

7/20/99

Mr. Manwel Shuwayhat
Livermore Gas and Mini -Mart
160 Holmes Street
Livermore, CA 94550

Dear Manwel:

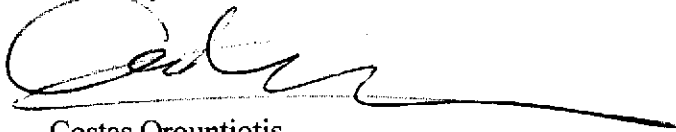
I have just completed the relevant reports for Julie Bellomy pertaining to the removal of 4 USTs at your property located on 160 Holmes Street, Livermore. I am sending you a copy and mailing directly copies to Julie Bellomy of the Fire Department and Eva Chu of the County. You are now in full compliance with the UST removal regulations.

I am continuing my efforts to enroll you in the State Reimbursement Fund program at no end cost to you. Cheryl Gordon has been replaced and her replacement Shari Knierem needed additional clarifications; specifically she wanted to know the following:

- 1 Proof of UST closure permit approval prior to 12/22/98. Copy of permit was mailed to her.
- 2 Proof of permit to operate before 1990, regardless of who owned the property back then. If such proof is not submitted then your deductible will double to be \$10,000. I have called Julie and left her a message to look it up and let me have a copy.
- 3 She asked who owns the property and the tanks and who operates the tanks. You and Samira and your old partner, Flying Ram Corporation, Livermore Gas and Mini Mart, or Flying J? She also wants to know the Tax ID for the property owner, tank owner and tank operator. If it is your SSN then let me know whom will be the checks made out to? Is Flying Ram a live corporation?
- 4 She has not received the 1997 federal taxes I sent. I will check with Cheryl if she has them.

I regret that you chose to terminate our contract, but I am sure you are in good hands with Narresh and Gregg Nolen. I talked with Narresh who said that permitting plans had to be corrected and finalized by the architect. We will continue helping you get into the Fund, so that you can get some of your money back and ensure you have resources to complete investigation and cleanup.

Sincerely,



Costas Orountiotis
Project Manager

CHROMALAB, INC.

Environmental Services (SDB)

May 13, 1999

Submission #: 9905065

ETIC

Atten: Costas Orountiotis

Project: MANWELL
Received: May 6, 1999

re: One sample for Gasoline BTEX MTBE analysis.
Method: SW846 8020A Nov 1990 / 8015Mod

Client Sample ID: STOCK 2

Spl#: 239813

Matrix: SOIL


Sampled: May 6, 1999


Run#:18748

Analyzed: May 11, 1999

<u>ANALYTE</u>	<u>RESULT</u> <u>(mg/Kg)</u>	<u>REPORTING</u> <u>LIMIT</u> <u>(mg/Kg)</u>	<u>BLANK</u> <u>RESULT</u> <u>(mg/Kg)</u>	<u>BLANK SPIKE</u> <u>(%)</u>	<u>DILUTION</u> <u>FACTOR</u>
GASOLINE	80	10	N.D.	122	1
MTBE	12	0.62	N.D.	108	1
BENZENE	N.D.	0.62	N.D.	118	1
TOLUENE	N.D.	0.62	N.D.	120	1
ETHYL BENZENE	1.3	0.62	N.D.	122	1
XYLENES	6.2	0.62	N.D.	112	1

Note: Hydrocarbon found in Gasoline Range is uncharacteristic of Gasoline Profile.


Vincent Vancil
Analyst


Eric Tam
Laboratory Director

408-244-7277

1220 Quarry Lane • Pleasanton, California 94566-4756
(925) 484-1919 • Facsimile (925) 484-1096
Federal ID #68-0140157

PM V135 O: BTEXQC0220

CRAIG 08:21

CHROMALAB, INC.

Environmental Services (SDB)

May 13, 1999

Submission #: 9905065

ETIC

Atten: Costas Orountiotis

Project: MANWELL
Received: May 6, 1999

re: 2 samples for TPH - Diesel analysis.
Method: EPA 8015M

Sampled: May 6, 1999

Matrix: SOIL
Run#: 18704

Extracted: May 7, 1999
Analyzed: May 10, 1999

Spl#	CLIENT SPL ID	DIESEL (mg/Kg)	REPORTING LIMIT (mg/Kg)	BLANK RESULT (mg/Kg)	BLANK SPIKE (%)	DILUTION FACTOR
239809	T1-EAST	N.D.	1.0	N.D.	70.3	1

Sampled: May 6, 1999

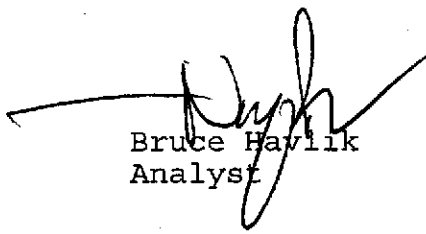
Matrix: SOIL
Run#: 18704

Extracted: May 7, 1999
Analyzed: May 11, 1999

Spl#	CLIENT SPL ID	DIESEL (mg/Kg)	REPORTING LIMIT (mg/Kg)	BLANK RESULT (mg/Kg)	BLANK SPIKE (%)	DILUTION FACTOR
239813	STOCK 2	61	1.0	N.D.	70.3	1

Note: Hydrocarbon reported is in the early Diesel Range and does not match our Diesel Standard.


Carolyn House
Analyst


Bruce Havlik
Analyst

9905065

Reference #: 45900

CHROMALAB, INC.

1220 Quarry Lane • Pleasanton, California 94566-4756
510/484-1919 • Facsimile 510/484-1096

Chain of Custody

Environmental Services (SDB) (DOHS 1094)

DATE 5/6/99 PAGE 1 OF 1

PROJ MGR C. Orountiotis
COMPANY ETIC Engineering
ADDRESS 3275 Stevens Creek Blvd., #315
San Jose, CA 95117

ANALYSTS (SIGNATURE) (PHONE NO.)
Calvin Pratt (408) 244-7202
(408) 244-7277

ANALYSIS REPORT

SAMPLE ID.	DATE	TIME	MATRIX	PRESERV.	TPH (EPA 8015, 8020) w/ Gas w/ 1% BTEX/ARMBE	PURGEABLE AROMATICS BTEX (EPA 8020)	TPH-Diesel (EPA 8015M)	TEPH (EPA 8015M) Kerosene, Diesel, OM.O.	PURGEABLE HALOCARBONS, (HYOCs) (EPA 8010)	VOLATILE ORGANICS (VOCs) (EPA 8260)	SEMIVOLATILES (EPA 8270)	TOTAL OIL AND GREASE (SM 5520 B + F, E + F)	PESTICIDES (EPA 8080) PCB'S (EPA 8080)	PNA's by <input type="checkbox"/> 8270 <input type="checkbox"/> 8310	Spec Cond. <input type="checkbox"/> TSS <input type="checkbox"/> TDS	LUFT METALS: Cd, Cr, Pb, Ni, Zn	CAM 17 METALS (EPA 8010/7470/7471)	TOTAL LEAD	W.E.T. (STLC) <input type="checkbox"/> TCLP	Hexavalent Chromium <input type="checkbox"/> pH (24 hr hold time for H2O)	NUMBER OF CONTAINERS
T1 - East Diesel	5/6/99	1050	Soil	1cc	X	X	X	No											No	No	1
T2 - East	5/6/99		"	"	X	X	No												No	No	1
T3 - East	5/6/99	1050	"	"	X	X	No											X			1
T4 - East	5/6/99	1030	"	"	X	X	No												No		1
Stock 2	"	"	"	"	X	X	X														1

SUB# #: 3980853 REP: PW
CLIENT: ETIC
DUE: 6/13/99
REF #: 45900

PROJECT INFORMATION
PROJECT NAME: MANWEL
PROJECT NUMBER: _____
P.O. #: ET 853
TAT: STANDARD 5-DAY 24 48 72 OTHER

SAMPLE RECEIPT
TOTAL NO. OF CONTAINERS: 5
HEAD SPACE: _____
TEMPERATURE: _____
CONFORMS TO RECORD: _____

Report: Routine Level 2 Level 3 Level 4 Electronic Report

SPECIAL INSTRUCTIONS/COMMENTS:
Depth ~ 14'
1st 11"
11" Diesel
T1
T2
T3
T4
2nd 11"

RELINQUISHED BY <u>Calvin Pratt</u> (SIGNATURE) (TIME) <u>1:50</u> (PRINTED NAME) (DATE) <u>5/6/99</u> ETIC (COMPANY)	RELINQUISHED BY <u>C. Orountiotis</u> (SIGNATURE) (TIME) _____ (PRINTED NAME) (DATE) <u>5/6/99</u> ETIC (COMPANY)	RELINQUISHED BY _____ (SIGNATURE) (TIME) _____ (PRINTED NAME) (DATE) _____ _____ (COMPANY)
RECEIVED BY <u>Costas Orountiotis</u> (SIGNATURE) (TIME) _____ (PRINTED NAME) (DATE) <u>5/6/99</u> ETIC (COMPANY)	RECEIVED BY _____ (SIGNATURE) (TIME) _____ (PRINTED NAME) (DATE) _____ _____ (COMPANY)	RECEIVED BY (LABORATORY) <u>Denise Harrington</u> (SIGNATURE) (TIME) <u>1420</u> <u>D. Harrington</u> (PRINTED NAME) (DATE) <u>5/6/99</u> Chromalab (LAB)

CHROMALAB, INC.

Environmental Services (SDB)

May 13, 1999

Submission #: 9905065

ETIC

Atten: Costas Orountiotis

Project: MANWELL
Received: May 6, 1999

re: One sample for Gasoline BTEX MTBE analysis.
Method: SW846 8020A Nov 1990 / 8015Mod

Client Sample ID: STOCK 2

Spl#: 239813

Matrix: SOIL


Sampled: May 6, 1999


Run#:18748

Analyzed: May 11, 1999

ANALYTE	RESULT (mg/Kg)	REPORTING LIMIT (mg/Kg)	BLANK RESULT (mg/Kg)	BLANK SPIKE (%)	DILUTION FACTOR
GASOLINE	80	10	N.D.	122	1
MTBE	12	0.62	N.D.	108	1
BENZENE	N.D.	0.62	N.D.	118	1
TOLUENE	N.D.	0.62	N.D.	120	1
ETHYL BENZENE	1.3	0.62	N.D.	122	1
XYLENES	6.2	0.62	N.D.	112	1

Note: Hydrocarbon found in Gasoline Range is uncharacteristic of Gasoline Profile.


Vincent Vancil
Analyst


Eric Tam
Laboratory Director

408-244-7277

1220 Quarry Lane • Pleasanton, California 94566-4756
(925) 484-1919 • Facsimile (925) 484-1096
Federal ID #68-0140157

PM V135 O: BTEXQC0220

CRAIG 08:21

CHROMALAB, INC.

Environmental Services (SDB)

May 13, 1999

Submission #: 9905065

ETIC

Atten: Costas Orountiotis

Project: MANWELL
Received: May 6, 1999

re: 2 samples for TPH - Diesel analysis.
Method: EPA 8015M

Sampled: May 6, 1999

Matrix: SOIL
Run#: 18704

Extracted: May 7, 1999
Analyzed: May 10, 1999

Spl#	CLIENT SPL ID	DIESEL (mg/Kg)	REPORTING LIMIT (mg/Kg)	BLANK RESULT (mg/Kg)	BLANK SPIKE (%)	DILUTION FACTOR
239809	T1-EAST	N.D.	1.0	N.D.	70.3	1


Sampled: May 6, 1999


Matrix: SOIL
Run#: 18704

Extracted: May 7, 1999
Analyzed: May 11, 1999

Spl#	CLIENT SPL ID	DIESEL (mg/Kg)	REPORTING LIMIT (mg/Kg)	BLANK RESULT (mg/Kg)	BLANK SPIKE (%)	DILUTION FACTOR
239813	STOCK 2	61	1.0	N.D.	70.3	1

Note: Hydrocarbon reported is in the early Diesel Range and does not match our Diesel Standard.


Carolyn House
Analyst


Bruce Havlik
Analyst

9905065

Reference #: 45900

CHROMALAB, INC.

1220 Quarry Lane • Pleasanton, California 94566-4756
510/484-1919 • Facsimile 510/484-1096

Chain of Custody

Environmental Services (SDB) (DOHS 1094)

DATE 5/6/99 PAGE 1 OF 1

PROJ MGR C. Orountiotis
 COMPANY ETIC Engineering
 ADDRESS 3275 Stevens Creek Blvd., #315
San Jose, CA 95117

SAMPLERS (SIGNATURE) [Signature] (PHONE NO.) (408) 244-7202
 (FAX NO.) (408) 244-7277

ANALYSIS REPORT

SAMPLE ID.	DATE	TIME	MATRIX	PRESERV.	TPH-IEPA 8015, 8020 <input checked="" type="checkbox"/> Gas w/ <input checked="" type="checkbox"/> BTEX <input type="checkbox"/> MTBE	PURGEABLE AROMATICS BTX (EPA 8020)	TPH-Diesel (EPA 8015M)	TEPH (EPA 8015M) <input type="checkbox"/> Kerosene, <input type="checkbox"/> Diesel, <input type="checkbox"/> O.M.O.	PURGEABLE HALOCARBONS, (HYOCs) (EPA 8010)	VOLATILE ORGANICS (VOCs) (EPA 8260)	SEMIVOLATILES (EPA 8270)	TOTAL OIL AND GREASE (SM 5520 B + F, E + F)	<input type="checkbox"/> PESTICIDES (EPA 8080) <input type="checkbox"/> PCB'S (EPA 8080)	PNA's by <input type="checkbox"/> 8270 <input type="checkbox"/> 8310	<input type="checkbox"/> Spec. Cond. <input type="checkbox"/> TSS <input type="checkbox"/> TDS	LUFT METALS: Cd., Cr., Pb., Ni., Zn	CAM 17 METALS (EPA 8010/7470/7471)	TOTAL LEAD	<input type="checkbox"/> W.E.T. (STLC) <input type="checkbox"/> TCLP	<input type="checkbox"/> Hexavalent Chromium <input type="checkbox"/> pH (24 hr hold time for H2O)	NUMBER OF CONTAINERS
T1 - East Diesel	5/6/99		Soil	ice	X	X	X												No		1
T2 - East	5/6/99		"	"	X	X	No												No		1
T3 - East	5/6/99	1050	"	"	X	X	No											X			1
T4 - East	5/6/99	1030	"	"	X	X	No												No		1
Stock 2	"	"	"	"	X	X	X														1

SDB# #: 9905065 REP: PH
 CLIENT: ETIC
 DOC: 65/13/99
 REF #: 45900

PROJECT INFORMATION
 PROJECT NAME MANUEL
 PROJECT NUMBER
 P.O. # ET 853
 TAT STANDARD 5-DAY 24 48 72 OTHER

SAMPLE RECEIPT
 TOTAL NO. OF CONTAINERS 5
 HEAD SPACE
 TEMPERATURE
 CONFORMS TO RECORD

Report: Routine Level 2 Level 3 Level 4 Electronic Report
 SPECIAL INSTRUCTIONS/COMMENTS: 1st M
Depth ~ 14'
11 Diesel
T1
T2
T3
T4
2nd ST

RELINQUISHED BY 1 <u>[Signature]</u> (TIME) <u>5/6/99</u> <u>Calvin Pratt</u> (DATE) <u>5/6/99</u> ETIC (COMPANY)	RELINQUISHED BY 2 <u>[Signature]</u> (TIME) <u>C. OROUNTIOTIS</u> (DATE) <u>5/6/99</u> ETIC (COMPANY)	RELINQUISHED BY 3 <u>[Signature]</u> (TIME) <u>Denise Harrington</u> (DATE) <u>5/6/99</u> Chromalab (LAB)
RECEIVED BY 1 <u>[Signature]</u> (TIME) <u>Costas Orountiotis</u> (DATE) <u>5/6/99</u> ETIC (COMPANY)	RECEIVED BY 2 <u>[Signature]</u> (TIME) <u>D. Harrington</u> (DATE) <u>5/6/99</u> Chromalab (LAB)	RECEIVED BY (LABORATORY) 3 <u>[Signature]</u> (TIME) <u>D. Harrington</u> (DATE) <u>5/6/99</u> Chromalab (LAB)



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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. 508378

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: MANUEL SHUWAYHAT b. Generating Location: MANUEL SHUWAYHAT
 c. Address: 54 WOLF CANYON RD d. Address: 106 Holmes St
Kentfield CA 94904 LIVERMORE CA 94550
 e. Phone No.: 415 416 9557 f. Phone No.: 415 416 9557

If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

CA	405	051099	02043
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 Containers: _____
 j. Description of Waste: soil k. Quantity:

		18	Y	01	T
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 Units: _____ No.: _____ TYPE: _____
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER
 UNITS: P - POUNDS, Y - YARDS, M³ - CUBIC METERS, Y³ - CUBIC YARDS, O - 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 applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name: _____ Signature: _____ Shipment Date:

--	--	--	--	--	--

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: Sir Guevora Taling
 b. Address: 182 Winton Rd
Westport, Ca
 c. Driver Name/Title: Sir Guevora
 d. Phone No.: 707 348-0218 e. Truck No.: 5-1
 f. Vehicle License No./State: 9B35483
 Acknowledgement of Receipt of Materials: _____
 g. Driver Signature: _____ Shipment Date:

0	5	1	0	9	9
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TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials: _____
 n. Driver Signature: _____ Shipment Date:

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Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: VASCO Rd Laxinfill c. Phone No.: 925 447 0491
 b. Physical Address: 4001 N. VASCO Rd d. Mailing Address: _____
LIVERMORE CA 94550
 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:

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Section IV ASBESTOS (Generator complete a-d, f, g; Shipper* completes e.)

a. Shippers's* Name: _____ b. Shippers's* Phone No.: _____
 c. Shippers's* Address: _____
 d. Shippers's Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shippers's* Name & Title: _____ Print/Type: _____ Shippers's Signature: _____ Date:

--	--	--	--	--	--

 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

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

No. 508382

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Manuel Shumway b. Generating Location: Manuel Shumway
 c. Address: 160 Holmes Street d. Address: 160 Holmes Street
Westpoint, Ca 94550 Westpoint, Ca 94550
 e. Phone No.: 415-461-9557 f. Phone No.: 415-461-9557
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

CA	407	051099	02043
----	-----	--------	-------

 Containers: _____
 j. Description of Waste: soil k. Quantity:

		18	Y	01	T
--	--	----	---	----	---

 Units: _____ No.: _____ TYPE: _____

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 applicable regulations, AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Manuel Shumway Manuel Shumway 0511199
 Generator Authorized Agent Name Signature Shipment Date

- TYPE
 DM - METAL DRUM
 DP - PLASTIC DRUM
 B - BAG
 BA - 6 MIL. PLASTIC BAG or WRAP
 T - TRUCK
 O - OTHER
- UNITS
 P - POUNDS
 Y - YARDS
 M³ - CUBIC METERS
 Y³ - CUBIC YARDS
 O - OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)

TRANSPORTER I
 a. Name: Sid Guevara Trucking
 b. Address: 187 Wintwood
Westpoint Ca.
 c. Driver Name/Title: Sid Guevara
 d. Phone No.: 916 969 0218 e. Truck No.: S-1
 f. Vehicle License No./State: 9B 35183
 Acknowledgement of Receipt of Materials:
 g. Sid Guevara 0511199
 Driver Signature Shipment Date

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials:
 n. _____
 Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Yasco Road Landfill c. Phone No.: 925-447-0491
 b. Physical Address: 2001 N. Yasco Road d. Mailing Address: _____
Westpoint, Ca 94550
 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 0511199
 Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g; Shipper* completes e)

a. Shippers'* Name: _____ b. Shippers'* Phone No.: _____
 c. Shippers'* Address: _____
 d. Shippers's Special Handling Instructions and additional information: _____
 CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.
 e. Shippers's* Name & Title: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Shipper 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 BFI / STANDARD REGISTER CONTRACT



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

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. 508381

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Municipal Shredding Co. b. Generating Location: Municipal Shredding Co.
 c. Address: 14000 W. 1st St. #100 d. Address: 1601 N. Main Street
Richfield, CA 94901 Livermore, CA 94550
 e. Phone No.: 415-461-9557 f. Phone No.: 415-461-9557

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE: LA 4105051099 02093 Containers: _____
 j. Description of Waste: soil k. Quantity: 18 Units: Y No.: 01 TYPE: TT

- TYPE**
 DM - METAL DRUM
 DP - PLASTIC DRUM
 B - BAG
 BA - 6 MIL. PLASTIC BAG or WRAP
 T - TRUCK
 O - OTHER
- UNITS**
 P - POUNDS
 Y - YARDS
 M³ - CUBIC METERS
 Y³ - CUBIC YARDS
 O - OTHER

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Generator Authorized Agent Name: Municipal Shredding Co. Signature: [Signature] Shipment Date: 051099

Section II TRANSPORTER (Generator complete a-d, Transporter I complete e-g, Transporter II complete h-i)

TRANSPORTER I
 a. Name: Sid Guevara TRKING
 b. Address: 187 WINTON RD.
WEST POINT CA.
 c. Driver Name/Title: Sid Guevara
 d. Phone No.: 209 969-0215 e. Truck No.: S-1
 f. Vehicle License No./State: 9B 35483
 Acknowledgement of Receipt of Materials:
 g. Driver Signature: [Signature] Shipment Date: 051199

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials:
 n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Vasco Road Landfill c. Phone No.: 925-449-0171
 b. Physical Address: 4000 N. Vasco Road d. Mailing Address: _____
Livermore, CA, 94550
 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: _____

Section IV ASBESTOS (Generator complete a-d, f, g, Shipper* completes e.)

a. Shippers* Name: _____ b. Shippers* Phone No.: _____
 c. Shippers* Address: _____
 d. Shippers* Special Handling Instructions and additional information: _____

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e. Shippers* Name & Title: _____ Print/Type: _____ Shippers* Signature: _____ Date: _____

f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

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

No. 508380

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Manuel Shuwaybat b. Generating Location: Manuel Shuwaybat
 c. Address: 4 Wolfe Canyon Rd d. Address: 760 Hobbes Street
San Pablo, Ca, 94901 Livermore, Ca, 94550
 e. Phone No.: 415-461-9557 f. Phone No.: 415-461-9557
 If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE

CA	405	051099	06993
----	-----	--------	-------

 Containers

j. Description of Waste: SAL k. Quantity

	18	X
--	----	---

 Units No.

01	TT
----	----

 TYPE

TYPE	
DM	METAL DRUM
DP	PLASTIC DRUM
B	BAG
BA	6 MIL. PLASTIC BAG or WRAP
T	TRUCK
O	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 applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Manuel Shuwaybat Manuel Shuwaybat

051099

 Generator Authorized Agent Name Signature Shipment Date

UNITS	
P	POUNDS
Y	YARDS
M ³	CUBIC METERS
Y ³	CUBIC YARDS
O	OTHER

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-j)

TRANSPORTER I
 a. Name: Sid Guevara TRKING
 b. Address: 1820 Winton
Westpoint Ca.
 c. Driver Name/Title: Sid Guevara DR
 d. Phone No.: 209 969-0215 e. Truck No.: S-1
 f. Vehicle License No./State: 9B 25YR3
 Acknowledgement of Receipt of Materials.
 g. Sid Guevara

051199

 Driver Signature Shipment Date

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials.
 n. _____

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 Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Vasco Road Landfill c. Phone No.: 925-447-0491
 b. Physical Address: 4001 N. Vasco Road d. Mailing Address: _____
Livermore, Ca, 94550

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. _____ [Signature]

051199

 Name of Authorized Agent Signature Receipt Date

Section IV ASBESTOS (Generator completes a-d, f, g; Shipper* completes e.)

a. Shippers'* Name: _____ b. Shippers'* Phone No.: _____
 c. Shippers'* Address: _____
 d. Shippers's Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shippers'* Name & Title: _____

--	--	--	--

 Print/Type Shippers's Signature Date
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

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

No. 508379

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: MANUEL SHUNWAYHAT b. Generating Location: Manuel Shunwayhat

c. Address: San Jose Canyon Rd d. Address: 160 h-bone street

Kearneyville Ca 94904 Livermore, Ca 94550

e. Phone No.: 415-461-9557 f. Phone No.: 415-461-9557

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

CA	405	051099	02043
----	-----	--------	-------

 Containers: _____

j. Description of Waste: slp k. Quantity:

		18	Y	01	TT
--	--	----	---	----	----

 Units: _____ No.: _____ TYPE: _____

- TYPE
- DM - METAL DRUM
 - DP - PLASTIC DRUM
 - B - BAG
 - BA - 6 MIL. PLASTIC BAG or WRAP
 - T - TRUCK
 - O - OTHER

- UNITS
- P - POUNDS
 - Y - YARDS
 - M³ - CUBIC METERS
 - Y³ - CUBIC YARDS
 - O - 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 applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

MANUEL SHUNWAYHAT Manuel Shunwayhat 051099
Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I

a. Name: Sid Guevara Trucking

b. Address: 187 Winton

West Point Ca

c. Driver Name/Title: Sid Guevara

d. Phone No.: 209 293-4019 e. Truck No.: S-1

f. Vehicle License No./State: 9B35493

Acknowledgement of Receipt of Materials.

g. 051119
Driver Signature Shipment Date

TRANSPORTER II

h. Name: _____

i. Address: _____

j. Driver Name/Title: _____

k. Phone No.: _____ l. Truck No.: _____

m. Vehicle License No./State: _____

Acknowledgement of Receipt of Materials.

n. _____
Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Vasco Road Landfill c. Phone No.: 925-447-0991

b. Physical Address: Vasco Road d. Mailing Address: _____

Ca, 94550

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 051119 Receipt Date

Section IV ASBESTOS (Generator complete a-d, f, g; Shipper* completes e.)

a. Shippers* Name: _____ b. Shippers* Phone No.: _____

c. Shippers* Address: _____

d. Shippers* Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shippers* Name & Title: _____

f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

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

No. 508376

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Mammal Shredding b. Generating Location: Mammal Shredding
 c. Address: 54 Wolf Canyon Rd d. Address: 100 Holmes St.
Kentfield CA 94904 Livermore CA
 e. Phone No.: 415 410 9557 f. Phone No.: 415 410 9557

If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE: LA 405 051099 02043 Containers: _____
 j. Description of Waste: soil k. Quantity: 19 Units: Y No.: 01 TYPE: T

- TYPE**
 DM - METAL DRUM
 DP - PLASTIC DRUM
 B - BAG
 BA - 6 MIL. PLASTIC BAG or WRAP
 T - TRUCK
 O - OTHER
- UNITS**
 P - POUNDS
 Y - YARDS
 M³ - CUBIC METERS
 Y³ - CUBIC YARDS
 O - 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 applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name: _____ Signature: _____ Shipment Date: _____

Section II TRANSPORTER (Generator completes a-d, Transporter I complete e-g, Transporter II complete h-o)

TRANSPORTER I
 a. Name: Bryan Massey
 b. Address: 3210 Camino Nuevo
Bryan CA
 c. Driver Name/Title: Bryan Massey
 d. Phone No.: _____ e. Truck No.: L317
 f. Vehicle License No./State: SP39012
 Acknowledgement of Receipt of Materials:
 g. Driver Signature: _____ Shipment Date: _____

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials:
 n. Driver Signature: _____ Shipment Date: _____

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: 16500 Rd Landfill c. Phone No.: 925 4170491
 b. Physical Address: 4001 N. 16500 Rd d. Mailing Address: _____
Livermore CA 94550

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: _____

Section IV ASBESTOS (Generator completes a-d, f, g, Shipper* completes e.)

a. Shippers* Name: _____ b. Shippers* Phone No.: _____
 c. Shippers* Address: _____
 d. Shippers* Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shippers* Name & Title: _____ Print/Type: _____ Shippers' Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

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

No. 508373

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Manuel Shwaybat b. Generating Location: Manuel Shwaybat
 c. Address: 54 Wolf Canyon Rd d. Address: 1600 Holmes St
Kentfield CA 94904 Livermore CA 94550
 e. Phone No.: 415 461 9557 f. Phone No.: 415 461 9557

If owner of the generating facility differs from the generator, provide:
g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE: NA40505109902043 Containers: DM TYPE: DM
 j. Description of Waste: Soil k. Quantity: 13 Units: Y No.: 01 TYPE: T
 DM - METAL DRUM
 DP - PLASTIC DRUM
 B - BAG
 BA - 6 MIL. PLASTIC BAG or WRAP
 T - TRUCK
 O - 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 applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name: Manuel Shwaybat Signature: [Signature] Shipment Date: 071199

UNITS:
 P - POUNDS
 Y - YARDS
 M³ - CUBIC METERS
 Y³ - CUBIC YARDS
 O - OTHER

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>Lutrol Trucking</u>		h. Name: _____	
b. Address: <u>187 Winton Rd</u> <u>West Point CA</u>		i. Address: _____	
c. Driver Name/Title: <u>Sid Guerra</u>		j. Driver Name/Title: _____	
d. Phone No.: <u>209 293-4019</u> e. Truck No.: <u>S-1</u>		k. Phone No.: _____ l. Truck No.: _____	
f. Vehicle License No./State: <u>9C25483</u>		m. Vehicle License No./State: _____	
g. Acknowledgement of Receipt of Materials: <u>[Signature]</u>	n. Shipment Date: <u>051099</u>	o. Acknowledgement of Receipt of Materials: _____	p. Shipment Date: _____

Section III DESTINATION (Generator completes a-c; destination site completes e-f)

a. Site Name: Vasco Rd Landfill c. Phone No.: 925 447 0491
 b. Physical Address: 1001 W. Vasco Road d. Mailing Address: _____
Livermore CA 94550

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: _____

Section IV ASBESTOS (Generator complete a-d, f, g; Shipper* completes e)

a. Shipper's* Name: _____ b. Shipper's* Phone No.: _____
 c. Shipper's* Address: _____
 d. Shipper's Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shipper's* Name & Title: _____ Print/Type: _____ Shipper's Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

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

No. 508375

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Manuel Shuwayhat b. Generating Location: Manuel Shuwayhat
 c. Address: 54 Wall Canyon Rd d. Address: 1100 Holmes St
Kentfield CA 94904 Livermore CA
 e. Phone No.: 415 461 9557 f. Phone No.: 415 461 9557
 If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

CA	405	051099
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 Containers:

02043

 j. Description of Waste: Soil k. Quantity:

	18	Y	0	1	T
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 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER
 UNITS: P - POUNDS, Y - YARDS, M³ - CUBIC METERS, Y³ - CUBIC YARDS, O - 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 applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

MANUEL SHUWAYHAT Manuel Shuwayhat

051099

 Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator completes a-d; Transporter I completes e-g; Transporter II completes h-i)

TRANSPORTER I		TRANSPORTER II						
a. Name: <u>LUTRELL TRUCK</u>	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____					
b. Address: <u>5100 CANARY DRIVE</u>	i. Address: _____	k. Phone No.: _____	l. Truck No.: _____					
<u>BURBANK CA</u>								
c. Driver Name/Title: <u>J. MURPHY</u>	j. Driver Name/Title: _____	m. Vehicle License No./State: _____	n. Driver Signature: _____					
d. Phone No.: <u>800 754 7545</u>	k. Phone No.: _____	o. Acknowledgement of Receipt of Materials: _____	Shipment Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
e. Vehicle License No./State: <u>2A 25253</u>	l. Truck No.: _____							
f. Acknowledgement of Receipt of Materials: _____								
g. Driver Signature: <u>[Signature]</u>								
Shipment Date: <table border="1"><tr><td>05</td><td>10</td><td>99</td></tr></table>	05	10	99					
05	10	99						

Section III DESTINATION (Generator completes a-d; destination site completes e-f.)

a. Site Name: Waco Rd Landfill c. Phone No.: 925 447 0491
 b. Physical Address: 4001 W Waco Rd d. Mailing Address: _____
Livermore CA 94550

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:

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Section IV ASBESTOS (Generator completes a-d, f, g; Shipper* completes e.)

a. Shippers* Name: _____ b. Shippers* Phone No.: _____
 c. Shippers* Address: _____
 d. Shippers* Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shippers* Name & Title: _____ Print/Type: _____ Shippers* Signature: _____ Date:

--	--	--	--	--

f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

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

No. 508374

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Manuel Shuwaynat b. Generating Location: Manuel Shuwaynat
 c. Address: 5400 Jolly Canyon Rd d. Address: 160 Holmes St
Kentfield CA 94904 Livermore CA 94550
 e. Phone No.: 415 461 9557 f. Phone No.: 415 461 9557

If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

CA	405	051079	02043
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 Containers: _____

j. Description of Waste: soil k. Quantity:

		18	Y
--	--	----	---

 Units:

		01	T
--	--	----	---

 No.: _____ TYPE: _____

- TYPE
 DM - METAL DRUM
 DP - PLASTIC DRUM
 B - BAG
 BA - 6 MIL. PLASTIC BAG or WRAP
 T - TRUCK
 O - OTHER
- UNITS
 P - POUNDS
 Y - YARDS
 M³ - CUBIC METERS
 Y³ - CUBIC YARDS
 O - 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 applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

Generator Authorized Agent Name: Manuel Shuwaynat Signature: _____ Shipment Date: 051079

Section II TRANSPORTER (Generator completes a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II	
a. Name: <u>LOTRILL</u>	h. Name: _____	i. Address: _____	j. Driver Name/Title: _____
b. Address: <u>3120 Camino Del Rio</u>	i. Address: _____	k. Phone No.: _____	l. Truck No.: _____
c. Driver Name/Title: <u>SUWAN MOSELY</u>	j. Driver Name/Title: _____	m. Vehicle License No./State: <u>SP29012</u>	n. _____
d. Phone No.: _____	k. Phone No.: _____	Acknowledgement of Receipt of Materials: _____	
e. Truck No.: <u>47</u>	l. Truck No.: _____	Signature: _____ Shipment Date: _____	
f. Vehicle License No./State: _____	m. Vehicle License No./State: _____	Signature: _____ Shipment Date: _____	

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Vasco Rd Landfill c. Phone No.: 925 447 0191
 b. Physical Address: 4001 N Vasco Road d. Mailing Address: _____
Livermore CA 94550

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: _____

Section IV ASBESTOS (Generator complete a-d, f, g; Shipper* completes e.)

a. Shippers* Name: _____ b. Shippers* Phone No.: _____
 c. Shippers* Address: _____
 d. Shippers* Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shippers* Name & Title: _____ Print/Type: _____ Shippers* Signature: _____ Date: _____
 f. Name and Address of Responsible Agency: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

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

No. 508372

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Manuel Shuwayhat b. Generating Location: Manuel Shuwayhat
 c. Address: 54 W 1/2 of Canyon d. Address: 160 Holmes St
Kentfield CA 94904 Livermore CA 94550
 e. Phone No.: 415 461 9557 f. Phone No.: 415 461 9557

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

0	A	4	0	5	0	5	1	0	9	9
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0	2	0	4	3
---	---	---	---	---

 Containers

j. Description of Waste: soil k. Quantity:

			1	8	Y	0	1	+
--	--	--	---	---	---	---	---	---

 Units No. TYPE

- TYPE
- DM - METAL DRUM
 - DP - PLASTIC DRUM
 - B - BAG
 - BA - 6 MIL. PLASTIC BAG or WRAP
 - T - TRUCK
 - O - OTHER
- UNITS
- P - POUNDS
 - Y - YARDS
 - M³ - CUBIC METERS
 - Y³ - CUBIC YARDS
 - O - 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 applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

MANUEL SHUWAYHAT Manuel Shuwayhat 05/10/99
 Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator complete a-c; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I		TRANSPORTER II											
a. Name: <u>Lorica</u>		h. Name: _____											
b. Address: _____		i. Address: _____											
c. Driver Name/Title: <u>DRIVER</u>		j. Driver Name/Title: _____											
d. Phone No.: _____	e. Truck No.: <u>L47</u>	k. Phone No.: _____	l. Truck No.: _____										
f. Vehicle License No./State: <u>22109</u>		m. Vehicle License No./State: _____											
g. Acknowledgement of Receipt of Materials: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>							n. Acknowledgement of Receipt of Materials: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						
g. Driver Signature _____		n. Driver Signature _____											
Shipment Date _____		Shipment Date _____											

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: VASCO Rd Landfill c. Phone No.: 925 447 0491
 b. Physical Address: 4001 N. Vasco Rd d. Mailing Address: _____
LIVERMORE CA 94550
 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:

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Section IV ASBESTOS (Generator complete a-d; Shipper* completes e.)

a. Shippers* Name: _____ b. Shippers* Phone No.: _____
 c. Shippers* Address: _____
 d. Shippers* Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shippers* Name & Title: _____ Print/Type Shippers* Signature _____ Date _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

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

No. 508371

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: Manuel Shuwayhat b. Generating Location: Manuel Shuwayhat
 c. Address: 54014 CANYON RD d. Address: 100 Holmes St.
Kentfield CA 94904 Livermore CA 94550
 e. Phone No.: 415 461 9557 f. Phone No.: 415 461 9557

If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE: CA 405 051099 02043 Containers: _____
 j. Description of Waste: Soil k. Quantity: 18 Units: Y No.: 017 TYPE: _____

- TYPE
 DM - METAL DRUM
 DP - PLASTIC DRUM
 B - BAG
 BA - 6 MIL. PLASTIC BAG or WRAP
 T - TRUCK
 O - OTHER
- UNITS
 P - POUNDS
 Y - YARDS
 M³ - CUBIC METERS
 Y³ - CUBIC YARDS
 O - 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 applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

MANUEL SHUWAYHAT Manuel M Shuwayhat 051099
 Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator complete a-d, Transporter I complete e-g, Transporter II complete h-n)

TRANSPORTER I
 a. Name: Sid Guevara
 b. Address: 182 Winton Rd.
Westport Ca.
 c. Driver Name/Title: Sid Guevara Sid Guevara
 d. Phone No.: 709 969 0218 e. Truck No.: S-1
 f. Vehicle License No./State: 9R3518
 Acknowledgement of Receipt of Materials:
Sid Guevara 051699
 Driver Signature Shipment Date

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials:

 Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d, destination site completes e-f)

a. Site Name: Vasco Rd Landfill c. Phone No.: 925 47 0291
 b. Physical Address: 4001X Vasco Road d. Mailing Address: _____
Livermore CA 94550

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 Receipt Date

Section IV ASBESTOS (Generator completes a-d, f, g, Shipper* completes e.)

a. Shippers* Name: _____ b. Shippers* Phone No.: _____
 c. Shippers* Address: _____
 d. Shippers* Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shippers* Name & Title: _____
 f. Name and Address of Responsible Agency: _____
 Shipper's Signature Date

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

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

No. 508370

Section I GENERATOR (Generator completes all of Section I)

a. Generator Name: MANUEL SHUWAYHAT b. Generating Location: MANUEL SHUWAYHAT
 c. Address: 54 WOLF CANYON RD d. Address: 1100 HOLMES ST.
KENTFIELD CA 94904 LIVERMORE CA 94550
 e. Phone No.: 415 401 9557 f. Phone No.: 415 401 9557

If owner of the generating facility differs from the generator, provide:
 g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE: CA40505109902043 Containers: _____
 j. Description of Waste: Soil k. Quantity: 13 Units: Y No.: 01 TYPE: T

TYPE	
DM	METAL DRUM
DP	PLASTIC DRUM
B	BAG
BA	6 MIL. PLASTIC BAG or WRAP
T	TRUCK
O	OTHER

UNITS	
P	POUNDS
Y	YARDS
M ³	CUBIC METERS
Y ³	CUBIC YARDS
O	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 applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

MANUEL SHUWAYHAT Manuel Shuwayhat 051099
 Generator Authorized Agent Name Signature Shipment Date

Section II TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-i)

TRANSPORTER I
 a. Name: LOTREL TRKG
 b. Address: 3120 RAMING DRIVE
BYRON CA
 c. Driver Name/Title: J. MEAGHER
 d. Phone No.: 800 834-7550 Truck No.: L67
 f. Vehicle License No./State: SP56253
 Acknowledgement of Receipt of Materials:
[Signature] 051099
 Driver Signature Shipment Date

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ I. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials:
 n. _____
 Driver Signature Shipment Date

Section III DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Vasco Road Landfill c. Phone No.: 925 447 0491
 b. Physical Address: 4001 N. VASCO ROAD d. Mailing Address: _____
LIVERMORE CA 94550
 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

Section IV ASBESTOS (Generator complete a-d, f, g; Shipper* completes e.)

a. Shippers* Name: _____ b. Shippers* Phone No.: _____
 c. Shippers* Address: _____
 d. Shippers* Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shippers* Name & Title: _____
 f. Name and Address of Responsible Agency: _____
 g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

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

No. 508377

Section I

GENERATOR (Generator completes all of Section I)

a. Generator Name: Manuel Shuwaynot b. Generating Location: Manuel Shuwaynot
 c. Address: 54 Wolf Canyon Rd d. Address: 100 Holmes St.
Konigfeld CA 94904 Livermore CA 94550
 e. Phone No.: 415 416 9557 f. Phone No.: 415 416 9557

If owner of the generating facility differs from the generator, provide:

g. Owner's Name: _____ h. Owner's Phone No.: _____

i. BFI WASTE CODE:

CA	405	05	1097	02043
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 Containers: _____
 j. Description of Waste: Soil k. Quantity:

		18	Y	01	T
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 No. TYPE
 TYPE: DM - METAL DRUM, DP - PLASTIC DRUM, B - BAG, BA - 6 MIL. PLASTIC BAG or WRAP, T - TRUCK, O - OTHER

GENERATORS 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 applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261.

UNITS
 P - POUNDS
 Y - YARDS
 M³ - CUBIC METERS
 Y³ - CUBIC YARDS
 O - OTHER

Generator Authorized Agent Name: _____ Signature: _____ Shipment Date: _____

Section II

TRANSPORTER (Generator complete a-d; Transporter I complete e-g; Transporter II complete h-n)

TRANSPORTER I
 a. Name: LITTLE TRUCK
 b. Address: 3125 CHURCH ST
LYNDEN CA
 c. Driver Name/Title: J. MCKENNA
 d. Phone No.: 925-447-0491 e. Truck No.: _____
 f. Vehicle License No./State: AT2253
 Acknowledgement of Receipt of Materials: _____
 g. Driver Signature: _____ Shipment Date: _____

TRANSPORTER II
 h. Name: _____
 i. Address: _____
 j. Driver Name/Title: _____
 k. Phone No.: _____ l. Truck No.: _____
 m. Vehicle License No./State: _____
 Acknowledgement of Receipt of Materials: _____
 n. Driver Signature: _____ Shipment Date: _____

Section III

DESTINATION (Generator completes a-d; destination site completes e-f)

a. Site Name: Manuel Shuwaynot
 b. Physical Address: 4001 D. Vasey Rd
Livermore CA 94550
 c. Phone No.: 925 447 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.

f. Name of Authorized Agent: _____ Signature: _____ Receipt Date: _____

Section IV

ASBESTOS (Generator complete a-d, f, g; Shipper* completes e.)

a. Shippers* Name: _____ b. Shippers* Phone No.: _____
 c. Shippers* Address: _____
 d. Shippers* Special Handling Instructions and additional information: _____

CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

e. Shippers* Name & Title: _____
 f. Name and Address of Responsible Agency: _____ Shipper's Signature: _____ Date: _____

g. Friable; Non-friable; Both _____ % friable _____ % nonfriable

* Shipper 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.