are classified highway according to applicable international and government regulations.
c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment	nt are fully and accurately described above by proper shipping name and are classified
c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment packed, marked, and labeled, and are in all respects in proper condition for transport by hereby declare that the contents of this consignment packed, marked, and labeled, and are in all respects in proper condition for transport by hereby declare that the contents of this consignment is a content of the content of t	nt are fully and accurately described above by proper shipping name and are classified highway according to applicable international and government regulations.
c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment packed, marked, and labeled, and are in all respects in proper condition for transport by hoperator's* Name & Title: Print/Type Name and Address	nt are fully and accurately described above by proper shipping name and are classified highway according to applicable international and government regulations. Operator's Signature Date



If waste is asbestos waste, complete Sections I. II. III and IV 042943 No. If waste is NOT asbestos waste, complete only Sections I. II and III. Section I GENERATOR (Generator completes all of Section I) MINI MAR b. Generating Location: d. Address: Phone No.: If owner of the generating facility differs from the generator, provide. h. Owner's Phone No.: g. Owner's Name: N TYPE DM - METAL DRUM DP - PLASTIC DRUM i. BFI WASTE CODE Containers - RAG j. Description of Waste: - 6 MIL. PLASTIC BAG IN K Quantity or WRAP - OTHER UNITS GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to - POUNDS applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal - YARDS M³ Y³ - CUBIC METERS 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 - CUBIC YARDS hazardous waste as defined by 40 CFR Part 261. - OTHER SANGL Generator Authorized Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d; Transporter if complete e-g Transporter if complete h-n) Section II 7 4 THE V TRANSPORTER II h. Name: i. Address. h Address: j. Driver Name/Title: c. Driver Name/Title PRINT/TYPE k Phone No.: _ __ 1. Truck No.. _ d. Phone No.: m Vehicle License No./State: _ f. Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Shipment Date **DESTINATION** (Generator completes a-d, destination site completes e-f) Section III a. Site Name: MASLO-A O. LAND FILL c. Phone No.: 510 - 447-0471 b. Physical Address: d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Signature ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) Section IV a. Operator's* Name: b. Operator's* Phone No.: _ c. Operator's* Address: _ d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e Operator's* Name & Title: Operator's Signature f. Name and Address of Responsible Agency. g. Friable; Non-friable, Both



Operator refers to the company which owns leases operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both

% nonfriable

_ % friable _

REORDER ONLY THROUGH BELLUARCO CONTRACT



If waste is asbestos waste, complete Sections (, II, III and IV If waste is NOT asbestos waste, complete only Sections I, II and III

042948 No.

Section I	GENERATOR (Gene	erator completes all of Section I)	
a. Generator Name: R4-C	AS MINIMAR T 6	Generating Location:	
c. Address ZADS E.		Address:	
LIVERMOR	<u></u>	·	
e. Phone No.: 510 - 4	•	Phone No.:	
If owner of the generating facility dif	fers from the generator, provide:		
g. Owner's Name:	ANGLE	Owner's Phone No.: 510 - 44	<u> 19 - 2194</u> TYPE
i. BFI WASTE CODE	A 4 05 07 31 96	<u> </u>	DM - METAL DRUM DP - PLASTIC DRUM B - BAG
j. Description of Waste: SO	ILWITH GASOLINE	Guantity Units No. TYPE	
any applicable state law, has been applicable regulations, AND, if the Restrictions, I certify and warrant the hazardous waste as defined by 40 C	 properly described, classified and packaged, an waste is a treatment residue of a previously rea at the waste has been treated in accordance with to FR Part 261. 	ot a hazardous waste as defined by 40 CFR Part 261 or d is in proper condition for transportation according to stricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a	UNITS P - POUNDS Y - YARDS M' - CUBIC METERS Y' - CUBIC YARDS O - OTHER
Generator Authorized Agent Name	Signature	Shipment Date	
Section II		omplete a-d; Transporter I complete e-g Transporter II complete h-n	Sa esperimente.
	NSPORTER I	TRANSPORTE	RII
a. Name: America	- Const	h. Name:	<u></u>
b. Address: 567 Ex	change Ct.	r Address:	
Livermo	-0 CA 94550		
c. Driver Name/Title:	11/2/2	j. Driver Name/Title:	
d. Phone No. (5-3) 447.	PRINT/TYPE 2.430 e. Truck No.:	k. Phone No.:	PRINT/TYPE I. Truck No.:
f. Vehicle License No /State:	19. 21 2 1 2 1	m. Vehicle License No./State	<i>></i>
Acknowledgement of Receipt		Acknowledgement of Receipt of Materi	als.
g	080296	п	
Section III	Shipment Date DESTINATION (Generator corr	Dover Signature pletes a-d, destination site completes e-f)	Shipment Date
		_ c. Phone No.: <u>510 447 0</u>	1101
•			
b Physical Address: 4001		d. Mailing Address	
1.1VE.	KMOKE LA 145 S		
e. Discrepancy Indication Space: _			
I hereby certify that the above na	imed material has been accepted and to the	best of my knowledge the foregoing is true and ac	curate.
ſ		273-7-	
Name of Authorized Agent	Signature (Constitution)	Receipt Date	
Section IV		plate a-d, f, g, Operator* completes e.)	
•		b. Operator's* Phone No :	
			
d. Special Handling Instructions and	d additional information:		
		ent are fully and accurately described above by proper highway according to applicable international and government.	
e. Operator's* Name & Title:			
f. Name and Address	ре	Operator's Signature	Date
of Responsible Agency:			
g 🔲 Friable; 🔲 Non-friable;	Both % friable	% nonfnable	
* Operator reference to the comment	h euro legge engrater	on facility have demalahed as a second as the demanda	o or reposition energials as help
operator reters to the company which	ii owiis leases, operates, controls, or supervises tr	ne facility being demolished or renovated, or the demolitio	in or removation operation, or both.



If waste is asbestos waste, complete Sections I. II. III and IV 042945 No. If waste is NOT asbestos waste, complete only Sections i. II and III. GENERATOR (Generator completes all of Section I) Section I a. Generator Name: BAC GAS MINI MAKT b. Generating Location: ___ d. Address: If owner of the generating facility differs from the generator, provide: g. Owner's Name: h. Owner's Phone No : TYPE DM - METAL DRUM i. BFI WASTE CODE Containers DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK j. Description of Waste: OTHER UNITS GENERATOR'S CERTIFICATION I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to - POUNDS 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 - YARDS - CUBIC METERS hazardous waste as defined by 40 CFR Part 261. - CUBIC YARDS - OTHER S.ANGL Generator Authorized Agent Name Signature Shipment Date TRANSPORTER (Generator complete a-d; Transporter I complete e-g
Transporter II complete h-n) Section II TRANSPORTER I TRANSPORTER II h. Name: c. Driver Name/Title: j. Driver Name/Title: PRINT/TYPE k. Phone No.: _ Truck No.: Vehicle License No./State: m. Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Dover Signature Dover Signature DESTINATION (Generator completes a-d, destination site completes e-f) Section III c. Phone No.: b. Physical Address: d. Mailing Address LINEXMOKE e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authonzed Agent Signature ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) Section IV a. Operator's* Name: b. Operator's' Phone No.: __ c. Operator's* Address: _ d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: ______ Operator's Signature f. Name and Address of Responsible Agency: g, 🔲 Friable; 🔲 Non-friable; 🔲 Both _ % friable % nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

CEMEDATOD DETAIN

REORDER ONLY THROUGH BFI / UARCO CONTRACT

APPENDIX B

CHEMICAL ANALYTICAL REPORTS AND CHAIN-OF-CUSTODY FORMS

(Analyti

Analytical Sciences

July 31, 1996

Mr. Robert Mallory Touchstone Developments 781 Kingston Avenue Oakland, CA 94611

Dear Robert,

Enclosed you will find Analytical Sciences final report for your B&C Gas Mini Mart project in Livermore (# 2008-F). Fourteen soil samples were analyzed for TPH/Gas & MBTEX and total lead. The 14 samples were assigned to laboratory job number 6071801 and received lab numbers of 240 through 253. The total lead were subcontracted with care to PASI laboratory. Additional rush STLC lead results on two samples that exceeded the 10X STLC level were assigned to a different job number and will be mailed to you separately.

All samples were analyzed within QC batch #141. All EPA recommended holding times were met. Quality assurance results for spiked samples from project 2008-F indicated no positive or negative, site specific, matrix interference.

Should you have any questions regarding this report don't hesitate to contact me. We appreciate you selecting Analytical Sciences for your project.

Sincerely,

Analytical Sciences

Mark A. Valentini

Analytical Sciences

Report Date: July 23, 1996

Touchstone Development 781 Kingston Avenue Oakland, CA 94611 ATTN: Robert Mallory

Project Number: 2008 - F

Project Address: 2008 First Street

Livermore, CA

Lab Project Number: 6071801 CA Lab Accreditation #: 2118

LABORATORY REPORT

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
240	T1-S-14.0	TPH/Gasoline	8500	100
		MTBE	80	2.0
		Benzene	61	0.5
		Toluene	250	0.5
		Ethyl Benzene	75	0.5
		Xylenes	380	1.5

Date Sampled:7/18/96Date Analyzed:7/23/96QC Batch #:141Date Received:7/18/96Method:EPA 5030/8015M/8020Chemist:M. ValentiniHolding Time Met:Yes✓No

Lab#	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
241	T1-N-14.0	TPH/Gasoline	5200	100
		MTBE	46	2.0
		Benzene	41	0.5
		Toluene	92	0.5
		Ethyl Benzene	46	0.5
		Xylenes	260	1.5

Date Sampled: 7/18/96	Date Analyzed:	7/23/96	QC Batch #	141
Date Received: 7/18/96	Method:	EPA 5030/8015M/8020	Chemist:	M. Valentini
Holding Time Met: Yes	No			· · · · · · · · · · · · · · · · · · ·
				



Lab #	Sample ID	Analy	ysis	Result (mg/kg) RD	L (mg/kg)
242	T2-S-14.0	TPH/Gase	oline	7800		100
		MTBE		96		2.0
		Benzene		33		0.5
		Toluene		260		0.5
		Ethyl Ber	nzene	100		0.5
		Xylenes		440		1.5
Date Sampled:	7/18/96	Date Analyzed:	7/23/96	(QC Batch #:	141
Date Received:		Method:	EPA 5030/801	5M/8020	Chemist:	M. Valentini
Holding Time N	vlet Yes <u>√</u> N	No			 	

Lab #	Sample ID	Analy	/sis Res	ult (mg/kg)	RDL (mg/kg)
243	T2-N-14.0	TPH/Gasoline		270	10
		MTBE		6.6	0.05
		Benzene		0.27	0.05
		Toluene		0.43	0.05
		Ethyl Ber	nzene	0.39	0.05
		Xylenes		2.2	0.15
Date Sampled:	7/18/96	Date Analyzed:	7/23/96	QCI	
Date Received:		Method:	EPA 5030/8015M/802	<u> </u>	hemist: M. Valentin
Holding Time N	vlet: Yes ✓ N	lo			

Lab #	Sample ID	Analy	ysis	Result (mg/k	g) RE	DL (mg/kg)
244	T3-S-13.5	TPH/Gase	oline	ND		1.0
	•	MTBE		0.24		0.005
		Benzene		ND		0.005
		Toluene		ND		0.005
		Ethyl Ber	nzene	ND		0.005
		Xylenes		ND		0.015
Date Sampled:	7/18/96	Date Analyzed:	7/23/96		QC Batch #:	141
Date Received:	7/18/96	Method:	EPA 5030/801	5M/8020	Chemist:	M. Valentıni
Holding Time Me	et: Yes 🔽 N	lo				



Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
245	T3-N-13.5	TPH/Gasoline	52	10
		MTBE	36	0.05
		Benzene	1.9	0.05
		Toluene	1.5	0.05
		Ethyl Benzene	ND	0.05
		Xylenes	2.8	0.15

Date Sampled: 7/18/96 Date Analyzed: 7/23/96 QC Batch #: 141

Date Received: 7/18/96 Method: EPA 5030/8015M/8020 Chemist: M. Valentini

Holding Time Met: Yes
No

Lab#	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
246	P-1-3.0	TPH/Gasoline	ND	1.0
		MTBE	0.012	0.005
		Benzene	ND	0.005
		Toluene	0.013	0.005
		Ethyl Benzene	ND	0.005
		Xylenes	0.017	0.015

Date Sampled:7/18/96Date Analyzed:7/23/96QC Batch #:141Date Received:7/18/96Method:EPA 5030/8015M/8020Chemist:M. ValentiniHolding Time Met:Yes✓No

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
247	P-2-3.5	TPH/Gasoline	ND	1.0
		MTBE	0.17	0.005
		Benzene	ND	0.005
		Toluene	ND	0.005
		Ethyl Benzene	ND	0.005
		Xylenes	ND	0.015

 Date Sampled:
 7/18/96
 Date Analyzed:
 7/23/96
 QC Batch #:
 141

 Date Received:
 7/18/96
 Method:
 EPA 5030/8015M/8020
 Chemist:
 M. Valentini

 Holding Time Met:
 Yes
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 No
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 M. Valentini



Lab #	Sample ID	Analy	/sis Re	sult (mg/k	(g) RE)L (mg/kg)
248	P-3-3.5	TPH/Gase	oline	ND		1.0
		MTBE		0.015		0.005
		Benzene		ND		0.005
		Toluene		ND		0.005
		Ethyl Ber	zene	ND		0.005
		Xylenes		ND		0.015
Date Sampled:	7/18/96	Date Analyzed:	7/23/96		QC Batch #:	141
Date Received: Holding Time N		Method:	EPA 5030/8015M/80	20	Chemist:	M. Valentini
Troiding Fille	103					

Lab #	Sample ID	Analy	/sis	Result (mg/kg	g) RD	L (mg/kg)
249	P-4-3.0	TPH/Gase	oline	ND		1.0
		MTBE		ND		0.005
		Benzene		ND		0.005
		Toluene		ND		0.005
		Ethyl Ben	nzene	ND		0.005
		Xylenes		ND		0.015
Date Sampled:	7/18/96	Date Analyzed:	7/23/96		QC Batch #:	141
Date Received:		Method:	EPA 5030/80	15M/8020	Chemist:	M. Valentini
Holding Time N	1et: Yes <u>✓</u> N	40				

Lab # 250	Sample ID SP-1 (A-D) Composite	Analy TPH/Gase MTBE Benzene		Result (mg/kg) 320 ND ND		RDL (mg/kg) 50 0.25 0.25	
		Toluene Ethyl Ber Xylenes	nzene	ND 1.5 3.3		0.25 0.25 0.75	
Date Sampled: Date Received: Holding Time M	7/18/96 7/18/96 et: Yes <u>✓</u> N	Date Analyzed: Method: o	7/23/96 EPA 5030/8015M/802	0	QC Batch #: Chemist:	141 M. Valentini	



Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
251	SP-2 (A-D)	TPH/Gasoline	300	50
	Composite	MTBE	1.1	0.25
		Benzene	ND	0.25
		Toluene	ND	0.25
		Ethyl Benzene	ND	0.25
		Xylenes	6.9	0.75

Date Sampled:7/18/96Date Analyzed:7/23/96QC Batch #:141Date Received:7/18/96Method:EPA 5030/8015M/8020Chemist:M. ValentiniHolding Time Met:Yes✓No

Lab#	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
252	SP-3 (A-D)	TPH/Gasoline	130	50
	Composite	MTBE	0.77	0.25
		Benzene	ND	0.25
		Toluene	ND	0.25
		Ethyl Benzene	ND	0.25
		Xylenes	1.2	0.75

 Date Sampled:
 7/18/96
 Date Analyzed:
 7/23/96
 QC Batch #:
 141

 Date Received:
 7/18/96
 Method:
 EPA 5030/8015M/8020
 Chemist:
 M. Valentini

 Holding Time Met:
 Yes
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 No
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Lab#	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
253	SP-4 (A-D)	TPH/Gasoline	130	50
	Composite	MTBE	ND	0.25
		Benzene	ND	0.25
		Toluene	ND	0.25
		Ethyl Benzene	ND	0.25
		Xylenes	0.90	0.75

 Date Sampled:
 7/18/96
 Date Analyzed:
 7/23/96
 QC Batch #:
 141

 Date Received:
 7/18/96
 Method:
 EPA 5030/8015M/8020
 Chemist:
 M. Valentini

 Holding Time Met:
 Yes
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 No
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Approved for Release

Mark A. Valentini, Ph.D. Laboratory Director



LABORATORY QA/QC REPORT

QC Batch #: 141 Lab Project #: 6071801

Sample ID	Compound	Result (mg/kg)
МВ	TPH/Gas	ND
MB	MTBE	ND
MB	Benzene	ND
MB	Toluene	ND
MB	Ethyl Benzene	ND
MB	Xylenes	ND

Sample #	Sample ID	Compound	Result (mg/kg)	Spike Level	% Recv.	
249	CMS	TPH/Gas		NS		
210	CMS	MTBE	0.075	0.078	75.7	
	CMS	Benzene	0.086	0.078	109	
	CMS	Toluene	0.075	0.078	95.1	
	CMS	Ethyl Benzene	0.075	0.078	95.9	
	CMS	Xylénes	0.228	0.230	96.8	
	Sample		Result	Spike	%	
Sample #	ID	Compound	(mg/kg)	Level	Recv.	RPD
249	CMSD	TPH/Gas		NS		
210	CMSD	MTBE	0.063	0.078	80.3	5.7
	CMSD	Benzene	0.063	0.078	80.3	30
	CMSD	Toluene	0.059	0.078	75.2	23
	CMSD	Ethyl Benzene	0.059	0.078	75.2	24
	CMSD	Xylenes	0.181	0.230	76.9	23

MB = Method Blank; LCS = Laboratory Control Sample; CMS = Client Matrix Spike; CMSD = Client Matrix Spike Duplicate NS = Not Spiked; OR = Over Calibration Range

B+C GAS MINI MAKE CHAIN-OF-CUSTODY-RECORD

	Develonina Mronina 14 3011	Stoni opme ntal Hann n Aven nelsco, -8791	ents gement	F 1121 F	Project Number 2008 - F Project Address 2008 FIRST ST. LIVER MORE, CA. Project Manager 1208577 C. MALLORY Phone (SID) 658-6872 Fax (SID) 658-6872						Samples Collected By Roser C. MK263. Collection Date 7/18/98 Signature MAY Muly						
Sample ID	Lab Sample #	# of Containers	S=soil W=water	C=composite D=discrete G=grab	Time	Iced(yes or no)	TPH Gas + BTXE 8015 +8020	TPH Diesel 8015	Oil & Grease 5520	8010	8270	Metals Ca,Cr,Pb,Zn,Ni	Organic Lead	TOTAL PB	MTBE		Remarks UB#
TI-5-14: TI-N-14: TZ-5-14:0			5	Ď	11:59		X							X	X_		240
T1-N-14.	·	- /	5	D	11:46	1	X		<u> </u>		ļ		<u> </u>	X_	X	_	241
TZ-5-14.0				5	12:07					!		_		15	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		242
TZ-N-14.2)			D	11:39		X			· · ·				 X	X		243
T3-5-198 T3-N-13.5	· 	1.		<u>D</u>	11:32		X				<u></u>			X	<u> </u>		244
73-N-13.5		<u>I</u> .	5	<u>)</u>	11:33		<u> </u>	ļ	 - 			_		X		_	345
P-1-3.0 P-2-3.5 P-3-3.5 P-4-3.0		Į,	-7-	<u>)</u>	12:13						.			X	X	_	24k
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P-3-3.5		1	2	<u>D</u>	12:19	Y	<u> X</u>	<u> </u>					<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	-	248
P-4-3.0		<u>, , , , , , , , , , , , , , , , , , , </u>	<u>ا _رَ</u>	<u>D</u>	12:17	<u> </u>	. X	ļ		ļ.——	<u> </u>			X	X	_	249
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Relinguished liv		Mill		Organi	zation Da	ite/Time	18:49	eceived By				Organization	Date	/[ime			Around Time
Relinquished By		, , ,	1	Organi		ite/Time		eceived By		1		Organization	Date	/Time			24 hour 48 hour
Relinquished By				Organi	zation Da	ate/Time	Č,	1111	Laboratory	1 1 <i>1.1</i> .7	whi		Daic	7/18/9L	18:49		7 <u>2 hour</u> 5 day

BIC GAS MINI MARY CHAIN-OF-CUSTODY-RECORD 781 KINGSTON AVE. Laboratory ANALYTICAL SCIENCE Touchstone
Developments
Environmental Management Project Number 2002 - F Project Address 2008 PIAST ST. Samples Collected By ROBERT C. MALWRY
Collection Date 7/18/96 LIVERMORE , CA Project Manager <u>ROBERT</u> C. MR. WORY
Phone (510) 658 6872 Fax (510) 658-6872 Signature MAN TPH Gas + BTXE 8015 +8020 Oil & Grease 5520 TPH Diesel 8015 Ca,Cr,Pb,Zn,Ni S=soil W=water Organic Lead of Containers Iced(yes or no) C=composite D=discrete G=grab Sample ID 8010 Remarks U13 Metals SAVE SAMPLÉS OF EACH 251 COMPOSITE X SEPERATELY Organization Date/Time Turn Around Time Organization Date/Time Received By 18:49 24 hour Date/Time Date/Time Organization Received By Relinquished By rganization. hour 72 <u>hou</u>r

5day

Date/Time

Organization

Relinquished By

Tel: 707-792-1865 Fax: 707-792-0342

July 29, 1996

Mr. Mark Valentini Analytical Sciences P.O. Box 750336 Petaluma, CA 94975

RE: PACE Project Number: 706173

Client Project ID: 2008-F

Dear Mr. Valentini:

Enclosed are the results of analyses for sample(s) received on July 26, 1996. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Stephanie Matzo
Project Manager

Enclosures

Pace Analytical

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96

PAGE: 1

Analytical Sciences P.O. Box 750336 Petaluma, CA 94975 PACE Project Number: 706132 Client Project ID: 2008-F

Attn: Mr. Mark Valentini Phone: (707)769-3128

PACE Sample No: Client Sample ID:	70667480 T1-S-14.0-2	240				07/18/96 07/22/96			
Parameters 		Results	Units	PRL	Analyzed	Method	Analys	t CAS#	Footnotes
Metals, ICP Lead Date Digested		18.4	mg/kg	4.85	07/24/96 07/24/96	EPA 6010	BBF	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc. 1455 McDowell Blvd. North, Suite D Petaluma, CA 94954

Pace Analytical

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96 PAGE: 2

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667498 T1-N-14.0-2	241				07/18/96 07/22/96			
Parameters Metals		Results	Units	PRL	Analyzed	Method	Analys	st CAS#	Footnotes
Metals, ICP Lead Date Digested		29.7	mg/kg	4.35	07/24/96 07/24/96	EPA 6010	BBF	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc. 1455 McDowell Blvd. North, Suite D Petaluma, CA 94954

> Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96

PAGE: 3

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667506 T2-S-14.0-2	242				07/18/96 07/22/96			
Parameters Metals		Results	Units	PRL	Analyzed	Method	Analys	st CAS#	Footnotes
Metals, ICP Lead Date Digested		9.94	mg/kg	4.5	07/24/96 07/24/96	EPA 6010	BBF	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Pace Analytical

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96

PAGE: 4

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667514 T2-N-13.5-2	243		Date Collect Date Rece		07/18/96 07/22/96			
Parameters 		Results	Units	PRL	Analyzed	Method	Analys	st CAS#	Footnotes
Metals, ICP Lead Date Digested		7.3	mg/kg	4.39	07/24/96 07/24/96	EPA 6010	BBF	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Pace Analytical

Pace Analytical Services, Inc. 1455 McDowell Blvd. North, Suite D Petaluma, CA 94954

> Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96

PAGE: 5

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667522 T3-S-13.5-	244				07/18/96 07/22/96			
Parameters		Results	Units	PRL	Analyzed	Method	Analys	st CAS#	Footnotes
Metals Metals, ICP Lead Date Digested		6.49	mg/kg	4.13	07/24/96 07/24/96	EPA 6010	BBF	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc. 1455 McDowell Blvd. North, Suite D Petaluma, CA 94954

Pace Analytical

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96

PAGE: 6

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667530 T3-N-13.5-2	245				07/18/96 07/22/96			
Parameters Metals		Results	Units	PRL	Analyzed	Method	Analys	t CAS#	Footnotes
Metals, ICP Lead Date Digested		7.24	mg/kg	4.59	07/25/96 07/24/96	EPA 6010	SMS	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Pace Analytical

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96

PAGE: 7

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667548 Date Collected: 07/18/96 P-1-3.0-246 Date Received: 07/22/96					,			
Parameters Metals		Results	Units	PRL	Analyzed	Method	Analys	t CAS#	Footnotes
Metals, ICP Lead Date Digested		7.6	mg/kg	4.81	07/25/96 07/24/96	EPA 6010	SMS	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc. 1455 McDowell Blvd. North, Suite D Petaluma, CA 94954

> Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96

PAGE: 8

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667555 P-2-3.5-247			Date Collect		7/18/96 7/22/96			
Parameters Metals		Results	Units	PRL	Analyzed	Method	Analys	t CAS#	Footnotes
Metals, ICP Lead Date Digested		9.63	mg/kg	4.1	07/25/96 07/24/96	EPA 6010	SMS	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96

PAGE: 9

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667563 P-3-3.5-248			Date Collect		7/18/96 7/22/96			
Parameters Metals	•••••	Results	Units	PRL	Analyzed	Method	Analys	c CAS#	Footnotes
Metals, ICP Lead Date Digested		11.4	mg/kg	2.87	07/25/96 07/24/96	EPA 6010	SMS	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96 PAGE: 10

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667571 P-4-3.0-249			Date Collect Date Recei		7/18/96 7/22/96			
Parameters		Results	Units	PRL	Analyzed	Method	Analys	t CAS#	Footnotes
Metals Metals, ICP									
Lead Date Digested		176	mg/kg	4.95	07/25/96 07/24/96	EPA 6010	SMS	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96 PAGE: 11

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667589 SP-1(A-D)-2					07/18/96 07/22/96			
Parameters Metals		Results	Units	PRL	Analyzed	Method	Analys	t CAS#	Footnotes
Metals, ICP Lead Date Digested		28.6	mg/kg	3.55	07/25/96 07/24/96	EPA 6010	SMS	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96

PAGE: 12

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667597 SP-2(A-D)-2	251		Date Collect		7/18/96 7/22/96			
Parameters		Results	Units	PRL	Analyzed	Method	Analys	t CAS#	Footnotes
Metals Metals, ICP Lead Date Digested		22.4	mg/kg	4.5	07/25/96 07/24/96	EPA 6010	SMS	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96

PAGE: 13

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667605 SP-3(A-D)-	252		Date Collect Date Rece		7/18/96 7/22/96		<u></u> .	
Parameters Metals		Results	Units	PRL	Analyzed	Method	Analy	st CAS#	Footnotes
Metals, ICP Lead Date Digested		50	mg/kg	4.55	07/25/96 07/24/96	EPA 6010	SMS	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc. 1455 McDowell Blvd. North, Suite D Petaluma, CA 94954

Pace Analytical

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96 PAGE: 14

PACE Project Number: 706132 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70667613 SP-4(A-D)-2	253		Date Collect Date Recei		7/18/96 7/22/96			·
Parameters 		Results	Units	PRL	Analyzed	Method	Analys	t CAS#	Footnotes
Metals, ICP Lead Date Digested		60.8	mg/kg	3.45	07/25/96 07/24/96	EPA 6010	SMS	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc. 1455 McDowell Blvd. North, Suite D Petaluma, CA 94954

> Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/26/96

PAGE: 15

PACE Project Number: 706132 Client Project ID: 2008-F

PARAMETER FOOTNOTES

ND Not Detected NC Not Calculable PRL PACE Reporting Limit

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc. 1455 McDowell Blvd. North, Suite D Petaluma, CA 94954

> Tel: 707-792-1865 Fax: 707-792-0342

QUALITY CONTROL DATA

QC Batch Method: EPA 3050

DATE: 07/26/96

PAGE: 16

Analytical Sciences P.O. Box 750336 Petaluma, CA 94975

PACE Project Number: 706132 Client Project ID: 2008-F

70667522

70667571

Attn: Mr. Mark Valentini Phone: (707)769-3128

QC Batch ID: 16030

Analysis Method: EPA 6010

Associated PACE Samples:

70667480 70667530 70667589 Analysis Description: Metals, ICP 70667498 70667548 70667597

70667506 70667555 70667605

70667514 70667563 70667613 Date of Batch: 07/23/96

METHOD BLANK: 70667886 Associated PACE Samples: Parameter	70667480 70667555 Units	70667498 70667563 Method Blank Result	7066750 7066757 PRL	1 70667		70667522 70667597	70667530 70667605	70667548 70667613
Lead	mg/kg	ND	5					
MATRIX SPIKE: 70669981	Units	70663802	Spike Conc.	Matrix Spike Result	Spike % Rec			
Lead	mg/kg	4.95	100	102	97		-	
LABORATORY CONTROL SAMPLE &	LCSD: 70669965 Units	70669973 Spike LCS		Spike LCS		Spike Dup		
Parameter Lead	mg/kg	100 102		% Rec Res	ult 	% Rec RPI	Footnotes	
SAMPLE DUPLICATE: 70669999		<u> </u>	D					
Parameter	Units	70663802	Dup. Result			tnotes		
Lead	mg/kg	4.95	5.8	0				

REPORT OF LABORATORY ANALYSIS



Analytical Sciences
P.O. Box 750336
Petaluma, CA 94975-0336
(707) 769-3128
Fax (707) 769-8093

Chain of Custody

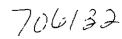
CLIENT	INFORMATION
Company Name:	Analytical Sciences
	1.0. Box 750336 Petaloma, CA. 94975
	HHXK VACENTINI
Phone #:	707 769-3128
Fay #	707 769-8094

Lab Job Number:	6071801
Client's Project Name:	2008-F

TURNAR	TURNAROUND TIME (check)					
Same Day	24 Hours	cooloc				
48 Hours	72 Hours	coc				
5 Days 📈	Normal	Page of				

ANALYSES TPH GAS/BTEX EPA 8015/8020 TPH DIESEL EPA 8015 EPA 8010 # PRESERVED ITEM **DATE SAMPLED** CLIENT SAMPLE I.D. **COMMENTS** LAB SAMPLE # YES / NO CONT 7/17/96 TOTAL Pb by EVA TI-5-14.0-240 TI-N-14.0-241 6010 - ILP. T2-5-14.0-242 4 T2-N-13.5-243 5 T3-8-13,5-244 初 T3-N-13.5-245 P-1-3.0-246 -2-3.5-247 P-3-3.5-248 66756 7/8 10 1-4-3.0-249 662571

			SI	GNATURES		
Reling	wshed By:	M/ /	Received By:		Received By Labo	oratory: PASI 7 22/91/
	ah A Valentin	1/22/96			Stephan	UG. MOTOR 16:50
Signat	ure	Date/Time	Signature	Date/Time	Signature	Date/Time





Analytical Sciences
P.O. Box 750336
Petaluma, CA 94975-0336
(707) 769-3128
Fax (707) 769-8093

Chain of Custody

CLIENT INFORMATION						
Company Name:	Analytical Sciences					
Address:	P.O. BUX 750336 PETALOMA, CA. 94954					
Contact: _	MARK VALENTINI					
Phone #:_	907 769-3128					
Fax #:	707 769-8093					

Lab Job Number: 6071801

Client's Project Name: 2008-F

TURNAROUND TIME (check)Cooler TemperatureSame Day24 HoursC48 Hours72 HoursCOC5 DaysNormalPage→ of

	• • • • • • • • • • • • • • • • • • • •						ANAL	YSES				_
ITEM	CLIENT SAMPLE I.D.	DATE SAMPLED	# CONT.	PRESERVED YES / NO	TPH GAS/BTEX EPA 8015/8020	TPH OIESEL EPA 8015	EPA 8010	TOTAL PS CVA GOLO		COMMENTS	LAB SAMPLE #	
1	SP-1(A-0)-250	7/18/96	1					χ		4 point Composite	667449	46758
2	SP-2(A-D)-251	7/3	1					χ			667456	46758 66759°,
3	SP-3(A-0)-252	1/13	1					/ /			667464	667604
4	SP-4(A-0)-253	7/18	1					X		<u> </u>	-667473	66760± 66761:
5			,									
6												
7												Ī
8										,		
9							_					
10												

		SIGI	NATURES		
Relinguished By:	7/./	Received By:		Received By Labo	oratory: 081 72296
Way A. Valentini	122-196			teshani	ea. Matro 16:50
Signature	Daté/Time	Signature	Date/Time	Signature	Date/Time
[···					

Analytical Sciences

August 14, 1996

Mr. Robert Mallory Touchstone Developments 781 Kingston Avenue Oakland, CA 94611

Dear Robert,

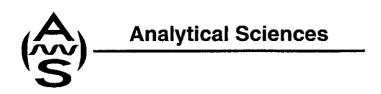
Enclosed you will find Analytical Sciences final reports for your B&C Gas Mini Mart project (# 2008-F) and your 1309 Portola Avenue project in Livermore. Most, if not all, of this data has been transmitted to you by fax at an earlier date. To enable you to find things more easily, I have separated the three distinct portions of this mailing using colored sheets of paper. I made the correction to the date sampled for UT-W-20 on the COC as we discussed over the phone. The correct date of 7/26/96 was also written on the sampling container as well.

Invoices will be sent to Jeff at his Santa Rosa PO Box. Should you have any questions regarding this report don't hesitate to contact me. We appreciate you selecting Analytical Sciences for your project and look forward to working with you in the future.

Sincerely,

Analytical Sciences

Mark A. Valentini



Report Date: August 14, 1996

Touchstone Development 781 Kingston Avenue Oakland, CA 94611 ATTN: Robert Mallory

Project Name: B & C Gas Mini Mart

Project Number: 2008 - F

Lab Project Number: 6073001

CA Lab Accreditation #: 2118

LABORATORY REPORT

Lab #	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg)
258	TOX-1-21.0	TPH/Gasoline	760	10
		MTBE	16	0.05
		Benzene	8.1	0.05
		Toluene	38	0.05
		Ethyl Benzene	9.9	0.05
		Xylenes	50	0.15

Date Sampled: 07/29/96	Date Analyzed:	7/31/96	QC Batch #:	145
Date Received: 07/30/96	Method:	EPA 5030/8015M/8020	Chemist:	M. Valentini
Holding Time Met: Yes	No			



259	Sample ID UT-W-7.0	Analysis TPH/Gasoline MTBE Benzene Toluene Ethyl Benzene Xylenes	Result (mg/kg) ND ND ND ND ND ND ND ND ND	RDL (mg/kg) 1.0 0.005 0.005 0.005 0.005 0.005
Date Sampled: Date Received: Holding Time M	7/30/96			atch #: 145 nemist: M. Valentini
Lab#	Sample ID	Analysis	Result (mg/kg)	RDL (mg/kg) 5.0

Lab #	Sample ID	Analy	rsis	Result (mg/kg)	RDL (mg/kg)
259	UT-W-7.0	TRPH		ND	
Date Sampled:	7/26/96	Date Analyzed:	8/05/96	QC Bat	
Date Received: Holding Time M	7/30/96 et: Yes <u>✓</u> N	Method: lo	EPA 418.1M	Che	mist: M. Valentini



Lab #	Sample ID	Compound Name	Result (µg/kg)	RDL (µg/kg)
259	UT-W-7.0	dichlorodifluoromethane	ИD	1.0
		chloromethane	ND	1.0
		vinyl chloride	ND	1.0
		bromomethane	ND	1.0
		chloroethane	ND	1.0
		trichlorofluoromethane	ND	1.0
		1,1-dichloroethene	ND	1.0
		methylene chloride	ND	1.0
		trans-1,2-dichloroethene	ND	1.0
		1,1-dichloroethane	ND	1.0
		2,2-dichloropropane	ND	1.0
		cis-1,2-dichloroethene	ND	1.0
		chloroform	ND	1.0
		bromochloromethane	ND	1.0
		1,1,1-trichloroethane	ND	1.0
		1,1-dichloropropene	ND	1.0
		carbon tetrachloride	ND	1.0
		1,2-dichloroethane	ND	1.0
		trichloroethene	ND	1.0
		1,2-dichioropropane	ND	1.0
		bromodichloromethane	ND	1.0
		dibromomethane	ND	1.0
		cis-1,3-dichloropropene	ND	1.0
		trans-1,3-dichloropropene	ND	1.0
		1,1,2-trichloroethane	ND	1.0
		1,3-dichloropropane	ND	1.0
		tetrachloroethene	ND	1.0
		dibromochloromethane	ND	1.0
		1,2-dibromoethane	ND	1.0
		chlorobenzene	ND	1.0
		1,1,1,2-tetrachloroethane	ND	1.0
		bromoform	ND	1.0
		1,1,2,2-tetrachloroethane	ND	1.0
		1,2,3-trichloropropane	ND	1.0
		bromobenzene	ND	1.0



Lab #	Sample ID	Compound Name	Result (µg/kg)	RDL (µg/kg)
259	UT-W-7.0	2-chlorotoluene	ND	1.0
	(cont'd)	4-chlorotoluene	ND	1.0
	,	1,3-dichlorobenzene	ND	1.0
		1,4-dichlorobenzene	ND	1.0 1.0
		1,2-dichlorobenzene	ND	
		1,2-dibromo-3-chloropropand	e ND	1.0
		1,2,4-trichlorobenzene	ND	1.0
		hexachiorobutadiene	ND	1.0
		1,2,3-trichlorobenzene	ND	1.0
Date Sample	ed: 7/26/96	Date Analyzed: 8/07/96	QC Batch #:	149
Date Receive		Method: EPA 5030/8010		M. Valentini
- rolung fill	- THOL. 165	140		

Approved for Release

Mark A. Valentini, Ph.D.
Laporatory Director



LABORATORY QA/QC REPORT

QC Batch #: 145 Lab Project #: 6073001

Sample		Result
ID	Compound	(mg/kg)
MB	TPH/Gas	ND
MB	Benzene	ND
MB	Toluene	ND
MB	Ethyl Benzene	ND
MB	Xylenes	ND

	Sample		Result	Spike	%
Sample #	ID	Compound	(mg/kg)	<u>Level</u>	Recv
227	CMS	TPH/Gas		NS	
	CMS	Benzene	0.0252	0.0345	73.0
	CMS	Toluene	0.0246	0.0345	71.3
	CMS	Ethyl Benzene	0.0242	0.0345	70.1
	CMS	Xylenes	0.0741	0.1035	71.6

Sample #	Sample ID	Compound	Result (mg/kg)	Spike <u>Level</u>	% Recv	RPD
227	CMSD	TPH/Gas		NS		
	CMSD	Benzene	0.0225	0.0346	65.0	11.4
	CMSD	Toluene	0.0216	0.0346	62.4	13.0
	CMSD	Ethyl Benzene	0.0214	0.0346	61.8	12.3
	CMSD	Xylenes	0.0640	0.1038	61.6	14.6

MB = Method Blank; LCS = Laboratory Control Sample; CMS = Client Matrix Spike; CMSD = Client Matrix Spike Duplicate NS = Not Spiked; OR = Over Calibration Range



QC Batch #:	147		Lab	6073001	.	
-	Sample ID MB	Compound TPH/Diesel	Result (mg/kg) ND			
	Sample ID LCS	Compound TPH/Diesel	Result (mg/kg) 228	Spike Level 198	% <u>Recv.</u> 115	
	Sample ID LCSD	Compound TPH/Diesel	Result (mg/kg) 185	Spike Level	% <u>Recv.</u> 93.4	RPD 20.8

MB = Method Blank; LCS = Laboratory Control Sample; CMS = Client Matrix Spike; CMSD = Client Matrix Spike Duplicate NS = Not Spiked; OR = Over Calibration Range

QC Batch	#: 148		Lab	Project #:	6073001	······································
	Sample ID MB	Compound TRPH	Result (mg/kg) ND			
Sample # 259	Sample ID CMS	Compound TRPH	Result (mg/kg) 284	Spike Level 280	% <u>Recv.</u> 101	
Sample #	Sample ID CMSD	Compound TRPH	Result (mg/kg) 309	Spike Level	% <u>Recv.</u> 100	RPD 2.0

MB = Method Blank; LCS = Laboratory Control Sample; CMS = Client Matrix Spike; CMSD = Client Matrix Spike Duplicate NS = Not Spiked; OR = Over Calibration Range



QC Batch #: 149

Lab Project #: 6073001

Sample ID	Compound Name	Result (µg/kg)
мв	dichlorodifluoromethane	ND
- • • • • •	chloromethane	ND
	vinyl chloride	ND
	bromomethane	ND
	chloroethane	ND
	trichlorofluoromethane	ND
	1,1-dichloroethene	ND
	methylene chloride	ND
	trans-1,2-dichloroethene	ND
	1,1-dichloroethane	ND
	2,2-dichloropropane	ND
	cis-1,2-dichloroethene	ND
	chloroform	ND
	bromochloromethane	ND
	1,1,1-trichloroethane	ND
	1,1-dichloropropene	ND
	carbon tetrachloride	ND
	1,2-dichloroethane	ND
	trichloroethene	ND
	1,2-dichloropropane	ND
	bromodichloromethane	ND
	dibromomethane	ND
	cis-1,3-dichloropropene	ND
	trans-1,3-dichloropropene	ND
	1,1,2-trichloroethane	ND
	1,3-dichloropropane	ND
	tetrachloroethene	ND
	dibromochloromethane	ND
	1,2-dibromoethane	ND
	chlorobenzene	ND
	1,1,1,2-tetrachloroethane	ND
	bromoform	ND
	1,1,2,2-tetrachloroethane	ND



1,2,3-trichloropropane

ND

Sample ID	Compound Name	Result (µg/kg)		
МВ	bromobenzene	ND		
(cont'd)	2-chlorotoluene	ND		
	4-chlorotoluene	ND		
	1,3-dichtorobenzene	ND		
	1,4-dichlorobenzene	ND		
	1,2-dichlorobenzene	ND		
	1,2-dibromo-3-chloropropane	ND		
	1,2,4-trichlorobenzene	ND		
	hexachlorobutadiene	ND		
	1,2,3-trichlorobenzene	ND		

Sample	Sample ID	Compound Name	Result (µg/kg)	Spike Level	% Recv.
	LCS	dichlorodifluoromethane	NĐ		
	-	chloromethane	ND		
		vinyl chloride	ND		
		bromomethane	ND		
		chloroethane	ND		
		trichlorofluoromethane	ND		
		1,1-dichloroethene	ND		
		methylene chloride	ND		
		trans-1,2-dichloroethene	ND		
		1,1-dichloroethane	ND		
		2,2-dichloropropane	ND		
		cis-1,2-dichloroethene	ND		



Sample	Sample ID	Compound Name	Result (µg/kg)	Spike Level	% Recv.
	LCS	chloroform	ND		
	(cont'd)	bromochloromethane	ND		
	(cont u)	1,1,1-trichloroethane	ND		
		1,1-dichloropropene	ND		
		carbon tetrachloride	ND		
		1,2-dichloroethane	41.8	40	104
		trichloroethene	ND		
		1,2-dichloropropane	ND		
		bromodichloromethane	ND		
		dibromomethane	ND		
		cis-1,3-dichloropropene	ND		
		trans-1,3-dichloropropene	ND		
		1,1,2-trichloroethane	40.9	40	102
		1,3-dichloropropane	45.7	40	114
		tetrachloroethene	ND		
		dibromochloromethane	ND		
		1,2-dibromoethane	46.0	40	115
		chlorobenzene	ND		
		1,1,1,2-tetrachioroethane	ND		
		bromoform	ND		
		1,1,2,2-tetrachloroethane	45.2	40	113
		1,2,3-trichloropropane	ND		
		bromobenzene	ND		
		2-chlorotoluene	ND		
		4-chlorotoluene	ND		
		1,3-dichlorobenzene	ND		
		1,4-dichlorobenzene	ND		
		1,2-dichlorobenzene	ND		
		1,2-dibromo-3-chloropropane	ND		
		1,2,4-trichlorobenzene	ND		
		hexachlorobutadiene	46.4	40	116
		1,2,3-trichlorobenzene	ND		



Sample	Sample ID	Compound Name	Result (μg/kg)	Spike Level	% Recv.	RPD
	LCSD	dichlorodifluoromethane	ND			
		chloromethane	ND			
		vinyl chłoride	ND			
		bromomethane	ND			
		chloroethane	ND			
		trichlorofluoromethane	ND			
		1,1-dichloroethene	ND			
		methylene chloride	ND			
		trans-1,2-dichloroethene	ND			
		1,1-dichtoroethane	ND			
		2,2-dichloropropane	ND			
		cis-1,2-dichloroethene	ND			
		chloroform	ND			
		bromochloromethane	ND			
		1,1,1-trichloroethane	ND			
		1,1-dichloropropene	ND			
		carbon tetrachloride	ND			
		1,2-dichloroethane	45.5	40	114	8.5
		trichloroethene	ND			
		1,2-dichloropropane	ND			
		bromodichloromethane	ND			
		dibromomethane	ND			
		cis-1,3-dichloropropene	ИD			
		trans-1,3-dichloropropene	ND			
		1,1,2-trichloroethane	41.0	40	102	0.2
		1,3-dichloropropane	41.4	40	103	9.9
		tetrachloroethene	ND			
		dibromochloromethane	ND			
		1,2-dibromoethane	ND			
		chlorobenzene	ND			
		1,1,1,2-tetrachloroethane	39.3	40	98.2	5.2
		bromoform	ND			
		1,1,2,2-tetrachloroethane	ND			
		1,2,3-trichloropropane	42.5	40	106	6.2
		bromobenzene	ND			
		2-chlorotoluene	ПD			
		4-chlorotoluene	ND			
		1,3-dichlorobenzene	ND			
		Page 10 of 11		A Lab Agaradit		

CA Lab Accreditation #: 2118



Sample	Sample ID	Compound Name	Result (μg/kg)	Spike Level	% Recv.	RPD
	LCSD	1,4-dichlorobenzene	ND			
	(cont'd)	1,2-dichlorobenzene	ND			
		1,2-dibromo-3-chloropropane	ND			
		1,2,4-trichlorobenzene	ND			
		hexachiorobutadiene	40.4	40	101	14
		1,2,3-trichlorobenzene	ND			

BUC GAS MINI MAKET CHAIN-OF-CUSTODY-RECORD REPORT TO: 781 KINGSTON AND DAKLAND, CA 9461 | Project Number 2008 - F Laboratory ANALYTICAL SCIENCE Touchstone Developments Environmental Hanngement Project Address 2008 FIRST ST. Samples Collected By Robert C. Marcols Collection Date 7/19/98 7/21/96 RETRIN Signature MAN C. Mallery Signature LIVERMONE CA. 684 30th Avenue Project Manager POBERT MALLORY
Phone (510) (58-6872 Fax (510) (58-6872 San Francisco, CA 94121 TPH Gas + BTXE 8015 +8020 Oil & Grease 5520 Metals Cgl,Cr,Pb,Zn,Ni TPH Diesel 8015 S=soil W=water Organic Lead of Containers C=composite D=discrete G=grab (ced(yes or no) Lab Sample Remarks LAB 扩 259 X 7-W-20 9:45 X Organization Date/Fime Date/Time 7/32/91 1380 Organization Received By Turn Around Time 24 hour Date/Time Organization Date/Time Received By hour 72 h <u>o u</u> r Received for Laboratory My 7/30/96 Date/Time Organization Reilnquished By 5day

B+C GAS MINI MORTCHAIN-OF-CUSTODY-RECORD REPORT TO . THE KINCSTON AUE. Laboratory ANALYTICAL SCIENCES OAKLAND, GA. 94611 Project Number 2007 - F Touchstone
Developments
Environmental Management Project Address 2008 FIRST ST. Samples Collected By ROSE MILLORY
Collection Date 7/29/76 CVERMONB, CA. Signature And Muller Project Manager ROSETT MALLOW San Francisco, CA 94121 Phone(510) 658-6872 Fax(510) 658-6572 TPH Gas + BTXE 8015 +8020 Oil & Grease 5520 Metals Ca,Cr,Pb,Zn,Ni TPH Diesel 8015 Organic Lead S=soil W=water C=composite D=discrete G=grab Iced(yes or no) of Containers Remarks Sample # 8010 LABIE Lab 258 8:43 TOX-1-215 Turn Around Time Date/fime Organization Date/Time Received By 24 hour 1351 Date/Time Organization hour Date/Time Received By Relinquished By 7<u>2 ho</u>ur Received for Laboratory By Date/Pime 5 day Date/Time Organization 7/30/96 Relinquished By

Tel: 707-792-1865 Fax: 707-792-0342

July 26, 1996

Mr. Mark Valentini Analytical Sciences P.O. Box 750336 Petaluma, CA 94975

RE: PACE Project Number: 706132

Stephaniematyo

Client Project ID: 2008-F

Dear Mr. Valentini:

Enclosed are the results of analyses for sample(s) received on July 22, 1996. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Stephanie Matzo

Project Manager

Enclosures

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/29/96 PAGE: 2

PACE Project Number: 706173 Client Project ID: 2008-F

PACE Sample No: Client Sample ID:	70673207 SP-4(A-D)-	253		Date Collec Date Recei		7/18/96 7/26/96			<u> </u>
Parameters		Results	Units	PRL	Analyzed	Method	Analys	st CAS#	Footnotes
Inorganics STLC Metals, ICP, Date Digested Metals					07/29/96				
STLC Metals, ICP, Lead Date Digested	SILC Leach.	3510	ug/L	420	07/29/96 07/29/96	EPA 6010	SMS	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/29/96

PAGE: 1

Analytical Sciences P.O. Box 750336 Petaluma, CA 94975 PACE Project Number: 706173 Client Project ID: 2008-F

Attn: Mr. Mark Valentini Phone: (707)769-3128

PACE Sample No: Client Sample ID:	70673199 SP-3(A-D)-2	52		Date Collect Date Recei		7/18/96 7/26/96			· · · · · · · · · · · · · · · · · · ·
Parameters		Results	Units	PRL	Analyzed	Method	Analys	t CAS#	Footnotes
Inorganics STLC Metals, ICP, S Date Digested Metals STLC Metals, ICP, S					07/29/96				
Lead Date Digested	Jieo Cadoni	4920	ug/L	420	07/29/96 07/29/96	EPA 6010	SMS	7439-92-1	

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc. 1455 McDowell Blvd. North, Suite D Petaluma, CA 94954

> Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/29/96

PAGE: 3

PACE Project Number: 706173 Client Project ID: 2008-F

PARAMETER FOOTNOTES

ND Not Detected
NC Not Calculable
PRL PACE Reporting Limit

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc. 1455 McDowell Blvd. North, Suite D Petaluma. CA 94954

> Tel: 707-792-1865 Fax: 707-792-0342

QUALITY CONTROL DATA

DATE: 07/29/96

PAGE: 4

Analytical Sciences P.O. Box 750336 Petaluma, CA 94975 PACE Project Number: 706173 Client Project ID: 2008-F

Attn: Mr. Mark Valentini Phone: (707)769-3128

Associated PACE Samples:

QC Batch ID: 16157

70673199

QC Batch Method: EPA 3010

70673207

Date of Batch: 07/29/96

METHOD BLANK: 70673843 Associated PACE Samples: 70673199 70673207 Method Blank Units Result PRL Parameter Footnotes ND 420 ug/L Lead MATRIX SPIKE: 70673850 Matrix Spike Spike Spike Parameter Units 70673199 Conc. Result % Rec Footnotes 4920 24900 Lead ug/L 20000 100 LABORATORY CONTROL SAMPLE & LCSD: 70673876 70673884 Spike Spike LCS Spike LCSD Dup Conc. Units % Rec % Rec RPD Parameter Result Result Footnotes ug/L Lead 20000 20500 103 20200 101 2 SAMPLE DUPLICATE: 70673868 Dup. Units 70673199 Result Parameter RPD Footnotes Lead ug/L 4920 4880 1

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc. 1455 McDowell Blvd. North, Suite D Petaluma. CA 94954

> Tel: 707-792-1865 Fax: 707-792-0342

DATE: 07/29/96

PAGE: 5

PACE Project Number: 706173 Client Project ID: 2008-F

QUALITY CONTROL DATA PARAMETER FOOTNOTES

The Quality Control Sample Final Results listed above have been rounded to reflect an appropriate number of significant figures. Consistent with EPA guidelines unrounded concentrations have been used to calculate % Rec and RPD values.

ND Not Detected

NC Not Calculable

PRL PACE Reporting Limit

RPD Relative Percent Difference

REPORT OF LABORATORY ANALYSIS



Analytical Sciences
P.O. Box 750336
Petaluma, CA 94975-0336
(707) 769-3128
Fax (707) 769-8093

Chain of Custody

706/32

CLIENT INFORMATION Company Name: Analytical Sciences P.O. Box 750336 Petaluma, CA. 94954						
Company Name:	Analytical Sciences					
Contact:	MARK VALENTINI					
Phone #:	707 769-3128					
Fax #:	707 769-8093					

Lab Job Number: 6071801

Client's Project Name: 2008-F

TURNAROUND TIME (check)Cooler TemperatureSame Day24 Hours('o√) ° C48 Hours72 HoursCOC5 Days✓NormalPage№ 2

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					<u> </u>		ANAL	YSES.	<u> </u>	<u> </u>	24			_
ITEM	CLIENT SAMPLE I.D.	DATE SAMPLED	# CONT.	PRESERVED YES / NO	TPH GAS/BTEX EPA 8015/8020	TPH DIESEL EPA 8015	EPA 8010	TOTAL PS EVA GOLO	akotus	ECTENTION PROPERTY AND PROPERTY	7/26/96 3:00/24	COMMENTS	LAB SAMPLE#	
1	SP-1(A-0)-250	7/18/96	1					χ			4 pour	t Composition	667449	46758
2	SP-2(A-D)-251	7/13						χ					667457	66759
3	SP-3(A-0)-252	1/13	_1	70073	3199			×	(χ)				667464	66760
4	SP-4(A-0)-253	7/13	/	70673	207			X	X)			667472	66761
5														
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SIGNATURES					
Relinguished By:	7//	Received By:		Received By Labo	ratory: 8081 72296
Way A. Valentini	122/96			Stephanie	14. Matro 16:50
Signature	Daté/Time	Signature	Date/Time	Signature	Date/Time